Jurnal Ners

Volume 19, Issue 2, May 2024, p. 144-155
http://dx.doi.org/10.20473/jn.v19i2.51151

ORIGINAL ARTICLE OPEN ACCESS

Understanding perspective on community health literacy for promoting the health of older adults with hypertension: a qualitative descriptive study

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Responsible Editor: Retnayu Pradanie

Received: 1 November 2023○ Revised: 10 May 2024 ○ Accepted: 11 May 2024

ABSTRACT

Introduction: Health literacy (HL) has been indicated as producing vigorous effectiveness in improving health practices and health outcomes. Older adults with low HL expressed their difficulty in understanding and acting upon health information, resulting in nonadherence to medical instructions and poor health outcomes. This study aimed to understand the community people's experience of access, understanding, evaluation, and application of health information for self-care of hypertensive older adults, and explore the community's perspective on promoting community health literacy (CHL) on caring for hypertensive older adults.

Methods: This was a qualitative descriptive study. Data were collected through focus groups and in-depth interviews in one sub-district municipality in Mahasarakham, Thailand. A total of 37 participants from older adults with hypertension, families of older adults with hypertension, and community committees were recruited based on inclusion criteria using purposive sampling. Data were then analyzed using a five-step thematic analysis.

Results: Four main themes of community people's experience emerged 1) access to health information limited by the healthcare personnel at the primary care unit (PCU), 2) understanding the health information because it is clear and familiar, and can ask the medical personnel directly, 3) do not evaluate the health information received from healthcare personnel because they trust them, and 4) applied health information to practice only taking medicine and doctor's appointments. Three main themes to promote CHL are 1) usual healthcare activities, 2) community action, and 3) nurses at PCU, village health volunteers, and community committees should be involved in playing a key role in promoting CHL.

Conclusions: Policymakers should establish health-related policies specific to improve hypertension health literacy in community older adults. Cooperation with community leaders is important to promote CHL by using active learning education and creating a supportive environment focusing on encouraging older adults to perform self-care to control their health conditions.

Keywords: community, health literacy, older adults, hypertension, self-care

Introduction

Hypertension is a chronic disease and public health problem in all countries worldwide, including Thailand (WHO, 2013; Aekplakorn, 2020). The incidence of hypertension is rising, accounting for 7.5 million deaths or 12.8% of all deaths worldwide (WHO, 2013). In Thailand, hypertension is a common disease; most patients are older adults. It has been found that hypertension is the number one disease found in this age group (Department of Health, Ministry of Public Health, 2016; Aekplakorn, 2020). Hypertension is a severe medical condition where if a patient cannot keep

their blood pressure at an average level, the risk of damage to bodily organs, such as the heart, brain, kidneys, etc., is increased (Weber et al., 2013; WHO, 2019). Hypertension in aging affects cognitive abilities (Ladecola et al., 2016) and physical incapacity caused by age-related sarcopenia, which decreases muscle mass and strength (Buford, 2016). If older adults with hypertension cannot control their blood pressure, it can lead to stroke (Sierra et al., 2012; Sinsap, Jankra, & Jaiman, 2017) and small vessel disease (Sierra et al., 2012). This disease causes cognitive impairment and leads to a loss of ability to care for one's health (Sierra et al., 2012), requiring long-term care, resulting in higher national health expenditures in Thailand (Department of Health, 2016).

Hypertensive patients must control their blood pressure levels, which requires appropriate self-care (Ademe, Aga, & Gela, 2019). Health literacy is the key variable that correlates with and predicts healthcare outcomes (Hongkrajok, Pathumarak, & Masingboon, 2016; Chin et al., 2017; Oh & Park, 2017; Panahi, Kazemi, Juyani, & Pishvaei, 2018). Health literacy is the ability to access, understand, evaluate, and apply health information to make health-related decisions to care for the health of oneself and the community (WHO, 1998; Nutbeam, 2000; Sørensen et al., 2012). If people have health literacy, it will affect their healthcare and health outcomes (McDonald and Shenkman, 2018).

In 2019-2021, Thailand found that the number of hypertensions was 2,368, 2413, and 2,329 per 100,000 people, respectively. It can be noted that the rate of hypertension is increasing every year (Statista Research Department, 2023). Although Thailand has a comprehensive public health service system, it is still found that older adults with hypertension have inappropriate self-care behaviors and cannot control their blood pressure. The last survey report on the quality of treatment for hypertension in Thailand in 2013 found that older diagnosed with hypertension have up to 97% follow-up and treatment. However, up to 43% of older are unable to control (Bureau of Health Promotion, 2013).

Currently, interventions promoting health literacy in older adults with hypertension have mostly been focused on health literacy at an individual level and improving only functional and interactional health literacy (Arahung, Hoontrakul, & Roojanavech, 2017; Thepin, Moolsart, & Jantacumma, 2019). The World Health Organization aims to promote health literacy worldwide by supporting community involvement to make the population health literate to achieve its goals by 2030 (WHO, 2016) together with the key factors in the desirable self-care of older people are regular social activities and more proactive activities outside the hospital, with families and communities involved. It is important to encourage older people to have appropriate self-care (Bureau of Health Promotion, 2013), including participation in building and organizing a joint health system to improve the quality of life of older people (Department of Health, 2016).

Thai older adults have insufficient overall health literacy, especially in understanding health information, and accessing health information and services. Although the study found that older adults have good decision-making skills, it is still found that there is not enough access to health information, including a lack of good health communication skills, resulting in poor decisions in self-care (Boonsatean & Reantippayasakul, 2022). The health literacy situation of people in Health Area 7th, including 4 provinces of the Northeastern area of Thailand, shows low health literacy (Roma & Kloyiam, 2019). Mahasarakham is a province in Health Area 7th, which found that at-risk people with hypertension in Mahasarakham have a low health literacy (59.80%) (Sinto, Kamkaew, Chummalee, & Srisaknnok, 2022). Normally, in rural areas of Thailand, the term 'health literacy' is still unclear to people in the community, and previous studies indicated there were still limited strategies to promote community health literacy (Nutbeam, 2000). Therefore, it is necessary to understand the views of older people and the community related to the health literacy components and their perspective on promoting community health literacy. The findings will be beneficial for strengthening community health literacy toward taking care of the hypertensive older people in the community.

The Study Aim is To understand the community people's experience of access, understanding, evaluation, and application of health information for self-care of older adults with hypertension in the community and to explore the community's perspective on promoting community health literacy to taking care of older adults with hypertension in the community.

Materials and Methods

This study used a qualitative descriptive study design (Doyle et al., 2020). Focus-group discussions were used to obtain information from the three purposively sampled groups of community stakeholders. Focus-group discussions were used because they can collect information according to discussions on various aspects to form a structure or concept based on the researcher's

needs (Eamtip, 2022). Then in-depth interviews were asked according to individual participants' responses. Probing was done to obtain in-depth clarification from participants. This study is part of an advanced mixed-methods study to develop a community-based health literacy intervention for older adults with hypertension.

The setting of this study was Kosum Phisai sub-district municipality, Kosum Phisai district, Mahasarakham province, in Northeastern, Thailand. The participants were three groups of stakeholders composed of 1) older adults with hypertension aged 60-69 years, have the ability to perform their daily activities, have health literacy scores assessment before the study with low, fair, and high levels, and also have family members in their home; 2) family members aged ≥18 years, have health literacy score assessment with low, fair, and high level; and 3) community committee members who are representatives who serve in agencies established to act as intermediaries between the government and residents of a particular area in the management of Kosum Phisai sub-district municipality. All participants were purposively recruited based on having known information and experience regarding the objective of this study from secondary data of PCU. The researcher requested permission from the Primary Care Supervisor of Kosum Phisai Hospital, then requested a list of possible participants, viewed their health records, and recruited participants through phone calls. Data saturation is an indicator of the number of selected informants discussed by the researcher to determine data saturation among all informants.

This research was approved by the Human Research Ethics Committee of the Faculty of Public Health, Mahidol University (COA. No. MUPH 2020-141), and the Ethical Committee Review Board of the Mahasarakham Provincial Public Health Office. Participants were informed that participation was always voluntary and that they could withdraw at any time. They were also informed of the nature and aims of the research; exactly what participation meant in practice; any risks, inconvenience, or discomfort that could reasonably be expected to result from the study; the benefits for participants; and how privacy and confidentiality would be maintained. All participants were asked to sign a consent form if they were willing to participate. Audio recording was allowed by all participants. The recordings and transcripts have been kept securely and will be destroyed after publishing.

Data collection was conducted between January and April 2021. Participants participated in the focus groups and in-depth interviews at the Kosum Phisai Municipality Office. Focus groups were conducted with 12 older adults and 12 family members, each of which was divided into two groups (six members in each group), and one group of 13 community committee members to explore and understand the experiences regarding the health literacy of community people that affect self-care practices of older adults and the community perspective toward promoting community health literacy. Each focus group meeting was run in a conference room and lasted about 60 minutes in two sessions for each group. The researcher performed the role of group moderator, and a research assistant facilitated the meetings and took notes. The researcher began each focus group meeting by getting acquainted with the participants and then asking essential questions and a series of questions to encourage discussion, such as *"If you want to know how to monitor your symptoms and disease progression, what sources of information should use for taking care of yourself*?" "*When you or your husband/ wife/ father/ mother/ grandparent have hypertension symptoms and receive advice on self-care, do you understand it?" "What action is being taken in your community to promote the healthcare of older adults with hypertension?"*

Then, to gain a deeper insight into the elements of improvement community health literacy that affect health outcomes, individual in-depth interviews were carried out with ten of these 37 participants and were conducted in one session for each informant using questions such as, *"If you would like to develop community health care to improve the accessibility, understanding, evaluating, and applying health information to practice the daily life activities of older adults with hypertension, what should you do?"* and "*How to improve the ability of older adults with hypertension regarding access, understanding, evaluating, and applying health information to practice self-care?*" Additionally, probing questions were used: "*Could you give the details? And can you explain that?"* Each participant was interviewed for 45-60 min; conversation was recorded using an audio recorder. The triangulation was performed by interviewing and reviewing the answers with the other groups until no new ideas or concepts appeared to ensure that data saturation was achieved.

Thematic analysis was performed using the five-step theme analysis techniques described by Creswell (2014). The initial step started with organizing and preparing the data for analysis—the data preparation involved transmitting qualitative data from the focus groups and in-depth interviews, also recording the meetings with a smartphone; for this step the researcher copied and translated data from the Isan dialect to Thai, then

translated the data from Thai. The second step was reading or looking at all the data word by word then the third step started with coding all the data: the coding process was performed by categorizing the data. The fourth step was using the coding process to generate a description of people as well as themes for analysis for the coding, which was also used to assess the saturation of concepts and recurring patterns when comparing the similarities and differences of collected data on the ability to access, understand, evaluate, and use health information to perform the self-care of older adults, and the community perspective to promoting community health literacy. The final step was interpreting the findings; the data were then presented using themes and subthemes to verify the data. The researcher got the participants to confirm the data to clarify the interpretations and findings of the second focus group and in-depth interviews.

In maintaining accurate interpretation (credibility), the researcher used triangulation in informants and methods. The data triangulation technique, given the complete results, was achieved by many groups of focus groups (two older adults' groups, and two family members groups) and in-depth interviews at different times. Also, the researcher did member checking by involving 37 informants to provide feedback on the theme that had been made. Ensuring that the results can be transferred to other contexts (transferability), the researcher conducted an audit trail to maintain the stability of findings (dependability and confirmability). The researcher recorded the research process from the beginning to the end of the research process.

Results

The key informants were 12 older adults with hypertension, 12 family members, and 13 community committee members; the characteristics of all participants are shown in Table 1. Of the older adults, 10 were female, half were aged 60-64, and the other half were aged 65-69. Of the family members, the majority (n=10) were female and aged 21-60, and their relationship with older adults varied; however, most of them were a child of the older adult. Most of the community committee members were female (n=10), whose ages ranged from 31-70; the community committee positions were composed of the headman, head of the health volunteers, health volunteer, public health nurse, health director of the municipality, and the chairman of the village heads.

Table 1. Characteristics of subjects

Characteristics		Number	Percentage
Older adults with hypertension		**n=12**	
Gender	Male	2	16.67
	Female	10	83.33
Age	60-64 years	6	50.00
	65-69 years	6	50.00
Family members		**n=12**	
Gender	Male	2	16.67
	Female	10	83.33
Age	21-30 years	3	25.00
	31-40 years	2	16.67
	41-50 years	4	33.33
	51-60 years	3	25.00
Relationship	Child	4	33.33
	Grandchild	3	25.00
	Cousin	3	25.00
	Spouse	2	16.67
Community committee		**n=13**	
Gender	Male	3	23.08
	Female	10	76.92
Age	31-40 years	2	15.38
	41-50 years	5	38.47
	51-60 years	4	30.77
	61-70 years	2	15.38
Position	Headman	3	23.08
	Head of the health volunteers	3	23.08
	Health volunteer	3	23.08
	Public health nurse	2	15.38
	Health director of the municipality	1	7.69
	Chairman of the village heads	1	7.69

The community people's experience of access, understanding, evaluation, and application of health information for self-care of older adults with hypertension in the community.

Key informants were older adults with hypertension and family members living in the context of a semi-urban community in the sub-district municipality. All older adults with hypertension continuously follow up with the doctor and nurses at the Primary Care Unit (PCU), which is under the responsibility of the district hospital. Nurses in the PCU coordinate with the sub-district municipality to provide healthcare services to the community people in the area under the responsibility of the sub-district municipality. The findings from group discussions and in-depth interviews with older adults with hypertension and their family members revealed four themes:

Theme I: The most accessible health information related to hypertension comes from the advice of healthcare personnel at PCU.

The key informant explained that, when receiving a medical appointment, they usually receive advice about various symptoms of the disease and how to take care of themselves in terms of adjusting nutrition habits, exercising, taking medicine, and health follow-up by receiving health information from nurses and doctors at the primary care unit where older adults regularly use

the healthcare services. In addition, older adults with hypertension mentioned that there are ways to access health information other than the advice of health personnel, saying that some older adults read health information from educational signs posted in the PCU while waiting for treatment**.** As for searching from various online sources, it was found that there were very few searches because most older adults do not have phones or smartphones because of economic limitations. Like most family members, they do not use smartphones much for the same reason. Only a few older adults who used smartphones said they looked for more general health information on YouTube. In addition, in the community, there are community nurses of the PCU who come to organize health promotion activities in the community regarding chronic disease issues about once a year, which is health education about disease and healthcare; this activity is organized by rotation in each village according to the plan of Village Health Fund. In addition, health information, mostly about seasonal diseases, was received from the village headman or a team of village health volunteers via the community's public relations, as stated in the following.

"*Healthcare professionals usually advise about how to take care of myself when I go for my appointment*." (Older Female, 62 years).

"*When I go to the hospital, I read health information from the health information board at the hospital.*" (Family Female, 59 years).

Theme II: The received health information regarded hypertension was simple and understandable.

Most of the key informants explained that older adults had been receiving treatment continuously for a considerable time and thus received repeated advice about hypertension or other health advice from the nurse or doctor who takes care of them. The health information is not complicated, the advice given is easy to understand, and when in doubt or they do not understand something, they can ask the nurse or doctor immediately because they have been familiar with each other for a long time, so they have the courage to ask questions**.** A few older adults who use smartphones to search for health information said that most of the health information obtained from YouTube is video clips with illustrations such as various exercise methods and exercise postures for the older adults; the information is visual and animated so it is easy to understand. Likewise**,** the health information obtained from the community's public relations by the village headman and the village health volunteers' team is easily understood because they used the local folk language, as stated in the following.

"*I understand what the nurse or the doctor said, but if I don't understand, I ask the nurse or the doctor for more clarity because I have been treated for a long time***."** (Older Male, 67 years).

"*In the past, the village headman or the village health volunteers publicize health information about seasonal diseases using local language and messages that were easy to understand.*" (Family Female, 54 years).

Theme III: Unnecessary to analyze or evaluate the received health information from healthcare personnel.

The key informants explained that, when receiving advice on hypertension, and self-care guidelines on taking medication from doctors or nurses who take care of older adults and family members, they felt that the advice was appropriate and unnecessary to evaluate or analyze whether it is true because the healthcare personnel providing advice or information are knowledgeable and reliable. As for health information posted on educational signs within the PCU, it is information from healthcare personnel in the PCU and is therefore reliable so that information can be used as a guideline for self-care practices. The key informants who had received health information from YouTube said that when they saw various health video clips, they did not immediately trust the information they contained. They had to bring that information to inquire with the nurse or doctor at the PCU when they came for follow-up. Asking questions to the nurse or doctor is a way to assess whether or not they will be followed, and if there is any danger. Information received will only be trusted after it has been confirmed as correct and appropriate by a nurse or doctor before applying health information to daily life, as stated in the following.

"*From the Internet, I looked at it, but we didn't pay attention because our lives were already with the doctor, just watching and not following***.** *I would not believe it and put it into practice until I asked the doctor or nurse at my follow-up appointment*.**"** (Older Female, 64 years).

"*I heard from the doctor, read from the health information sign in the hospital it should be reliable***.** *I don't have to evaluate anything***."** (Family Male, 32 years).

Theme IV: Only taking medicines and following up on doctor's appointments is the health information that is the most concerning to regularly practice.

The key informants explained that, when receiving advice from a nurse or doctor about how to behave regarding hypertension, they would apply it to their own healthcare. Older adults with hypertension often pay more attention to taking medicine and keeping up with appointments than adjusting health behavior such as nutrition, exercise, or monitoring their blood pressure regularly; only some older adults have to adjust their own behavior as well. Older adults who adjust their own behavior are older adults who have family members providing close care and who have access to health information by bringing older adults to regular medical appointments at the PCU, as stated in the following.

"*I only take medication and go to health check by appointment but still eat salty food and rarely exercise because I don't have time***."** (Older Female, 62 years).

"*My sister only takes medicine and health follow-up by appointment*." (Family Female, 55 years).

The community's perspective on promoting community health literacy to taking care of older adults with hypertension in the community.

Focus group discussions and in-depth interviews with the key informants showed that older adults with hypertension, family members, and the community committee reflected on previously practiced methods for taking care of older adults with hypertension in the community and the opinion on ways to promote a community health literacy to caring for older adults with hypertension. This revealed three themes:

Theme I: Usual healthcare activities in the community

Activities that community committees used to carry out in each village include:

1) Health screening for non-communicable diseases among people at risk aged 35 years and over, providing health education, and home visits to patients with complications. The key informants explained that, in the past, there have been public health activities in the community, including screening for non-communicable diseases among people at risk aged 35 years and over, including diabetes, hypertension, and metabolic syndrome according to the national health policy. When people are found to have abnormal symptoms according to the screening criteria, they are referred for diagnosis and treatment from a doctor and receive continuous treatment at the PCU. In addition, activities are carried out to provide health education to the people about chronic diseases that are a problem in the country, such as chronic kidney disease, diabetes, hypertension, etc. Health activities are activities for the general public that involve health education to large groups of people and sometimes organizing small groups to talk and exchange health information. In the past, there were no health activities organized specifically for older adults with hypertension, as stated in the following.

"*Healthcare providers from PCU come out to give health education about hypertension, diabetes, and chronic kidney disease in the village in the large group and sometimes in the small group.*" (Older Female, 69 years).

"*Village health volunteer teams are responsible for health screening for diabetes and hypertension and providing group health education to at-risk people in the community*." (Female Committee Member,54 years).

In addition, the community committee has organized a team of village health volunteers to visit the patients who have complications from chronic non-communicable diseases (NCDs), at their home, to continuously monitor their symptoms at least once a month, as stated in the following.

"*People with non-communicable diseases who have complications are visited at home to monitor their health conditions; monitor their blood pressure, and they are asked about their self-care*." (Female Committee Member, 41 years).

"*A team of village health volunteers do home visits patients with hypertension who have complications once a month to monitor and evaluate their symptoms*." (Female Committee Member, 45 years).

2) Organizing common areas, and supporting exercise and recreational activities in the community. In the past, the community committee has taken steps to adjust the physical environment in the community, such as arranging common areas as places for people to exercise and encouraging physical activity by teams of village health volunteers. That exercise activity is aerobic dancing 3-4 days per week. The majority of participants are residents of each community, approximately 10-20 people per village. This activity is not organized throughout the year but is organized according to the time period of receiving health budget support in each village. This common area can be used as a place for other recreational activities of the people in the community as well, as stated in the following.

"*The village committee team organizes areas for exercise and recreational activities in the village and at certain times each year, they organize aerobic dancing activities by the village health volunteers*." (Female Committee Member, 45 years).

Theme II: The community action for promoting community health literacy to caring for older adults with hypertension.

The informants' opinions regarding how the community should take action in promoting community health literacy for taking care of hypertensive older adults in the community are as follows.

1) Providing health knowledge to older adults in the community by setting up small group learning activities. The key informants explained that the way to organize activities to provide information and knowledge to groups of older adults or people in the community that are likely to result in a better understanding of older adults with hypertension is to do so in small groups. Older adults have the opportunity to exchange and talk to learn from each other, listen to the opinions of many older adults' friends, do activities together, and practice various activities together. It should give older adults a lot more knowledge and understanding. It is more than just listening or giving individual explanations, as stated in the following.

"*When we come together as a small group, we advise each other not to eat sweet or salty food. It lets us talk and exchange ideas.*" (Older Female, 64 years).

"*Organizing small groups to learn gives everyone a chance to talk more, making the older adults more courageous to ask questions about their own issues than in a large group.*" (Family Male 24 years).

"*In the past, we made a cooking group that lets people in the community know how to cook a portion of healthy food should be set up; they're more clear about how to cook the healthy food.*" (Female Committee Member, 32 years).

2) A community health literacy policy regarding hypertension should be set up, and improving physical and social of community environment to promote the health literacy of hypertensive older adults. The outlook of the community committee was there must be a community policy to promote community health literacy related to hypertension in older adults. The physical environment in the community should be improved as the main road in the community must be planned to be established as a health road for posting the policy on community health literacy related to hypertension, this will inform community people to understand together. This road, in addition, should also be used to install a health information board, especially about hypertension knowledge, allowing the public to know health policies and health information together.

"*The policy for promoting health literacy in our village should also be announced for the people in the village to know. It is likely that we need to designate health roads in villages to post policy announcements, which we should call health roads*." (Female Committee Member, 52 years).

The key informants further commented that there should be improvements to the environment within the community that support people in the community to be health literate, such as providing knowledge about hypertension within the community, information and knowledge on how to behave for patients with hypertension should be provided by publicize via the community broadcasting, a campaign about walking street markets and health shops within the community. As such, older adults can access health information more easily, be able to apply the health information to practice daily life, and it can serve as a reminder to older adults with hypertension to take care of themselves appropriately. In addition, there should be more village health volunteers to home visit older adults with hypertension in the community to monitor and encourage them to take proper care of themselves, as stated in the following.

"*In the past, there were various health information signs on the road in the villages; this benefited people in the villages because they could read those signs and gain health knowledge to them.*" (Female Committee Member, 54 years).

Theme III: Nurses at PCU, village health volunteers, and community committees should be involved in playing a key role in promoting community health literacy.

The key informants have opinions about the people who should be involved in playing a role in promoting community health literacy regarding hypertension in older adults as follows: Nurses at PCU, village health volunteers, and community committees are the people who should play a key role in creating community health literacy about older adults with hypertension. This activity is the responsibility of the community committee, especially nurses, village health volunteers, and community leaders including mayors of the local administrative organization, sub-district headman, and village headman. These groups of people should play the main role in initiating activities in the community,

because they are a group of reliable key people who are trusted by older adults and community people, especially the nurses of the PCU, who the people believe are health knowledgeable. Village health volunteers have been trained as community health assistants; moreover, community leaders have the authority to help and take care of the welfare of the people in the village. Thus, these groups are the key people in the community to take the role in creating community health literacy. As stated in the following:

"*Who will help? Probably the public health nurses, village health volunteer team, and the village headman because they are the ones who have taken care of the villagers' health all along.*" (Older Female, 68 years).

"*A team of community committee members, such as the village headman, should also come to help; they have the power to invite the village people to participate in health care practice because everyone in the village respects them.*" (Family Female, 50 years).

After confirming interviews with older adults with hypertension and their families on the issue of people who should play a role in building community health literacy, the key informants commented that it should be nurses at PCU, village health volunteers, and community committees because they are groups of people that older adults can easily access and can talk to at any time when they have questions, doubts or do not understand various information. As stated in the following:

"*It should be the team of village health volunteers because they encourage people in the community to exercise, and they take care of the health of the people in the village*." (Older Male, 67 years).

"*A team of community committee members, such as the village headman, should also come to help; they have the power to invite the village people to participate in health care practice because everyone in the village respects them*." (Family Female, 50 years).

Discussions

Themes of community people's experience

According to the community people's experience of access, understanding, evaluation, and application of health information for self-care of older adults with hypertension in the community, the results revealed four themes related to health literacy: these are the cognitive and social abilities composed of (1) Access, which refers to the ability to seek, find, and obtain health information; (2) Understanding refers to the ability to comprehend the health information that is accessed; (3) Appraise describes the ability to interpret, filter, judge, and evaluate the health information that has been accessed; and (4) Apply refers to the ability to communicate and use the information to decide to maintain and improve health (Sorensen et al., 2012). It can be discussed as follows:

Theme I: The most accessible health information related to hypertension comes from the advice of healthcare personnel at the PCU.

Based on this theme relevant to the component of access to health information, in Thailand, which is a middle-income country, people who live in rural areas have insufficient income, and most of them do not have smartphones, and they have a limited budget to use the internet to access health information from online media. Therefore, the available source of health information that is easily accessed in rural community areas usually comes from health personnel, especially medical doctors or nurses at the PCU, the healthcare services that are close to community people. This finding is consistent with a survey of Thai people's health literacy that found having insufficient income affects access to health information, causing most of them to receive health information from healthcare personnel (Roma & Kloyiam, 2019).

Theme II: The received health information regarding hypertension was simple and understandable.

Based on this theme relevant to the component of understanding health information, older adults and family members in the community normally receive health education directly from healthcare personnel at the PCU. They might communicate in simple terms and the same matters related to hypertension and health behavior that are not difficult and easy to understand. The older patients feel familiar with healthcare providers at the PCU; thus, they can directly and immediately ask questions if they are not clear in the message. This is in line with the U.S. Department and Human Services' methods for promoting health literacy which states that promoting health literacy among individuals and families should use language that is easily understood so that individuals can apply that information to appropriate self-care (U.S. Department of Health and Human Services, 2010).

Theme III: Unnecessary to analyze or evaluate the received health information from healthcare personnel.

Based on this theme relevant to the component of appraising skill, usually in rural areas community people rely on health professionals; they call every health

personnel a "Doctor" even though they are not the medical doctor. In Thai rural communities, people trust and view all health personnel at the PCU as the experts in health; these make them feel more confident and less likely to double-check the received health information. This is consistent with studies on trust in information sources which found that, despite new communication channels, healthcare professionals remain the most trusted source of information for patients (Hesse et al., 2005). Moreover, a systematic literature review found that patients have good health behaviors and quality of life because they trust in health professionals (Birkhäuer et al., 2022).

Theme IIII: Only taking medicines and following up as medical appointments is the health information that is the most concerning to regularly practice.

Based on this theme relevant to the component of applying health information to practice, people with chronic diseases, especially older people, always believe in taking medicine more than changing their behaviors. They have had hypertension for a long time and are continually educated about taking medicine to control their disease. Moreover, they are scheduled to follow up every two or three months for physical checkups and continue medication. The PCU in Thailand is located in the community and not far from the residential area, people in the community are comfortable visiting as an appointment as it is convenient and easily accessible. On the other hand, performing healthy behavior is quite difficult for them, they need discipline and support from peers or others to encourage them. This is consistent with the study of factors affecting cooperation in treatment in that the convenience of traveling to receive services has a positive effect on cooperation in treatment (Taengsakha, Maneesriwonggul, & Putawatana, 2019). A study of the relationship between health literacy and the behavior of taking medicine and coming to doctor's appointments found that health information assistance affected taking medicine and coming to doctor's appointments for diabetic and hypertensive patients (Chaiyata, Numkham, & Rakkapao, 2020).

Based on the contradictory findings, although consistent with the four components of health literacy, it was still found that older adults with hypertension were still unable to take care of themselves appropriately. It is seen that in regard to the component of appraisal of health information, older adults with hypertension still have to rely heavily on healthcare professionals. In addition, in the area of application of health information, it was found that most older adults with hypertension still do not change their self-care appropriately, focusing only on taking medicine and following up as medical appointments, which may result in poor health outcomes.

The community's perspective on promoting community health literacy to taking care of older adults with hypertension in the community

The community's perspective on promoting community health literacy to taking care of older adults with hypertension in the community can be discussed as follows:

Theme I: Usual healthcare activities in the community

The finding revealed usual healthcare activities in the community were composed of 1) health screening for non-communicable diseases among people at risk aged 35 years and over, providing health education, and home visits to patients with complications. In these activities the usual responsibility of all health personnel at the PCU is to function for monitoring community people's health to find cases and refer to received diagnoses for early treatment. These are the activities that deploy the national action plans/projects according to the 5-year national strategic plan for prevention and control of non-communicable diseases of the Department of Disease Control, Ministry of Public Health of Thailand on biological risk factors. This plan aims to reduce the rate of non-chronic communicable diseases (Division of Non-Communicable Diseases, 2020), which is considered to be carried out according to the plan. 2) Organizing common areas, and supporting exercise and recreational activities in the community. In Thailand, health promotion was launched in the community, and well-known activities implemented for community people were exercise, especially aerobics dance which is suitable for general people but not for older adults in the community. Therefore, the activities that were implemented in the community were in line with the national health policy that supports the prevention and control of non-communicable diseases in specific target groups to reduce people's risky behaviors for non-communicable diseases (Division of Non-Communicable Diseases, 2020).

Theme II: The community action for promoting community health literacy to caring for older adults with hypertension.

The findings demonstrated that the community action for promoting community health literacy to caring for older adults with hypertension should be composed of *1) Providing health knowledge to older*

adults in the community by setting up small group learning activities. This type of activity allows for discussion and exchange of health information in terms of knowledge and experiences between each other, especially in older people who are in the declining process of cognitive function. Active learning is the learning activity that lets the older have a chance to ask, talk, practice, and discuss; all these are the learning strategies that will let the patient obtain more health literacy (U.S Department of Health and Human Services, 2010). This is consistent with a result from a systematic literature review that found interactive learning strategies are methods that increase public health literacy (Meherali, Punjani, & Mevawala, 2020). *2) A community health literacy policy regarding hypertension should be set up, and the physical and social community environment improved to promote the health literacy of hypertensive older adults.* Healthy public policy is one strategy that has a concern for health impact and aims to create a supportive environment for the good health of all citizens equally; posting no direct negative health consequences, nor impeding access to basic healthcare services (WHO, 1986).

Theme III: Nurses at PCU, village health volunteers, and community committees should be involved in playing a key role in promoting community health literacy.

In this, the community has a clear health policy leading to action that has concrete results and also creating an environment that is conducive to both physical and social health, such as posting plain information signs, while organizing areas for exercise and recreation has another effect that helps create more health literacy in the community (Matsee & Waratwichit, 2017). In addition, *the people who should be involved in playing a role in promoting community health literacy regarding hypertension in older adults were nurses at PCU, village health volunteers, and community committees*. In rural or suburban contexts, all these mentioned groups are the key people who take responsibility for taking care of the health and welfare of the community people. In addition to that, community people feel familiar and have close relationships with all the mentioned persons as well as trust them. Therefore, the activity that will make the community people have good health and quality of life should be their responsibility (de Wit et al., 2018). This supports the WHO's suggested strategies for improving health literacy in the population and provides a foundation where citizens can perform their health improvement roles, engage in community actions for health, and urge the government to fulfill their health and wellness management responsibilities (WHO, 2016).

The policy implications of the findings, particularly regarding promoting community health literacy for older adults with hypertension have been carried out in response to the National Health Policy. Although a policy has been established to create health literacy, in the actual situation this policy has not yet been implemented. Most of the activities are focused on screening for at-risk disease or promotion/ prevention in every age group in an overall manner without specifying specific solutions. As a result, there are still problems with health outcomes that have not yet been achieved. Therefore, developing this issue of community health literacy through healthcare professionals (nurses) collaborating with community committees to encourage older adults with hypertension in the community to have better health literacy will affect self-care and lead to good health outcomes.

Through the barriers discovered, the researcher was able to see the problems and reflect the findings to the community committee so that they could see areas that needed to be developed, that is, practices that were more specific to the problems. Moreover, the finding reflects who should take part in promoting health literacy in the community to create an environment conducive to changing appropriate self-care, which will have a good result in health outcomes for older adults with hypertension.

Strengths of this research is the information obtained from various sources of stakeholders reveals both depth and width of perspective on community health literacy that benefits promoting the health of older adults with hypertension in the community

Limitation of this research is This study was done with only one setting in the Northeastern area of Thailand; the result might not be generalized to other different cultural settings.

The local geographic limitations of this study may not be transferable to large populations. Further study is needed to determine whether these results apply to older adults with hypertension and communities across the country and around the world.

Conclusion

Older adults with hypertension in rural or suburban communities rely on health information from healthcare personnel at the PCU to perform self-care practices. They focus on medication more than behavior modification. The current activities in the community were routine health screening for finding new cases of

non-communicable disease in the population at risk. The approaches to creating community health literacy should include various methods focusing on active learning and interactive group activities for hypertensive older people to improve cognitive and social skills. The community actions taken to improve health literacy should include involvement in facilitating a healthy environment. The people responsible for the community should comprise community committee members, village health volunteers, and comm Buford unity nurses. According to these findings, strengthening community action by enhancing community health literacy is needed to improve the health of older adults with hypertension.

Funding

This study is supported by the government scholarships granted by Praboromarajchanok Institute, Ministry of Public Health, Thailand.

Conflict of interest

The author(s) declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Acknowledgments

We sincerely appreciate the efforts of the participants in this study.

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How to cite this article: Saenyabutr, C., Lagampan, S., Powwattana, A., and Amnatsatsue, K. (2024) 'Understanding perspective on community health literacy for promoting the health of older adults with hypertension: a qualitative descriptive study', *Jurnal Ners*, 19(2), pp. 144-155. doi: http://dx.doi.org/10.20473/jn.v19i2.51151