

"TAKE TWO, TWICE DAILY"

VS

"TAKE TWO IN THE
MORNING
AND TWO IN THE
EVENING"

Health Literacy Levels and the Future



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According to Eve Glicksman, a health care feature writer for the Washington Post, Association of American Medical Colleges and UnitedHealth Group, the difference between “take two, twice daily” versus “take two in the morning and two in the evening” is a distinction that can be made via a mere change in the wording of medical directions—and in result, will produce less misinterpretation and stress for many people trying to follow medical advice.

October serves as our global Health Literacy Month, however, the term itself may not often seem like the large and pertinent entity it is. This is particularly because most people will recognize the word literacy by itself, and tie the whole term to what is known as basic prose literacy: reading and writing. Whereas, health literacy is different and more complex. The lower levels of basic prose literacy is another pressing issue, however, the one at hand for this article is health literacy. Current

events, such as the COVID-19 pandemic, have illuminated the lack of health literacy in adults in the U.S. and the negative

impacts it holds.

But what is health literacy? As stated by BMC Public Health, this is a concept developed in the 1970s, gaining traction in the world of public health and medicine, and is depicted as a person’s capacity to understand certain aspects and concerns for their own health. It also represents one’s ability to take useful health care information and guidance to act and make decisions on one’s health.

In 2012, the Institute of Medicine found that nearly half of the adult American population has difficulty understanding health information. The broader health care literacy definition includes not only the difficulties with knowledge and action within a health care setting but also those outside, having to do with a person’s general health. At a local community health care clinic, the exiting survey patients are asked to fill out to the best of their ability asks how well the physicians and other staff members were able to communicate with them about matters regarding their health, how confident they are in their ability to understand the matters and their confidence in proceeding forward and following them. This is an intervention that can be done universally at the downstream level, offering a sort of compensation for the general lack of health education at earlier stages in life, or any other prior action taken to prevent patients’ lower health literacy levels in the future. Downstream interventions take place at a level of immediate attention needed to help problems that are the result/outcome of earlier and larger issues. Whereas upstream interventions take place at the higher level of systems and address issues before they have produced negative results or outcomes, or aim to reduce them altogether.

Dr. Don Nutbeam is a professor of public health at the University of Sydney and a social scientist with research interests in social and behavioral determinants of health. He is renowned for research with health literacy and the development and evaluation for public health interventions.

Breaking down the concept:

In his articles, Nutbeam delves into the concept of health literacy beginning with three different levels:

basic/functional, communicative/interactive and critical. Basic/Functional health literacy serves as enough to understand the bare minimum of health care directions and apply them in everyday contexts to a certain extent. Communicative/Interactive health literacy is depicted as the ability to obtain health information through various outlets whether it be social media, websites, books or another person, and apply this information to one’s own life in specific circumstances. Finally, critical health literacy is the ability of a person to use higher cognitive skills and analyze the information obtained and use it to control current and future health situations to be prepared for any future health-related issues.

In the context of this article, the goal is to situate health literacy levels across the country as a public health issue to turn people’s perspectives and increase the support and collaboration surrounding it. As a public health issue, interventions are more likely to be generated and intervened in hopes to find solutions.

Interventions to improve:

Nutbeam discusses education, social mobilization and advocacy as three possible health promotion actions, to result in beneficial outcomes on health literacy, social action and healthy public policy and organization. When considering social action, there are upstream and downstream factors to be recognized, personal and environmental influences subjective to each person/ community. Education would best serve as an upstream intervention to improve the general literacy levels of a person or community. Health education reform starting at a younger age is important to prioritize and begin with as it is a measure for future generations.

On the other hand, opportunities for adults to improve their education now need to be stressed just as much, especially for those who are more vulnerable in the case of illness such as the elderly, immunocompromised, those suffering from chronic diseases, as well as marginalized communities. All these groups would benefit immensely in their understanding of their own health and safety. Interventions as such will help to advance more people to the highest level of critical health literacy in order to best protect and care for their own health and those around them.

There are relevant downstream interventions to be recognized. A few interventions emphasized in Nutbeam’s article to improve health literacy, are more so current quick-action remedies, such as physicians reducing their reliance on written medical direction. The National Work Group on Literacy and Health recommends that if there is necessary guidance to be written down, it should be written at a fifth grade (age 10 to 11) literacy level or lower to assume

sufficient understanding. There is also a certain level of comfortability needed for a person to be able to follow-up on guidance they are unable to understand. I think each person in any circumstance can relate to the feeling of insecurity in asking for additional help and instruction due to a lack of understanding. Nutbeam discusses the individual and community/social benefits interventions to improve health literacy levels. On a more individual basis, improving a person’s health literacy level will improve confidence and motivation in acting on one’s own health. His article also highlights how on a greater level, improving individual literacy levels may result in higher influence on social norms and groups to act positively on various public health issues, such as increased involvement in immunizations, screenings and use of self-checking medical devices).

Reflecting on the current state of the COVID-19 pandemic:

A public health issue, such as low health literacy levels, contributes to negative causal thoughts and behaviors of the general public when engulfed in another public health concern such as the COVID-19 pandemic. According to Glicksman, communities who have been designated at a higher risk of fatality from the virus correlates to those who are more likely to have lower health literacy levels. This does not just connect with the current virus, but also other diseases, especially chronic diseases, that are correlated with greater negative implications to those with lower literacy levels. Glicksman illuminates the stressed notion of health care providers that in a pandemic, words like “comorbidity” and “immunocompromised” are of relevance and extreme importance for all people to be cognizant of and understand.

In a country with health disparities marginalizing groups of people, and infringements on people’s access to health care, there is a lot of mending to be done in the health care world. Prioritizing the health literacy level as a public health issue is a start to work towards a healthier future for the greater community. As mentioned by Glicksman, the fact of the matter is many physicians hold the perspective that a person’s health literacy level is the best predictor of their overall health. This should exacerbate just how important the low level of health literacy across adults in America must continue to be a priority for change.

