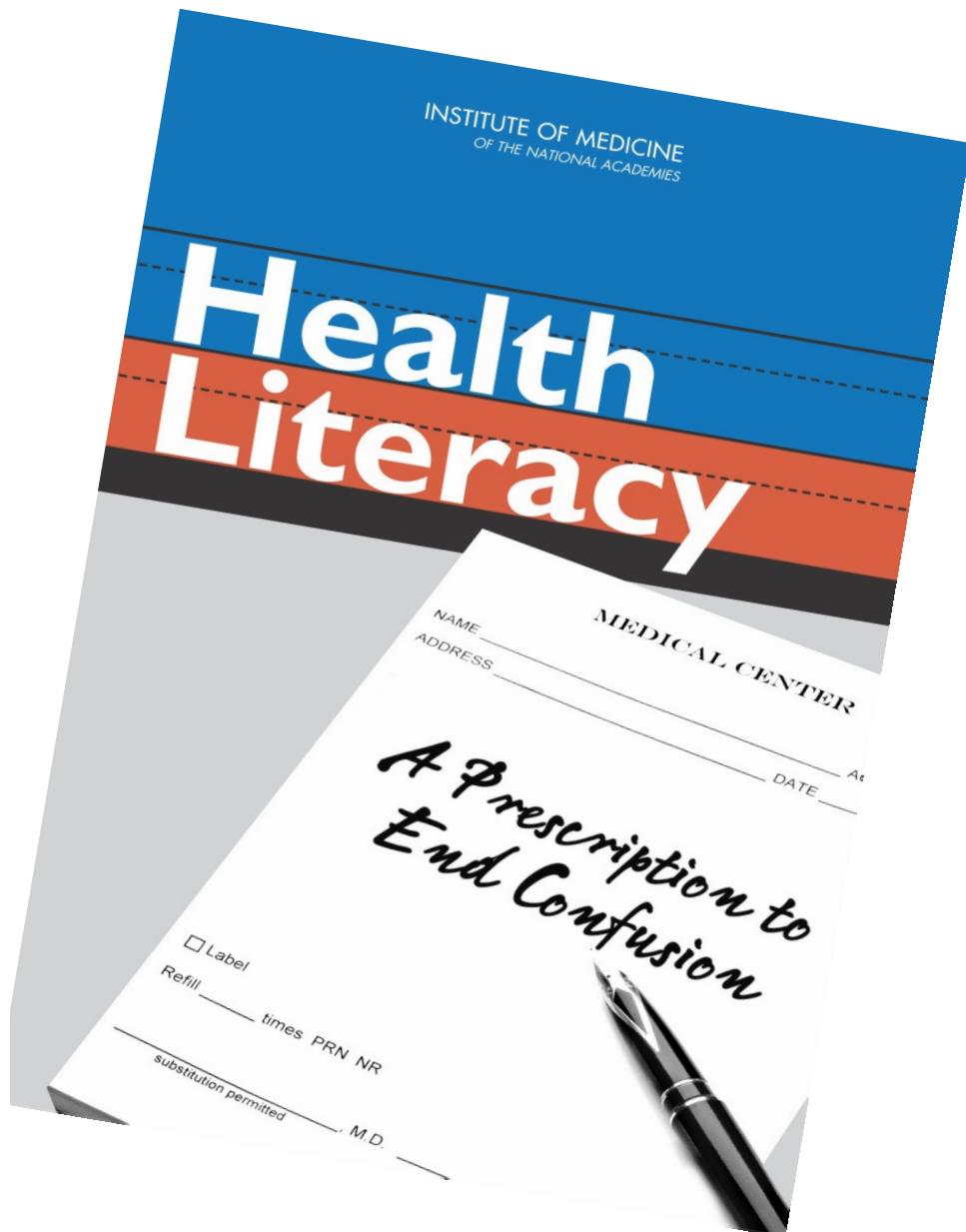


Health Literacy Annual Research Conference: GAPS Session

Goal: Understand “where we are” and identify “what needs to be done” in 3 key areas

- Public Health and Health Literacy
- Health Disparities and Health Literacy
- Health Information Technology



“We envisage a society in which people have the skills they need to obtain, interpret, and use health information effectively...and within which a wide variety of health systems and institutions take responsibility for providing clear communication and adequate support to facilitate health promoting actions”.

Recommendation 3.1

Funding for health literacy research is urgently needed

Federal and nonFederal agencies should support multidisciplinary research on limited health literacy

- Extent, associations, and consequences
- Impact on utilization, costs, and quality
- Development and testing of causal models

Former US Surgeon Generals....

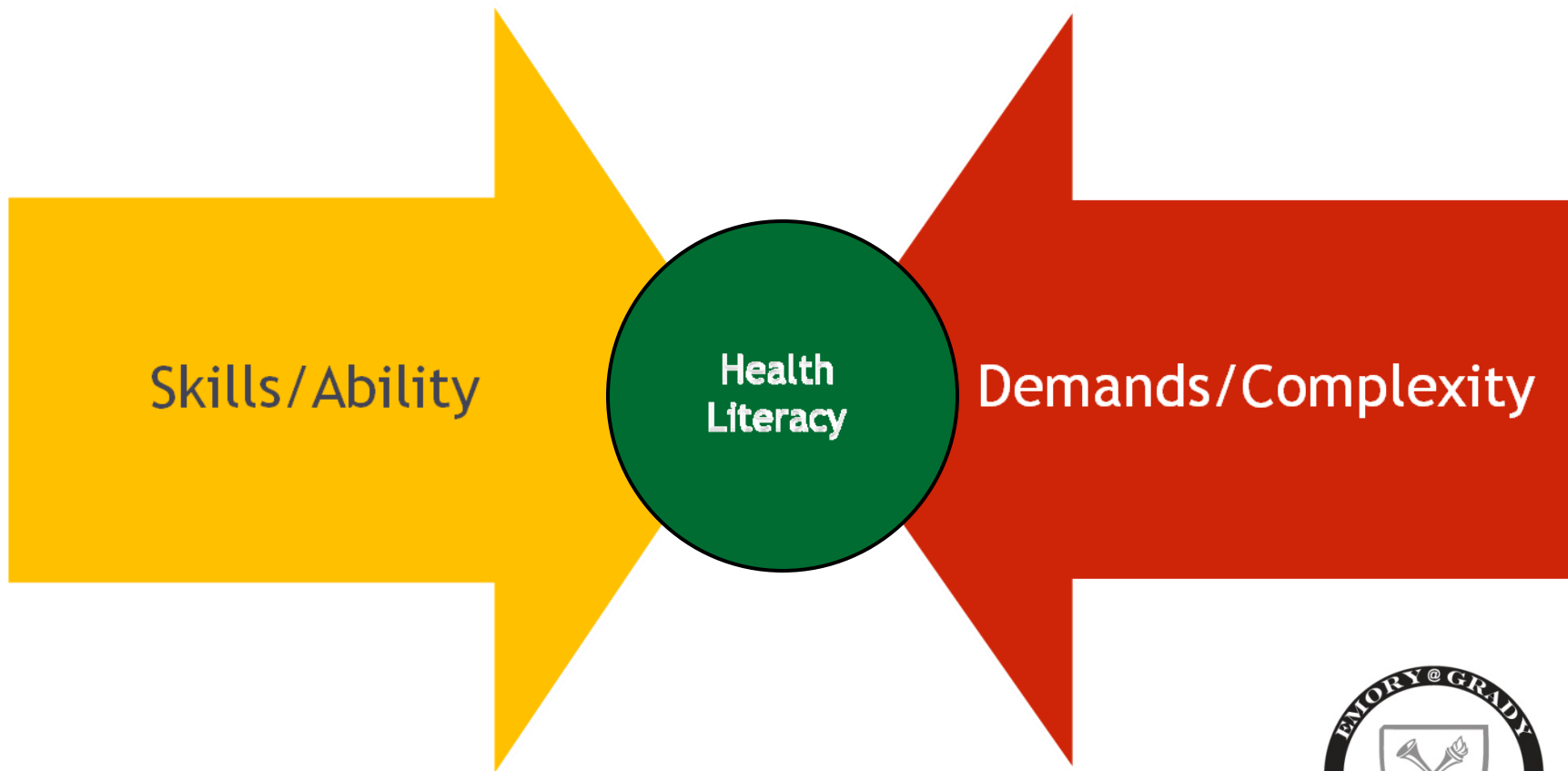
“We have seen first-hand that the current health care system is unsustainable. Meaningful reform is vital to improving the health of our nation. **We need to have reform that prioritizes prevention, preventive care and health literacy to encourage healthier lifestyles.”**



Drs. Antonia Novello, Richard Carmona, David Satcher & Jocelyn Elders
Former Surgeon Generals of the United States. Statement Released October 10, 2009

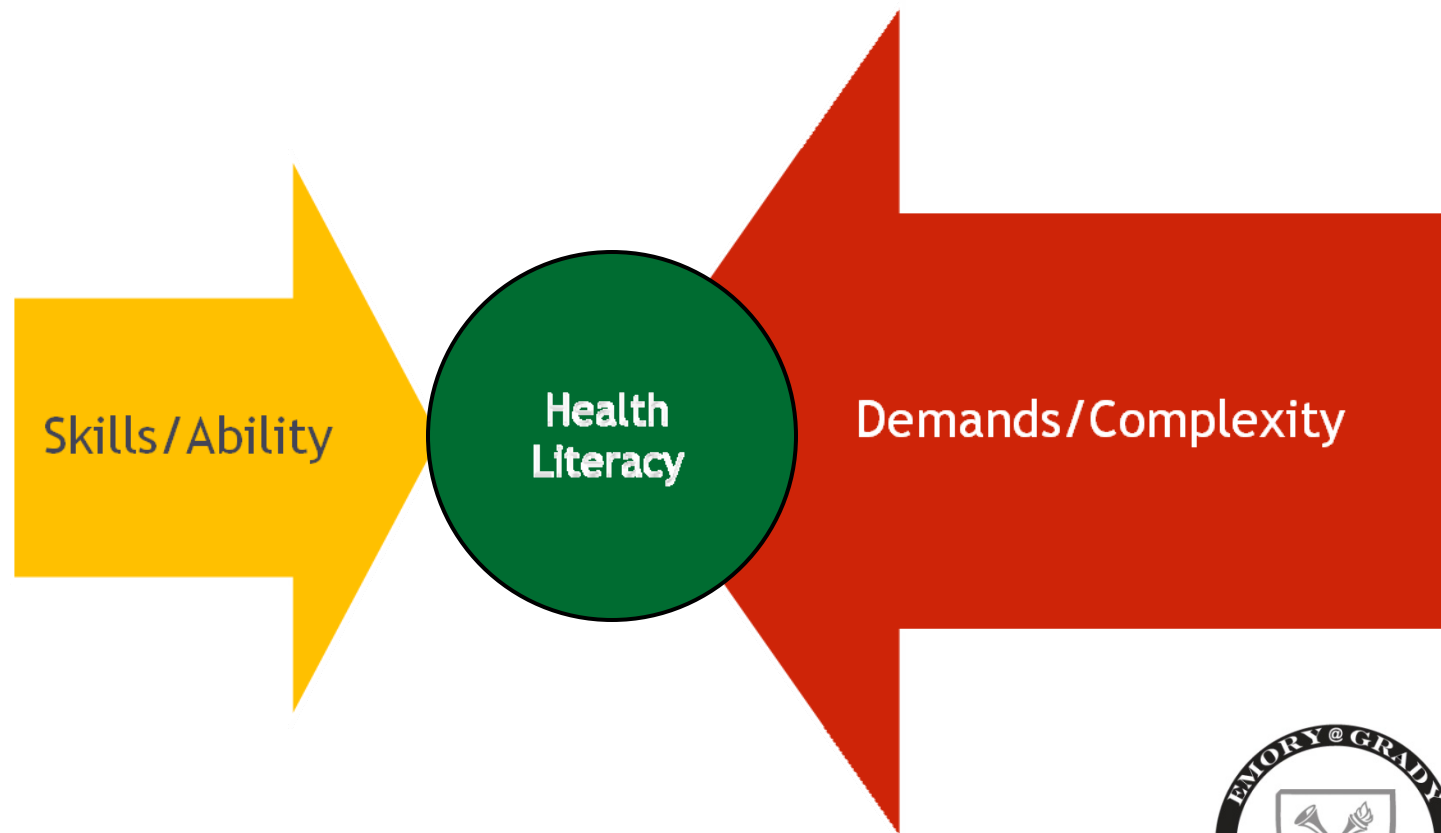
Health Literacy Framework

(Parker)



partnering clinical evidence and patients' voices
R.M. PARKER • K.L. JACOBSON • L. DI FRANCESCO

Not Aligned



CORRESPONDENCE



Risk of Confusion in Dosing Tamiflu Oral Suspension in Children

TO THE EDITOR: The medical community should be made aware of the serious potential for dosing errors in children prescribed Tamiflu (oseltamivir) oral suspension, as illustrated in the case described below.

After the diagnosis of novel H1N1 influenza, a 6-year old received a prescription for Tamiflu (oseltamivir) oral suspension (12 mg per milliliter) at a dose of 3/4 teaspoon PO BID. However, the parents, one a primary care physician and the other one of the authors, had great difficulty determining the correct dose to administer to their child. The medication bottle was accompanied by a prepackaged syringe with markings of 30, 45, and 60 mg (Fig. 1). The label attached by the pharmacy specified the dose in volume units ("3/4 teaspoonful") but the syringe provided only markings in mass units (milligrams). Despite

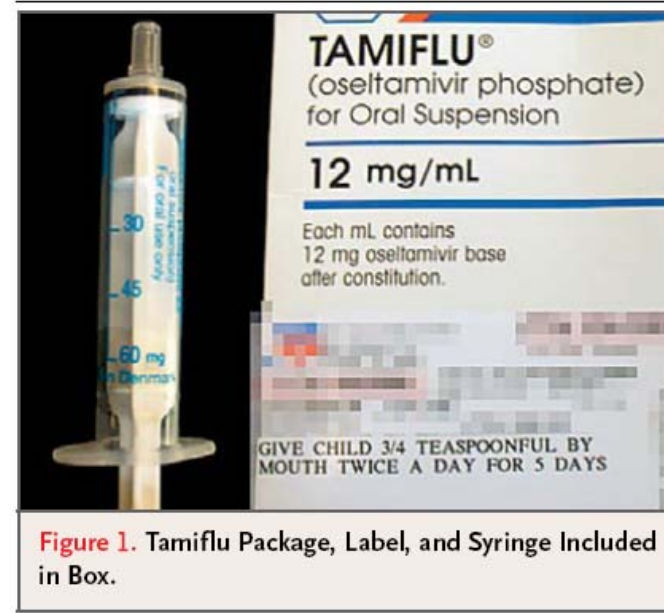


Figure 1. Tamiflu Package, Label, and Syringe Included in Box.

ing and measurement calculations¹ will be re-

Lessons from the field

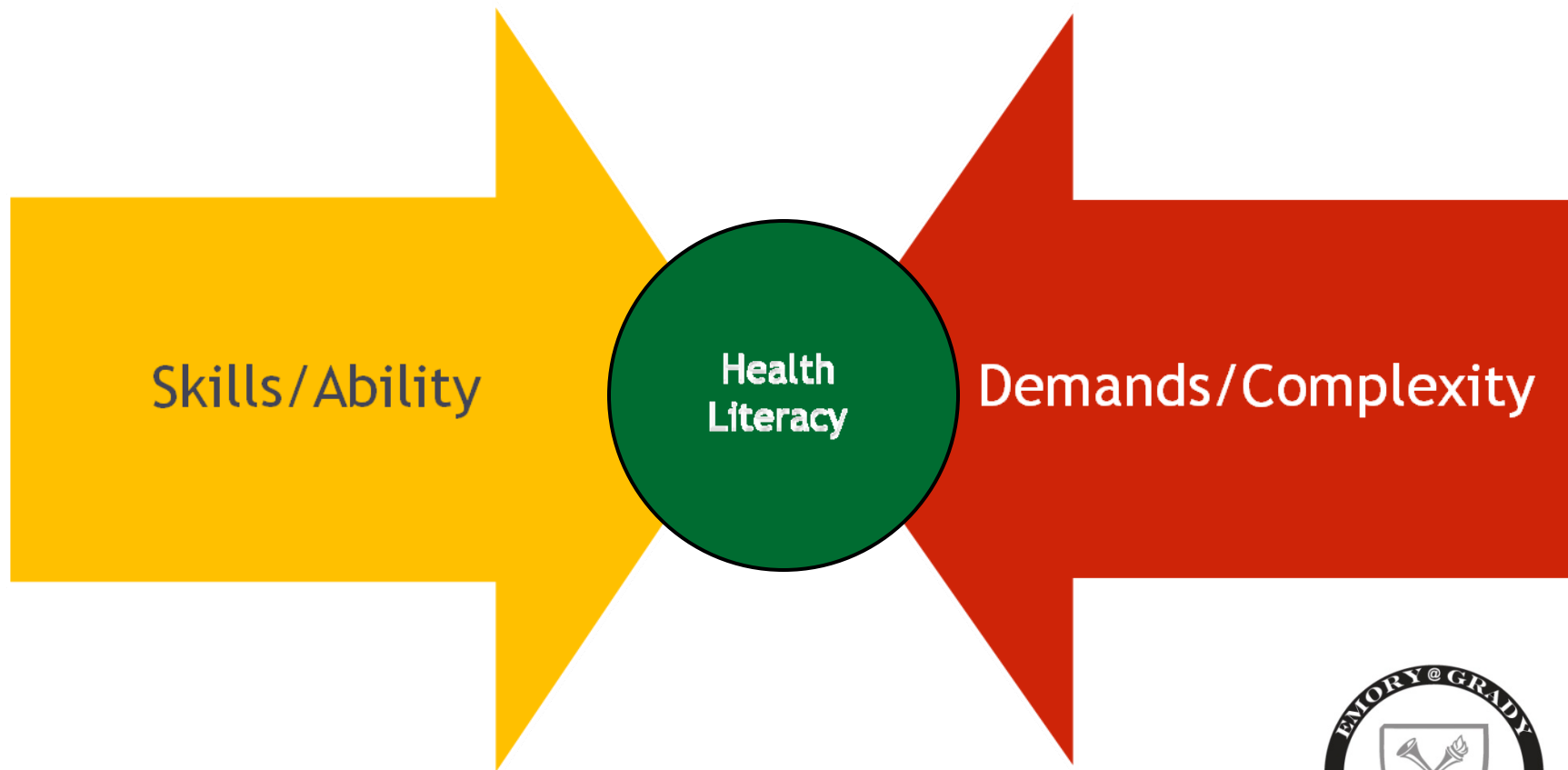


Patients are the real experts...
partner with them to communicate



partnering clinical evidence and patients' voices
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Advancing Health Literacy



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