



## The Author's Reply: Health Literacy among Older Adults during the COVID-19 Pandemic: A Cross-Sectional Study in an Urban Community in Thailand

Korravarn Yodmai

Department of Family Health, Faculty of Public Health, Mahidol University, Bangkok, Thailand

See "Health Literacy among Older Adults during COVID-19 Pandemic" by Rujittika Mungmunpantipantip, Viroj Wiwanitkit, on page 324-325.

Dear Editor,

In response to the letter to editor<sup>1)</sup> on our previous publication,<sup>2)</sup> we would like to further explain more about HL measurement tool and its findings.

In this era, HL was made known and used to promote health for all ages.<sup>3)</sup> It is defined as the degree to which individuals have the ability to find, understand, and use health information and services for their decisions and action on health.<sup>3-5)</sup> Currently, HL screening procedures are broad.<sup>4)</sup> To assess personal ability to gain access to, understand, and use health information and services, and for negotiation, and advocacy, Thailand developed a new model known as the V-shape HL model.<sup>6-8)</sup> It is comprised six elements: access to health information, understanding, interaction with change, decision-making, modification, and health discussion. This measurement was classified into four levels of HL; low-basic, basic, intermediate, and proficient. Low-basic refers to poor HL and incorrect practice. Basic refers to basic HL, but is sometimes practiced incorrectly. Intermediate HL refers to adequate HL to practice but non-proficiency or confidence for sharing that information with others. Lastly, proficiency is the strong skill in the use and practice of health information, with confidence in using that information and sharing it with others. In the previous study,<sup>2)</sup> we aimed to explore the factors related to proficient HL in urban communities or municipal areas, where people are quite different compared to those in rural communities or villages.

In a poor community, many people cannot afford protective equipment such as facemasks. In Thailand, a country that forced

people to use facemasks during the first pandemic wave, a shortage of masks resulted, while other countries promoted only hand washing and social distancing. At that time, our village health volunteers produced face masks from 100% muslin cloth that could be reused and washed 100 times, and distributed them to the local community. As mentioned above, the first wave occurred over a few months in 2020. This study was conducted from January to February 2021, during the second wave, when surgical masks were sold at about 2.5 bahts per piece. However, the prevention of coronavirus disease 2019 (COVID-19) transmission<sup>9,10)</sup> by frequent hand washing, wearing a properly fitted mask, maintaining physical distancing, avoiding crowded areas and close contact, and getting vaccinated is recommended for all. In addition, a facemask is recommended in poorly ventilated settings, and especially for contact with high-risk persons or those of unknown status. HL is essential for proper use of protective equipment.

This rapid emergence of the COVID-19 pandemic is a challenge to individual HL due to misinformation, new guidelines, and fake media information. Personal skills in accessing and understanding health information result in health promotion. Establishing access to and understanding of health information are essential for public health policy. Social inequality affects access to health information and services. Social networks and support lead to accessibility. Promoting urban health should focus on building access to health information and services and gaining social support from family, neighbors, and health personnel.

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### CONFLICT OF INTEREST

The author claims no conflicts of interest.

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Corresponding Author: Korravarn Yodmai, PhD  
 Department of Family Health, Faculty of Public Health, Mahidol University,  
 Phayathai Campus 272 Rama VI Road, Ratchathewi, Bangkok 10400,  
 Thailand  
 E-mail: [korravarn.yod@mahidol.edu](mailto:korravarn.yod@mahidol.edu)  
 ORCID: <https://orcid.org/0000-0002-7608-5552>

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