Universal healthcare aims to provide citizens with accessible and affordable health care. While the system is widely appreciated by people in Taiwan, there is concern regarding growing dependence on medical care with increased doctor visits and an overloaded system. To ensure high-quality and sustainable healthcare, it is crucial to identify barriers that might have contributed to or will lead to the ineffectiveness of healthcare services. This study is thus aimed at investigating the health awareness, literacy, and behavior among adult residents in Taiwan.

BACKGROUND & AIM

Understanding Health Literacy and Health Behaviors

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Our study revealed that 78.6% (33/42) of participants took health supplements, and 83.7% (31/37) of participants got their information regarding health supplements from social media instead of personal research. 76.7% (33/43) of participants felt that the barrier to their health is their uncertainty regarding which health information is accurate. However, 57.9% (22/39) of them would not read health brochures if provided by the hospital. Interestingly, 70% (7/10) of males vs 27.3% (9/33) females never or rarely read the nutrition labels on food ($p=0.024$). In contrast to the 72.7% of 31-50 y.o. who sometimes or often understood the nutrition labels, only 28.6% adults >50 y.o. sometimes understood while 64.3 % never or rarely understood ($p=0.032$). While no one rated eating out as healthy or very healthy, 0% males vs 36.4% females felt that it is very unhealthy or unhealthy, and 100% males vs. 63.6% females felt neutral ($p=0.04$). Lastly, 100% of 31-50yo vs. 69% of >50 y.o. knew what constitutes a balanced diet ($p=0.014$).

Other data was found to not be statistically significant when analyzing differences amongst groups or genders.

RESULTS

Figure 1: Comparisons were made between groups to identify statistically significant differences (marked by sets of colored asterisks, all results were statistically significant as defined by $p<0.05$) based on answer choices from a anonymous nutrition survey. Patients were asked questions regarding their health literacy and offered a Likert scale or answer choices in Mandarin translation. Questions were chosen based on translatability and relevance to current health issues in Taiwan.
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Figure 2: Statistically significant comparison (p<0.05) between age groups regarding understanding nutrition labels. The only group that never understood nutrition labels were those age 51+. The only group that often understood nutrition labels was the 31-50 group.

Figure 3: Statistically significant comparison (p<0.05) between age groups regarding balanced diet. Adults 51+ were much more likely to not know what constitutes a balanced diet, while all adults in the 31-50 group knew what was in a balanced diet. The younger population (19-30) mostly knew what a balanced diet included but some did not know.

Figure 4: Statistically significant comparison (p<0.05) between genders regarding understanding nutrition labels. The only group that never understood nutrition labels were males (30%). The only group that often understood nutrition labels were females, but most of the population only rarely or sometimes understand nutrition labels.

DISCUSSION & CONCLUSION
- Pilot study has uncovered specific trends in health literacy and behaviors in Taiwan with particular differences between genders and age groups.
- Older population understand nutrition labels less and know less about what constitutes a balanced diet than other groups, indicating a lack of health literacy and additional health education may be necessary.
- Males were less likely to understand nutrition labels as compared to females, indicating a potential disparity in health literacy between genders.
- Easy access to social media appeared to impact people’s health behaviors, yet the health literacy is generally low considering the available resources.
- In summary, we anticipate that increasing awareness regarding this issue will promote health literacy, thus reducing disease burden and increasing healthcare quality.

REFERENCES

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