

## Is Further Research on the Newest Vital Sign in Children Necessary?

### To the Editor:

We want to acknowledge the important contributions made by Dr. Barry D. Weiss to the field of health literacy and the development of the Newest Vital Sign (NVS) health literacy assessment (Weiss et al., 2005). However, we are writing to disagree with his suggestion for readers that further NVS research in children or working to improve youth health literacy is of limited value (Weiss, 2019).

Much research has been done and much is currently underway across the disciplines of public health education and education communication, as recently discussed in Kolbe (2019). The intersections of health education, health communication, and health literacy are being examined around the world to find ways to integrate health across kindergarten through high school curricula as well as in community settings. Improving children's health literacy requires the leadership and commitment of administrators, teachers, physicians, school nurses, and health educators as well as professionals working with parent and social service organizations and governmental agencies.

The Whole School, Whole Community, Whole Child framework (known as the WSCC) emerged in 2011 from education and health leaders (Centers for Disease Control and Prevention). It includes health education and nine other components that every school should implement to ensure the health, safety, and well-being of students, staff, and school environment. This framework, along with decades of research on health communication and more recent work on health literate organizations, is contributing to fundamental changes in approaches to support students from kindergarten to 12th grade. Children require specialized strategies based on their environments, their knowledge, age, and maturity level to understand the processes of health and disease, apply decision-making skills, interpret risk, and appreciate the value of prevention.

Today's threats to children demand that we start as early as possible to build their knowledge and communication skills for informed decision-making, resilience, and empowerment. Bullying, texting, sexting, suicide, addiction, and e-tobacco products, to name just a few risks, often require decision-making by children in-the-moment in a hallway or after school on a playground, or alone without adult guidance. We do not want them to wait for them to be "patients" seeing

clinicians years later dealing with complex physical or mental health conditions, or rely solely on parents or other guardians, who may or may not have the scientific understanding, belief, communication skill, or resources to intervene.

Many research questions need to be investigated across fields to understand how to best enhance children's health literacy skills, especially as our nation becomes more diverse. We agree strongly with Howe, Van Scoyok, and Stevenson (2019) that a candid discussion is needed about the best ways to assess and encourage health literacy in children. We hope these issues will be considered fully by the peer-review processes that span all these disciplines.

### REFERENCES

- Centers for Disease Control and Prevention. (2011) *The whole school, whole community, whole child model*. Retrieved from [https://www.cdc.gov/healthyyouth/wsc/pdf/wsc\\_fact\\_sheet\\_508c.pdf](https://www.cdc.gov/healthyyouth/wsc/pdf/wsc_fact_sheet_508c.pdf)
- Howe, C. J., Van Scoyok, C., Stevenson, J. L. (2019). Reply to: The use of the newest vital sign in children. *HLRP: Health Literacy Research and Practice*, 3(1), e20. doi:10.3928/24748307-20190122-04
- Kolbe, L. J. (2019). School health as a strategy to improve both public health and education. *Annual Review of Public Health*, 40, 443-463. doi:10.1146/annurev-publhealth-040218-043727
- Weiss, B. D., Mays, M. Z., Martz, W., Castro, K. M., DeWalt, D. A., Pignone, M. P., . . . Hale, F. A. (2005). Quick assessment of literacy in primary care: The newest vital sign. *Annals of Family Medicine*, 3(6), 514-522. doi:10.1370/afm.405
- Weiss, B. D. (2019). The use of the newest vital sign in children. *HLRP: Health Literacy Research and Practice*, 3(1), e19. doi:10.3928/24748307-20190122-02

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Disclosure: The authors have no relevant financial relationships to disclose.

doi:10.3928/24748307-20190705-01