

FACT SHEET #1

What is Health Literacy?

Health literacy is defined as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”¹

Health literacy refers to the skills necessary for an individual to participate in the health care system and maintain good health. These skills include reading and writing, calculating numbers, communicating with health care professionals, and using health technology (e.g., an electronic diabetes monitor).

Who has Low Health Literacy?

An estimated 90 million Americans have low health literacy,² including many:

- With lower socioeconomic status or education;
- Who are elderly;
- With low English proficiency (LEP) and/or who are non-native speakers of English; and
- Who are receiving publicly-financed health coverage or other socio-economic assistance.

The burden of low health literacy does not lie only on the individual. Health care *organizations* must also be health literate to reduce the demands placed on individuals.³

Why is Health Literacy Important?

People make choices about their health every day: what to eat, when to see a doctor, whether or not to smoke. In order to stay healthy, individuals must know how to read the labels on food and medicine, locate the nearest health center, report symptoms to health professionals, understand insurance paperwork, and pay medical bills. These can be complicated tasks and the skills to achieve them are not explicitly taught by the health care system or other educational and social institutions.

The consequences of low health literacy are felt by:

- Individuals, families, and communities struggling to access quality care or maintain healthy behaviors;
- Health care delivery systems unable to provide safe and effective services; and
- Governments, employers, insurers, and patients facing higher costs.

This is one in a series of health literacy fact sheets that address topics like identifying low health literacy and improving print and oral communications, produced with support from Kaiser Permanente Community Benefit. For more information, visit www.chcs.org.

HEALTH LITERACY SNAPSHOT

Sherry, 53, is referred to a clinic for care following a four-week hospitalization. Upon discharge, she is provided with a handwritten list of medications. When asked by clinic staff why she was admitted, Sherry says, “I had a bad cold.” Her hospital records, however, show an admission for pneumonia complicated by congestive heart failure and diabetes. Although Sherry’s hospital physicians said they communicated these diagnoses, she left the hospital without a full understanding of her condition.

What is the Impact of Low Health Literacy?

Low health literacy can result in:

- Medication errors;
- Low rates of treatment compliance due to poor communication between providers and patients;
- Reduced use of preventive services and unnecessary emergency room visits;
- Ineffective management of chronic conditions, due to inadequate self-care skills;
- Longer hospital stays and increased hospital re-admissions;
- Poor responsiveness to public health emergencies; and
- Higher mortality.^{4,5}

Compared to those with proficient health literacy, adults with low health literacy experience:

- **4 times** higher health care costs
- **6%** more hospital visits
- **2 day**-longer hospital stays

Source: Partnership for Clear Health Communication at the National Patient Safety Foundation.

Through all its impacts – medical errors, increased illness and disability, loss of wages, and compromised public health – low health literacy is estimated to cost the U.S. economy up to \$236 billion every year.⁶

What are Ways to Address Low Health Literacy?

Solutions for addressing low health literacy rely both on individual health care consumers as well as broader societal structures like the health care system, educational institutions, and the media. Interventions in the health system fall into three broad categories:

1. Making print, oral, and electronic health information easier to understand (e.g., at a fifth-grade reading level);
2. Providing education to improve literacy skills and empower individuals; and
3. Reforming health care delivery to be more patient-centered.

RESOURCES

Visit the hyperlinks below for more information.

[The Health Literacy of America's Adults](#) – Results from the 2003 National Assessment of Adult Literacy by the National Center for Education Statistics.

[Health Literacy: A Prescription to End Confusion](#) – The landmark report on health literacy from the Institute of Medicine.

[Health Literacy Interventions and Outcomes](#) – Agency for Healthcare Research and Quality systematic review.

[Health Literacy Fact Sheets](#) – A series of health literacy fact sheets produced by CHCS that provide guidance in identifying and addressing low health literacy.

¹ S.C. Ratzan and R.M. Parker. Introduction, National Library of Medicine Current Bibliographies in Medicine: Health Literacy. (Bethesda, MD: 2000).

² L. Neilsen-Bohlman, A.M. Panzer, and D.A. Kindig. "Health Literacy: A Prescription to End Confusion." (Washington, DC: National Academies Press, 2004).

³ C. Brach, B. Dreyer, P. Schyve, L.M. Hernandez, C. Baur, A.J. Lemerise, and R. Parker. "Attributes of a Health Literate Organization." *IOM Roundtable on Health Literacy*. (Washington, DC: National Academy of Sciences, 2012).

⁴ Neilsen-Bohlman et. al., op cit.

⁵ N.D. Berkman, et al. "Literacy and Health Outcomes." (Rockville, MD: Agency for Healthcare Research and Quality, 2004).

⁶ J. Vernon, A. Trujillo, S. Rosenbaum, and B. DeBuono. "Low Health Literacy: Implications for National Health Policy." University of Connecticut; 2007.