

HEALTH LITERACY FACT SHEETS

# How Improving Health Literacy Can Advance Health Equity

**Improved health literacy is crucial to advancing health equity.** Limited health literacy can inhibit access and efficacy in care by creating gaps in provider-patient communication and trust, reducing use of preventive services, and increasing costs. It can perpetuate existing health inequities related to and intersecting with race and ethnicity, age, education, and socioeconomic status.<sup>1</sup> National surveys show that limited health literacy is prevalent among marginalized populations. Older adults, those with lower income levels, those who are uninsured or insured by Medicaid or Medicare, and those who identify as Latino, Black, and American Indian/Alaska Native often experience limited health literacy levels in addition to poor health outcomes.<sup>2</sup>



Both **personal health literacy**, the degree to which people can find and use health information, and **organizational health literacy**, how organizations equip people to find and understand that information, have a role to play in advancing health equity.

Improving health literacy is a national health equity imperative. The Centers for Medicare & Medicaid Services lists health literacy as a top priority in its 10-year strategy for health equity, citing its impact on care, quality, system utilization, and health outcomes.<sup>3</sup> The Centers for Disease Control and Prevention prioritizes health literacy as a driver of public health, and the Department of Health and Human Services (HHS) has demonstrated its commitment through its cross-agency Health Literacy Workgroup, which has met regularly for more than two decades.<sup>4,5</sup>

## What is health equity?

*“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”*

Source: [Robert Wood Johnson Foundation](#)

## HEALTH LITERACY FACT SHEET SERIES

This fact sheet is part of a series addressing the impact of limited health literacy and providing strategies for organizational improvement. For more information, visit [www.chcs.org/health-literacy](http://www.chcs.org/health-literacy).

One key factor in advancing health equity at scale is prioritizing health literacy at the organizational level. Health care organizations, providers, state Medicaid agencies, and health plans are in a unique position to have a systems-wide impact by integrating health literacy best practices into their operations and communications.

Because these organizations serve large populations, adopting **health literacy universal precautions** is a common starting point. Key steps in doing so include:

- **Testing** health communication materials with intended audiences;
- Providing **professional translation services** for people with limited English proficiency;
- **Using plain language principles** in written and verbal communications; and
- Designing websites and digital materials that are **accessible** to people who use assistive technology.<sup>6</sup>

Organizations can then adopt specific strategies that best serve the unique characteristics and needs of the communities they serve.

## Organizational Health Literacy Strategies to Advance Health Equity

Many health care organizations are integrating health equity into their missions. Improving organizational health literacy is an excellent way to make progress in an equity journey. Clinicians and providers can facilitate clear, consistent, and effective communications for a diverse patient population by using the following strategies.

### Provider-Patient Communication

- Provide culturally relevant education and resources to facilitate self-care and shared decision-making.
- Give nutrition and lifestyle guidance that aligns with patients' cultural, dietary, and religious values.
- Be sensitive when asking questions that are meant to clarify understanding or dispel preconceived notions.
- Practice [cultural humility](#) in communicating with patients. This can improve patients' experiences and lead to improved health outcomes among diverse populations.
- Train providers and front-line staff in cross-cultural communication, trust-building, and motivational interviewing.<sup>7</sup>

### Health Information

- Translate health materials into multiple languages and make relevant cultural adaptations. Provide professional interpreter services for in-person and virtual encounters.

- Include racially and ethnically diverse groups in the images and content of health communication materials.
- Seek input on health communication materials from intended audiences. Tailor messages to diverse audiences.
- Communicate in plain language. Avoid health industry jargon.

## Spotlight on Limited English Proficiency

About 25 million people in the United States — more than 8 percent — speak English “less than very well” according to 2021 American Community Survey data.<sup>8</sup> It is important to differentiate health literacy from English language proficiency. For example, someone with adequate health literacy may be more adept with a language other than English. Individuals with limited English proficiency experience similar problems to those with limited health literacy, such as delay or denial of services, issues with medication management, and underutilization of preventive services.<sup>9</sup> While English language skills do not necessarily predict health literacy, it is important to design health care communication practices from within a multilingual context. Translation and interpretation services are recognized as best practices in engaging individuals with limited English proficiency.<sup>10</sup> Title VI of the Civil Rights Act of 1964 requires all entities receiving federal funds (e.g., state Medicaid agencies and public hospitals) to provide these services.<sup>11</sup>

The [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#), created by the Office of Minority Health within HHS, describe how individuals and health care organizations can provide culturally and linguistically appropriate services. The standards are designed to offer a practical framework for providers, payers, accreditation organizations, policymakers, health administrators, and educators. State Medicaid agencies are increasingly requiring plans and providers to demonstrate adherence to CLAS standards, which are also part of the NCQA Health Equity Accreditation Standards.



### Additional Resources

[Health Literacy: A Necessary Element for Achieving Health Equity](#): National Academy of Medicine paper provides insights into the connection between health literacy, health disparities, and health equity.

[Health Resources and Services Administration – Culture, Language, and Health Literacy](#): Tools, assessments, and articles for health care providers, particularly those serving uninsured and medically underserved populations.

[Health Literacy Universal Precautions Toolkit, 2<sup>nd</sup> Edition – Consider Culture, Customs, and Beliefs](#): Resource to help clinicians better understand patients’ cultures and devise treatment plans consistent with patient values.

**ABOUT THE CENTER FOR HEALTH CARE STRATEGIES**

The Center for Health Care Strategies (CHCS) is a policy design and implementation partner devoted to improving outcomes for people enrolled in Medicaid. CHCS supports partners across sectors and disciplines to make more effective, efficient, and equitable care possible for millions of people across the nation. For more information, visit [www.chcs.org](http://www.chcs.org).

**ENDNOTES**

<sup>1</sup> Coleman, C., Birk, S., & DeVoe, J. (2023, August 1). Health literacy and systemic racism—using clear community to reduce health care inequities. *JAMA Internal Medicine*, 183(8): 753-754. <https://doi.org/10.1001/jamainternmed.2023.2558>

<sup>2</sup> Institute of Medicine. (2004). *Health literacy: A prescription to end confusion*. National Academies of Sciences, Engineering, and Medicine. <https://doi.org/10.17226/10883>

<sup>3</sup> Centers for Medicare & Medicaid Services. *CMS framework for health equity*. (2022, April). U.S. Department of Health and Human Services. <https://www.cms.gov/files/document/cms-framework-health-equity-2022.pdf>

<sup>4</sup> Centers for Disease Control and Prevention. (2022, May 10). *CDC's health literacy action plan*. <https://www.cdc.gov/healthliteracy/planact/cdcplan.html>

<sup>5</sup> U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (n.d.) *Health literacy workgroup*. <https://health.gov/our-work/national-health-initiatives/health-literacy/health-literacy-workgroup>

<sup>6</sup> Hutchinson M. & Bedrosian, S. (2021, October 26). Health literacy and health equity: Connecting the dots. *Health.gov blog*. <https://health.gov/news/202110/health-literacy-and-health-equity-connecting-dots>

<sup>7</sup> Paasche-Orlow, M.K., Schillinger, D., Green, S.M., & Wagner, E.H. (2006). How healthcare systems can begin to address the challenge of limited literacy. *Journal of General Internal Medicine*, 21(8): 884–887. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1831564/pdf/jgi0021-0884.pdf>

<sup>8</sup> U.S. Census Bureau. (2021). SELECTED SOCIAL CHARACTERISTICS IN THE UNITED STATES. American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP02. Retrieved December 28, 2023, from <https://data.census.gov/table/ACSDP5Y2021.DP02>

<sup>9</sup> Youdelman, M. (2008). The medical tongue: U.S. laws and policies on language access. *Health Affairs*, 27(2): 424–433. <https://www.healthaffairs.org/doi/10.1377/hlthaff.27.2.424>

<sup>10</sup> Sampson, A. National Health Law Program (2006). *Language services resource guide for health care providers*. <https://healthlaw.org/wp-content/uploads/2018/09/ResourceGuideFinal.pdf>

<sup>11</sup> Au, M. Taylor, E. and Gold, M. (2009, April). Improving access to language services in health care: A look at national and state efforts. Mathematica Policy Research. <https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/factsheets/literacy/langserv/languageservic esbr.pdf>