

# About Health Literacy

Health literacy is about communicating health information clearly and understanding it correctly. Health literacy is relevant at all points along the continuum of care—from wellness and health; to disease prevention and detection; to diagnosis and decision making; to treatment and self-care.

Health information is communicated in many ways. Certainly this includes one-to-one conversations and written materials. Health communication also takes other forms, including Web sites, text messages, podcasts, pictures, phone calls, and classes. Regardless of the form communication takes, the consistent goal is to promote health understanding.

Because health literacy includes the word “literacy,” many people assume that it is only a concern for those who cannot read. But this assumption is incorrect. People have difficulty understanding health information for a range of reasons that include literacy, age, disability, language, culture, and emotion. I know. Although I am a well-educated health professional and fluent reader, when a provider tells me upsetting news I tend to “shut down” and, for at least a while, cannot truly understand what the health provider is communicating to me. (Read more about specific populations at “Know Your Audience,” starting on page 93.)

## **WHAT IS THE DEFINITION OF HEALTH LITERACY?**

The definition of health literacy is in flux. The most widely used definition in the United States is that health literacy is “the degree to which individuals

have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (Selden, Zorn, Ratzan, & Parker, 2000). While this definition looks at an individual’s skills (or perhaps, the lack thereof), others frame health literacy in terms of the literacy demands in the environment of care (Rudd & Anderson, 2006). Other definitions focus on populations, not individuals, looking to public health decisions that benefit the community (Freedman et al. 2009). And yet another definition questions whether health literacy is a clinical risk or personal asset (Nutbeam, 2008).

My working definition of health literacy is quite general, focusing on outcomes rather than specific places or populations. To me, health literacy is a shared responsibility between patients (or anyone on the receiving end of health communication) and providers (or anyone on the giving end of health communication). Both must communicate in ways the other can understand.



Health Literacy—When Patients and Providers Truly Understand One Another

Source: Illustration by Mark Tatro, Rotate Graphics

## WHY, HOW, AND WHEN DID HEALTH LITERACY BEGIN?

Leonard (Len) and Cecelia (Ceci) Doak are widely acknowledged for leading the way when it comes to health literacy. Their award-winning book *Teaching Patients with Low Literacy Skills* was, and still is, an essential how-to guide for communicating clearly with patients.

I asked the Doaks how they got started. They said their interest in health literacy began with their marriage in 1973. At that time, Len was a literacy tutor and Ceci a health educator. As Ceci explains, “When I met Len and he told me he volunteered as a tutor with people who couldn’t read and write, I said, ‘My heavens! How do people with low literacy skills understand medical advice? What happens when they go to the doctor?’ Len replied, ‘Often, they don’t understand.’”

And so began the Doaks’ health literacy journey. Their goal then, as now, is to help health professionals “work around” literacy issues so that patients leave appointments knowing what to do and how to do it (Osborne 2009, March 23).

## WHY IS HEALTH LITERACY IMPORTANT NOW?

Health literacy is now at the forefront of many health initiatives. But why? In my opinion, there are several reasons why health literacy matters today:

- *Patients need to understand health information quickly because they have less face-to-face time with their providers.* This includes brief office appointments and short hospitalizations.
- *Patients, along with their family members and other caregivers, are expected to correctly accomplish a wide array of health-related tasks.* These tasks may be complex and unfamiliar, such as using new types of technology or taking medication on time-sensitive schedules.
- *Patients must be active learners.* This includes reading information given to them by providers as well as assessing the credibility and relevance of health information from family and friends, popular media, and the Internet.
- *Patients are increasingly seen as active consumers rather than passive recipients of treatment and care.* Patients today are often asked to make key health decisions and expected to advocate on their own behalf.

And somewhat cynically, I believe that one of the few ways left to reduce healthcare costs is by having patients and families take care of themselves. This requires knowing what to do, how to do it, and why it is important. In other words, this high level of self-care takes a heaping dose of health literacy. Below is an everyday example of the need for health literacy.

### Stories from Practice: Health Literacy in Everyday Tasks

Rima Rudd, ScD, Senior Lecturer on Society, Human Development, and Health at the Harvard School of Public Health, has looked at the big picture of health literacy policy as well as assessed everyday tasks that patients must accomplish. In a *Health Literacy Out Loud* podcast, she spoke about the many tasks that compose a “health activity,” such as taking medicine.

“When you begin to list out the component tasks of what we sometimes think of as a single activity, you begin to appreciate the sophisticated literacy skills involved. Taking medicine involves multiple tasks. You have to get a prescription filled, bring the medicine home, and be able to read the label. If, as is true for many people, you happen to be taking other medicines, you have to differentiate Medicine A from Medicine B. You really have to read the label with a great deal of care and be able to at least recognize, if not pronounce, the name of the medicine.

“You have to be able to read and comprehend the directions. The directions are often poorly written. Let’s say you’re told that you need to take this medicine on an empty stomach. That is a jargon term. You have to be able to be familiar with the words of the trade. An empty stomach means not just that you haven’t eaten for the past two hours when you take the medicine but that you’re not going to eat for another two to three hours. That’s not clearly directed.

“Other activities have to do with timing and using a clock. Consider subtracting two hours from 1:30 when you only have a digital clock. You need to use a calendar to note frequency and duration of the prescription. For example, you might take some arthritis medicine only once a week. You will also need to track the time so that you do not run out of medicine. This means that you need to know when you have to get a refill so that you’re not skipping a couple of days. As you can see, taking medicine really covers a wide variety of tasks.”

*Source:* Osborne (2009, May 4).

## ADVOCATING FOR HEALTH LITERACY

There is a growing movement toward health literacy solutions. In 2010, the United States launched the initiative, *National Action Plan to Improve Health Literacy*. It includes seven goals and numerous suggested strategies

that organizations and professions can use to improve health literacy. Goals are to:

1. “Develop and disseminate health and safety information that is accurate, accessible, and actionable.
2. Promote changes in the healthcare system that improve health information, communication, informed decision making, and access to health services.
3. Incorporate accurate, standards-based, and developmentally appropriate health and science information and curricula in child care and education through the university level.
4. Support and expand local efforts to provide adult education, English language instruction, and culturally and linguistically appropriate health information services in the community.
5. Build partnerships, develop guidance, and change policies.
6. Increase basic research and the development, implementation, and evaluation of practices and interventions to improve health literacy.
7. Increase the dissemination and use of evidence-based health literacy practices and interventions” (U.S. Department of Health and Human Services 2010).

As stated in the summary of the *National Action Plan to Improve Health Literacy*, “By focusing on health literacy issues and working together, we can improve the accessibility, quality, and safety of health care; reduce costs; and improve the health and quality of life of millions of people in the United States” (U.S. Department of Health and Human Services, 2010).

Health literacy matters now more than ever. It is up to each of us—whether as patients, providers, or policy makers—to create effective strategies, build sustainable coalitions, and advocate for long-term solutions. I strongly believe that by working together, we indeed can make a long-lasting health literacy difference.

“Health literacy is a shared responsibility between patients (or anyone on the receiving end of health communication) and providers (or anyone on the giving end of health communication). Both must communicate in ways the other can understand.”

—Helen Osborne’s functional definition of health literacy.

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## SOURCES TO LEARN MORE

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