Health Literacy in the United States

Research Brief

Individuals' level of health literacy directly impacts their personal health by influencing their health-related behaviors and their ability to navigate the complexities of the health-care system. The level of health literacy of individuals or communities often mirrors disparities in other social and economic determinants of health. Low health literacy is frequently associated with other types of socioeconomic disadvantages, reinforcing and compounding health inequity. To close the gaps, ensuring adequate health literacy throughout the entire population should be a public health priority.

Unfortunately, despite the increased attention of several Health and Human Services agencies in recent years, there is a fair amount of confusion surrounding the scope and definition of health literacy in the US, the appropriate approach to assess its current levels, and the most effective means to improve it.

In "Health Literacy in the United States: Enhancing Assessments and Reducing Disparities," we bring clarity to the debate on this crucial topic. The review and analysis of the main studies, surveys, and indicators allow us to identify several gaps when assessing the level of health literacy and the impact of policy initiatives. We offer policy recommendations that would help overcome these challenges.

What Do We Find?

Addressing low health literacy requires change at both the individual and societal levels. Our systematic review of the literature highlights that:

- **Health literacy (HL) has two main components:** (i) Personal HL focuses on the individual's ability to find, understand, and use information and services to inform health-related decisions; and (ii) Organizational HL focuses on an institution's efforts in improving health information and services and making them easier to understand, access, and apply.
- **The US lacks HL assessment:** The 2003 National Assessment of Adult Literacy is the only population-wide health literacy assessment conducted in the US. In contrast, many countries run regular population-wide assessments so they can evaluate the health literacy level of a population or community and the evolution of such literacy in response to policy interventions.
- **Confounders' effects are complex**: Low health literacy is often associated with socioeconomic factors such as place of residence, race/ethnicity, culture, language, occupation, gender/sex, religion, education, and social capital. The effects of social disadvantage and low HL not only coincide but compound, and targeting health literacy can potentially serve to lessen health disparities/inequities around these factors.

Our Policy Recommendations

1. **Data Drive Policies, Policies Drive Change.** We need a systematic and recurrent population-wide assessment of health literacy in the US that (i) takes into account the population's cultural and linguistic diversity to provide an objective picture of needs and (ii) focuses on both individuals and organizations.
2. **Technology: Keep It Simple.** We need technology that is easily accessible and usable by most and shares easy-to-read content.
3. **Facilitate Communities' Engagement.** Improving health literacy involves the participation of the entire ecosystem around the targeted population. It requires (i) the use of community-based participatory research principles when designing health-literacy interventions and programs, (ii) the ongoing training of health-care providers on topics such as cultural appropriateness, and (iii) leveraging existing community networks.
4. **Meet People Where They Are.** Health literacy is an individual trait and is context-dependent; an individual ability to understand and use appropriately health-related information increases when the health-care system in which they operate is easier to understand. Instead of solely focusing on improving individuals' skills through education, we recommend systemic changes that will increase the accessibility and usability of health information and health services.

For questions or comments, please email us at clopez@milkeninstitute.org.
To view the full report, visit https://milkeninstitute.org/report/health-literacy-us-assessments-disparities.