

# Quick Guide to Health Literacy

## Fact Sheet



## Health Literacy Basics

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## What is health literacy?

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.<sup>1</sup>

Health literacy is dependent on individual and systemic factors:

- Communication skills of lay persons and professionals
- Lay and professional knowledge of health topics
- Culture
- Demands of the healthcare and public health systems
- Demands of the situation/context

Health literacy affects people's ability to:

- Navigate the healthcare system, including filling out complex forms and locating providers and services
- Share personal information, such as health history, with providers
- Engage in self-care and chronic-disease management
- Understand mathematical concepts such as probability and risk

Health literacy includes numeracy skills. For example, calculating cholesterol and blood sugar levels, measuring medications, and understanding nutrition labels all require math skills. Choosing between health plans or comparing prescription drug coverage requires calculating premiums, copays, and deductibles.

In addition to basic literacy skills, health literacy requires knowledge of health topics. People with limited health literacy often lack knowledge or have misinformation about the body as well as the nature and causes of disease. Without this knowledge, they may not understand the relationship between lifestyle factors such as diet and exercise and various health outcomes.

Health information can overwhelm even persons with advanced literacy skills. Medical science progresses rapidly. What people may have learned about health or biology during their school years often becomes outdated or forgotten, or it is incomplete. Moreover, health information provided in a stressful or unfamiliar situation is unlikely to be retained.

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## What is literacy?

Literacy can be defined as a person's ability to read, write, speak, and compute and solve problems at levels necessary to:

- Function on the job and in society

- Achieve one's goals
- Develop one's knowledge and potential<sup>2</sup>

The term “illiteracy” means being unable to read or write. A person who has limited or low literacy skills is not illiterate.

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## What is plain language?

Plain language is a strategy for making written and oral information easier to understand. It is *one* important tool for improving health literacy.

Plain language is communication that users can understand the first time they read or hear it. With reasonable time and effort, a plain language document is one in which people can find what they need, understand what they find, and act appropriately on that understanding.<sup>3</sup>

Key elements of plain language include:

- Organizing information so that the most important points come first
- Breaking complex information into understandable chunks
- Using simple language and defining technical terms
- Using the active voice

Language that is plain to one set of readers may not be plain to others.<sup>3</sup> It is critical to know your audience and have them test your materials before, during, and after they are developed.

Speaking plainly is just as important as writing plainly. Many plain language techniques apply to verbal messages, such as avoiding jargon and explaining technical or medical terms.

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## What is cultural and linguistic competency?

Culture affects how people communicate, understand, and respond to health information. Cultural and linguistic competency of health professionals can contribute to health literacy. Cultural competence is the ability of health organizations and practitioners to recognize the cultural beliefs, values, attitudes, traditions, language preferences, and health practices of diverse populations, and to apply that knowledge to produce a positive health outcome.<sup>4</sup> Competency includes communicating in a manner that is linguistically and culturally appropriate.<sup>5</sup>

Healthcare professionals have their own culture and language. Many adopt the “culture of medicine” and the language of their specialty as a result of their training and work environment. This can affect how health professionals communicate with the public.

For many individuals with limited English proficiency (LEP), the inability to communicate in English is the primary barrier to accessing health information and services. Health information for people with LEP needs to be communicated plainly in their primary language, using words and examples that make the information understandable.

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## Why is health literacy important?

Only 12 percent of adults have Proficient health literacy, according to the

National Assessment of Adult Literacy. In other words, nearly nine out of ten adults may lack the skills needed to manage their health and prevent disease. Fourteen percent of adults (30 million people) have Below Basic health literacy. These adults were more likely to report their health as poor (42 percent) and are more likely to lack health insurance (28 percent) than adults with Proficient health literacy.<sup>6</sup>

Low literacy has been linked to poor health outcomes such as higher rates of hospitalization and less frequent use of preventive services (see [Fact Sheet: Health Literacy and Health Outcomes](#)). Both of these outcomes are associated with higher healthcare costs.

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## Who is at risk?

Populations most likely to experience low health literacy are older adults, racial and ethnic minorities, people with less than a high school degree or GED certificate, people with low income levels, non-native speakers of English, and people with compromised health status.<sup>7</sup> Education, language, culture, access to resources, and age are all factors that affect a person's health literacy skills.

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## Who is responsible for improving health literacy?

The primary responsibility for improving health literacy lies with public health professionals and the healthcare and public health systems. We must work together to ensure that health information and services can be understood and used by all Americans. We must engage in skill building with healthcare consumers and health professionals. Adult educators can be productive partners in reaching adults with limited literacy skills.

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<sup>1</sup>U.S. Department of Health and Human Services. 2000. *Healthy People 2010*. Washington, DC: U.S. Government Printing Office. Originally developed for Ratzan SC, Parker RM. 2000. Introduction. In *National Library of Medicine Current Bibliographies in Medicine: Health Literacy*. Selden CR, Zorn M, Ratzan SC, Parker RM, Editors. NLM Pub. No. CBM 2000-1. Bethesda, MD: National Institutes of Health, U.S. Department of Health and Human Services.

<sup>2</sup>Public Law 102-73. The National Literacy Act of 1991.

<sup>3</sup>Plain Language Action and Information Network. What Is Plain Language? Available at [www.plainlanguage.gov](http://www.plainlanguage.gov). Accessed on October 21, 2005.

<sup>4</sup>U.S. Department of Health and Human Services. 2001. *National Standards for Culturally and Linguistically Appropriate Services in Health Care*. Washington, DC: Office of Minority Health.

<sup>5</sup>McKinney J, Kurtz-Rossi S. 2000. *Culture, Health, and Literacy: A Guide to Health Education Materials for Adults With Limited English Skills*. Boston, MA: World Education.

<sup>6</sup>Kirsch IS, Jungeblut A, Jenkins L, Kolstad A. 1993. *Adult Literacy in America: A First Look at the Results of the National Adult Literacy Survey (NALS)*. Washington, DC: National Center for Education Statistics, U.S. Department of Education.

<sup>7</sup>National Center for Education Statistics. 2006. *The Health Literacy of America's Adults: Results From the 2003 National Assessment of Adult Literacy*. Washington, DC: U.S. Department of Education.

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