

Executive Summary

On September 7, 2006, Acting Surgeon General Kenneth Moritsugu held a Surgeon General's Workshop on Improving Health Literacy. The goal of the workshop was to present the state of the science in the field of health literacy from a variety of perspectives, including those of health care organizations and providers, the research community, and educators. During the course of the one-day workshop, participants identified the public health consequences of limited health literacy and established an evidence base for taking action.

Limited Health Literacy: A Public Health Problem

People make choices about their health everyday, such as what they eat or how they exercise. In order to stay healthy, Americans must know how to read the labels on food and medicine, describe symptoms, or use a map to locate the closest health center. The ability to read, understand, and act on health information is called health literacy.

Health literacy impacts Americans of all ages, races, incomes, and education levels. It affects our ability to search for and use health information, adopt healthy behaviors, and act on important public health alerts.

Workshop Highlights

The Surgeon General's Workshop on Improving Health Literacy was divided into three expert panels. Key findings from each panel are summarized below.

Panel 1: Health Literacy, Literacy, and Health Outcomes

- According to the National Assessment of Adult Literacy, only 12% of Americans have proficient health literacy skills. The majority of adults may have difficulty completing routine health tasks like understanding a drug label or vaccination table.
- There is a strong, independent association between health literacy and health outcomes. These outcomes include emergency department use, hospitalization, self-reported physical health, and mortality.
- In order to understand and improve health literacy, we must examine both sides of the issue: 1) the demands of our health care system; and 2) the skills of individuals who use it.
- Communication characteristics of the health care system—such as lack of time and reliance on only written or verbal communication—contribute to poor health care, particularly for those with limited literacy. There is growing research to suggest that restructuring the health care system may improve the reach and effectiveness of care for persons with limited health literacy.

- Interventions to mitigate the effects of low literacy in patients with chronic conditions have been shown to improve health outcomes. In some cases, the interventions appear to be more effective for low literacy users compared with higher literacy users.

Panel 2: Meeting the Health Literacy Needs of Special Populations

- To ensure that improvements in health literacy result in improved quality of life and reductions in health disparities, we must marry health literacy improvement with appropriate access to recommended health care.
- Quality of care is compromised when patients with limited English proficiency do not have access to interpreters or use untrained, ad hoc interpreters such as children.
- Much of today's health information exceeds the cognitive capabilities of older adults, even those who are well-educated. Older adults have particular problems with medical issues when they must assimilate new information or make complex decisions about treatments.
- Despite large gaps in their understanding, research strongly suggests that children of all ages have the potential to understand a great deal about health and about how to access health information.

Panel 3: Toward an Informed and Engaged Public

- The ability to understand health information is dependent on multiple factors, including: difficulty of the information; skill of the user; and motivation of the user. Even when people have a high degree of skill, they may not expend the effort necessary to understand written text. For people with lower literacy skills, increased motivation can lead to greater understanding.
- Health literacy, like any competency, is a continuum. A health literate person is able to use health concepts and information generatively—applying information to novel situations. This is critical to our efforts to prepare the public to react to complex public health emergencies.
- Simply increasing the volume of health information will not improve health literacy. Information must be adapted to the following elements of communication: source, message, channel, and receiver.
- There is strong evidence that participatory or user-centered design improves communication for the participant groups, including persons with low health literacy. Communication designed by and for persons with low health literacy is often preferred by all readers since it is written in a clear and concise style.

Conclusions

Based on the evidence presented at the workshop, Acting Surgeon General Moritsugu made the following conclusions:

- First, public health professionals must provide clear, understandable, science-based health information to the American people. In the absence of clear communication and access to services, we cannot expect people to adopt the health behaviors we champion.
- Second, the promises of medical research, health information technology, and advances in health care delivery cannot be realized without also addressing health literacy.
- Third, we need to look at health literacy in the context of large systems—social systems, cultural systems, education systems, and the public health system. Limited health literacy is not an individual deficit but a systematic problem that should be addressed by ensuring that health care and health information systems are aligned with the needs of the public.
- Lastly, more research is needed, but there is already enough good information that we can use to make practical improvements in health literacy.