



## Build Knowledge to Improve Health Decisionmaking

# HEALTH LITERACY

Being an informed consumer of health information requires more than reading ability. People with limited health literacy often lack knowledge or have misinformation about the body and the causes of disease. Without this knowledge, they may fail to understand the relationship between lifestyle factors such as diet and exercise and health outcomes. People with limited health literacy skills may not know when or how to seek care.

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 What people may have learned about health or biology during their school years often becomes outdated, forgotten, or is incomplete. Moreover, health information provided in a stressful or unfamiliar situation is unlikely to be retained.

Strategies to build knowledge and improve health decisionmaking include:

- Improve access to accurate and appropriate health information
- Facilitate healthy decisionmaking
- Partner with educators to improve health curricula

### Improve access to accurate and appropriate health information

### Create mechanisms for sharing and distributing plain language materials among health professionals.

Healthcare and public health professionals can develop plain language health education materials that can be easily shared among practitioners. Health education materials should be *both* scientifically accurate and culturally appropriate. Develop partnerships among and across regions, audiences, and fields of interest to facilitate dissemination.



Health professionals and researchers may want to examine the impact of participatory action and empowerment research strategies for effective diffusion of health information at the community level.<sup>1</sup>

### Work with the media.

Working with the media to improve health literacy involves:

1. **Increasing the media's awareness of health literacy issues.** Many health stories already have a health literacy angle, but it goes unreported.
2. **Making scientific and medical information easier to understand.** Be sure the information you give journalists is written in plain language and is suitable for a public audience. When you are working with journalists, emphasize that the provision of health information, especially when it fosters stress and anxiety in the public, does not by itself promote public understanding.

### Develop new methods for information dissemination.

Health information seeking on the Internet demonstrates the public's interest in finding health information someplace other than brochures. Personal electronic devices (e.g., cell phones, palm pilots) and talking kiosks could be new methods for delivering health information. Before you create another brochure, consider whether alternate methods for information dissemination could improve communication with your intended users.

#### Message channels

Channels are the routes of message delivery (such as individual, group, organizational, community, and mass media). Select channels that fit your communication objectives, your budget, and your timeline.

For more information, refer to *CDCynergy*.

## **Facilitate healthy decisionmaking**

Research suggests that more information does not necessarily improve decisionmaking and often may undermine it.<sup>2</sup> People process and use a limited amount of information when making a decision. As the choice becomes more complex, people adopt simplifying strategies that allow them to consider only some of the information. As a result, they may ignore or limit their search for information.

We know that obtaining accurate, appropriate health information is only one element of healthy decisionmaking. Increased self-efficacy, that is, a person's belief in his or her ability to accomplish a desired task, is a key factor in decisionmaking.<sup>3</sup> A high self-efficacy for a task may mean that a person is more likely to try it. The way we “package” health information and services can greatly increase self-efficacy.

### **What you can do:**

- Use short documents that present “bottom-line” information, step-by-step instructions, and visual cues that highlight the most important information.
- Align health information and recommendations with access to services, resources, and support.

## **Partner with educators to improve health curricula**

### **Co-develop adult basic education lessons on health content.**

Adult education includes the instruction of people 16 years of age and older who are not regularly enrolled full-time students. Lessons include reading, writing, arithmetic, and other skills required to function in society. Health professionals can work with adult educators to identify the specific skills needed to support health literacy.

Adult education theory maintains that people want information that is relevant to their lives. According to national surveys, health-related content is likely to engage adult learners.<sup>4</sup>

Health professionals can partner with adult educators to develop and deliver health lessons, which simultaneously builds health knowledge and reaches adults who may not connect with traditional health outreach methods. Construct lessons in which students use health-related texts like prescription labels, consent forms, health history forms, and health content from the Internet.

### **Partner with K–12 educators to improve health education in schools.**

The U.S. educational system is a critical point of intervention to improve health literacy.<sup>1</sup> Educators can take advantage of existing skill development and curricula to incorporate health-related tasks, materials, and examples into lesson plans. Many states already have standards for health education that can be enriched to incorporate health literacy skills.

Health professionals can support educators by speaking to elementary and secondary students or helping to organize health-related field trips with local schools.

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<sup>1</sup> Institute of Medicine. 2004. *Health Literacy: A Prescription to End Confusion*. National Academies Press: Washington, DC.

<sup>2</sup> California HealthCare Foundation. 2005. *Consumers in Health Care: The Burden of Choice*. Available at <http://www.chcf.org/>.

<sup>3</sup> U.S. Department of Health and Human Services. *Making Health Communication Programs Work*. National Cancer Institute: Washington, DC.

<sup>4</sup> U.S. Department of Health and Human Services. 2003. *Communicating Health: Priorities and Strategies for Progress*. Washington, DC.