

Executive Summary

Health literacy is the ability to read, understand, and act on health information in order to manage one's overall wellbeing, according to the National Institute of Health (NIH). Possessing health literacy skills allows one to protect against disease, navigate the healthcare system, and have the ability to apply health information over a variety of life events and situations. Low health literacy creates issues for the healthcare system and results in negative health outcomes for patients. It is estimated that the cost of low health literacy to the U.S. economy is between \$106 billion to \$238 billion annually. This number represents between 7 percent and 17 percent of all personal health care expenditures. It also results in weaker physician-patient interactions, as lower health literacy creates problems within communication, and ultimately poorer treatment outcomes. Patients with poorer literacy skills then experience adverse outcomes in terms of increased risk for life threatening diseases, such as diabetes and cancer.

In order to address gaps in health literacy three major policies have been implemented. They include the Plain Writing Act, the National Action Plan to Improve Health Literacy, and the Affordable Care Act. All attempt to lower health literacy by providing clear health material that is accessible to all.

Fixing this issue requires efforts made from a variety of routes. By continuing to push for understandable health information, providing literacy/interpretive services and creating a more conversation based environment between physicians literacy levels and patient outcomes will drastically improve. In order for these solutions to be fiscally supported it is up to the stakeholders and patients to advocate for their health and wellbeing.

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Final Policy Brief: A Look at Health Literacy

Low health literacy is a widespread problem in the United States. In 2006, the U.S. Department of Education released the first-ever national assessment of health literacy for English-speaking adults. The survey indicated that 9/10 adults struggle using everyday health information. Possessing health literacy skills is essential for safeguarding against disease and promoting one's overall well being. These skills include: analyzing risk factors in advertisements for prescription medicines, knowing how to sign up for insurance, communicating/asking questions to physicians, and any other skill necessary for navigating the healthcare system (Brooks, 2019).

Low health literacy results in negative outcomes for three main stakeholders: the federal government, Pharma, and physicians. People with low health literacy often have a higher unnecessary utilization of expensive services, such as emergency care and inpatient admissions. It is estimated that the cost of low health literacy to the U.S. economy is between \$106 billion to \$238 billion annually. This number represents between 7 percent and 17 percent of all personal health care expenditures (Vernon, 2011). Pharma is also fiscally impacted by patients with limited health literacy capabilities. In the US, where direct-to-consumer pharmaceutical advertising is the norm, people with higher levels of health literacy are more likely to ask their health team about products they have seen marketed on television. This subsequently boosts business, and makes Pharma a pro-health literacy proponent (Banks 2018). Physicians also experience difficulty when engaging with patients with lower degrees of health literacy. The

dialogue between physician and patient is restricted when patients are either unsure what to ask or feel intimidated in a clinical setting. Not only do the stakeholders suffer adverse consequences in this issue, patients do as well. Those over the age of 60, uninsured or publicly insured persons, minorities, and non-English speakers are all at risk populations for low health literacy/numeracy. This target population then bears a high financial burden. Lower literacy levels are correlated with worse compliance. In healthcare systems, involving significant patient co-payment, worse compliance increases out-of-pocket payments. These patients are also more likely to have higher mortality rates and will tend not to use preventive services such as screenings (Spann, 2016). Indubitably low health literacy results in damaging effects, fortunately there are several policies and feasible solutions that can resolve this large-scale issue.

A surge in health literacy policy developed under the Obama Administration. One of the first was the Plain Writing Act, signed into law by President Obama. The act calls for federal agencies to use plain writing that is clear, concise, well-organized and consistent for the intended audience. It encourages writers and communicators to avoid ambiguity and obscurity. Ensuring that literature has more clarity is an important win for the health literacy movement (US, 2010). A second crucial policy is The National Action Plan to Improve Health Literacy, endorsed by the U.S. Department of Health and Human Services. It has two core principles, which explains, that all people have the right to health information that helps them make informed decisions and health services should be delivered in ways that are easy to understand/improve health, longevity, and quality of life. The plan outlines seven main goals. It acknowledges the need to develop and disseminate health and safety information that is accurate, accessible, and actionable. Secondly, it promotes changes in the healthcare system that may improve health information, active communication, informed decision-making, and access to health services.

The plan also calls upon working with the education system to incorporate developmentally appropriate health and science information in education curricula through the university level. Also, it supports the expansion of local efforts to provide adult education, English language instruction, and linguistically appropriate health information services in the community. Lastly, the HHS suggested looking into research to help the development, implementation, and evaluation of interventions to improve health literacy. Despite their helpful proposals, both the Plain Writing Act and National Action Plan have little to no enforcement. In Section 6 of the Plain Writing Act it discloses there will be no judicial review of compliance or noncompliance as well as that these propositions are not enforceable by any administrative or judicial body. Similar to the Plain Writing Act, The National Action Plan recognizes they cannot enforce these regulations but can only endorse them (US HHS, 2010). Without enforcement there is no clear indication of the impact of both of these policies. Having said that, a policy that has had measurable success upon its implementation is the Affordable Care Act (CDC, 2019). The ACA provides a variety of services to address discrepancies in health literacy. For instance, the ACA has an internet portal to help individuals and businesses interact with the insurance exchange. This tool assists users in understanding eligibility guidelines for Medicaid, CHIP, Medicare, high-risk pools and subsidized private insurance. It is also available in multiple languages. More enrollment assistance consists of 82 % of states offering one-on-one enrollment assistance and 72 % providing onsite assistance at state agency offices, counseling sessions at local nonprofits and community centers, and/or a toll-free helpline. The ACA also requires that information presented by the national and regional exchanges be culturally and linguistically appropriate. For current Medicaid beneficiaries who do not speak English, or who have LEP, most states provide interpretive and translation services. Additionally, 90 % of states have specific readability

guidelines for Medicaid enrollment materials of which call for at least a 6th grade reading level, with 22 % calling for even lower (Koh & Berwick, 2012).

In terms of new solutions, working with the Affordable Care Act is essential. Ideally the ACA could extend coverage for literacy programs. Surmounting the barrier of basic English literacy is necessary to develop health literacy skills. Medicaid users should be able to apply for literacy programs offered by the ACA. The ACA already provides similar resources such as transportation services for Medicaid users to go to hospitals, so this addition could be done within reason. Many researchers and or policy makers who are interested in health literacy have also been big proponents of the Plain Language Initiative. Changing health literature to be more simplified and clear is essential to increasing health literacy. The initiative encourages using common everyday words, short 1 topic paragraphs, bullet lists, and writing in an active voice for health material. It also endorses the use of positive forms of words. For example, a sentence written in the negative form would be, “it is not unusual for people taking this medicine to experience fatigue”. While the positive form states “it is common for patients on this medicine to feel tired”. Using the positive form makes the message very clear and then this increases the listener’s ability to understand (Logan, 2015). The simplicity of the Plain Language Initiative can extend to the internet too. Easy access to the internet has made health information more attainable, but that does not mean that this information is understood; as many websites may be difficult to read. So making web pages simple, with text items minimized, and clear instructions would be very helpful. Citizens who are non-English speakers also require assistance to attain health literacy. To bridge language gaps in health literature universal health symbols should be used. Placing importance on hiring bilingual doctors and using professional interpretive services is also extremely important. In the meantime as patients develop these literacy skills, physicians

should actively work on their curiosity and cultural competency, to create a comfortable clinical environment and decrease a patient's risk for negative health outcomes. In order to be more “approachable” doctors must be curious. Wanting to provide the best care for a patient requires active questioning and listening. By practicing cultural humility physicians will be able to understand why a patient lives the way they do as well as work on treatment plans that would best fit their lifestyle. With both patients and doctors striving to learn more this will facilitate more efficient and effective care.

In order to implement these solutions funding is required. As stated previously, low health literacy results in economic inefficiency for the federal government. That being the case, when making new legislation funding a task force/committee for enforcing changes in health literature should be done, in order to minimize costs later down the road. Hospitals could potentially be a huge source of funding for health literacy initiatives. Unfortunately, it is not to the hospitals advantage to improve health literacy. They benefit from patients with low medication/treatment adherence, as they are able to charge these patients fees over a longer period of time. However, increasing health literacy and medication adherence in patients with higher acuity cases may be a better investment, especially when rates of hospitalization are high. It is costly to pay nurses and physicians to look after these patients who require more constant care. Therefore, presenting this information to hospitals could result in an allocation of money towards this cause. Ultimately, it is up to patients to advocate for these services to better their health outcomes, decrease their unnecessary spending, and increase health literacy within their population.

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