Health Literacy:
An Overlooked Solution

THE HEALTH PROJECT RESEARCH CORNER

By Dr. Seth Serxner

What if there was a non-invasive, non-medical remedy that reduces emergency department visits, increases medication compliance, improves patient engagement, lowers healthcare costs for patients and payers, and improves health? Health literacy is just that solution. The World Health Organization says, “Health literacy is a stronger predictor of an individual’s health status than income, employment status, education level, and racial or ethnic group.”

The literature is clear low health literacy:

- Raises hospitalization risk by 4x (NAAL,2003).
- Adds $106-$238 billion to U.S. healthcare costs annually (NAM).
- Poor medication adherence contributes to approximately 125,000 preventable deaths annually in the United States, and low health literacy is a major contributor to patients' inability to understand and follow treatment recommendations (WHO, CDC, Berkman et al.).
- Doubles the risk of poor chronic disease management (CDC).
- Reduces preventive care participation by 50% (JEHC).
- Increases anxiety/depression risk by 2.3x (BMC Public Health).
- Improving literacy boosts health outcomes by 30% (CDC).

Nearly 9 out of 10 U.S. adults struggle with health literacy

In terms of definition, the Centers for Disease Control and Prevention has included health literacy in the 2030 Healthy People goal has defined Personal health literacy “as the degree to which individuals have the ability to find,

understand, and use information and services to inform health-related decisions and actions for themselves and others" and Organizational health literacy as "the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others."

Everyone agrees that health literacy makes sense. So, what are we waiting for? Even though it seems like providers and payers should be implementing robust health literacy programs for patients and members it doesn't seem to be happening. Employers often purchase enhanced customer services (advocacy or navigation programs) from health plans or third-party vendors, but even they don't teach health literacy skills. They focus on helping the individual navigate the system, but not on how to help that individual have the knowledge, skills and confidence to navigate on their own behalf.

In the end, it falls on the employers because they are at risk. Employers are already doing a lot and are cautious about adding yet another program to a population that is hard to engage with the programs currently in place. Part of the hesitation to implement health literacy initiatives is the preconceived notion of boring health education and patient education materials dating back to the days of brochures and one-page tear offs.

As with all health and wellbeing programs, health literacy needs to shift from print and flat digital content (Health Literacy 1.0) to data-driven, personalized, multi-media, 24-7 available content (Health Literacy 2.0). People are

Health Literacy Resources

As an example, if employers are building a **Health Literacy 2.0** platform, these ten sources provide an outstanding foundation:

1. CDC Health Literacy
2. MedlinePlus (NIH)
3. National Cancer Institute
4. American Heart Association Healthy Living
5. American Diabetes Association
6. National Institute of Mental Health
7. National Heart, Lung, and Blood Institute
8. Office of Disease Prevention and Health Promotion (Healthy People 2030)
9. Agency for Healthcare Research and Quality (AHRQ) Health Literacy Resources
10. MyHealthfinder

seeking information on anything they need to learn about on YouTube or with Artificial Intelligence assistance. Health Literacy 2.0 leverages game-based learning, short form videos, infographics, deep content tailored to individual preferences and learning styles. The content cuts across the full health continuum from well to at-risk to chronic conditions to complex conditions as well as acute. Health literacy needs to be seen as a horizontal solution that spans across the many point solutions employers have today.

Employers have an important role in implementing health literacy 2.0. Some of what they can do involves direct contracting with partners and free resources that have operationalized HL 2.0 principles in their solutions. Employers and consultants can include key HL 2.0 requirements in RFPs for no extra costs as well as work with existing partners including payers, providers, and vendors to assure health literacy is an integral solution component. The CDC and other non-profit organizations such as the American Heart Association have health literacy materials at low or no cost. Employers want engaged, confident, knowledgeable employees and families that can advocate for their health. Health literacy is not commonly included in the health and wellbeing array of employer-provided benefits and yet is a low-cost foundational solution to high impact approaches to population health and wellbeing.

KEY TAKEAWAYS FOR EMPLOYERS

Treat health literacy as a foundational benefit strategy. It should support navigation, chronic condition management, preventive care, pharmacy, mental health, and lifestyle medicine.

Practical application: Be sure that health information is provided in all interventions in a way that supports employees in their knowledge, skills and confidence to navigate their health.

Move from Health Literacy 1.0 to Health Literacy 2.0. Static brochures and generic content are not enough. Employees need personalized, multimedia, plain-language, accessible support.

Practical application: Leverage data to personalize messaging, include short videos, infographics, and long form content. Create fun and engaging approaches that incorporate game-based learning.

Build capability, not just navigation. Advocacy and navigation programs help employees move through the system; health literacy helps them gain knowledge, skills and confidence to understand, question, decide, and act on their own behalf.

Practical application: Partner with Advocacy and Navigation vendors to go beyond hand holding employees to help empower employees to address their health issues.

Include health literacy in RFPs and vendor evaluations. Employers should ask partners how they design for comprehension, cultural relevance, accessibility, engagement, and behavior change.

Practical application: Work with vendors and consultants to include health literacy 2.0 principles in all population health and wellbeing approaches.

Measure what matters. Consider tracking confidence, comprehension, preventive care use, medication adherence, program engagement, avoidable utilization, and employee-reported ability to navigate care.

Practical application: Include above measures as part of performance guarantees and as part of continuous program improvement processes to assess whether individual needs are being met.

The Bottom Line: Health literacy is a potent element in overall health and wellbeing that is commonly overlooked in employer-based population health and wellbeing programs yet is a well-documented solution that can impact both costs and health. It is recommended to incorporate a modernized approach to health literacy as a foundational element across all population health programs.

REFERENCES

Berkman, N. D., Sheridan, S. L., Donahue, K. E., Halpern, D. J., & Crotty, K. (2011). Low health literacy and health outcomes: An updated systematic review. Annals of Internal Medicine, 155(2), 97–107. https://doi.org/10.7326/0003-4819-155-2-201107190-00005

Centers for Disease Control and Prevention. (2024). Measuring skills and experiences: Health literacy. https://www.cdc.gov/health-literacy/php/develop-materials/measuring-skills-experiences.html

Healthy People 2030. (n.d.). Health literacy. U.S. Department of Health and Human Services. https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/health-literacy

CDC - https://www.cdc.gov/healthliteracy/learn/Understanding.html

JECH - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7889072/

BMC Public Health - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9948257/