



HEALTH LITERACY 2.0

A PATH TO HEALTH EQUITY

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HEALTH EQUITY AS A KEY PRIORITY FOR EMPLOYERS AND COMMUNITIES

Diversity, equity, and inclusion (DEI) is a major priority for employers and communities and covers a broad range of issues in each of these areas. One element of equity is that of health equity. **Health equity** can be thought of as an aspirational concept that views all individuals as having equal access to the resources needed to live a healthy life. As stated in a prior [white paper](#), health equity incorporates concepts of health literacy, health disparities, social determinants of health, and personal determinants of health.

These concepts are highly interconnected. Health disparities and literacy can be viewed as health system issues. **Health literacy** refers to two things: the personal skills and confidence an individual needs to navigate the health system; and organizational health literacy, in which a group's communications, tools, and resources need to align with health literacy design principles.¹

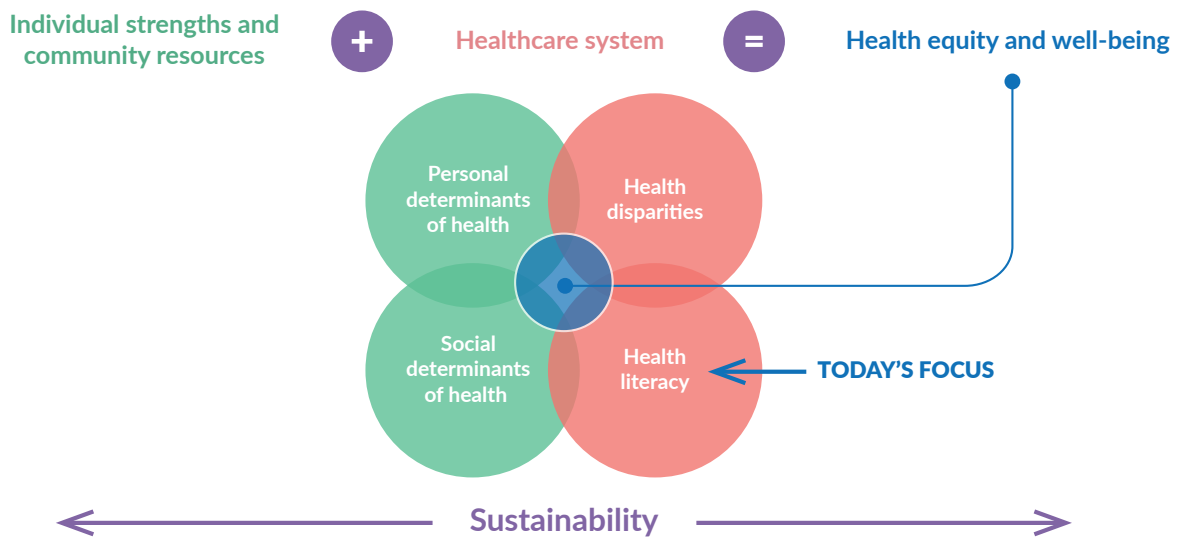


Figure 1.

Social determinants combine with personal determinants of health (PDoH) for an individual and community context to health.² Social determinants of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.³ While there is no definitive list of SDoH, they include factors around housing, food, education, transportation, safety, social support, and employment. The PDoH refers to personal resilience that is highly related to an individual's sense of purpose, social connection, and positive attitude.³ These factors drive overall health equity and well-being. As we address these issues, we need to incorporate sustainable solutions.



A FOCUS ON HEALTH LITERACY

The lack of health literacy in the US is well documented. Approximately 80 million Americans have very limited health literacy, increasing their risk for poorer access to care and poorer health outcomes.⁴ The National Assessment of Adult Literacy survey resulted in the frequently cited statistic that 36% of Americans have only very basic or below basic health literacy,⁵ However, only 12% of the total population were judged proficient in health literacy.⁶

There is an abundant amount of research on health literacy and outcomes, as illustrated by the systematic review of 111 health literacy articles.⁴ As in previous research, health literacy was associated with health status. For example, on average, individuals with lower health literacy experienced about 50% more days of poor mental or physical health each month compared with persons with higher health literacy. Similarly, people below the median in health literacy reported about 20% more chronic disease conditions than those with the highest health literacy.

The National Institutes of Health defines health literacy as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”⁷ The Office of Disease Prevention and Health Promotion within the US Department of Health and Human Services has recently incorporated six health literacy goals into their Healthy People 2030 objectives, making health literacy a central focus of the program.

One of the initiative’s [overarching goals](#) demonstrates this focus: “[Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.](#)”⁸

While the relationship between health literacy and outcomes is both intuitive and well-documented, there has been relatively little evolution to the overall approach. Much of the past efforts of health literacy have been focused on health communications made by health systems and providers with some focus on individual understanding. This is a two-part communications model involving the senders and the receivers in a unidirectional model. Senders typically involve health plans, health providers, benefits leaders, employers, government agencies and other plan owners such as unions. On the receiver side there are patients, members, families, and others. The key is that everyone has a role to play to drive better health literacy — and ultimately better outcomes.





KEY ROLES AND BENEFITS

Health System & Provider Communication

- Clear, simple language across all points of contact
- Easy to use and understand tools and resources, including transparency and cost estimators
- User-friendly systems, designs, and recommendations
- Culturally sensitive/multilingual approaches
- Advocacy services
- Multichannel approach
- Shared decision making

Consumers & Patients

- Adherence to treatment recommendations and preventative health guidelines
- Healthy lifestyle
- Proactive consumer behavior
 - Cost comparison
 - Second opinion
 - Active dialogue with provider

Everyone Benefits

Systems, Providers, & Payers	Consumers & Patients
<ul style="list-style-type: none"> • Increased patient satisfaction 	<ul style="list-style-type: none"> • Better understanding
<ul style="list-style-type: none"> • Improved adherence 	<ul style="list-style-type: none"> • Increased self-efficacy
<ul style="list-style-type: none"> • Better outcomes 	<ul style="list-style-type: none"> • Improved health outcomes
<ul style="list-style-type: none"> • Enhanced administrative efficiency 	<ul style="list-style-type: none"> • Fewer treatment errors
<ul style="list-style-type: none"> • Reduced readmissions and ER visits 	<ul style="list-style-type: none"> • Less time wasted
<ul style="list-style-type: none"> • Lower costs 	<ul style="list-style-type: none"> • Fewer/shorter hospital stays
<ul style="list-style-type: none"> • More competitive in the marketplace 	<ul style="list-style-type: none"> • Reduced out-of-pocket costs

Table 1. Benefits of health literacy

HEALTH LITERACY THE THREE PILLARS

The more granular definition of personal and organizational health literacy is a move in the right direction for the evolution of health literacy thinking. **Health literacy efforts need to shift from the current static approaches to a more dynamic Health Literacy 2.0.** The next-generation Health Literacy 2.0 is based on three pillars:



Leveraging
Behavioral Science



Dynamic
Content



Data Driven
Technology

In many ways, health communications are an attempt to influence health behaviors in terms of prevention, risk avoidance, condition management, and how best to address complex and acute health issues. The application of behavioral science to health communications is not new; however, leveraging best practices even further significantly increases consumer engagement and improves outcomes. For example, the use of **gamification principles** is a highly effective means to increase engagement and drive outcomes. These principles include creating a safe yet challenging and competitive environment, providing rewards and recognition, creating motivation through a sense of accomplishment, achieving the learning objectives, and making all of the above fun and entertaining.

The Health Literacy 2.0 approach to content is one that focuses on the individual, is dynamic and multimodal. Information is presented in text articles, infographics, and short videos with organized curriculum and free-form search, and is curated by relevant topics. The information is presented in clear, plain language that is easy to understand and retain. Additionally, the information addresses cultural context and language preferences. The key to the content is the recognition that people have different learning styles and needs based on their individual characteristics, preferences, and situational context.

Data and technology are the core infrastructure to Health Literacy 2.0 that provide a personalized, relevant experience. The data allows for continuous understanding of user behavior and preferences that enables technology to adapt accordingly. The data also provides strategic insights to real-time user behaviors and interests that precede information from claims and other lagging data sources. The data allows for reporting on transactional engagements (ex. registrations, time on site, number of activities) and value-based engagements such as completed learning modules, games, and quizzes, as well as outcomes on changes in knowledge and behavior, and increases in self-efficacy.





THE HEALTH LITERACY 2.0 SOLUTION

Health Literacy 2.0 is a crucial part of addressing health equity and improving individuals' health and well-being. Advocacy services can help address gaps in health literacy; however, Health Literacy 2.0 requires that those services go beyond providing information and navigation and teach individuals how to navigate the system and their health journeys on their own.

From a “sender” perspective, payers, providers, health systems, and employers should consider the following approaches:

- Leverage publicly available health literacy glossaries when providing patient education and benefits education
- Incorporate consumerism tools such as provider search directories and cost estimators
- Include thoughtful 2.0 level content to explain the importance of these tools, how they are used, and their benefits.

Having a robust Health Literacy 2.0 content and engagement platform is key to helping individuals improve their health literacy.

Health Literacy 2.0 content in all forms — text, digital, video, and graphics — must be high quality and award winning. It must be culturally appropriate and written in clear, simple language. Something not always mentioned, but an important part of addressing health literacy, is reducing the demand for numeracy and calculations as well as complex medical terms.

Payer/Provider/System	Health Literacy Differentiators
<ul style="list-style-type: none"> • Advocacy service 	<ul style="list-style-type: none"> • Award-winning written and digital content
<ul style="list-style-type: none"> • Health literacy content and engagement platform 	<ul style="list-style-type: none"> ◦ Written in clear, simple language
<ul style="list-style-type: none"> • Health literacy glossary 	<ul style="list-style-type: none"> ◦ Low reading level/participant burden
<ul style="list-style-type: none"> • Consumerism tools 	<ul style="list-style-type: none"> ◦ Reduced numeracy demand
<ul style="list-style-type: none"> ◦ Cost estimator 	<ul style="list-style-type: none"> • Multimedia interactive content
<ul style="list-style-type: none"> ◦ Provider search 	<ul style="list-style-type: none"> • Personalized experience
<ul style="list-style-type: none"> ◦ Quality ratings 	<ul style="list-style-type: none"> • Verbal/telehealth
<ul style="list-style-type: none"> • Navigation 	<ul style="list-style-type: none"> ◦ Enhanced training
<ul style="list-style-type: none"> • Digital support 	<ul style="list-style-type: none"> • Compassion
<ul style="list-style-type: none"> ◦ Personalized recommendations 	<ul style="list-style-type: none"> • Cultural sensitivity
<ul style="list-style-type: none"> ◦ Reminders and alerts 	<ul style="list-style-type: none"> • Listening for understanding
<ul style="list-style-type: none"> • Quality metrics assessments 	<ul style="list-style-type: none"> • Shared agenda model
<ul style="list-style-type: none"> ◦ Consumer Health Activation Index 	<ul style="list-style-type: none"> • Analytic insights

Table 2. Solutions and Differentiators

As noted in the three pillars of Health Literacy 2.0, solutions must be highly interactive, personalized, gamified, and presented in multiple formats to address varied adult learning styles and preferences. Implementing health literacy solutions will involve adding 2.0 requirements in requests for proposals and when partnering with vendors. Working with health literacy and complementary partners to fill this important gap in health equity will improve the health and well-being for all.



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