



HEALTH LITERACY: STATISTICS AT-A-GLANCE

What is Health Literacy?

- ✓ Health literacy – the ability to read, understand and act on health information – is an emerging public health issue that affects all age, race and income levels.
- ✓ Research shows that most consumers need help understanding health care information; regardless of reading level, patients prefer medical information that is easy to read and understand. For people who don't have strong reading skills, however, easy-to-read health care materials are *essential*.

The Scope of Low Health Literacy

- ✓ The health of 90 million people in the U.S. may be at risk because of the difficulty some patients experience in understanding and acting upon health information.¹
- ✓ Literacy skills are a stronger predictor of an individual's health status than age, income, employment status, education level, or racial/ethnic group.²
- ✓ One out of five American adults reads at the 5th grade level or below, and the average American reads at the 8th to 9th grade level, yet most health care materials are written above the 10th grade level.³
- ✓ Limited health literacy increases the disparity in health care access among exceptionally vulnerable populations (such as racial/ethnic minorities and the elderly).
- ✓ According to the Center for Health Care Strategies, a disproportionate number of minorities and immigrants are estimated to have literacy problems:
 - 50% of Hispanics
 - 40% of Blacks
 - 33% of Asians
- ✓ More than 66% of US adults age 60 and over have either inadequate or marginal literacy skills.³

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The Partnership for Clear Health Communication at the National Patient Safety Foundation™ is a coalition of national organizations that are working together to promote awareness and solutions around the issue of low health literacy and its effect on safe care and health outcomes.

www.npsf.org/pchc

The Impact of Low Health Literacy

- ✓ Low health literacy is an enormous cost burden on the American healthcare system – annual health care costs for individuals with low literacy skills are *4 times higher* than those with higher literacy skills.⁴
- ✓ Problems with patient compliance and medical errors may be based on poor understanding of health care information. Only about 50% of all patients take medications as directed.⁵
- ✓ Patients with low health literacy and chronic diseases, such as diabetes, asthma, or hypertension, have less knowledge of their disease and its treatment and fewer correct self-management skills than literate patients.⁶
- ✓ Patients with low literacy skills were observed to have a 50% increased risk of hospitalization, compared with patients who had adequate literacy skills.⁷
- ✓ Research suggests that people with low literacy:
 - Make more medication or treatment errors^{6,8}
 - Are less able to comply with treatments²
 - Lack the skills needed to successfully negotiate the health care system^{4,7}
 - Are at a higher risk for hospitalization than people with adequate literacy skills⁷

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For more information on health literacy, please visit
www.npsf.org/pchc

¹ Kirsch et al. A First Look at the Results of the National Adult Literacy Survey. Nat'l Center for Education Statistics, 1993.

² Weiss BD. Health Literacy: A Manual for Clinicians. American Medical Association/American Medical Association Foundation, 2003. p. 7.

³ Doak CC, Doak LG, Root JH. The literacy problem. In: Teaching Patients With Low Literacy Skills. 2nd ed. Philadelphia: J.B. Lippincott Co. 1996: 1-9.

⁴ Weiss, BD, ed. 20 Common Problems in Primary Care. New York: McGraw Hill. 1999: 468-481.

⁵ Center for Health Care Strategies, Inc. Health Literacy and Understanding Medical Information Fact Sheet. 1997.

⁶ Williams MV, Baker DW, Honig EG, Lee TM, Nowlan A. Inadequate literacy is a barrier to asthma knowledge and self-care. Chest. 1998; 114:1008-1015.

⁷ Baker DW, Parker RM, Williams MV, Clark WS. Health literacy and the risk of hospital admission. J Gen Intern Med. 1998; 13: 791-798.

⁸ Baker DW, Parker RM, Williams MV, et al. The health care experience of patients with low literacy. Arch Fam Med. 1996; 5(6): 329-334.