

## Insights

# The Intersection of Health Equity and Health Literacy



Being unclear about the instructions for taking medications can be life threatening. Addressing health literacy is a part of addressing health equity.

Being unclear about the instructions for taking medications can be life threatening. Reports show as many as [88 percent](#) of adult Americans lack the health literacy skills necessary to obtain and understand the health information and services needed to make appropriate health decisions. As a result, these adults often face formidable roadblocks to successfully achieve positive health outcomes for themselves and their family members.

“Health literacy requires not only basic reading skills but the ability to understand how to navigate the health system,” says NICHQ Project Director Lindsay Rosenfeld, ScD, ScM. “I personally have had times when I haven’t had the health literacy skills I needed even as I asked questions or sought answers. Providers used words I didn’t know and had difficulty explaining related forms or processes. Addressing health literacy is a part of addressing health equity. We can create systems and interactions that support everyone.”

Health literacy is an important, but fairly new [area of focus](#) in healthcare, and the relationship between health literacy and health equity is an emerging research area. Many of NICHQ’s projects aim to achieve health equity in their target communities. NICHQ defines health equity as the state in which everyone in a population can attain their full health potential, and no one is disadvantaged because of social position or any other socially defined determinant of health, such as race, ethnicity, income, educational level and housing.

“We need to apply a health literacy lens to everything we do. Using a health literacy perspective is part of how we will achieve our goals for health equity,” says Rosenfeld. “That means asking pointed questions: Are we using plain language? Do materials provide clear instructions and next steps? Are processes and systems set-up for reliable use or navigation by patients, families and various related professionals?”

Chief Science Officer at NICHQ, Joann Petrini, PhD, MPH, says attending to health literacy is not all on the recipient. The authors of healthcare literature need to make sure information is not too complicated or too vague. For example, labels can’t just say take your pills twice a day. Rather, they should state, take one pill twice a day. Take one pill in the morning and one pill at night.

“We must make improvements across the board when it comes to the language we use,” says Petrini. “Don’t make assumptions about people’s level of understanding. Assume everyone is new to the system.”

Petrini also added that interactive methods should be used to confirm that a patient or care giver understands what is being explained to them. One such method is [teach-back](#), a way of checking understanding by asking patients to state in their own words what they need to know or do about their health. Show-me is a related method that allows staff to confirm that patients are able to follow specific instructions, for example how to use an inhaler.

“We have had siloed care systems, and we can’t be siloed when it comes to helping people,” says Petrini. “The more we pay attention to health literacy, then the more likely we will see real progress in children achieving optimal health.”