Health Literacy Around the World: Part 2

Health Literacy Efforts Within the United States and a Global Overview

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Institute of Medicine
Roundtable on Health Literacy

\[1\] The author is responsible for the content of this article, which does not necessarily represent the views of the Institute of Medicine.
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Additionally, as I am a member of the scientific committee of the Public Communication of Science and Technology (PCST) network, PCST members from around the world were also invaluable in helping gather information and distributing the call for information far and wide. Thank you all, and I hope to see many individuals involved in health literacy at the 2014 PCST conference in Brazil! (www.pcst-2014.org)

A large percentage of the many hours invested in this project occurred in the evening, during late nights, on plane flights, and during weekends. However, many hours also necessarily overlapped with my employment at Canyon Ranch Institute (CRI). CRI is a 501(c)(3) non-profit public charity located in Tucson, Arizona. Without the active support of my colleagues at CRI, this commissioned paper would have never materialized. Thus, I want and need to extend my heartfelt thanks to my colleagues Richard Carmona, Patricia Maxwell, Russell Newberg, Janice McIntire, Chuck Palm, Kristen Haven, Amy Martin, and Maggie King. Most importantly, I offer a very special thank you and acknowledgement to CRI executive director and board member Jennifer Cabe. Nothing that anyone at CRI accomplishes—including this project—would occur without her inspiring leadership.

Finally, everyone involved in health literacy practice, research, and policy is to be commended and thanked for your efforts—many of which are reported within this and the companion report. In particular, I would be remiss if I did not point out the helpful and supportive efforts of R.V. Rikard, Clifford Coleman, Julie McKinney, Sabrina Kurtz–Rossi, Irv Rootman, Kristine Sorensen, Linda Shohet, and Laurie Martin.

First efforts such as this report on health literacy in the United States will necessarily be burdened with errors and unintended omissions. Any faults are my own. Hopefully, I will be able to correct any errors and improve the process and reporting in the future.

Respectfully,
Andrew Pleasant, Ph.D.
Senior Director for Health Literacy and Research, Canyon Ranch Institute
Member, Institute of Medicine Roundtable on Health Literacy
Introduction

Health literacy has changed, is changing, and will continue to change the world. This report and the companion report on health literacy efforts outside the United States make that truth clearly evident.

Never before, to my knowledge, has such a documentation of health literacy efforts around the world and the United States been so warranted or attempted. Just 10 years ago, such an effort likely would have produced, at best, a few pages of evidence. Today this report primarily focuses on the United States. A previously released report focuses on health literacy efforts ongoing around the world (Pleasant, 2012).

This is a nearly perfect moment in history to document efforts to address health literacy. Next year, 2014, will mark the 10th anniversary of the initial Institute of Medicine report on health literacy. That volume, Health Literacy: A Prescription to End Confusion (IOM, 2004), made significant contributions to the diffusion of knowledge about health literacy both in the United States and around the world. The numerous contributors to that report should remain justifiably proud of their efforts and accomplishments. As this report and its companion make patently clear, however, the understanding of health literacy and approaches to advancing health literacy have markedly changed over the past decade. Such is, by design, the nature of the scientific enterprise. As a result, now may be the time to revisit that initial volume, commemorate the effort, and update the content to reflect the many significant advances that research into and the practice of health literacy have made and continue to make.

A growing body of evidence continues to demonstrate that health literacy is among the strongest social determinants of health. The relative newness of the concept of health literacy and the rapid growth that the field is experiencing create both the motivation and the possibility to better understand the health literacy efforts that are ongoing around the world. Conversely, that newness of the field is also what makes an effort such as this report quite challenging, if not literally impossible, to truly and systematically complete. The source of that challenge lies in multiple realities. There is no international organization of health literacy practitioners, researchers, or academics. There is no existing database of individuals and organizations actively working to advance health literacy. Furthermore, there is no agreement on the definition or measure of health literacy. Finally, every day new efforts to address health literacy emerge. These factors combine to make a truly comprehensive aggregation of all health literacy efforts impossible. Thus, this and the companion report should be considered merely a sample of all health literacy efforts in the world—not a truly inclusive reporting of each and every effort.

HEALTH LITERACY IN THE UNITED STATES:
A BRIEF OVERVIEW AND INTRODUCTION

2 The companion report can be found at http://iom.edu/Activities/PublicHealth/~/media/Files/Activity%20Files/PublicHealth/HealthLiteracy/2012-SEP-24/WorldHealthLit.pdf.
Two key indicators of the growth of interest and activity related to health literacy in the United States are mentions of the social construct in newspaper coverage and mentions in the academic peer-reviewed literature.

Health literacy began appearing in the academic literature in earnest in the early 1990s and experienced nearly exponential growth (Pleasant and McKinney, 2011). The majority of that growth in academic peer-reviewed journal articles was driven by authors in the United States; for instance, in 2011 first authors from the United States accounted for 360 of the 569 total articles (63 percent) (Pleasant, 2012).

![FIGURE 1 Number of academic-peer reviewed publications about health literacy.](image)

While a search of academic databases was conducted between the years 1950 and 2011, the first article that met the search criteria was published in 1974. From then to 2011, this search strategy discovered a total of 2,808 articles—a tremendous amount of scholarly activity conducted over just 27 years. The field of health literacy should certainly take note of this growth and the corresponding substantial body of evidence. Nonetheless, it is important also to consider this activity in context of the larger body of scientific information in the world. For

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3 With the assistance of Dr. R.V. Rikard at North Carolina State University, this review searched for articles with “health literacy” in either the title, abstract, or keywords published from 1950-2011. The databases searched include: PubMed, ISI Web of Science, Academic Search Premier, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), Ingenta, and Science Direct. Duplicate citations were removed and/or collapsed into a single citation. In addition, Google Scholar was used to obtain any missing citation information such as the country of the lead author and/or publication year.
example, PubMed alone reports 767,877 articles with the word “genome” published between 1984 and 2011.

As an area of academic research, health literacy seems to have covered a wide range of functional contexts. For example, 1,039 of the 2,808 citations contain at least one of the words/phrases “medical,” “clinic,” “hospital,” “doctor’s office,” “physician,” or “clinical” in either the title or the abstract of the article. Nearly equally, 1,044 of the citations contain one of the words or phrases “public health,” “community,” “public,” “population,” or “social determinants” in either the title or the abstract of the article. Table 1 presents the cross tabulation of health literacy citations that contain medical or related words (i.e., clinic, hospital, doctor’s office, physician, or clinical) and citations that contain public health or related words (i.e., community, public, population, or social determinant). Approximately half of the citations containing the word “medical” or related words/phrases do not contain the phrase “public health” or related words/phrases (n=587 of 1,039). The converse is also true (n=592 of 1,044).

<table>
<thead>
<tr>
<th>Contains “medical” or related word/phrase</th>
<th>Contains “public health” or related word/phrase</th>
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<tr>
<td>No</td>
<td>No</td>
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<tr>
<td></td>
<td>1,177</td>
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<td></td>
<td>592</td>
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<td></td>
<td>1,769</td>
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<td>Yes</td>
<td>No</td>
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<td></td>
<td>587</td>
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<td>452</td>
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<td>Total</td>
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<td>1,044</td>
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<td>2,808</td>
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SOURCE: Articles with “health literacy” in the title, abstract, or keywords published from 1950 to 2011. The databases searched include: PubMed, ISI Web of Science, Academic Search Premier, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), Ingenta, and Science Direct.

perhaps this overlap indicates the natural tendency of health literacy to lead practitioners and scholars to turn toward an integrative approach to health. If there is a “golden rule” to health literacy, it is (or should be) to know your audience and to involve them early and often in your efforts to address health literacy. That type of effort, when conducted, naturally leads to addressing the whole person, not just a person’s diagnosed disease or reading level. That sort of undertaking also naturally leads efforts to embrace prevention as much as (if not more than) “sick care.” Thus, health literacy may well be an idea that can lead the transformation of the U.S. health care system from a “sick care” mentality toward a true health care approach that focuses on prevention instead of only treating illness after it has occurred. Such a transformation would necessarily embrace the whole person (and his or her entire lived experience) through an integrative and health-literate approach to advancing health and wellness.

Mass media interest in health literacy has increased fairly steadily as well. Figure 2 displays the number of newspaper articles using the phrase “health literacy” in the LexisNexis Academic database of U.S. newspaper articles.\(^4\) In the 1990s, when peer-reviewed articles were

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\(^4\) Data collected via the LexisNexis Academic database using the search phrase “health literacy.” The search was conducted in U.S. newspapers only, which resulted in over 400 possible publications. Initial results via LexisNexis had to be hand-sorted via the Expanded List results.
beginning to increase in frequency, there was fundamentally no or very little coverage of health literacy. The overall trend in the quantity of media coverage of health literacy roughly, but not exactly, echoes the growth rate in academic publications. The year with the most media coverage including the phrase “health literacy” was, up to now, 2007, with 114 articles. Clearly, media coverage began to pick up around 2004—the year that the Institute of Medicine released the report, *Health Literacy: A Prescription to End Confusion* (IOM, 2004). This was also the year that the U.S. Office of the Surgeon General started using the phrase “health literacy” in all speeches, op-eds, video scripts, and commentaries made by the surgeon general and deputy surgeon general.

**FIGURE 2** Number of U.S. newspaper articles with ‘health literacy’ in text.
Methodology

Gathering information about any social phenomenon on a global basis is a significant undertaking that is often fertile ground for failure and is nearly always guaranteed to draw criticism. Critiques of this pair of commissioned reports are certainly possible and warranted, and the main methods used in this first effort to collect information about health literacy activities on such a large scale is certainly open to future improvement.

The central challenge to this ambitious project was to gather information about all of the health literacy activities currently ongoing around the world and then to code and analyze that information. This effort is inherently a baseline against which future efforts should be compared in order to learn of changes and improvements in methodology and of the status of health literacy work ongoing around the world. This first attempt to reach the goals of identifying, cataloguing, and analyzing efforts in health literacy around the world relied upon three distinct methodologies. The initial round of data collection for this effort occurred between June 7, 2012 and September 6, 2012.

First, this effort employed the non-probability purposive sampling strategy of snowballing. Snowball sampling is often the best method to reach a population that is unknown or inaccessible to researchers. Both conditions were very true in this case. In snowball sampling, the sampling process begins with individuals who are known to be members of the population of interest (Faugier and Sargenat, 1997). Those individuals are then contacted, asked to provide information, and asked to identify other members of the population of interest they may know. The hope is that the sample literally grows like a snowball rolling down a hill and accumulating more snow with each revolution. In this project the snowball sampling process was initiated by sending email invitations directly to individuals who worked in health literacy or who worked in positions such that they should be aware of health literacy efforts in their countries and organizations. These individuals were requested to participate in the online survey and to forward the email invitation to others they knew of who worked in health literacy. This process started with an initial email—and between one and three reminders—sent to 574 individuals around the world believed to be associated with health literacy, health promotion, or health communication efforts.

Second, the same snowball method was used but with a distinctly different delivery mechanism. Instead of sending the invitation to participate and to forward the invitation to others they knew of who worked in health literacy. This process started with an initial email—and between one and three reminders—sent to 574 individuals around the world believed to be associated with health literacy, health promotion, or health communication efforts.

The third method employed was a direct online search for health literacy projects and policies. For this report focusing on the United States, the main search phrase used in this method was “health literacy” in combination with either “United States” or a state name. This method was focused primarily on states where the response rate was very low or nonexistent. In addition to identifying online resources that became a part of the evidence reported, this method also identified new individuals who were included in the sampling strategy described above. This effort was ongoing from September 2012 through June 2013.

Finally, a convenience sample of approximately two-thirds of the entries was selected for a final “fact checking” stage. This was essentially a validity and reliability check on the basic methodology which was conducted whenever possible. Individuals from organizations, regions,
or specific health literacy efforts reported by participants were requested to review the entry with which they were familiar. This produced a number of corrections to initial reports as well as new content. These fact checkers are too numerous to mention, but this report would never have been completed without the unrewarded efforts of those hundreds of individuals who assisted this effort.

While one goal of this overall project which is manifest in both this report and the accompanying report was to catalogue all ongoing health literacy activities around the world, that goal is clearly unreachable. The many realities that transform that ideal into an impossibility include:

- There is not a universal consensus concerning what is and what is not a health literacy project or policy. This is due to underlying variations in theoretical approaches; definitions; desired outcomes; and the political, social, and cultural contexts in which participants in this project work. For example, there is no clear distinction between what is a literacy effort occurring in a health context and what is a health literacy effort. To some there is no distinction. To others it is a critical distinction.
- There is not a global organization for health literacy researchers, practitioners, and policy makers, nor is there a national organization within the United States. Therefore, there is no identified structure or communication network through which to contact practitioners, researchers, academics, and policy makers working on health literacy issues.
- Since the actual population of interest is undefined, it is not possible to employ probability sampling techniques.
- This project did not have the resources to conduct the inquiry in multiple languages. However, using English only was clearly a limiting factor. Hopefully, future efforts will have the resources to expand similar efforts into multiple languages.
- There is no universally equitable or acceptable way to translate the concept of “health literacy” into multiple languages. The conceptual understandings of health literacy reported from around the world have far exceeded the literal understanding of both “health” and “literacy.” As a result, it is difficult to make accurate translations between languages.
- Given timelines and costs, this project was conducted solely online, using email as the means of recruiting participants and the Internet as the sole means of gathering responses and information. Clearly, this approach makes it impossible for many people around the world to participate. Furthermore, many potential recipients have indicated that the timeline that this project was conducted within made it difficult for them to participate.
- Verifying the accuracy of all responses is impossible. Therefore, analysis must proceed in good faith. However, the responses gathered make it very clear indeed that there are multiple conflicts in how people understand, define, and operationalize the concept of health literacy.
- This project recruited fact checkers in some, but not all instances. The hope is that recruiting fact checkers in a large percentage of the entries in this report provided a means to validate the overall methodology.
- Many participants seemed to be unclear as to whether the efforts they described were policies, practices, or projects. At times, participants used these three words (policy, practice, project) interchangeably. Therefore, the editing process was another source of potential error as participants may have intended to indicate something that did not
accurately survive the editing and analysis process.

• Many participants, especially from the United States, either explicitly stated or clearly assumed that the organizer of this project possessed prior knowledge about their own work or about other health literacy work they referred to in their responses. While that may or may not have been true, what is clear is that several responses were deliberately less than complete because of that assumption. For example, one participant wrote, “I know of all the standard policies in the U.S. that I’m sure you are already familiar with. I’m not sure if you are trying to determine what is going on, or if you’re more interested in how many people know about what is going on. So I’m assuming you are just trying to learn what is happening. Therefore, if I believe you already know the answers for the U.S., I’m not going to spend much time on the question.” While entirely understandable, this position is less than desirable. To respond to this situation, more secondary sourcing was required in the United States than in other countries. This ultimately meant that more effort had to be directed toward the United States than other nations.

• Readers of this and the accompanying report focusing on health literacy activities outside of the United States may too quickly assume that health literacy research, practice, and policy are more advanced in the United States than elsewhere around the world. A necessary and warranted caution to be offered to those coming to that conclusion is that, given the above caveats, the findings of this project should in no way be taken to prove that health literacy is more advanced in one country or region than in another.

• The information in this commissioned report and the companion report on health literacy efforts around the world is necessarily not based on a perfect sample of participants, nor is it fully representative of the health literacy work going on around the world. Nonetheless, what is reported on in these two companion documents does seem to represent the largest documentation of health literacy efforts around the world to date and will hopefully serve as a functional baseline for future efforts to help better understand how health literacy is being advanced in various policies, practices, and projects around the world.
Results

The first section in the following pages focuses on who participated in the data-gathering process that underpins this and the accompanying report on health literacy around the world. Quotes not otherwise referenced are taken from survey participant responses. Succeeding sections report on how participants responded to a series of attitudinal queries about health literacy and how they responded to questions concerning how health literacy is defined. The next section details the health literacy efforts reported by participants as occurring within the United States. That section first provides a state-by-state summary of activities, then reports on efforts ongoing within the U.S. government. This is followed by a section focusing on efforts from nongovernmental organizations (NGOs) or non-profit organizations that are occurring on a regional or multi-state basis. A section focusing on efforts reported by participants as occurring within the U.S. business and corporate community follows. The report concludes with a brief discussion of the findings.

ABOUT PARTICIPANTS

Around the world, 364 people responded to the initial online call for responses. Of those who reported which country they were from, 177 were from the United States. Participants in the initial call for information also included 38 individuals from Australia, 26 from Canada, 9 from the United Kingdom, 7 from Switzerland, 6 from New Zealand, 6 from Spain, 6 from South Africa, 5 from Greece, 4 from India, and fewer than 4 individuals from Belgium, Belize, Brazil, Cameroon, Chile, China, Cote d’Ivoire, Denmark, Germany, Guatemala, Hong Kong, Ireland, Israel, Italy, Japan, Kenya, Malawi, Mexico, the Netherlands, Pakistan, Peru, Poland, Romania, Scotland, South Korea, St. Kitts and Nevis, Sweden, Taiwan, Thailand, Turkey, and Uganda.

Overall, for all participants from around the world, 84 percent of those reporting their education level reported having a graduate degree and 12 percent a bachelor’s degree. Of those responding to the question, participants reported working professionally on health literacy for an average of 8.6 years. From most to least, 54 participants reported working in government, 45 in nongovernmental and non-profit organizations, and 13 in for-profit business organizations, while 4 were students, and one reported being currently unemployed.

Of the participants who reported their sex, 86 reported they were female, and 27 reported they were male.

ATTITUDES ABOUT THE STATE OF HEALTH LITERACY: A GLOBAL COMPARISON

In order to attempt to gain a broader perspective on how individuals from around the world view the field of health literacy, the initial online data collection methodology employed in this effort included an opportunity to respond to a series of attitudinal statements about the field of health literacy (Table 2). These questions were asked with a corresponding Likert scale that offered response categories of “Strongly disagree,” “Disagree,” “Agree,” and “Strongly
Agree.” The scale mean is 2.5, so scores above 2.5 indicate more agreement than disagreement on average, and vice versa for scores below 2.5.

Participants answering questions about each individual sector (e.g. business, education, United Nations, etc.) were asked to respond only relative to that sector. For example, participants responding to questions targeting education were asked specifically about health literacy within the educational sector itself, not about health literacy in general. Individual participants could and did respond to questions about multiple sectors.

The highest overall level of agreement (3.5 average score) was to the statement “There is a tremendous need to address health literacy.” Despite that recognized need, the second highest level of agreement (2.8) was to the statement “Health literacy is a priority for a few only.” That notion—that health literacy is only a priority to a few—received more agreement than the more general statement “Health literacy is a priority.” Receiving an equal level of agreement (2.6) to that more general statement about the status of health literacy as a priority was the statement “There is very little to no awareness of health literacy.”

The statement receiving the lowest average level of agreement (2.0) was “The health literacy of the population served is well-defined and known.” This level of disagreement indicates more participants strongly disagreed or disagreed with this statement than agreed or strongly agreed.

In this data-gathering process participants were also asked to respond to two statements describing the status of health literacy within the sector for which they reported activities. On average, the business sector was reported as responding to health literacy with the least effectiveness, with a mean response of 1.6. Responses about governments in general, and about the European Union specifically, averaged 1.95, indicating more participants disagreed than agreed that government was effectively addressing health literacy. The United Nations was assessed by participants at a 2.25. NGOs and non-profit organizations were given an average score of 2.2 by participants. The education sector received responses that averaged 2.4 on the 4-point scale. Thus, participants in this exercise disagreed more than they agreed that all sectors were effectively addressing health literacy, as is represented by an overall mean of 2.1, which was below the mean of the scale at 2.5. No individual sector received an average assessment higher than the scale mean. Clearly, those participating in this effort to learn about what is happening in the field of health literacy around the world felt that more work is needed to effectively address health literacy.

Participants were also asked where the focus on health literacy is within the sectors for which they had reported activities. The response categories were “Patients and the Public,” “Health Care Professionals and Health Systems,” and “Both Equally.” Responses indicated that 37 percent of the participants believed that, within the sectors they expressed knowledge about, the focus on health literacy was more within patients and the public, while 16 percent thought the focus was more within health care professionals and systems, and 46 percent thought that the focus was equal in the two categories. This reflects what seems to be a growing awareness of the two-sided nature of health literacy, which was first explicitly introduced into a formal definition of health literacy in the Calgary Charter on Health Literacy in 2009 (Coleman et al., 2009).

Participants were also asked to respond to a question about the awareness of health literacy within the sector or geographic region of which they expressed knowledge. This question offered responses of “decreasing,” “staying about the same,” and “increasing” in response to the open-ended prompt of “During the past 12 months, awareness of health literacy has been . . . .” Responses indicated that a majority (55 percent) of participants felt that awareness of health
literacy had been increasing, while 42 percent felt it had been staying about the same, and a very few (3 percent) felt awareness had been decreasing.

HOW IS HEALTH LITERACY DEFINED?

As a starting point for the inquiry into the state of health literacy around the world, participants were asked to offer their preferred definition of “health literacy” and their perspectives on how health literacy is defined. A seemingly valid approach for analysis is to compare the responses from the survey with the definition proposed in the Institute of Medicine’s initial report on health literacy which was published in 2004 (IOM, 2004). While the report is rapidly approaching its 10th anniversary, it can be taken as one baseline against which the evolution of the concept of health literacy can be identified and examined. That comparison, as readers will see, makes it clear that there is currently not a consensus on how to define health literacy.

The IOM report, *Health Literacy: A Prescription to End Confusion*, used the definition presented by the National Library of Medicine and also used in Healthy People 2010 and Healthy People 2020 efforts (HHS, 2000), which 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” (Ratzan and Parker, 2000).

The same definition is used within all U.S. governmental agencies and by efforts such as those conducted, for example, by the Health Research and Services Administration, the Centers for Disease Control, and the National Institutes of Health (all of which are units of the U.S. Department of Health and Human Services) as well as the more recently released *National Action Plan on Health Literacy* (HHS, 2012).

Participants’ responses to a query about how health literacy is defined reflected, roughly equally, one of three thematic streams. One theme was a critical response to the existing definition proffered in the initial IOM report. A second theme in the responses was an acceptance of that definition without offering further comment. The third theme was from participants who replied that they did not know what definition of health literacy was currently in use. Sometimes the third theme was offered without further comment, while others often directly stated or implied that they did not know due to the many existing variations between definitions of health literacy. Briefly, we will examine examples of the responses critical of that early definition of health literacy that were offered by participants.

Responses critical of the IOM definition of 2004 (not necessarily criticism per se, but critically examining by comparison or analysis) often took the form of offering up contrasting definitions. Others were more direct in their criticism of the definition proffered by the U.S. government agencies and others.

The World Health Organization defines health literacy as representing “the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health. Health literacy means more than being able to read pamphlets and successfully make appointments. By improving people’s access to health information and their capacity to use it effectively, health literacy is critical to empowerment” (WHO, 1998).
TABLE 2 Attitudes About the State of Health Literacy: A Global Comparison

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<tbody>
<tr>
<td>Health literacy is a priority.</td>
<td>2.7</td>
<td>2.7</td>
<td>2.7</td>
<td>2.3</td>
<td>1.9</td>
<td>3.2</td>
<td>2.6</td>
</tr>
<tr>
<td>Health literacy is a priority for a few only.</td>
<td>2.7</td>
<td>2.9</td>
<td>2.8</td>
<td>2.9</td>
<td>3.0</td>
<td>2.6</td>
<td>2.8</td>
</tr>
<tr>
<td>There is very little to no awareness of health literacy.</td>
<td>2.6</td>
<td>2.7</td>
<td>2.5</td>
<td>2.6</td>
<td>2.9</td>
<td>2.4</td>
<td>2.6</td>
</tr>
<tr>
<td>There is a tremendous need to address health literacy.</td>
<td>3.5</td>
<td>3.5</td>
<td>3.5</td>
<td>3.3</td>
<td>3.5</td>
<td>3.7</td>
<td>3.5</td>
</tr>
<tr>
<td>The health literacy of the population served is well-defined and known.</td>
<td>2.2</td>
<td>2.1</td>
<td>2.0</td>
<td>1.9</td>
<td>1.9</td>
<td>2.0</td>
<td>2.0</td>
</tr>
<tr>
<td>(The sector I work within) effectively addresses health literacy.</td>
<td>1.9</td>
<td>2.0</td>
<td>2.1</td>
<td>2.25</td>
<td>1.6</td>
<td>2.4</td>
<td>2.0</td>
</tr>
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</table>
There are multiple points of opportunity to analyze differences between the definition offered by the World Health Organization (WHO) as early as 1998 and the IOM definition from 2004. For instance, there is no mention of an “appropriate” context to the outcome of health literacy in the WHO definition, but there is an added reference to empowerment and, perhaps most notably, a reference to actually using information.

Participants reported another definition that contrasts with the original IOM report’s definition of health literacy—a definition from the Calgary Charter on Health Literacy. Mentioned by many participants in this information-gathering exercise, the Calgary Charter was the result of an international effort to advance health literacy that offered all interested parties a chance to endorse the Charter (www.centreforliteracy.qc.ca/health_literacy/calgary_charter). The Calgary Charter defines health literacy in this way: “Health literacy allows the public and personnel working in all health-related contexts to find, understand, evaluate, communicate, and use information. Health literacy is the use of a wide range of skills that improve the ability of people to act on information in order to live healthier lives. These skills include reading, writing, listening, speaking, numeracy, and critical analysis, as well as communication and interaction skills” (Coleman et al., 2009).

For example, a representative of an organization active in health literacy in the United States cited the Calgary Charter as a basis for a perspective that “health literacy is influenced by cultural factors, and by both the individual’s skills and the skills of the service provider; and health literacy is improved by developing the skills of individuals and by lowering the barriers created by health professionals and systems.”

From a similar perspective, another participant offered a definition of health literacy as “a patient’s ability to read, understand, and act on health information, and an organization's ability to provide information at an appropriate level.”

Many participants suggested small adjustments to the IOM definition. A very common example of such an adjustment is the suggestion that using information in some form should be added to the basic definition. For example, the Alaska Health Literacy Coalition reports defining health literacy as the “ability to access, understand, and act on health information.”

Another example of a commonly suggested adjustment to the basic IOM definition of 2004 was the suggestion to define health literacy as “the capacity to obtain, communicate, process and understand basic health information and services to make informed health decisions.” The aspect of this example that appeared in many suggestions was the shift from an “appropriate” to an “informed” health decision being made as the result of possessing health information.

Beyond offering competing definitions or variations on the IOM definition of 2004, the largest number of critical responses to this query came in the form of direct commentary on the IOM definition. For example, one participant responded that health literacy is “generally defined using the IOM 2004 definition with an emphasis on the patient-consumer, not on the professional and system.” Another individual commented, “The definition is broad-based but still suggests it’s mainly about (printed) materials.” Another individual reinforced a critical perspective that a focus on reading skills alone is an insufficient means to define health literacy by stating, “Essentially, it is still defined as a person’s ability to seek out and understand health information with a chronically inadequate focus on reading.”
Other commonly offered comments cluster around a position that “Most of the time low health literacy is defined as a deficit of the individual person, rather than as a deficit of the health system’s ability to appropriately interface with the people it serves.” A vast majority of the critical responses to the definition of health literacy in the original IOM report included some such criticism of an individual deficit-centered definition of health literacy.

For example, another individual commented that health literacy is defined “as a deficit of the individual . . . not a problem resulting from the mismatch between the skills of the individual and the demands of the systems.” Yet another wrote, “Health literacy is defined according to the individual’s abilities to take and use health information, while neglecting the impact of health providers and the health system on the communication of health information.”

Expanding on that theme somewhat, another participant reported, “At this time, health literacy is still seen primarily as an individual risk factor rather than a population health need. It is the individual’s responsibility to fully understand all aspects of his or her health and to indicate if he or she does not comprehend medical instructions or to communicate if a health system problem which impacts personal health is observed.” Other responses to the query about how health literacy is or should be defined included:

- “The ability of patients and professionals to navigate the health care system.”
- “Plain language that is easily understood by the general population.”
- “Reading ability in a medical setting and compliance.”
- “The ability to access, understand and act upon medical information.”
- “People’s ability to read, write and compute so that they can self-manage their own health care needs and the needs of family members.”
- “The capacity to conceptualize health instructions and service utilization.”
- “The ability to read and understand health information to make good decisions concerning one’s health.”

As another example of responses running counter to the IOM definition of 2004, one individual reported that health literacy should be simply defined as “a growing concern.”

Finally, in regard to the question of how health literacy is defined within the United States, a number of individuals reported that they simply were unable to respond as they were not aware of a universally agreed upon definition of health literacy.

HEALTH LITERACY EFFORTS WITHIN THE UNITED STATES: A SUMMARY OF RESPONSES

State and Local Levels

In this section, participants’ responses describing health literacy efforts and organizations are organized alphabetically by state. In later sections of this report, participant responses to efforts within the federal government, the business community, and the non-profit and nongovernmental organization communities are reported.
Alabama

The Sylacauga Alliance of Family Enhancement (SAFE) offers health literacy–based health communication practices (www.safefamilyservicescenter.com/). For example, a participant reported that the alliance offers CARE, which is a fever-management program targeting children 6 months to 6 years of age which is taught to any and all caregivers of children in that age range. Also, the organization uses the Social Ecological Model as the basis for a Senior RX Wellness program that works to educate participants at SAFE who are 60 years and older about the dangers of polypharmacy (the potentially unsafe use of multiple medications) and the importance of social support within the community.

The University of Alabama at Birmingham School of Nursing offers health literacy courses taught by Joy Deupree, Ph.D., to all undergraduate students who are interested. Most who take the course are reported to be students in the medical curriculum for nursing. (www.uab.edu/nursing/current-faculty-staff-/121-adultacute-health-chronic-care-and-foundations/26-deupree-joy)

Alaska

The Anchorage Health Literacy Collaborative is a group of agencies interested in improving the health literacy of residents and reducing disparities in health care and access. Activities reported include health literacy classes for all levels of English language learners, health literacy training for health care providers, health fairs with topics responsive to the stated needs of the adult ESL population, and practicums and internships for university students in health literacy. (www.alaskaliteracyprogram.org/index.cfm?section=Partnerships&page=Health-Literacy)

Arizona

In Arizona there are two health literacy coalitions that overlap and work together, with subgroups forming around various geographic locations and topics. One group is the Arizona Health Literacy Coalition. (www.azhealthliteracy.org). This coalition is an informal group of individuals and organizations interested in promoting health literacy in Arizona. Health Literacy Arizona brings together a broad range of experience and expertise both in health literacy and in working with those most in need in Arizona. (http://healthliteracy.pharmacy.arizona.edu)

The Arizona Center on Aging (http://aging.medicine.arizona.edu/) provides a Health Literacy in Older Adults educational program that can be found at http://geriatrics.medicine.arizona.edu/azreynolds/EduProducts/HealthLit/index.html.

Canyon Ranch Institute (www.canyonranchinstitute.org) holds health literacy as one of its key focus areas (http://canyonranchinstitute.org/about-cri/focus-areas/health-literacy). One of the many health literacy programs offered by the organization and its many partners is the Canyon Ranch Institute Life Enhancement Program (CRI LEP)
This program is an evidence-based, multidisciplinary program that transfers the best practices of Canyon Ranch to underserved communities to prevent, diagnose, and address chronic diseases. The CRI LEP uses an integrative approach to health and is grounded in the best practices of health literacy. In Arizona the CRI LEP is offered in partnership with both the El Rio Community Health System (www.elrio.org), which is a federally qualified health center, and the Tucson Medical Center (www.tmcaz.com), which is a non-profit community hospital. In addition, Canyon Ranch Institute partners with the University of Arizona Mel and Enid Zuckerman College of Public Health on community-based public health research and intervention programs.

Maricopa Integrated Health Systems offers a Refugee Women’s Health Clinic which employs cultural health navigators to act as health literacy liaisons with patients and has a specific program focusing on increasing the health literacy of Latinas about cervical cancer and the importance of timely screening. (www.mihs.org/uploads/RWHC/Documents/RWHC%20description%20flyer911.pdf)

Arkansas

According to the website of the Arkansas Health Literacy Partnership (http://phla.net/about-phla/), the partnership “was organized in July 2009 when a group of approximately 50 people interested in promoting health literacy in Arkansas gathered at the University of Arkansas Cooperative Extension offices to discuss the issues around low health literacy and plan next steps. The meeting was sponsored by the Arkansas Department of Health, Arkansas Children’s Hospital, Arkansas Literacy Councils, and Cooperative Extension Services. The Partnership formally became a section in the Arkansas Public Health Association (APHA) in May 2010 at the APHA annual meeting. As the health literacy section of the Arkansas Public Health Association, the Partnership participates in the planning of the Association’s annual meeting. Thus, health literacy has been a substantive focus of the presentations and meeting. The Partnership provided workshops each year at the annual meeting on various aspects of health literacy.”

The Partnership is also reported by participants in this data collection process to “offer multiple conferences and trainings focused on various aspects of health literacy. For example, the Partnership has organized two mid-winter health literacy conferences that were hosted at the Arkansas Department of Health and video-teleconferenced to sites around the state. The first was in January 2012 and included a public health grand rounds presentation that was followed by a day-long conference on resources for obtaining health information, as well as updates from the Partnership workgroups.”

The Partnership has “hosted a second Mid-Winter Conference on Health Literacy in January 2013. The focus of this conference was on ways that health care and adult education can work together to improved health literacy, while achieving the goals of the partners involved.”

Furthermore, the Partnership for Health Literacy in Arkansas (http://phla.net/) and the health literacy program at the University of Arkansas Medical Sciences Center for Rural Health (http://ruralhealth.uams.edu/healthliteracy) work together “to provide trainings for providers and have plans to conduct outreach and research. The Partnership organized summer conferences on health literacy research in 2011 and 2012 to encourage
faculty at Arkansas institutions of higher education to conduct health literacy research in Arkansas. Future plans to encourage health literacy research are to institute quarterly health literacy grand rounds at UAMS [the University of Arkansas for Medical Sciences].”

The health literacy program at the UAMS Center for Rural Health conducts “a health literacy training program for the clinical staff and faculty in the eight UAMS regional medical centers. These regional medical centers are area Health Education Centers (AHECs). They provide clinical care, education and resources for community members in rural and under-served areas. To date, this program has trained over 300 staff in Arkansas to implement the Agency for Healthcare Research and Quality (AHRQ) Health Literacy Universal Precautions Toolkit. In June 2013, the health literacy training program will expand to include the local health units of the Arkansas Department of Health, which has a total of 94 local health units in all 75 Arkansas counties. In addition, the UAMS health literacy program staff presented to over 1,000 health care professionals and students in the last year, and applied for national and state funding to support outreach and research activities in health literacy. A plain language pilot project was completed at the UAMS Center for Rural Health that provides a model to train a health workforce by teaching students to evaluate, edit, and track written health information that is not easily understood by target audience members. UAMS Center for Rural Health staff are engaged in health literacy quality initiatives and provider Teach-Back training through state partnerships and grants.”

The Reach Out and Read program, which encourages doctors to give books to families of young children at well-child visits in order to address the needs of children up to 5 years old, is reported to be growing throughout the state of Arkansas. Participants in this effort reported that there are 30 Reach Out and Read programs in Arkansas that reach about 40,000 children with books and early literacy advice, and more are planned in the coming year. (www.reachoutandreadarkansas.org/)

The Chronic Disease Prevention and Control Branch of the Arkansas Department of Health, using funding made available through the U.S. Centers for Disease Control and Prevention, has “collaborated with the Arkansas literacy councils to provide health literacy training to adult learners using the ‘Staying Healthy’ curriculum developed in Florida. Approximately 300 copies of the curriculum books have gone to 33 councils and key stakeholders. Seven literacy councils have plans to establish Health Literacy Coordinators, who will serve as instructors for tutors of adult learners. There are roughly 1,000 students combined in those seven councils. In addition, one council will expand into a neighboring county that has no council, and one new literacy council will be established in a county without one.”

The Chronic Disease Prevention and Control Branch has “partnered with the Arkansas Department of Human Division of Aging and Adult Services, Arkansas Area Agencies on Aging (AAAs), and the UAMS Arkansas Aging Initiative (AAI) Centers on Aging to implement the Stanford Chronic Disease Self-Management Program (CDSMP), which was known in Arkansas as Be Well–Live Well. This program, which was developed by the Stanford University Patient Education Research Center, uses interactive workshops to build key health literacy skills among its participants, as it helps them acquire the skills they need to make and achieve goals, eat properly, exercise, and communicate effectively with physicians and others. It was funded through the National
Institute on Aging and included funding through the American Recovery and Reinvestment Act. When the funding ended, more than 600 Arkansans had completed the Be Well–Live Well workshops, and more than 800 participated in more than 50 workshops under the direction of 50 facilitators trained under the grant. The Be Well-Live Well program continues to be offered through the AAAs and the AAI Centers on Aging around the state.”

In the fall of 2011, the Arkansas Department of Health “convened an internal workgroup to learn about plain language and to explore ways to incorporate plain language into health department communications. The group, which dubbed themselves the plain language learning community, met regularly for six months. The plain language learning community developed recommendations for the agency, which they presented to the senior staff in May 2012. The Arkansas Department of Health is now in the process of implementing their recommendations.”

The Arkansas Department of Health has “implemented the Nurse–Family Partnership Home Visiting Services through HRSA funding made available through the Patient Protection and Affordable Care Act. This program is viewed as a health literacy intervention and is designed to support new parents as they develop new health literacy skills as they prepare for the birth of their infants and then care for them after they are born. The Arkansas Department of Health is partnering with Arkansas Children’s Hospital and other organizations to support the Arkansas Home Visiting Network (AHVN) (www.arhomevisiting.org/), which promotes high quality and evidenced-based home visiting services to Arkansas families during pregnancy and until children enter kindergarten. The AHVN facilitates activities among its members to promote program collaboration and to raise public awareness about home visiting, to expand and sustain home visiting services, to provide supplemental home visiting training, to collect and share data, and to share relevant policy and research information.”

The Arkansas Department of Health offers the Hometown Health Improvement initiative (www.healthy.arkansas.gov/programsServices/hometownHealth/HHI/Pages/default.aspx). A participant reports that “Hometown Health Improvement (HHI) initiatives currently exist in every county in the state. HHI coalitions do powerful and unique work to improve the health of those in their communities. Once the coalition is established, many communities are choosing to conduct health behavior surveys to gain important information specific to their communities. Examples of some activities include: tobacco cessation programs for adolescents, household hazardous waste round-up, parenting support groups, local industry wellness programs, health fairs, and health resource guides. Other benefits arising from this partnership include improving the health and quality of life in communities, reducing preventable illness and injury, coordinating community health services more effectively, and using available health care resources more efficiently. Community members are participating in training sessions on community assessment, coalition building, and creating partnerships that work. From sponsoring community health assessments to developing county specific intervention and prevention programs, community members in partnership with Department of Health Hometown Health Improvement continue to build healthier communities. For example, Be MedWise Arkansas is a health literacy initiative, offered by the University of Arkansas Cooperative Extension Service, promoting the wise use of medications.
Hometown Health Improvement collaborated with the Cooperative Extension Service to provide the Be MedWise training to members of their communities.”
(www.healthy.arkansas.gov/programsServices/hometownHealth/HHI/Documents/Reports/SE/Feburary2011newsletter.pdf)

California

The Institute for Healthcare Advancement (IHA) has organized a national health literacy conference (www.iha4health.org/default.aspx/MenuItemID/226.htm) for the past 12 years. This conference, which offers continuing education credits, includes a number of health literacy presentations and trainings as well as annual health literacy awards. IHA is also the publisher of the What to Do For Health book series. This series includes *What To Do When Your Child Gets Sick* and *What To Do When You’re Having a Baby*. IHA reports the books are “written at a 3rd–5th grade reading level, effective in-home solutions for most health issues, liberally illustrated with useful diagrams and images, free of medical jargon, available in multiple languages, and indexed for quick and easy use.” (www.iha4health.org/default.aspx/MenuItemID/191/MenuGroup/_Home.htm)

The California Diabetes Coalition coordinates literacy initiatives and other services among organizations in California, including offering a number of resources via its website focusing on the relationship between health literacy and diabetes.
(www.caldiabetes.org)

Libraries in California have been involved with health literacy by buying materials, addressing the health literacy needs of adult learners, and offering classes. Also, in the past there have been partnerships formed to address health literacy, for example, among the PlaneTree Health Library, the Santa Clara Valley Medical Center, and the Santa Clara County Library. Collections of low-literacy materials related to health have been featured in various libraries.

The PlaneTree Health Library is reported to “empower patients to talk to health care providers about the best ways to improve health outcomes.” Located within the Cupertino, California, library, the effort is described as offering “in-depth health and medical information services, individualized to the specific needs of each patron.”
(www.planetree-sccl.org/)

The California Health Literacy Initiative provides health literacy information and resources, including materials that use statistics and information provided by the American Medical Association Foundation. According to the organization, “The goal of the California Health Literacy Initiative is to inform and partner with individuals and organizations to craft collective, lasting solutions which will positively impact the health and well-being of individuals with low-literacy skills, their families, and their communities.”
(www.cahealthliteracy.org/)

Health Research for Action at the University of California, Berkeley offers readability assessments, writing and designing for readability and usability, health literacy trainings and audits, linguistic and cultural adaptation, and alternative formats and accessible design.
(www.healthresearchforaction.org/)

One participant reported also that the University of California at San Francisco offers health literacy trainings for health professionals.
Colorado

Former Colorado First Lady Jean Ritter is credited by participants as leading efforts to address mental health literacy throughout her husband’s term as governor. (See, for example, www.coloradohealth.org/yellow.aspx?id=5188.)

The Spring Institute for Intercultural Learning, “a nonprofit, training and consulting organization with a focus on language and culture,” offers a health literacy initiative in Denver called Project SHINE (www.springinstitute.org/?action=Shine). Project SHINE focuses “on helping immigrant and refugee elders navigate the healthcare system and engage them in preventive health activities in their communities. This program is successful because of the work of volunteers. The classes, activities with elders, and patient navigating are through the work of volunteers. Project SHINE teaches 14 health literacy classes in apartment community rooms, a church, and inside the apartments where the refugee elders and immigrants live. These classes teach elders how to ask questions in a medical setting, read and sort their prescriptions, and identify body parts and symptoms of illness. Healthy wellness activities are things like dance, aerobics, crafting, field trips to parks and libraries, and shared meals.”

In 2011 Harrison High School in Colorado Springs, Colorado, launched an effort to put health literacy into place across the educational curriculum. The Colorado Springs Gazette reported, “In a partnership with El Paso County Public Health, Harrison officials hope to improve their students’ health literacy through a curriculum that will be integrated into courses beyond the usual health and PE classes. The goal is to create a model that can be used by schools statewide to improve knowledge about all things health-related and decrease chronic diseases among minorities and those on the lower end of the socio-economic scale. Officials tied to the project say Harrison is a natural lab because 45.1 percent of its students are Hispanic, 18.7 percent are black and 73 percent qualify for free or reduced-price lunches. And at least 40 percent of the students are considered overweight or obese” (www.gazette.com/articles/harrison-121595-students-health.html). The project is funded through a two-year, $126,000 grant financed by the state tobacco tax and funneled through the state Department of Public Health and Environment’s Office of Health Disparities.

Connecticut

In Middletown, Connecticut, a participant reports, “The Middlesex Hospital's Patient/Family Education Committee reached out to front-line staff who do scheduling to offer a workshop on the teach-back technique. The workshop is a slightly modified version of the Society for Hospital Medicine's BOOST program, ‘Using Teach Back to Improve Communications With Patients.’ The committee believes this will help patients arrive at their appointments at the right time and place and have all the items they need. The same committee also has a subcommittee working on a redesign of the admission booklet. Two of the members are former patients, providing the patient's point of view. The committee is organizing the new version as a folder with information divided into three categories: before you come to the hospital, while you're an inpatient, and what you
need when you leave the hospital. The final version will have all the wording vetted according to health literacy principles.”

In 2007–2008, the Connecticut Health Foundation launched the Health Literacy in Adult Education Settings grant project. “The primary purpose of the grant project was to increase the capacity of six adult education centers to teach their racially and ethnically diverse learners to become health literate” (www.cthealth.org/wp-content/uploads/2011/04/finalhealthliteracy.pdf).

**District of Columbia**

The District of Columbia Public Library offers a series of health literacy courses. (See www.dclibrary.org/node/32660.) These courses promise to help participants learn to “navigate medical websites, evaluate medical websites for updates and active links, research personal health issues, and make informed health decisions based on information retrieved from credible health websites.” The effort is sponsored by the National Library of Medicine of the National Institutes of Health and the D.C. Department of Health's HIV/AIDS Administration and presented by the Project for Intermediate Advocates. The public library system also offers computer literacy courses.

**Florida**

According to the CDC website on health literacy (www.cdc.gov/healthliteracy/statedata/index.html#statedata), the Florida Health Literacy Initiative is an effort of the Florida Literacy Coalition (www.floridaliteracy.org/) and Blue Cross and Blue Shield of Florida. (See also www.floridaliteracy.org/literacy_resources__teacher_tutor__health_literacy.html.) The initiative makes targeted grants to promote health literacy with the goal of providing health-education resources for local adult ESOL (English for speakers of other languages) programs and family literacy programs so that students in these programs can make informed choices about their health and nutrition. The coalition also develops and distributes health curricula for adult education students and organizes an annual Florida literacy conference that includes a track of presentations focusing on health literacy.


**Georgia**

A participant reported, “The Georgia Health Literacy Consortium (GAHLC) began as the Emory health literacy work group, a collaborative discussion group with the common interest of health literacy. Originally, the group was limited to those at Emory University. The group met quarterly to identify areas for collaboration with faculty of other academic institutions, and members of private and community-based organizations were invited to join the discussion, including the Atlanta Public Library system. The group inspired several collaborations, as it served as a venue for individuals to meet
based on a common interest. Since then, the group has hosted several meetings for the people to present their research. In addition, the GAHLC writes letters of support for various members’ grants; if a member is granted funding, the workgroup provides additional support as it can. Currently the work group includes academic researchers at Emory University, University of Georgia, members of the state adult education system, government representatives, and nonprofit organizations like Healthcare GA Foundation.” (www.sph.emory.edu/healthliteracy/) The Georgia Health Literacy Consortium is reported to be supported in part by the Healthcare Georgia Foundation. (www.healthcaregeorgia.org/)

Working in partnership with Morris Multimedia and the Curtis V. Cooper Primary Health Care Center, a federally qualified health care center, Canyon Ranch Institute launched the Canyon Ranch Institute Life Enhancement Program (see description under Arizona). (www.canyonranchinstitute.org/partnerships-a-programs/cri-life-enhancement-program/cri-lep-overview)

Hawaii

The Hawaii Department of Health strategic plan for 2011–2014 explicitly addresses improving health literacy as part of the health equity aspect of the plan with the goal to “eliminate disparities and improve the health of all groups throughout Hawaii” and the corresponding objective to “increase culturally- and community-oriented interventions” (http://hawaii.gov/health/health/opppd/Five_Foundations.pdf). This effort, called the Five Foundations for Healthy Generations, specifically addresses health literacy through the foundational areas of health equity, clean and sustainable environments, health promotion and disease prevention, emergency preparedness, and quality and service excellence.

Among other efforts in this state, the Hawaii Island Beacon Community (HIBC) (www.hibeacon.org/) is a federally funded collaborative project administered through the University of Hawaii at Hilo (http://hilo.hawaii.edu/). Through collaboration with health care professionals, hospitals, community organizations, and residents, HIBC works to address health literacy to eliminate barriers to quality health care and effect clinical transformation. Specifically, HIBC has two health literacy efforts in place as part of the Healthy Eating Active Living (HEAL) program. These are The ALOHA (a life of healing and awareness) project and the Reaching Out to the Marshallese Community project. (www.hibeacon.org/index.php/news/article3/october_enewsletter)

“The ALOHA project promotes health and well-being by offering patients with chronic diseases such as diabetes, high blood pressure and high cholesterol the chance to schedule free consultations with pharmacy and nursing students to discuss their current health conditions and medications. The students volunteer their time to provide personalized counseling around medication management, diet and lifestyle changes. These sessions allow patients to get more information and take steps to prevent the worsening of chronic diseases to improve their quality of life. The ALOHA project partners with local pharmacies (including Walgreens, Shiigi Drug, KTA Superstores, Ululani Pharmacy, Mina Pharmacy, Walmart, Bay Clinic, LifeCare Center and Hilo Medical Center) to provide these services” (https://sites.google.com/site/uhhncpa/heal-project).
Reaching Out to the Marshallese Community is a second HEAL project reported by participants. “The Marshallese Mobile Screening Clinic (MMSC) aims to increase health awareness around diabetes, hypertension and hyperlipidemia within the Marshallese population through free wellness screenings and health education, delivered in a culturally sensitive and appropriate manner. The MMSC partners with local Marshallese organizations and Bay Clinic in reaching out to underserved communities, and creates a bridge between the Marshallese community and Bay Clinic’s health services and diabetes education classes. Student and community interpreters translate for the project’s participants, who may find it less stressful to discuss important health information in their first language. Providing interpreters and translated health information to the Marshallese community goes a long way toward improving their ability to access and understand health-related information, and they are empowered to make more educated decisions about their health.”

Also, a participant reported that at the John A. Burns School of Medicine at the University of Hawaii at Manoa, a communication workshop is part of the required fourth-year medical student rotation in geriatrics and palliative care. The goal of the workshop is to “introduce future physicians to the delivery of culturally responsive care for patients in palliative and end-of-life treatment” (www.ncbi.nlm.nih.gov/pmc/articles/PMC3215988/).

Idaho


Specifically, goal 4 of the 2008–2013 plan calls for increasing oral health literacy. Objectives under this goal specify targets to “increase the amount of oral health educational materials that are available from a statewide clearing house” and “incorporate oral health messages with at least 10 other public health message delivery systems (i.e., other health program messages).” Specific strategies and activities listed to meet those objectives and goal 4 include efforts to “promote early, comprehensive intervention involving a community approach to prevention, increase Idaho specific oral health data that is accessible to the public, increase oral health educational materials in a statewide clearing house, and to incorporate oral health messages with other health messages that promote the integration of oral health, such as oral cancer prevention, and tobacco-use reduction efforts, diabetes and heart disease and the link to periodontal disease” (http://healthandwelfare.idaho.gov/Portals/0/Health/OralHealth/2008OralHealthStatePlan%5B1%5D.pdf).

Illinois

In 2009 the Illinois Literacy newsletter distributed by the Secretary of State/Illinois State Library Literacy Office focused on health literacy in recognition of
October as health literacy month. The issue reported on efforts including those at Common Place, an adult education center in Peoria, Illinois. “Common Place has emphasized health literacy to all volunteer tutors during tutor training workshops. The center also has a family health literacy library in their building that is open to the public. This year, Common Place had a wonderful opportunity to partner with the University of Illinois College of Medicine, Peoria. Second-year medical students came to the center to teach adult learners ‘how to talk to your doctor’ and provided information on diabetes” (www.cyberdriveillinois.com/publications/pdf_publications/illiteracy_fall09.pdf).

Another health literacy effort is at the Poder Learning Center in Chicago. Here, “Health literacy is incorporated in the beginning levels of its English language acquisition curriculum.” Also, the Albany Park Community Center in Chicago includes “a health theme nearly every term for its English-as-a-second-language classes.” Other efforts here include “in the family literacy class, the parent educator presents information on children’s developmental stages” and “health care professionals are invited to speak and provide information about free or low-cost health services in areas that are easily accessible by the students. At least twice a year, professionals-in-training offer free services such as blood pressure checks, blood draws, and vision screening for children.”

The Rockford Regional Partnership for Health Literacy (RRPHL), now called the Partnership for Health Literacy, has “launched in 2005 as a work group made up of people interested in health literacy. This included individuals from the University of Illinois College of Medicine as well as, over the years, people from several organizations in town including the Winnebago Health Department, University Library, Project EXPORT, Chronic Disease Management Team, the Literacy Council, Crusader Clinic, health systems, and many more. One of the first projects the group took on was to create brochures on various health issues at a lower reading level. Using the Ask Me 3 format, brochures were created on ‘How to Get the Most From Your Doctor Visit,’ ‘What You Need to Know about Colon Cancer,’ and ‘Colonoscopy.’ These three materials were then field tested at the health department, Literacy Council, and Crusader Clinic. We were happy to find that the brochures were easily understood by the targeted population.” Additionally, “Members of our group also traveled to Madison, Wisconsin, to present a program on creating low level brochures at the Wisconsin Health Literacy Conference a few years ago. The organization also held two seminars in Rockford during October for Health Literacy Month during 2011 and 2012. We are now focusing on getting the information from our brochures out to the public and we would like to be a resource for other organizations in town when they are creating materials for their clients.” (www.wisconsinliteracy.org/documents/Adapting_AskMe3_Program.pdf)

Other efforts reported by participants indicate, without further details, that there are writing courses in Chicago for health practitioners who want to become better writers and that the Chicago Breastfeeding Coalition provides education opportunities for providers and education for the community on breastfeeding.

The journal *Focus on Basics*, in its issue 9B, reports on the development of a health literacy curriculum that was largely carried out in Illinois (www.ncsall.net/fileadmin/resources/fob/2008/fob_9b.pdf). However, as noted on the Literacy Information and Communication System Resource Collection from the Department of Education Office of Vocational and Adult Education, “the complete
results have not yet been formally published” (http://lincs.ed.gov/professional-development/resource-collections/profile-324).

Indiana

The Indiana Center for Intercultural Communication (ICIC) reports on its health literacy activities as follows: “The ICIC’s research on Intercultural Health Communication is successfully providing linguistic solutions to problems arising in the processing, comprehension, and interpretation of health-related communication. The center’s team of applied linguists, discourse analysts, physicians, pharmacologists, sociologists, intercultural specialists, and communication theorists are engaged in research as varied as health literacy, prescription medication labeling, medication adherence, physician–patient interaction, the language and cultural training needs of International Medical Graduates and the effect of health beliefs on the management of chronic diseases” (http://liberalarts.iupui.edu/icic/health_communication).

Iowa

Health Literacy Iowa reportedly “promotes and facilitates the ability of all Iowans to use effective communication to optimize their health.” The organization reports that it offers services related to training and education, help for organizations, plain language, cultural and linguistic competence education, special initiatives, and evaluation and research. Particular efforts reported by the organization include working with adult learners in a conference called Health and Literacy Working Together (www.healthliteracy.com/article.asp?PageID=7493), promoting early literacy through Reach Out and Read Iowa (www.reachoutandreadiowa.org/), and working with people with disabilities by producing accessible written materials.

Health Literacy Iowa, Des Moines University, the Picker Institute, and the Iowa Health System have partnered to support the Always Use Teach-Back! toolkit (www.ihconline.org/aspx/initiatives/healthliteracy.aspx). This purpose of the toolkit is “to help all health care providers learn to use teach-back—every time it is indicated—to support patients and families throughout the care continuum, especially during transitions between health care settings” (http://teachbacktraining.com).

An additional effort reported in Iowa is the Plain and Simple project of the Iowa Department of Public Health (www.idph.state.ia.us/PlainAndSimple/). This project works to “help public health workers and partners get their message across” through a focus “on using plain language when talking or writing about health.” However, this project was discontinued on November 30, 2012.

The Iowa Healthcare Collaborative addresses health literacy through its efforts and has created an online toolkit available at www.ihconline.org/aspx/general/page.aspx?pid=8.

In a related effort, the Iowa Department of Education is working to build an Iowa Core Curriculum: K–12 21st Century Skills. This initiative is designed to introduce “21st century skills to build capacity in students so they are prepared to lead productive, satisfying lives” (http://educateiowa.gov/index.php?option=com_content&view=article&id=2479&Itemid
The initiative reports that in the 2007 session, when the Iowa Legislature established the Iowa 21st century framework, it included health literacy along with civic literacy, employability skills, financial literacy, and technology literacy as the key elements of the framework for K-12 education in the state (http://educateiowa.gov/index.php?option=com_docman&task=doc_download&gid=12202&Itemid=4303).

**Kansas**

Health Literacy Kansas (http://healthliteracykansas.org/) is composed of over 25 agencies and companies in the state that work to “bring together organizations to address health literacy issues in the state. The stated mission is ‘Advancing health literacy to improve health outcomes while lowering costs for Kansans’ and our vision: ‘Kansans and Health Providers can effectively communicate health information to promote optimal health and reduce costs.’ The collaboration is supported in part by Kansas Head Start.” The organization reports that it hosted the first Kansas health literacy conference on Monday, October 1, 2012, in conjunction with the Kansas Public Health Association’s Annual Fall Conference, at the Capitol Plaza Conference Center in Topeka (http://webs.wichita.edu/?u=conferences&p=/KPHA/). The organization offers health literacy trainings, and in partnership with Kansas Head Start is offering a program, Parent Health Literacy, across the state. This program incorporates the book *What To Do When Your Child Gets Sick* from the Institute for Healthcare Advancement. (See also the California entry on this organization in this report.) The organization reports this parent health literacy effort is sponsored by Kansas Head Start Association and Healthier Kansans through Improved Health Literacy with initial funding provided by United Methodist Health Ministry Fund and the Blue Cross and Blue Shield of Kansas Foundation (http://healthliteracykansas.org/events/). A participant also reports that Health Literacy Kansas is part of the HHS Region VII Health Literacy Consortium, convened by Capt. José Belardo of the Region VII Regional Health Administration, which meets quarterly via conference call. Region VII is, according to the respondent, the only HHS region with such a health literacy group.

The health department of the city of Kansas City reports that its health literacy initiative “served to help improve the general health literacy of Kansas City residents. The initiative sought to encourage and facilitate improved literacy in Kansas City’s children and parents by making available health related reading materials to schools for children, who may also take home the information for parents to read with the children. The 2009–2010 health literacy project focused on provision of Healthy Reader Newspapers for second grade elementary students and Career Reader Newspapers that provided public health career and general health information to 9th and 10th graders. Both the elementary and high school level projects met grade level expectations for the students. Nine schools from the Kansas City, Mo., North Kansas City, Hickman Mills and Center school districts, along with St. Vincent’s Operation Breakthrough and Cristo Rey Kansas City High School participated with the project” (www.kcmo.org/CKCMO/Depts/Health/HealthLiteracyInitiative/index.htm).

Participants in this effort report that the Community Tool Box is a project of the Work Group for Community Health and Development at the University of Kansas
The effort reports that it is promoting community health and a free, capacity-building website available to communities. “With over 7,000 pages of information (and growing), it includes step-by-step guides for key skill areas, real-life examples, and supports for problem solving” (http://communityhealth.ku.edu/services/ctb.shtml).

**Kentucky**

According to the CDC website on health literacy activities by state, Health Literacy Kentucky “is a partnership of more than 35 organizations that have come together to address the issues and challenges associated with limited health literacy in Kentucky” (www.cdc.gov/healthliteracy/statedata/index.html#statedata). The organization itself reports that in 2013 it will be hosting its fourth summit on health literacy in Kentucky. Other activities the organization reports undertaking include “a program designed to help community members learn how to be more active, involved members of their health care team.” The organization has a grant from the National Library of Medicine to share widely a 60-minute presentation called, Play to Win: You and Your Health Care Team, and it is training community leaders to become certified presenters (http://healthliteracyky.org/). The organization also reports that, in conjunction with the Kentucky Hospital Association, it distributes a flyer on health literacy to health professionals (http://healthliteracyky.org/resources/hlk-how-to-communicate-flier.pdf).

**Louisiana**

According to reports received from participants, Louisiana was the first state in the nation to enact health literacy legislation. Act# 1226: Create an Interagency Task Force on Health Literacy of 2003 establishes an interagency statewide task force to “study the health literacy of LA residents, identify groups at risk for low health literacy, and identify barriers to accessing services and communicating with providers.” The legislation asks the task force for recommendations to “improve health literacy, promote providers’ use of plain language, simplify forms and procedures, develop easy to understand health information, develop health literacy curricula, and examine impact on quality and cost.” (See http://law.justia.com/codes/louisiana/2006/48/98371.html.) This task force consisted of 31 members representing 23 different health and education organizations from across the state. The task force was authorized until 2006. (See also http://iom.edu/~media/Files/Activity%20Files/PublicHealth/HealthLiteracy/5TerryDavis.pdf.)

According to a participant involved in this information-gathering effort, “nine academic institutions were recently awarded a $20 million National Institutes of Health (NIH) Institutional Development Award grant, Louisiana Clinical and Translational Science Center (LA CATS), which is a clinical and translational science program to encourage more clinical research in Louisiana. One of the six key core components is health literacy. The effort will teach health literacy topics via the web, telephone, and in-person to investigators writing NIH [National Institutes of Health] and pilot grants. This will include several health literacy modules on informed consent, assessing patient
literacy, risk communication, health literacy resources, and developing patient education/health messages, and an overview of health literacy.”

A participant also reported that “Ochsner Health Systems in New Orleans held a citywide conference focusing on health literacy in February 2013, and last summer a northern Louisiana nurses group had a conference on health literacy.” Ochsner Health Systems produced an online collection of health information that adheres to the principles of health literacy. “[T]his extensive library of evidence-based, peer-reviewed information was written specifically for patients and covers diseases and conditions, diagnoses and treatments, surgeries and procedures, and wellness and safety for people of all ages and walks of life” (http://healthlibrary.ochsner.org/Library/HealthSheets/).

It was also reported that Our Lady of the Lake Children’s Hospital, in partnership with Baton Rouge area school districts, announced that “approximately 8,000 kindergarten through high school teachers will have access to HealthTeacher's comprehensive on-line health education curriculum with the goal of improving the health literacy of students in the 230+ participating schools” (www.healthteacher.com/batonrouge/).

Maine

Maine is the home of the Health Literacy Institute (HLI), which has offered a long-running and well known health literacy workshop annually since 1992. Originally founded by Jane Root and Sue Stableford, the workshop is sponsored by the Health Literacy Institute of the Center for Community and Public Health at the University of New England (UNE). (www.healthliteracyinstitute.net) A participant reported that, “Under the sponsorship of the Health Resources and Services Administration (HRSA)-funded, UNE-Maine Geriatric Education Center, the HLI has developed and continues to train and coach four inter-professional health literacy teams. Three teams are based in health delivery systems, including two hospitals and one federally qualified health center. The fourth team is [composed] of health professions faculty from diverse Maine higher educational institutions. The teams focus on creating awareness, implementing, and sustaining the use of plain language and teach-back throughout their organizations and across educational disciplines. The teams are now in the 3rd year of a 5-year HRSA funding cycle and have far exceeded expectations. Teach-back and plain language are becoming embedded in organizational cultures as ‘the way we teach patients and students.’ Teams are supported with 2 major annual trainings and in-person mentoring and coaching at monthly team meetings.”

A participant also reported that the HLI is “engaged in an inter-professional faculty team developing curricula in teamwork, communication, and culturally competent care for inter-professional students at the University of New England through a HRSA-funded Nursing Leadership grant. The classroom curriculum is closely linked with the development and provision of healthcare services to a culturally diverse immigrant community in Portland, Maine, through a federally qualified health center. Academic/community partnership is a core component, as well as using Patient Navigators (cultural brokers) from immigrant communities to teach health professional students. Additionally, the HLI continues to offer health literacy training, consulting, and communication development services to multiple organizations throughout the state and
country, along with colleagues in the Clear Language Group.”
(www.ClearLanguageGroup.com)

The University of New England Maine Geriatric Education Center has created an online health literacy resource that includes an online course, Health Literacy and Plain Language: Skills for Clear Health Communication.
(www.une.edu/mainegec/healthliteracy/index.cfm)

A participant reports that MaineHealth, the largest health care organization in the state of Maine, supports the MaineHealth Community Education Program. MaineHealth reports it is “a not-for-profit family of leading high-quality providers and other healthcare organizations working together to make their communities the healthiest in America” (www.mmc.org/mh_body.cfm?id=95). The MaineHealth Community Education Program works “with member organizations and their staff to create and evaluate patient education materials.” Additionally, the organization works “with staff to educate them on health literacy and patient/provider communication. One of the goals is to have staff think about the principles of plain language when they create written materials. We also want staff to think carefully on how they speak to patients and family members.” A participant reports that this effort is currently not required by policy but that it is a goal for it to be required by policy in the future. The organization has created an informational web page at www.mmc.org/lrc_body.cfm?id=6876 which links to a plain language guide available at www.mainehealth.org/workfiles/MH_LRC/MH_Print%20Guidelines_Intranet.pdf. This organization also supports a health literacy listserv focusing on efforts in Maine. They report that the “purpose of the Maine health literacy listserv is to provide current information and encourage communication and discussion among health professionals and educators.”

A participant reports that at Stephens Memorial Hospital located in Norway, Maine, “the librarian was approached by surgical services to help them develop an easy-to-read booklet for patients preparing to come in for general surgery. As the project was complex, the librarian invited a health literacy expert to meet with them and provide feedback on their efforts. The booklet went through several rounds of drafts and approvals by nurses, physicians, administrators, and community relations to reach its final form. The patients have found the booklet very useful to prepare them for coming to the hospital and knowing what to expect when they return home after surgery. Nursing staff also uses the guide for pre-op patient education. Now the Endoscopy Dept. wants help to create a similar guide for their patients.”

Maryland

The Maryland State Legislature has been the scene of several attempts to advance health literacy into the policy context. For example, in 2012 the Maryland General Assembly passed two pieces of legislation (HB 439 and SB 234) that require incorporation of health literacy into standards for a new Health Empowerment Zone funding stream. The goals of the legislative efforts were to reduce health disparities and expand requirements for professional schools to work on incorporating cultural competency and health literacy into the preparation and continuing education of health professionals. A background paper on these efforts can be found at www.governor.maryland.gov/Ltgovernor/documents/disparitiesreport120117.pdf.
Also in 2012, the Maryland legislature addressed proposed legislation (HB 780) that, as one participant described it, called for “the Maryland Health Care Commission to create a work group on multicultural health care equity certification and accreditation. The work group also must provide recommendations to improve cultural competency and health literacy training and assessments. Also requires the work group develop criteria, standards and program and create a report for the Senate Education, Health and Environmental Affairs Committee and the House Health and Government Operations Committee.” This proposed legislation, however, was not passed by the state legislature. (See also www.ncsl.org/issues-research/health/2012-health-disparities-legislation.aspx.)

A participant reports that the Cultural Competency and Health Literacy Education Act, passed and signed into law in 2012, pertains to more than just health providers who are studying for degrees or to continuing education. All individuals studying in the health professions, including social work, public health and allied health, must now report to the Maryland Department of Health and Mental Hygiene about what they are doing to teach competencies in these two areas. Full text of the legislation is available at http://mgaleg.maryland.gov/2012rs/chapters_noln/Ch_671 hb0679T.pdf.

The Herschel S. Horowitz Center for Health Literacy at the University of Maryland, College Park, School of Public Health was established in 2007 to address the major public health problem of poor health literacy and its effect on health outcomes. The goals of the center are to “advance health literacy science and translate research findings into education, public policy, and community interventions; to be a resource and a voice for consumers, legislators, media, and health practitioners; to educate current and emerging public health workforce on health literacy and health communication; and to promote and encourage community engagement to improve health literacy in Maryland and across the country.” (http://www.healthliteracy.umd.edu/about/)  

For example, one participant reported that the Office of Minority Health at the Maryland Department of Health and Mental Hygiene and the Herschel S. Horowitz Center for Health Literacy at the University of Maryland, College Park, School of Public Health are “collaborating to co-create a teaching resource guide for health professional training and continuing education programs. This guide was created in response to 2008 and 2009 legislation directing the Office to work with institutions of higher education to include cultural competency and health literacy knowledge and skills of health professionals. The guide will undergo multiple reviews and is expected to be released in late 2012. It is based on and integrates identified cultural competencies and health literacy competencies. The guide is organized by knowledge, skills and attitudes and by novice, intermediary, and advanced levels of learners.”

The Herschel S. Horowitz Center also “created and offered a graduate class on health literacy. The course is currently being converted to an on-line course.”

Additionally, the University of Maryland Extension Program is developing a health insurance literacy curriculum in conjunction with Consumer’s Union. The curriculum is intended to help consumers make health insurance purchasing and use decisions with confidence. Maryland Extension is working with faculty in other states to launch the curriculum in 2013.

Massachusetts
In Massachusetts the Health Literacy Studies group in the Department of Society, Human Development, and Health at the Harvard School of Public Health reports that it is “engaged in a variety of research efforts focused on communication and literacy skills. We are interested in exploring the pathways from education to health outcomes. We examine literacy-related barriers to a variety of health services and care. Our work is based in community, public health, health care, and adult education settings. Our goal is to help reduce health disparities and eliminate literacy barriers.” The group has produced and provides numerous online resources with foci on research findings, policy, and practice efforts. Dr. Rima Rudd is the principal investigator. (www.hsph.harvard.edu/healthliteracy/)

The Boston University Medical Campus is the organizing sponsor of the annual Health Literacy Research Conference. This is described on its website as “an interdisciplinary meeting for investigators dedicated to health literacy research. It is an opportunity to advance the field of health literacy, a method to raise the quality of our research, and a venue for professional development” (www.bumc.bu.edu/healthliteracyconference/).

The Edward M. Kennedy Community Health Center (www.kennedychc.org) is reported by participants to have used the Agency for Healthcare Research and Quality toolkit to assess overall practice, implement the teach-back technique, develop patient documents in 5th to 6th grade reading levels, and conduct required health literacy training for all staff (which occurred both in-person and online). Participants also reported that the organization has developed policies relating to patient communication, patient education, culturally responsive care, limited English proficiency, translation of document procedures, and interpreter services procedures.

The Tufts University School of Medicine Health Communication Program offers the annual Health Literacy Curriculum Development and Educational Leadership Institute. A participant reports, “This one-week intensive program will prepare participants to:

- Identify health literacy as an organizational/systems problem that includes the skills of health care professionals and consumers.
- Name audience-specific health literacy competencies and the curriculum content to address those competencies.
- Write measurable health literacy learning objectives and an evaluation plan that includes outcome and process measures, and outline a health literacy curriculum or educational program based on sound adult learning theory and effective teaching strategies.” (See also http://healthliteracyleadership.com.)

A participant reported, “The Lamar Soutter Library at the University of Massachusetts Medical School sees its role in health literacy and consumer health as facilitating the process in which primary users (faculty, clinicians, students, and staff) use and communicate basic health information in the learning, teaching, and health care delivery environments. Lamar Soutter Library also sees their role as providing consumer health information to patients and their families, both through Internet presence and physical print collections. Education, outreach, and collections are the three areas in which the library can build on existing strengths and best serve users. Current projects
include working with hospital committees to improve the readability of patient education materials and training clinicians to raise awareness of health literacy issues.”

The Central Massachusetts Health Literacy Project is described as “a coalition of health care providers who share the vision of a healthier Central Mass through health literacy efforts” (www.centralmasshealthliteracy.org/26001.html). The effort provided health literacy training sessions and small grants to health literacy projects in the region.

According to the National Conference of State Legislatures (www.ncsl.org/issues-research/health/2013-health-disparities-legislation.aspx), the Massachusetts legislature is considering HB 1957 (www.malegislature.gov/Bills/188/House/H1957), which will require the Department of Public Health to implement a program for health literacy in healthcare facilities, pharmacies and health centers. The proposed legislation states, “The concept of health literacy extends to the materials, environments, and challenges specifically associated with disease prevention and health promotion. Health literacy incorporates a range of abilities: reading, comprehending, and analyzing information; decoding instructions, symbols, charts, and diagrams; weighing risks and benefits; and, ultimately, making decisions and taking action. Plain language is a strategy for making written and oral information easier to understand. It is one important tool for improving health literacy.”

Working in partnership with Berkshire Health Systems, Canyon Ranch Institute is launching the Canyon Ranch Institute Life Enhancement Program (see description under Arizona). (www.canyonranchinstitute.org/partnerships-a-programs/cri-life-enhancement-program/cri-lep-with-berkshire-health-systems)

A participant reports that, “The Director of Information Systems/Knowledge Services at the Beth Israel Deaconess medical Center teaches a plain language component of a multidisciplinary workshop on informed consent in the hospital. The 4-hour workshop is offered quarterly to clinicians and researchers. The department co-sponsors the workshop with the Human Subject Protection Office.”

A participant reports that the Massachusetts College of Pharmacy and Health Sciences (MCPHS) “integrates health literacy education in their doctor of pharmacy curriculum with an 80-minute introductory lecture in a required course for first year pharmacy students, and a 10-week (3 hours per week) summer elective course for first year pharmacy students titled Addressing the Health Literacy Challenge, taught since 2001. Also, MCPHS conducted several National Network of Libraries of Medicine, New England Region–funded health information outreach projects including: helping older adults search for reliable health information on the internet and improving health information literacy in middle school children.”

**Michigan**

The Taubman Health Sciences Library at the University of Michigan has created two online health literacy resource collections, one focused on training (http://guides.lib.umich.edu/healthliteracy) and the other on improving health communication (http://guides.lib.umich.edu/healthliteracyinfo). The organization also completed a two-year health literacy awareness training program which included creating and offering a curriculum mainly in community-based health centers, building a plain language widget (www.lib.umich.edu/plain-language-dictionary), and a two-day health literacy forum (http://guides.lib.umich.edu/content.php?pid=172595&sid=1452650). This
The project has been funded in whole or in part with federal funds from the National Library of Medicine, the National Institutes of Health, and the Department of Health and Human Services, under Contract No. N01-LM-6-3503, with the University of Illinois at Chicago.

The University of Michigan School of Nursing has produced an online module focusing on health literacy in primary care settings. (www.nursing.umich.edu/ocp/modules/healthLit/healthLit.swf)

**Minnesota**

The Minnesota Health Literacy partnership (www.healthliteracymn.org) was founded in 2006 to encourage and support health literacy efforts across the state. “The Minnesota Health Literacy Partnership is an independently funded program of the Minnesota Literacy Council (http://mnliteracy.org/). Most support is provided through membership contributions.” Participants reported that the organization has not developed specific policies, but instead promotes the use of and develops training related to health literacy best practices. It has developed a variety of training and presentation materials to help educate individuals and health care professionals about the importance of health literacy. These materials are free and available for use.

Examples include:

- **HeLP MN Seniors Workshop Program**—a health literacy program to empower and educate older adults.
- **Health Literacy 101: Focusing on Clear Health Communications**—a program designed to help educate health professionals about health literacy. It includes: presentation, activities, pre- and post-tests, and more.
- **Teach-back program**—includes a video, presentation and program guide.
- **Prescription Literacy**—A brief review of the problem and some recommendations for health care.
- **Making a Business Case for Health Literacy**—A template to help guide individuals through the process.
- **Informed Consent**—An overview and supportive paper of the Minnesota Statewide Informed Consent Process developed by the Minnesota Alliance for Patient Safety.
- **Take Charge of Your Health**—A report on health literacy in Minnesota and on how Minnesotans use social media to access health information and consumer empowerment program findings.

The Rochester Healthy Community Partnership (www.rochesterhealthy.org) is reported by participants to be a community-based participatory research group that focuses on health literacy topics such as tuberculosis and a project titled Let's Talk. Let's Talk is described as a health literacy book club that uses the Florida Health Literacy Coalition’s book on basic preventive medicine measures and insurance plans. (www.floridaliteracy.org/literacy_resources__teacher_tutor__health_literacy.html)

**Mississippi**
The University of Southern Mississippi Institute for Disability Studies provides an overview of health literacy, a downloadable guide, and other resources. (See www.usm.edu/disability-studies/health-literacy-overview.) Furthermore, according to the website, “The Institute for Disability Studies (IDS), through funding from the Blue Cross and Blue Shield of Mississippi Foundation and in collaboration with teachers from the Madison County School District has developed six teaching strategy guide books from the Mississippi Health Curriculum Framework grade specific for kindergarten through fifth grade teachers.”

Missouri

Health Literacy Missouri (HLM) (www.healthliteracymissouri.org) is an organization that, according to one participant, provides “clear communication services and training opportunities for health professionals. HLM also operates a community advisory network to address health literacy at the grassroots level.” Another participant reports, “Health literacy is the sole focus of HLM's work. Health Literacy Missouri works to improve the health of Missourians by closing the gap between patient skills and the demands of the health care system. We do this by:

- Training doctors and other health professionals to communicate better with patients,
- Assessing health systems and applying targeted health literacy best practices designed to improve health outcomes, and
- Providing plain language editing and document creation.

HLM is a non-profit center headquartered in St. Louis’ Central West End with partners across the state.”

Sullivan County Memorial Hospital, a critical access hospital located in Milan, Missouri (www.schosp.com), reported receiving a grant from the Missouri Foundation for Health to conduct a health literacy intervention, the Canyon Ranch Institute Life Enhancement Program (www.canyonranchinstitute.org/partnerships-a-programs/cri-life-enhancement-program/cri-lep-in-sullivan-county-mo). This effort is reported to have helped, to date, over 100 residents of Sullivan County improve their health literacy and take better control over their own health.

The University of Missouri School of Public Health offers a certificate program in health literacy (http://shp.missouri.edu/hp/current.php). The University of Missouri Center for Health Policy offers a health literacy program, Improving Provider Communication and Patient Adherence (http://medicine.missouri.edu/policy/hlqip-abp.html). According to the website, “This program assists physicians in integrating health literacy principles and techniques into their own practice to improve communication with patients and increase patients’ understanding of health care.”

Montana

In Montana, Community Health Partners has produced an Education in Health Clinics Toolkit, which has a section addressing health literacy and “contains research and
practical strategies and tools needed for health clinics to implement educational support for patients.” (http://embed.chphealthmt.org) Community Health Partners includes medical and dental clinics as well as educational and behavioral health support services.

A team at Montana State University (MSU) was reported by one participant to be “working to promote and improve health literacy about Complementary and Alternative Medicine (CAM) among older rural adults, particularly those with chronic health conditions. The research team composed of Jean Shreffler-Grant, PhD,RN (PI); Elizabeth Nichols, PhD,RN, FAAN; Clarann Weinert, SC,PhD,RN,FAAN; (all at Montana State University) and Bette Ide, PhD,RN,FAAN (University of North Dakota) conducted a series of studies related to CAM use with older adults living in rural areas in several western states. The cumulative outcomes of these studies provided direction for the next phase of this program of research with a focus on CAM health literacy and its measurement. Currently, the team is in the final phases of the development of the MSU CAM Health Literacy Scale which is a 21 item, 4 point Likert-type response set, paper and pencil measure.”

A participant reported another project at MSU as well: “The Women to Women Project was a computer-based research intervention designed to provide support and health information to middle-aged women who are chronically ill and live in rural areas of the western United States—Montana, Wyoming, North and South Dakota, Nebraska, Idaho, Oregon, and Washington. During the 15 years of this research project over 750 women participated. Both the support and educational aspects were designed to enhance health literacy and thus to enable isolated rural women to better understand their health condition and ways to care for themselves more effectively. The research intervention was designed to directly test the effectiveness of a computer-based intervention on psychosocial adaptation, illness management, and quality of life.”

A participant reported that the MSU Extension Service and the College of Nursing conducted the “Health Enhancement for Rural Elderly (HERE) Project to improve the health literacy and well-being of older adults living in rural/frontier areas of Montana. Supporting objectives were to: (a) improve the level of health literacy and health-related decision-making; (b) support and encourage improved personal responsibility for overall health care self-care management; and (c) engage and empower family members, friends, and other community members with the knowledge and skills, for appropriate care/support services. Conducted in four impoverished, small (465 – 1,857 population) rural communities, the HERE project employed four interventions: (a) My Health Companion©; (b) hands-on instruction to increase computer skills; (c) Powerful Tools for Caregivers; and, (d) five health information webinars. Key findings from the HERE project were: (1) highly motivated community-based stakeholders are critical to marketing, supporting, and implementing practices and interventions to improve health literacy of rural elderly; (2) projects employing interventions to improve health literacy need to be intentional in working closely with the elderly, their caregivers, and community stakeholders; (3) caregivers should be recruited, trained and engaged in helping enhance health literacy skills of elderly; and, (4) land-grant university Extension is strategically positioned as a community-based delivery system to help improve the health and well-being of older adults in rural settings through enhanced access to educational information, resources, and support services.”
Another project reported to have been conducted by personnel in the MSU Extension Service and the College of Nursing was the Promoting Health Literacy with Inmates Project. “The overall goal of this project was to improve the health literacy, self-care management skills, and personal health care decision making of inmates incarcerated in the county jail. Supporting objectives were to: (a) enhance the capacity of inmates in their understanding of locating, evaluating and using basic health information; (b) motivate inmates to take more responsibility for their own health care; and, (c) increase the inmate’s understanding of the importance in seeking assistance from local librarians after release. The target population for this project was adult male inmates who were scheduled to spend more than 21 days in the county jail and who expressed an interest in improving their level of health literacy, self-care management skills, and health care decision making. The project consisted of 12 hours of class time conducted over a period of five consecutive days employing the following four interventions: (a) six hard copy health information handouts; (b) My Health Companion©; (c) 12 computer-based instruction modules with Power Point (PPT) presentations and videos; and (d) self-paced instruction and review on computers using a CD with web-based health information and the 12 computer-based instruction modules. Assessment of pre- and post-questionnaires indicated statistically significant increases in: (a) computer skills; (b) confidence in seeking health care and understanding the health care system; (c) knowledge of the information provided in the 12 instruction modules; (d) knowledge of information provided in My Health Companion©; (d) knowledge of information provided in Staying Healthy: An English Learner’s Guide to Health Care and Healthy Living.”

Nebraska

Health Literacy Nebraska (www.healthliteracyne.org) is reported by a participant to be “a consortium of health care and public health professionals dedicated to improving and promoting health literacy in Nebraska. The group’s mission is to connect and coordinate health literacy projects and expertise across the state. In January 2013, the two-year old group convened a statewide meeting of 125 stakeholders who formed three working groups to address: (1) adding a health literacy item to the State’s Behavioral Risk Factor Surveillance System survey, (2) training and educating health care and public health professionals in order to encourage multidisciplinary approaches to addressing health literacy, and (3) developing consumers’ abilities to be active participants in their health care as noted in Healthy People 2020 objectives for Health Communication and Health Information Technology (Objectives HC/HIT-1 and 2).”

The Nebraska Association of Local Health Directors (NALHD) (http://nalhd.org) “received funding from the HRSA’s Rural Health Care Services Outreach Grant Program. NALHD’s Outreach Partnership to Improve Health Literacy (OPIHL) is providing health literacy training, resources, and technical assistance to local and tribal health departments serving 84 of Nebraska’s 89 counties spread across 90,000 square miles. The first year (2012–13) of this three-year effort included collecting baseline data among health department staff about health literacy. This work lays the foundation for developing training, tools, and infrastructure that will allow all of Nebraska’s local health departments to incorporate health literacy best practices within their organizations and implement health literacy programs in their districts.”
The University of Nebraska Medical Center (UNMC) College of Public
“developed a concentration in Social Marketing and Health Communication for the
Master in Public Health program. The concentration is in keeping with the Healthy
People 2020 objectives for Health Communication and Health Information Technology
(Objective HC/HIT 13) to increase the use of social marketing in health promotion and
disease prevention. The UNMC College of Public Health program is one of a handful of
U.S. universities that offers a master’s level degree in social marketing or health
communication and is the only institution in the Midwest to do so. Coursework includes
an emphasis on developing health literate communication skills to prepare students to
engage in practice and research that positively impacts programs at the local, regional,
national and global levels.”

New Hampshire

According to a participant, JSI Research and Training Institute, Inc., a public
health consulting firm headquartered in Boston, and its New Hampshire office, the
Community Health Institute, have “collaborated with adult education programs in New
Hampshire to develop and field test a series of tobacco education lessons for adult
learners in adult basic education, general educational development, and high school
diploma programs.”

(www.jsi.com/JSIInternet/USHealth/project/display.cfm?ctid=na&cid=na&tid=40&id=1
841)

The Southern New Hampshire Area Health Education Center sponsored a health
literacy workshop, Health Literacy: Helping Your Patients Understand, in April 2012.
(See www.snhahec.org/HealthLiteracyBrochure.pdf.) A participant reported that the
organization also has conducted a series of cultural competency training sessions for
“health providers (physicians, nurses, office staff, social workers, etc) focusing on cross-
cultural communication and working effectively with medical interpreters, which mostly
deals with cultural barriers in communication and low literacy among those who speak
English as a second language and/or may have cultural barriers that affect their levels of
understanding and comprehension of health information.” The participant also reported
that the organization had “hosted several health literacy programs in southern New
Hampshire in the past several years, which focuses mainly on those who, while English
may be their first spoken language, may have limited health literacy.” Finally, the
organization is reported by a participant to be planning a program that would include a
health literacy segment specific to rural farm workers and older adults in rural areas and
that would train interpreters for the health care and social services settings.

A participant reported that the Center for Medicine and the Media at the
Dartmouth Institute for Health Policy and Clinical Practice “helps journalists,
policymakers, physicians and the general public develop ‘healthy skepticism,’ a more
balanced view of medical care.” This work includes, according to the participant, “a book
to help people make sense of health statistics (Know Your Chances, University of
California Press)—it is now posted free on the National Library of Medicine's PubMed
Health bookshelf at www.ncbi.nlm.nih.gov/pubmedhealth/PMH0050876/—research on
the book’s effectiveness published in the Annals of Internal Medicine, and teaching
journalists as part of the NIH Medicine in the Media symposium
The New Hampshire Institute for Health Policy and Practice at the University of New Hampshire created online resources for those interested in health literacy.

New Jersey

The New Jersey Health Literacy Coalition (http://njhealthliteracy.org) is, according to a participant, “a 501(c)(3) non-profit organization committed to improving health outcomes and increasing the efficiency of the health care system through better communication between health care professionals and the diverse communities they serve.” The organization is reported to host workshops for other non-profits and conferences for industry professionals and to act as an advisory source to regional companies.

The coalition traces its roots back to the first New Jersey health literacy conference held in 2009 and sponsored by the Literacy Volunteers of New Jersey (http://lvnj.org/content/health-literacy).

The New Jersey Health Initiative of the Robert Wood Johnson Foundation (http://njhi.org) funded a number of efforts across the state in 2009 that focused on immigrant health literacy (http://njhi.org/projects/tags/Immigrant-Health-Literacy).

New Mexico

A participant noted that Medicaid regulations for New Mexico dictate that materials for Medicaid health plan members should be at a 6th grade reading level. (www.nmehr.state.nm.us/nmac/parts/title08/08.305.0008.htm). (Note: Health Literacy Innovations has produced a survey of Medicaid guidelines, available at http://healthliteracyinnovations.com/resources/hli_publications/.)

The University of New Mexico Hospitals (UNMH) health literacy initiative is reported by a participant to be “based in the UNMH Office of Diversity, Equity and Inclusion (DEI). The initiative is directed by the Senior Health Literacy Specialist whose position was created in 2012. The Manager of the Office of DEI led the initiative before the health literacy specialist position was created. There are plans to create another health literacy position in 2013. In addition to the health literacy specialist, there are two groups that work on the initiative: the Health Literacy Task Force and the Patient-Friendly Document Committee.

“The Health Literacy Task Force, a multidisciplinary team that has been meeting for several years, promotes health literacy throughout the hospitals’ in-patient units and ambulatory clinics. The Task Force’s mission is to ‘explore and research approaches to addressing issues of health literacy in patient care, and create a coherent, comprehensive, evidence-based plan for improving our services to patients with low health literacy.’ (http://hospitals.unm.edu/dei/documents/health_literacy_at_unmh_hsc_122010.pdf) One of the task force’s first projects was to create a required annual online competency for all employees on health literacy and improving communication with patients. The task force has recently helped with efforts to spread the use of teach-back to check for patient comprehension. They also help plan and put on a health literacy fair and other activities as part of health literacy month in October.”
The participant continued: “The Patient-Friendly Document Committee is also a multidisciplinary team mostly comprised of clinical employees. It has been meeting for several years. It was formerly the Patient and Family Education Committee. The committee works with the health literacy specialist to address the text-based communications provided to patients and their families. The mission of the Patient-Friendly Document Committee is to ‘advise and assist the senior health literacy specialist in these areas:

- Raising awareness of the need to improve our print and web communication with patients and families.
- Enhancing UNMH employees’ ability to select, create, and use patient-friendly, easy-to-read documents in English, Spanish, and Vietnamese.
- Creating the review and approval system for patient-friendly documents which will address accuracy, scope, reading level, design and layout, cultural appropriateness, and translation.’

“Some members of the committee are being trained to do initial assessments and revisions of patient documents submitted for health literacy review and approval. The approval process is voluntary at this time due to resource constraints. In the 18-month period after the health literacy specialist was brought on board, hospital staff wanting help making their documents more reader-friendly have voluntarily submitted over 120 documents.

“The health literacy specialist conducts awareness sessions and brief trainings on health literacy for leaders and staff, offers in-depth two-day classes on creating reader-friendly materials, coaches employees who have attended the class, reviews and revises documents, champions health literacy and the need to consider how the system communicates with patients, leads the Patient-Friendly Document Committee and the Health Literacy Task Force, and consults with people inside and outside the hospital system on various aspects of health communication and health literacy. The specialist is also coordinating the development of a graphic style with standard elements that will be increasingly used throughout the system for patient materials. The specialist also created an online resource page at http://hospitals.unm.edu/dei/literacy.shtml to provide tip sheets and guidance to employees on how to make their materials more effective.”

A participant also reported, “The University of New Mexico Health Sciences Center/School of Medicine is also addressing health literacy in a variety of ways. Health literacy is now included in undergraduate and graduate medical education as well as in some classes in physical therapy, occupational therapy, dentistry, nursing, and pharmacy. There are also various field experiences for students in which they can learn about the impact of low health literacy on patients.”

The New Mexico Geriatric Education Center offers a Guide to Comprehensive Geriatric Assessment in Indian Country which includes a chapter on Cultural Considerations in Indian Elder Care that addresses the role health literacy can play in those cultural contexts (http://hscl.unm.edu/som/fcm/gec/docs/Guide%20to%20Geriatric%20Assessment%20in%20Indian%20Country%202011.pdf). The organization also offers a collection of health literacy resources online.
A participant reported that the Santa Barbara/Martineztown Study: A Community-Based Health Literacy Intervention is funded by the University of New Mexico Clinical and Translational Science Center. This participant stated, “Because an important limitation in the current literature is the lack of research on the variables that may exist on a casual pathway between health literacy and health outcomes, we wanted to explore these intermediate factors, specifically self-efficacy. The purpose of the study is to explore the relationship between self-efficacy and health literacy among Spanish speaking adults. We chose to use English as a Second Language (ESL) instruction for improving health literacy for several reasons: (1) the Hispanic population is rapidly growing, (2) for Hispanics, improving health literacy is deemed necessary to function in U.S. society, and (3) Hispanics are over represented in ESL programs. We used a theory-based and audience-centered curriculum that utilized existing community structures and settings (such as the local elementary school, local business, and community center) as opposed to a clinical/healthcare setting. We used the Spanish Test of Functional Health Literacy in Adults (S-TOFHLA) to measure adult functional health literacy in both numeracy and reading comprehension. We also used a self-efficacy scale that was developed by the research team. This scale consisted of five domain specific items: (1) completing medical forms; (2) reading labels and doing basic calculations; (3) seeking and understanding health-related information; (4) using computers for obtaining health-related information; and (5) communicating with health care providers.”

New York

Working in the congressional district with the lowest per capita income in the United States, Urban Health Plan, Inc. (UHP), which serves over 40,000 patients, is recognized as a premier federally qualified health center. UHP put health literacy into place across its clinical efforts and community-based outreach programs. For example, UHP is the original site for the Canyon Ranch Institute Life Enhancement Program (http://canyonranchinstitute.org/partnerships-a-programs/cri-life-enhancement-program/cri-lep-at-urban-health-plan-in-the-south-bronx-ny) (see Arizona). UHP also offers a host of other health literacy efforts. On the clinical side, for example, health literacy is integrated into performance improvement efforts, patient-centered care model, education of staff, how space is used, how data are used, and how data are communicated. The clinic has a director of health literacy to oversee infusion of health literacy into its partnerships with community organizations, development of a learning center, and community health fairs. Additionally, other community programs, such as a childhood obesity program, have been evaluated through a health literacy perspective and adapted based on the outcomes of that evaluation. (www.iom.edu/~media/Files/Activity%20Files/PublicHealth/HealthLiteracy/2013-APR-11/Izquierdo-Hernandez.pdf)

The Community Healthcare Network (CHN), with locations in Manhattan, Bronx, Brooklyn, and Queens, created a health literacy initiative based on outcomes of an environmental review of the health care organization. Their goal is to create an organizational culture based on health literacy principles in the hopes of creating improved health outcomes for patients. A participant reported that the organization hired
a health literacy program manager to lead the culture change and created a health literacy task force made up of clinical and administrative senior leaders that supported the approval of two new company policies on written patient communications. The health literacy program manager works with staff to create health-literate marketing materials. The health literacy program manager conducted a day-long intensive training on how to evaluate patient materials for health literacy principles, a participant reported, and the committee uses a rubric to evaluate materials for content, design, and cultural relevancy.

CHN also has established a Patient Communications Committee (PCC) composed of clinical and non-clinical staff which “reviews written patient education materials monthly. Employees submit materials to the committee for review.” A participant noted that all marketing materials created at CHN must be approved for health literacy principles by the health literacy program manager. Also, all patient education materials must be reviewed by PCC or the health literacy program manager. A participant reported that creation of 24 health literate marketing materials between January and May 2012.

Furthermore, a participant noted that the CARE model in place describes the four ideas that are the framework for organizational change: communication, action, recognition, and education for everyone. As a result, a participant reported, health literacy training is now mandatory for all employees and that all new employees are required to complete health literacy training during their 90-day probationary period. Non-patient-facing departments now work with the health literacy program manager to plan health literacy trainings tailored to the department needs. Plain language and teach-back exercises are done using health words and words used in their departments daily. These trainings have helped departments improve how they communicate with their internal customers as well as with their health care providers, a participant reported.

Additionally, a participant reported that

CHN established a Health Literacy Champions Program in 2012 that “recognizes employees for using health literacy strategies in their job. The patient communications committee and senior administrators nominate employees by submitting a paragraph describing an example of how the nominee used health literacy strategies.”

The Literacy Assistance Center (LAC) is home to the New York City Health Literacy Initiative. (http://lacnyc.org/) This initiative offers training and a variety of materials to help adult education practitioners infuse health literacy into their curriculum and instruction so that U.S.-born and immigrant English-language learners can understand, navigate, and access the health care system better. The LAC also works with health care providers to create awareness of the challenges individuals with limited literacy face and how the providers could assist these individuals to improve their health through the use of more appropriate communication strategies.

Lehman College of the City University of New York started a project in 2009, Lehman’s Edible Garden, and students from the adult learning center, which is a program of the Institute for Literacy Studies, are reported to run the garden’s day-to-day operations, including clean-up work and readying the soil. Weekly workshops for the students include health literacy. (http://wp.lehman.edu/lehman-today/2012/08/lehman-grows-a-garden/)

Currently proposed legislation in the New York state legislature is aimed at creating “an interagency task force on health literacy to study and improve health care access and outcomes, especially among older adults, minority and/or immigrant

A participant reported that New York State Rules Section 405.7, “Patient’s Rights,” requires medical interpreters to be present within 10 minutes of a request in emergency rooms and within 20 minutes in non-emergency care contexts. (See http://w3.health.state.ny.us/dbspace/NYCR10.nsf/0/8525652c00680c3e8525652c00631b38?OpenDocument.) This participant also reported that the New York City Emergency Room Interpreter Law requires that emergency rooms must provide interpreters for all who need it.

In upstate New York, Literacy West NY, Inc., a non-profit community organization working to promote literacy and lifelong learning for adults, youth, and families in Allegany and Wyoming Counties, offers health literacy services. (www.litwest.org/)

North Carolina

“In 2007, the North Carolina Division of Public Health asked the North Carolina Institute of Medicine (NCIOM) to convene a task force to study health literacy in the state. In response, the Task Force on Health Literacy was formed to bring together key health literacy stakeholders and partners from throughout the state to review research about health literacy challenges and identify potential solutions.” (IOM, 2011) That task force produced 14 recommendations through a consensus process, and a 2010 assessment found progress had been made on 11 of the 14 recommendations. (www.nap.edu/openbook.php?record_id=13185&page=7)

The North Carolina Health Literacy Council was established with the intention of “promoting health literacy through a program of awareness, professional education, collaboration and best practice dissemination” (www.readingconnections.org/nchealthliteracy).

The North Carolina Program on Health Literacy “represents a collaborative effort of the UNC Schools of Medicine, Nursing, Public Health, Dentistry, Pharmacy and Education as well as community organizations and neighboring universities. The group’s overarching goal is to further health literacy collaborations among university disciplines to improve health outcomes. Stakeholder meetings are held annually to review local research and programmatic initiatives, consider the current understanding of health literacy from academic and practical perspectives, and discuss a way to move forward collectively. Grant writing expertise and support is offered to faculty for literacy-based proposals” (http://nchealthliteracy.org/index.html).

The North Carolina AHEC Latino Health Resource Center provides resources for health care providers and their Spanish-speaking patients. The organization “is a statewide collaborative effort to promote increased Spanish language fluency and related cultural competencies through a multilevel training program. Clinical and administrative health professionals who are working in community health centers, health departments,
hospitals and other health or human services agencies are invited to enroll in training courses and workshops” (http://hhcc.arealahec.org).

According to the Centers for Disease Control and Prevention health literacy resource page, the “Centralina Area Agency on Aging (www.centralina.org/centralina-area-agency-on-aging-home/) in Charlotte, North Carolina in partnership with the North Carolina Division of Services for the Deaf and Hard of Hearing—Charlotte Regional location saw a need to better serve the deaf and hard of hearing population in their community. Program staff are currently collaborating by looking at ways to provide Living Healthy (Chronic Disease Self-Management Program) to those who may be deaf or hard of hearing by training leaders and providing the program for participants. Interpreters using sign language would be utilized as necessary” (www.cdc.gov/healthliteracy/developmaterials/audiences/olderadults/steps.html).

Additionally, working in collaboration with the Charlotte–Mecklenburg Senior Center's Shamrock Multicultural and International Senior Center in Charlotte, North Carolina, the agency “is working to increase the health literacy skills of its Spanish-speaking population. Health education materials for the evidence-based program ‘A Matter of Balance: Managing Concerns About Falls’ are available in Spanish and the course is taught by bi-lingual leaders. Similarly, an interpreter is present at lunch and learn health discussions and during benefits counseling. Materials are distributed in both English and Spanish during presentations” (www.cdc.gov/healthliteracy/developmaterials/audiences/olderadults/steps.html).

**North Dakota**

According to one participant, activity addressing health literacy in North Dakota is not very common at the moment. There are lectures on health literacy offered as part of the North Dakota School of Medicine and School of Nursing, but no programs or degrees that focus on health literacy. A participant reported that one hospital briefly tried to use the Ask Me 3 campaign, and there are reports of clinics and hospitals using the Reach Out and Read program, but the participant indicated some of these efforts were not sustained. Participants report that there are “three health literacy programs in Grand Forks including one for the migrant schools. There is one in Bismarck, one in Minot, and one on the reservation in Belcourt.”

**Ohio**

Ohio State University offers an online Area Health Education Center Health Literacy Training Program (http://healthliteracy.osu.edu). The program is “appropriate for physicians, nurses, therapists, counselors, and all health practitioners providing direct or indirect patient care.” The Ohio State University College of Nursing reports having developed a new degree program, the Bachelor of Science in Health and Wellness Innovation. Health literacy plays a central role in the program, co-developed as part of the partnership between Canyon Ranch Institute and the Ohio State University College of Nursing. (www.canyonranchinstitute.org/partnerships-a-programs/partnerships/ohio-state-university-college-of-nursing)
St. Vincent Charity Medical Center in Cleveland, Ohio, created a Health Literacy Institute which sponsored the 2012 Ohio health literacy conference. The effort at St. Vincent has revised over 100 patient education documents, trained a broad array of medical staff at the hospital in health literacy, conducted a navigation assessment of the hospital in partnership with Project Learn, a local adult education center (www.projectlearn.org), and provided training to other agencies and organizations in the region. (www.stvincentcharity.com/programs-services/centers-excellence/health-literacy/)

The effort at St. Vincent Charity Medical Center is one of several in Cleveland that were launched through a health literacy initiative at the Sisters of Charity Foundation of Cleveland. The foundation seeks “to improve health outcomes for those most in need and is working to reduce health (and education) disparities in Cleveland and in the Central Neighborhood. The foundation, which views health equity as vital to supporting families' well being, as well as building and sustaining stable neighborhoods and reducing poverty, has awarded more than $5 million in grants to its Health Literacy and Healthy Eating and Active Living programs.” (www.socfdncleveland.org)

According to its website, the Ohio Collaborative for Clear Health Communication “first met on April 8, 2008. The group was brought together by the Ohio State University College of Medicine—Office of Outreach and Engagement and the Area Health Education Center (AHEC). The Collaborative members represent public and private state-wide organizations that have an interest in and an impact on health literacy within healthcare systems, industry, or in communities. These organizations demonstrated interest by including health literacy workshops at their conferences and by involvement in health literacy initiatives such as establishing learning centers, conducting research, developing community and professional education, and integrating health literacy into adult literacy programming” (http://medicine.osu.edu/orgs/ahec/chcp/collaborative/pages/index.aspx).

Working in partnership with the Cleveland Clinic, Canyon Ranch Institute launched a Canyon Ranch Institute Life Enhancement Program (www.canyonranchinstitute.org/partnerships-a-programs/cri-life-enhancement-program/cri-lep-in-cleveland-oh)

Oklahoma

In September 2012 the first state-wide health literacy summit in Oklahoma was held. A participant reported that the summit was the “result of unique and exciting partnerships between Oklahoma’s health and literacy communities, between private and public organizations, and between professionals and volunteers. The ultimate goal is to help our organizations better serve clients and patients, especially those with low literacy and limited understanding of English, so they are able to access and understand basic health information and make appropriate health decisions.” At the close of the summit, it was announced that a new health literacy clearinghouse was being launched in Oklahoma at www.okhealthequity.org. This online resource is part of the Oklahoma Health Equity Campaign (OHEC), which works to address inequities that are a result of social determinants of health. This effort has drawn media attention as well, for example a recent story in the Urban Tulsa Weekly at
A participant also reported that the “Oklahoma Health Equity Campaign held a post-Summit meeting in late November. Issues addressed included developing a more comprehensive statewide health literacy action plan, and piloting the review of health information materials to lower the reading comprehension level.” (See also www.odl.state.ok.us/literacy/pdfs/healthliteracy/Health-Summit-Program.pdf.)

Furthermore, the Oklahoma State Department of Libraries has created a health literacy resource website, available at www.odl.state.ok.us/literacy/statistics/health.htm. A participant further reported that the “Literacy Resource Office of the Oklahoma Department of Libraries has been working on several health literacy efforts. Highlights include the distribution of more than 3,000 Files of Life through local literacy programs and are scaling-up because of increasing demand. Files of Life are short health information cards that include such things as emergency contact information, brief medical data, list of medications, allergies, etc. Cards can be folded and placed in red holders that stick to the refrigerator with a magnet. Local literacy programs are helping adult learners complete the information (as needed) and are also providing the files to senior centers, the local library, etc. We are also funding five health literacy mini-grants to local literacy programs throughout the state. The $3,000 grants allowed the programs to provide easy, ‘doable’ health literacy outreach activities.” According to the participant, these efforts include funding of a health literacy coordinator at the Great Plains Literacy Council in Altus, Oklahoma, who has created eight Fresh Start workshops on nutrition education to adult learners in collaboration with the Oklahoma State University extension program; the creation of English and Spanish versions of a booklet on general health topics by the Rogers County Literacy Council in Claremore, Oklahoma; the development of a health curriculum by Project Read in Edmond, Oklahoma to use with an English-as-a-second-language course offered to women; the hosting by the Creek County Literacy Program in Sapulpa, Oklahoma of four workshops for adult learners and community members at large focusing on how to stay well on vacation as well as on dental health, healthy cooking, and feeding children and eating together as a family; and the preparation by the Ruth G. Hardman Adult Literacy Services in Tulsa, Oklahoma, of a What to Do for Children’s Health workshop in a low-income housing community.

In 2010 the Oklahoma Nurses Association created a resolution addressing the importance of health literacy and resolved to promote health literacy and nursing research directed at health literacy (www.oklahomanurses.org/associations/7366/files/B-Addressing%20Health%20Literacy.pdf).

In 2012, according to a published report, “a new grant initiative is helping five adult literacy programs address health literacy issues in their communities. Literacy programs in Altus, Claremore, Edmond, Tulsa and Sapulpa have each received a $3,000 grant from the Oklahoma Department of Libraries. Funding is through the federal Institute of Museum and Library Services” (www.edmondsun.com/local/x691731322/Grants-target-health-literacy-programs).

Another participant reported that the Oklahoma Consumer Assistance Program (OKCAP) “works under a federal grant to assist Oklahomans with their health insurance policies, which include coverage questions, claim denials as well as the appeal process. We also provide outreach and education for Oklahomans as it relates to their rights and responsibilities under the Affordable Care Act.”
Oregon

The Oregon Primary Care Association will feature the Read Out and Read Program at its Spring Symposium in April 2013. The organization, according to a participant in this data collection effort, hopes to “weave health literacy into their Patient Centered Medical Home fully, along with motivational interviewing and other core skills.” (www.orpca.org/component/jevents/icalrepeat.detail/2013/04/24/463/-Yjc3MzI2NjdjZTVjYzkzMTFiMWU5NDQzOTE1MWI5Y2U)

In 2013 the Oregon Health Authority’s Office of Equity and Inclusion sponsored a webinar on health literate organizations for the 17 new coordinated care organizations in the state.

Legacy Health, a non-profit health system composed of six hospitals and many clinics, is reported by participants to have hosted the only health literacy conference in Oregon and Washington. In 2013 the conference had 500 registrants from 81 organizations (www.legacyhealth.org/en/our-legacy/legacy-values/health-literacy/making-it-clear-conference.aspx). In addition, Legacy is “moving forward with a system-wide senior management authorized health literacy initiative to become a health literate culture/organization.” Beyond the Legacy Health system, the organization is “reaching out to the community to improve health literacy and reduce disparities for communities most at risk by providing a $170,000 grant to a safety net clinic serving primarily Hispanic patients to improve the health literacy communication with their patients.”

Pennsylvania

The Pennsylvania Libraries Association embarked on a 21st century literacies initiative, PA Forward (www.paforward.org). Health literacy is seen as one of the core literacies of the effort. According to a participant, the mission of the health literacy focus is to co-create “active citizens able to manage their own and their family’s well-being, empowered to be effective partners with their healthcare providers, and living longer, more productive lives.” Activities the initiative are engaged in include efforts focused on pre-kindergarten, kindergarten through 12th grade, and adults. Partners in this effort include the Pennsylvania chapter of the American Academy of Pediatrics; the Center for Rural Pennsylvania; Giant Food Stores; the National Network of Libraries of Medicine, Middle Atlantic Region; the Pennsylvania Department of Health; and Pfizer, Inc. (www.paforward.org/home/healthliteracy.aspx)

Crozer–Keystone Health System is reported by a participant to have “launched a system-wide initiative to address the issue of health literacy among the patients and family members of its five hospitals and external locations.” (www.crozerkeystone.org/health-resources/health-literacy)

In 2010 the ACP Foundation hosted the first 2010 Inaugural Pennsylvania Health Literacy Conference. The conference goals were to “raise awareness of the impact of low health literacy on patient health outcomes, assist organizations and health professionals in overcoming the challenges of low health literacy, and develop a statewide Leadership Council to catalyze action among state, regional and local organizations.”
Rhode Island

The Rhode Island Health Literacy Project (http://rihlp.org) was described in this way by a participant: “Spurred by the startling 2004 study by the Institute of Medicine (IOM), the Rhode Island Health Literacy Project came together in mid-2005 with a single long-term objective—to increase awareness of the health literacy issue both nationally and in our state and to help our citizens to increase their health literacy through better understanding of health information and self-care instructions.” Specific efforts of the project include the development of a health curriculum, cultural competency training, and providing resources related to advance care planning and advance directives.

According to its website, the Rhode Island Chronic Care Collaborative “provide[s] technical assistance to participating physician practices as they move towards becoming patient-centered medical homes, assist[s] practices in embedding standards of care for diabetes; [and] assist[s] in the establishment of standards for patient-centered medical home in Rhode Island” (www.health.ri.gov/partners/collaboratives/chroniccare).

South Carolina

Select Health of South Carolina is, according to one participant, “committed to promoting education and awareness of culturally and linguistically appropriate services as well as of low health literacy and its impact on the health status of our members.” The organization offers a variety of trainings on health literacy. (www.selecthealthofsc.com/firstchoice/provider/services/cultural/health-literacy.aspx)

Efforts by the Department of Health Promotion, Education, and Behavior (HPEB) and Cancer Prevention and Control Program (CPCP) at the Arnold School of Public Health of the University of South Carolina are reported by a participant in this information-collection process to have included “a pilot study in South Carolina examining African-American men’s health literacy in the context of prostate cancer prevention and screening. Following this work (and learning from the men that they would like to see women involved in prostate cancer education), we were funded as the pilot project within the National Cancer Institute–funded South Carolina Cancer Disparities Community Network II (U54 CA153461) to conduct a prostate cancer decision making and clinical trials education intervention with African-American men and women in upstate South Carolina. The program was developed collaboratively by community–academic–clinical partners with health literacy and cultural sensitivity issues in mind. We have conducted two rounds of the education program to date and during the first year incorporated a photovoice component. The unique piece of the photovoice experience was that we also audio-taped participants’ comments about the photographs taken and found that participants provided much more in depth responses via audio because they were much more comfortable sharing information verbally than in writing.”

This participant also reported formative work going on collaboratively with Turning Pages (Greater Columbia Literacy Council, now called Literacy 2030: http://literacy2030.org/tpx_lit_member/greater-columbia-literacy-council-turning-pages/). “This project assessed health literacy in the context of disaster information
seeking and comprehension of public health disaster preparedness resources by individuals at this adult literacy center.”

Strengthening training in health literacy is one of the strategies addressed in the South Carolina Cancer Control Plan (2011–2015). (www.scdhec.gov/health/chcdp/cancer/docs/scca_cancerplan.pdf)

The South Carolina Hispanic/Latino Health Coalition is “a non-profit organization of various professionals who seek to improve the health of Hispanics/Latinos in Columbia via health care services, outreach programs, and research. The mission of the Coalition is to provide coordinated leadership to advocate for equal access to quality health care for Hispanics/Latinos residing in South Carolina.”

In 2003 the AMA Foundation awarded a grant to the South Carolina Diabetes Prevention and Control Program to evaluate an educational video for adults with low literacy about the importance of diet and exercise in managing diabetes. (www.scdhec.gov/health/chcdp/diabetes/)

The South Carolina State Library offered a series of classes and workshops to the public focusing on health literacy.

South Dakota

A small, local survey of primary care clinics in the Sioux Falls, South Dakota, area was conducted and, according to a published report, the majority of participants felt that health literacy was an obstacle in their practices, some had one method in place to assist those with low health literacy, none used a formal test of health literacy, and only a very small number could name a community resource to assist patients with low health literacy (www.usd.edu/medical-school/medical-education/upload/Seurer.pdf). A participant reported that “the results of this initial effort were used to educate health professionals in South Dakota regarding health literacy as a barrier to effective patient care and effective responses.”

Tennessee

The University of Tennessee Center for Community Health Literacy (http://fcs.tennessee.edu/centers/healthLit) has several health literacy programs. These include:

• It's Fall... Get the Flu Shot, Not the Flu! — an immunization literacy program targeting adults (http://fcs.tennessee.edu/healthsafety/flu.htm)
• Be MedWise Tennessee! — a medication literacy program in partnership with the National Council for Patient Information and Education and the Tennessee Pharmacists Association (http://bemedwisetn.tennessee.edu/)
• Be Poison Safe Tennessee! — a poison prevention education program in partnership with the Tennessee Poison Center (http://fcs.tennessee.edu/healthsafety/poisonSafe.htm)
• Navigating Your Healthcare System — a worksite health literacy program (http://fcs.tennessee.edu/healthsafety/navigate.htm)

The Tennessee Department of Health Cancer Coalition is reported by a participant in this data collection effort to have a state health literacy committee. The participant
reported that several of the regional committees in the state have smaller committees that are also working on the issue. Two primary items are reported to have been the focus of the committee: “education to others regarding health literacy and monitoring the information used by the coalition for education.” (http://health.state.tn.us/cccp/)

Texas

According to its website, the Literacy Coalition of Central Texas is actively addressing health literacy using several approaches: training health professionals; training health educators at Seton Healthcare Family; training adult literacy instructors in health literacy; developing and offering health literacy webinars to health professionals across the state; and consulting for the Community Health Improvement Plan (CHIP) developed by the City of Austin, Travis County Public Health Department, Central Health, and major regional healthcare providers to ensure they address health literacy in their strategic plans (https://www.willread.org/index.php/our-services/health-literacy.html).

The San Antonio Health Literacy Initiative is, according to its website, “a group of volunteers from community-based organizations, healthcare settings, local colleges, and universities that are facilitated by the SAHLI. The purpose of the SAHLI Health Collaborative is to act as a county-wide expert roundtable in health literacy by bringing together representatives from various entities, both public and private, to share their experiences and possible solutions addressing low health literacy in San Antonio. The SAHLI membership currently represents organizations including Bexar County Department of Community Resources, CHRISTUS Santa Rosa, Community First Health Plans, the Health Collaborative, Sage Words, San Antonio Department of Community Initiatives, San Antonio Food Bank, San Antonio Metropolitan Health District, University Health System, University of Texas Health Science Center at San Antonio, University of the Incarnate Word, Well-Med Medical Management and others” (http://www.sahealthliteracyinitiative.com/about-us). The organization has organized an annual health literacy conference for the past nine years (www.sahealthliteracyinitiative.com/conference).

In El Paso, according to a participant, staff members at the El Paso Community College/Community Education Program have developed the El Paso Collaborative Health Literacy Curriculum. (www.healthliteracy.worlded.org/docs/elpaso/)

According to its website, the Tarrant County Public Health Department in Fort Worth, Texas, offers a health literacy workshop for health care providers and staff, a session named How to Talk to Your Doctor for health care consumers, and Health Literacy Goes to the Classroom for first- to third-grade students (www.tarrantcounty.com/ehealth/cwp/view.asp?A=763&Q=430342). The Tarrant County Obesity Prevention Policy Council is also reported to have produce health literacy information as part of their ongoing efforts. (www.tarrantcounty.com/ehealth/cwp/view.asp?A=763&Q=477480)

Utah

The health literacy interest group at the University of Utah Spender S. Eccles Health Sciences Library is described on its website as being a “a collaboration among the
Center of Excellence in Women's Health, Spencer S. Eccles Health Sciences Library, School of Medicine, the Colleges of Nursing, Pharmacy, Health, and Department of Communication to meet the challenge of increasing the awareness of health literacy in Utah” (http://library.med.utah.edu/healthliteracy/). The library also organizes and hosts the annual Priscilla M. Mayden Lecture that has had a focus on health literacy in some, but not all, years the lecture is offered (http://library.med.utah.edu/or/pmayden/home.php). The organization is also reported to be working on a health literacy tutorial that, when completed, will be free-standing and made available to health professionals throughout the state for education and CME credits.

Project Read in Utah County offers health literacy mini-lessons at www.project-read.com/volunteers/health-literacy/.

A participant reported that Salt Lake County just completed an extensive community health assessment of the county and is preparing a community health improvement plan and a strategic plan which addresses health literacy.

A participant in this data collection effort reported that the Utah Diabetes Telehealth Series which goes to diabetes educators in several states includes Health Literacy and Diabetes Education: Motivating Patients to Take Action as a topic in the program. (http://health.utah.gov/diabetes/telehealth/telehealth.html)

Virginia

A participant reported that the Fairfax County Health Literacy Initiative (FCHLI) was founded in 2008 and “is a consortium of leading education, health, and community organizations that seek to promote health and well-being in Fairfax County, Virginia and beyond. . . . FCHLI offers the Fairfax County community useful, credible and timely health information through the development of health education products and services, as well as training programs for consumers and offers community health service providers an opportunity to share such information through specialized training and health education materials. Specialized workshops and training programs are designed for specific audiences of health care consumers and providers that target their unique communication needs and issues. The FCHLI engages in research and outreach projects concerning health literacy based upon the needs and opportunities of its constituent members. For example, the FCHLI hosted a Health Summit in 2011 at George Mason University to address health issues of interest to community members and is planning a second Health Summit in 2013 (http://chrc.gmu.edu/fchli/index-1.html).”

The Virginia Adult Education Health Literacy Toolkit, which was produced in 2003 at the Virginian Adult Learning Resource Center (www.eric.ed.gov/PDFS/ED482788.pdf), is “a resource to help adult education instructors and administrators better understand the problem of health literacy as it affects their learners. It is designed to support creative approaches to helping learners increase their health literacy as they engage in sound, productive adult literacy instruction. Information resources are provided to educate the educator about health care in the United States and cultural issues relating to health, and to simplify creation of health lessons and curricula for teachers and programs.”
In 2013, a news article reported that Literacy for Life (http://literacyforlife.org) “introduced H.E.A.L (Health Education and Literacy) classes last fall, with two sets of classes aimed at attacking the problem of low health literacy from both sides” (http://wydaily.com/2013/04/03/literacy-for-life-classes-focus-on-boosting-health-literacy/). According to the article, the effort includes trainings for adult learners and medical professionals.

Washington

A scan of health literacy activities in the state produced in 2008 conducted by the Governor’s Interagency Council on Health Disparities reported the following information on health literacy efforts:

“The HCA [Washington State Health Care Authority], in partnership with the UCLA School of Management, has provided grant funding to Head Start, Early Childhood Education and Assistance Programs and qualifying community clinics to improve health literacy. The [Health Literacy Pilot] program aims to reach 6,800 families through 18 sites in 13 counties with training on how to make informed decisions about their children's health, such as when to go to the emergency room and how to take care of common illnesses. A train-the-trainer session for 83 trainers was held in May 2008 with parent trainings scheduled during Fall 2008.

“The Puget Sound Health Alliance launched a health literacy initiative that focuses on four areas: (1) developing a Web site clearinghouse with health literacy information and tools, (2) supporting libraries so they can better meet the health literacy needs of their communities, (3) providing tools and resources to help doctors and other health care providers communicate more effectively with their patients, and (4) identifying opportunities to work with patient navigators and other trusted sources to provide consumer friendly health information and other tools to enable patients to take a more active role in their health and self care. As part of this initiative, the Alliance surveyed librarians in Seattle and King, Pierce, Snohomish and Thurston counties and met with library representatives to discuss the results. About 75% of the approximately 250 librarians who responded to the survey indicated that they receive requests for health information ‘often’ or ‘very often.’ In response to the survey and follow-up discussions, the Alliance launched a three-month ‘Prescription for Health Information’ pilot in Thurston County with Timberland Regional Library System, CHOICE Regional Health Network, Providence St. Peter's Family Medicine Residency and Boldt Diabetes Center, and the Mental Health Access Program. The pilot runs from July–September. The aims of the pilot are to raise awareness and use of library health information resources, support librarians in responding to health information needs, support patients in taking a more proactive role in their own health. Discussions are underway for a similar program in south King County.

“There are a number of adult basic education, adult literacy, and family literacy programs throughout Washington State, many of which incorporate health literacy into their curricula to varying degrees. The State Board for Community and Technical Colleges (SBCTC) funds and supports literacy services at community and technical colleges and community-based organizations. SBCTC provides guidance on
incorporating health literacy into many of these programs. Health literacy resources for instructors are available on the SBCTC Web site at: www.sbctc.ctc.edu/college/_e-abepds_teachersresources.aspx.

“Patient navigators are primary members of communities and cultures who are knowledgeable about the health care system as well as the culture itself. They help patients negotiate through the unfamiliar health care system, coordinating services, assisting patient-to-provider communications, and resolving access issues that might otherwise delay care. There are currently a number of patient navigator programs in Washington, each with different goals, activities, and target populations. The Cross Cultural Health Care Program (CCHCP) has recently completed an analysis of existing patient navigator programs, which documents current practices and successful strategies. CCHCP will use this assessment to form the foundation for a patient navigator curriculum. The Health and Recovery Services Administration of the Department of Social and Health Services has selected four successful bidders from among 14 applicants in its initiative to create patient navigator programs for Medicaid clients. The Washington navigator programs will be among the first in the nation for Medicaid clients.

“Rx for Communication is a training program designed to help older adults communicate more effectively with their doctors and pharmacists. The Comprehensive Health Education Foundation (C.H.E.F.) developed the training curriculum and implemented a train-the-trainer program in 2001. Approximately 80–100 participants attended the train-the-trainer event, including representatives from hospitals, parks and recreation groups, and senior centers. Results from a pilot program training of 50 seniors showed that seniors felt they could communicate their needs more effectively, use assertiveness skills, and better manage their medications. While C.H.E.F. is no longer implementing the train-the-trainer program or tracking use of the program, the Rx for Communication curriculum, including a step-by-step guide for implementation, is available from C.H.E.F.”
(http://healthequity.wa.gov/About/docs/envscans/HealthLit.pdf).

According to its website, the University of Washington Medical Center has produced a guide to health literacy for clinicians

West Virginia

A participant reported that at West Virginia University “linguists are involved in helping physicians entering practice in rural areas to understand the dialect and choose language that will work with their patients.”

The West Virginia Geriatric Education Center is reported by a participant in this data collection effort to have “trained 130 individuals at a two-day course about health literacy and had action plans completed from the trainees identifying a project that they would complete during the next six months after they attended the training session. Approximately one-half of the individuals followed through with projects that included revisions in print materials, signage, forms, training co-workers and/or administrators and presenting information to community partners, just to list a few.”
(www.wvgec.org/pages/health-Literacy)
The West Virginia Medical Institute and Quality Insights create a monthly Health eTools Packet, the goal of which is to “help you communicate important information to professionals and consumers.” In March 2013 the focus was on Diabetes Alert Day and Health Literacy (www.qiwn.org/Materials/Health-e-Tools/March.aspx).

The West Virginia University Library has produced an online Health Literacy Guide that is available at http://libguides.wvu.edu/healthliteracy.

A participant reported that in West Virginia, State Policy 2520.5, which is labeled the “21st Century West Virginia Department of Education Prioritized Content Standards and Objectives for Health 6 – 9,” includes health literacy for all students in the fundamental goal of a comprehensive school health curriculum. (http://wvde.state.wv.us/institutional/forms/Lesson%20Plans/Prioritized%20Content%20Standards%20and%20Objectives%20PCSOS.docx)

A participant reported that “West Virginia University Department of Psychology is conducting two major research studies addressing health literacy. The first is a small-scale cognitive intervention to improve speed and working memory (executive functions) in middle-aged adults. The second study is a survey of more than 400 middle-aged and older adults from around the U.S., examining physical and emotional health behaviors and knowledge. Health literacy is one component of that study.”

West Virginia State University Extension Service is reported by a participant to have a health literacy program that encompasses three areas. “First is the adult program Can You Repeat That Please? Second, the children’s program My Growing Gains and Pains. Third program is for the military-connected individual, Health and Wellness. Each of these programs educates and empowers the program participant to begin taking more responsibility for keeping track of their own health history and issues. Each program has a journal that allows the tracking and documenting of the individual’s health. Each journal has its own carrying case (document holder) that also serves as a place to keep information that the doctor would give them. The adult journal also comes with a refrigerator locator magnet that is used to let EMS or family members know where the journal is located in the home. It also has a universal medication chart that should be completed and placed in the individuals wallet. The health and wellness journal focuses on PTSD, trauma, and other mental health issues that arise when the soldier returns home from war and begins experiencing symptoms that they do not understand. This program also has a teachers resource guide used to conduct train-the-trainer workshops.”

Wisconsin

The state of Wisconsin health plan, Healthy Wisconsin 2020 (http://bit.ly/NKtZaI), addresses health literacy multiple times in the plan’s language. In particular, the plan addresses health literacy as an “Infrastructure Focus Area” (www.dhs.wisconsin.gov/hw2020/profiles.htm) and lists multiple objectives related to health literacy. (www.dhs.wisconsin.gov/hw2020/pdf/healthliteracy.pdf)

Health Literacy Wisconsin, a division of Wisconsin Literacy, Inc., is a “coalition of 67 adult literacy agencies in Wisconsin. We foster awareness, develop resources and engage in local and national advocacy around the topic of health literacy. We also develop and manage innovative community-based health literacy interventions, with the goal of bridging the gap between the health literacy skills of consumers and the demands
that the health care system places upon them.” Participants in this effort reported, “Health Literacy Wisconsin hosted five health literacy summits, fostered four regional health literacy committees, made over 150 health literacy presentations and sought out funding for numerous health literacy projects that are improving health outcomes. We have worked closely with both adult literacy providers and health care providers to equip them with information and resources to make the issue of health literacy a priority for their clients and patients.” (www.healthliteracywisconsin.org) Current and completed projects at Health Literacy Wisconsin include Let’s Talk About Flu, which is a statewide flu prevention program; Adopting an Easy-to-Read Medication Label; and numerous health literacy workshops and training sessions (www.healthliteracywisconsin.org/currentProjects.jsp).

Upcoming efforts at Health Literacy Wisconsin are reported by a participant to include, “a community/academic partnership project with two researchers at the University of Wisconsin School of Pharmacy to assess the feasibility of adopting new national patient-centered medication labeling standards in Wisconsin. We will conduct a series of key informant interviews with pharmacy stakeholders, including pharmacists, pharmacy managers, software vendors and policymakers to determine facilitators and barriers to adoption. At the end of the grant period, we plant to make recommendations to pharmacies moving forward. We will be developing and implementing a series of plain-language workshops for seniors in Wisconsin on the topic of reading medication labels and basic medication use. During these workshops, we will also be soliciting feedback on challenges to medication use and preferences regarding medication labeling that will inform the consumer perspective of our community/academic partnership grant.”

The Wisconsin Research and Education Network project, Improving the Health Literacy Environment of Wisconsin Hospitals, is “training nine adult students enrolled in the GED program at Omega School in Madison to be consultants to St. Mary's Hospital. Students will work with St. Mary's to improve the health literacy environment of the hospital.” Additionally, the organization is reported by participants in this effort to host the effort titled, What are Important Health Issues For Low Literate Adults? A Focus Group Evaluation of Health Literacy Issues. According to a participants this project is being conducted in collaboration with Wisconsin Literacy, Inc. and three community-based Wisconsin literacy councils to hold six focus groups of low-literate adults to explore how low literacy impacts their health and health care. (www.fammed.wisc.edu/research/wren)

An ongoing effort in Wisconsin is the work of four regional health literacy committees facilitated by regional consultants of Wisconsin Literacy. A participant reported, “The volunteer committees were formed in 2009 at the second Wisconsin Health Literacy Summit and have continued to meet with varying frequencies and levels of activity since then. A variety of regional conferences and other projects have resulted from the work of these committees.”

Reflecting this ongoing activity in the state, a participant reported that in April 2013 the Wisconsin Medical Society adopted a health literacy resolution. According to the participant, the resolution recommended that all health care institutions adopt a health literacy policy with the primary goal of enhancing provider communication and educational approaches to the patient visit. The health literacy policy was reported to include prescription standards, to call for instructions being in the preferred language of
the patient, and to encourage the development of low-cost community and health system resources to improve health literacy.

In Northern Wisconsin, according to a participant in this effort, reading educators and the Mayo health system professional nurses are working to measure the nurses’ success in communicating with the elderly and using proven techniques from the world of reading to help patients “respeak” instructions.

**Wyoming**

According to the official description of the Wyoming Health Education Content and Performance Standards of 2012, those standards “are based on the premise that health literacy is the key outcome of school health education. Health literacy is an asset to be achieved, and students must be empowered to apply their knowledge and skills in ways that enable them to exert greater control over their health and health-related decisions” (http://edu.wyoming.gov/sf-docs/standards/final-2012-health-standards.pdf). The document goes on to describe a health-literate student as one who is a critical thinker, effective communicator, self-directed learner and, as a result, a responsible, productive citizen. A participant reports, “The standards will be fully implemented in Wyoming schools by academic year 2014–2015. This health literacy skills-based approach will be new to many teachers who have taught health education in a traditional way (e.g., problem-based units of instruction/assessment that focus on health topics). Regional professional development workshops will occur in May and June 2013 that will help teachers collaborate to develop and align assessments that enhance students’ functional, interactive, and critical health literacy.”

In 2010 the mid-continenetal region of the National Network of Libraries of Medicine (NNLM) held the Seventh Annual Wyoming Symposium for Health Information Professionals, Kaleidoscope of Health Information: Reflections from Libraries, which, according to a description of the symposium on the NNLM website, focused largely on health literacy (http://nnlm.gov/mcr/states/wyoming_symposiumJuly2010.html).

In 2009, according to an article on the AARP website, “the AARP Wyoming State office and the University of Wyoming Geriatric Education Center commissioned a survey of Wyoming residents age 50 and older to better understand residents’ experiences with the health care system in the state and their preference for receiving information to help them manage their health care more effectively. This survey explored whether Wyoming residents age 50 and older are able to access adequate information to make health care decisions; whether information from outside sources – available online and through other, often unregulated sources – is filling the gap left by reduced face-to-face time with physicians; and how a person’s health literacy impacts their health care experience” (www.aarp.org/health/doctors-hospitals/info-02-2010/wy_healthinfo.html).

**Federal Government**

The federal government—in particular through its regulatory agencies, but also through legislation—is clearly a strong force and leader in efforts to address health literacy in the United States. The broad range of efforts reported in the survey received
both congratulations and critical reflections from participants in this process. In such instances, it is most likely that neither critical nor congratulatory responses reflect an independent truth about the subject at hand, but they may instead accurately reflect the relationship between the observer and what is being observed. As a result, this effort focuses on reporting responses received rather than any analysis of the efforts reported by participants.

Many efforts by the federal government are in constant development, so attempts to update all entries in this section proved futile as, for example, the time invested in updating one entry inevitably allowed another development to take place on another front. Therefore, the completeness of this section, as is by design true for much of this report, will ultimately be a victim of progress through time. Best efforts were made to assure completeness and accuracy of the following accounts, but, again, such a reporting effort must ultimately rely on the accuracy of the participants reporting information.

Many participants indicated that the Patient Protection and Affordable Care Act of 2010 (www.healthcare.gov/law/full/index.html) presents opportunities for the field of health literacy. Clearly, the expansion of access to health insurance to millions of Americans will encounter multiple and significant health literacy challenges (Patel et al., 2013). However, only three participants contacted in this effort provided specific information about the content of the Affordable Care Act (ACA) as it relates to health literacy. To be sure, many more participants indicated that the ACA would need to address health literacy, but they did so without offering details or indicating knowledge of the provision’s content.

One participant wrote simply that the policy “mentions (the) need for clear communication in plain language and also for shared decision making.” Another wrote that the “law includes provisions to communicate health and health care information clearly; promote prevention; be patient centered and create medical or health homes; assure equity and cultural competence; and deliver high quality care.” The third participant who responded with anything other than a passing reference to the legislation wrote that the “Affordable Care Act of 2010 includes funding for states to implement home visiting programs, such as the Nurse–Family Partnership, which is essentially a health literacy intervention.”

Other analyses of the legislation from a health literacy perspective indicate that specific provisions can provide opportunities to put health literacy efforts into place. For instance, a report commissioned by the Institute of Medicine Roundtable on Health Literacy states that “several ACA provisions directly acknowledge the need for greater attention to health literacy, and many others imply it. The law includes provisions to communicate health and health care information clearly; promote prevention; be patient-centered and create medical or health homes; assure equity and cultural competence; and deliver high-quality care. This paper identifies both the direct and indirect links and provides those concerned about health literacy with provision-specific opportunities to support advancements. These provisions fall into six health and health care domains in the legislation where further action may be called for by concerned stakeholders:

1. **Coverage expansion**: enrolling, reaching out to, and delivering care to health insurance coverage expansion populations in 2014 and beyond;
2. **Equity**: assuring equity in health and health care for all communities and
populations;

(3) **Workforce**: training providers on cultural competency, language, and literacy issues

(4) **Patient information** at appropriate reading levels;

(5) **Public health and wellness**; and

(6) **Quality improvement**: innovation to create more effective and efficient models of care, particularly for those with chronic illnesses requiring extensive self-management.

Individuals with low levels of health literacy are least equipped to benefit from the ACA, with potentially costly consequences for both those who pay for and deliver their care, as well as for themselves” (Somers and Mahadevan, 2010, p. 4). This report goes on to provide specific reference to the five explicit mentions of health literacy (Title V, Subtitle A, Sections 3501, 3506, 3507, and 5301) and to note, “None of these provisions creates explicit health literacy programs, specifies implementation or regulatory supports, or expounds further on the term ‘health literacy’ beyond its mention. However, they are all consistent with the themes of patient-centeredness and overall quality improvement that are found more broadly throughout the legislation” (p. 7).

Other analyses of the ACA from a health literacy perspective find the legislation and impending regulations will create many unique opportunities for the field of health literacy to implement best practices. For instance, at the 2013 Institute for Healthcare Advancement Health Literacy conference, Jennifer Cabe, M.A., executive director and a board member for Canyon Ranch Institute, reported multiple opportunities resulting from the ACA (www.iha4health.org/default.aspx?MenuItemID=372&MenuGroup=/Health+Literacy+Conference.htm). These opportunities include affordable care organizations and the creation of two types of patient navigators.

Multiple responses from participants also mentioned the U.S. Department of Health and Human Services National Action Plan to Improve Health Literacy and Healthy People (both the 2010 and the 2020 version) as national policy initiatives that address health literacy. However, only one participant pointed out that these policy guidelines are entirely voluntary.

The National Action Plan to Improve Health Literacy, released in May of 2010, focuses on seven goals that emphasize the importance of creating health and safety information that is accurate, accessible, and actionable. This plan addresses many sectors (media, government, health professionals, etc.) and describes itself as seeking “to engage organizations, professionals, policymakers, communities, individuals, and families in a linked, multi-sector effort to improve health literacy. The plan is based on the principles that (1) everyone has the right to health information that helps them make informed decisions and (2) health services should be delivered in ways that are understandable and beneficial to health, longevity, and quality of life. The vision informing this plan is of a society that:

- Provides everyone with access to accurate and actionable health information
- Delivers person-centered health information and services
- Supports lifelong learning and skills to promote good health
Healthy People 2020, the most recent iteration of the Healthy People effort, was reported by many participants to explicitly address health literacy in several instances. (See www.healthypeople.gov/2020/default.aspx.) One participant reported, for example, that “Health and Human Services requires Healthy People 2020 objectives, which include an objective for health literacy, be considered in funding and planning efforts.” Another participant reported that Healthy People 2020, as well as Healthy People 2010, worked to “develop a national agenda for health literacy, change practice for health professionals, enhance access to health information and health services, include health literacy in policy and program planning, and enhance health literacy research and translation into practice.”

Another of the most mentioned U.S. federal policies is the Plain Writing Act of 2010 (www.plainlanguage.gov/plLaw/index.cfm). According to the Plainlanguage.gov website, “President Obama signed the Plain Writing Act of 2010 on October 13, 2010. The law requires that federal agencies use ‘clear Government communication that the public can understand and use.’ On January 18, 2011, he issued a new Executive Order, ‘E.O. 13563—Improving Regulation and Regulatory Review.’ It states that ‘[our regulatory system] must ensure that regulations are accessible, consistent, written in plain language, and easy to understand.’ Two other executive orders (E.O. 12866 and E.O. 12988) cover the use of plain language in regulations.”

These four key U.S. health literacy related policy efforts—the Affordable Care Act, the Healthy People initiative, the National Action Plan, and the Plain Writing Act—were described by participants as projects or practices nearly as often as they were described as policies. This essentially replicates the findings in the international version of this pair of reports that participants around the world and the United States were simply not clear on the distinction between a policy and a program when it came to governmental efforts to address health literacy. Furthermore, in nearly all instances of reporting on policy related to health literacy, the reference was more often implied rather than explicit. For example, a participant mentioned the Civil Rights Act and, in particular, Title VI as the basis for the Department of Health and Human Services regulations regarding individuals with Limited English Proficiency. While the connections to health literacy are clear, there are no explicit mentions of the concept or associated best practices of health literacy in those regulations other than one reference in the FAQ Appendix (www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html).

Federal Governmental Efforts Reported By Participants
(In alphabetical order by organization)

Department of Health and Human Services (www.hhs.gov)
The Department of Health and Human Services (HHS) and its internal departments, agencies, and offices were reported by a multitude of participants to be actively engaged in addressing and promoting health literacy. Perhaps most notable are efforts being undertaken as part of the Affordable Care Act of 2010, the Department of Health and Human Services’ National Action Plan to Improve Health Literacy, and the Plain Writing Act of 2010. (Koh et al., 2012)
Regarding efforts at the Department of Health and Human Services in general (versus specific components of HHS, which are reported below in this section of the report), one participant reported that implementation of the “Health Information Technology for Economic and Clinical Health Act promotes the adoption of electronic health records and provides health information that is meaningful and useful to consumers, including after-visit summaries, discharge instructions, patient reminders and patient-specific education.” (See www.hhs.gov/ocr/privacy/hipaa/administrative/enforcementrule/hitechenforcementifr.html.)

Another participant reported that the 2011 National Stakeholder Strategy for Achieving Health Equity works to reduce racial and ethnic disparities. (www.minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=286) The effort address health literacy under goal 3 relating to Health System and Life Experience and Strategy 11 relating to Health Communication. (www.minorityhealth.hhs.gov/npa/files/Plans/NSS/NSSExecSum.pdf)

HHS was also reported to be responsible for the website healthfinder.gov which a participant reports is working to “make written materials easier to understand.”

Agency for Healthcare Research and Quality (www.ahrq.gov)

The Agency for Healthcare Research and Quality (AHRQ) has been the source of multiple efforts focused on developing the knowledge base about health literacy as well as effective, evidence-based tools useful to address health literacy.

Efforts reported by a wide variety of participants include campaigns focused on consumers of health information and providing funding for AHRQ demonstration projects to develop and implement best practices and evidence-based interventions.

In particular, multiple participants pointed out that AHRQ was the driving force behind the creation of the Universal Precautions Health Literacy Toolkit. According to AHRQ’s website, “The Agency for Healthcare Research and Quality commissioned the University of North Carolina at Chapel Hill to develop and test this Health Literacy Universal Precautions Toolkit. The toolkit offers primary care practices a way to assess their services for health literacy considerations, raise awareness of the entire staff, and work on specific areas” (www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html). Participants reported that the “kit includes a quick start guide, six easy implementation steps, resources to help identify and address areas that need improvement, and an appendix with sample forms, PowerPoint presentations, and worksheets.”

A second effort receiving a great deal of acknowledgement by participants was the Consumer Assessment of Healthcare Providers and Systems (CAHPS) program (http://cahps.ahrq.gov). The effort is described on the AHRQ CAHPS website (currently in a limited version) as “a multi-year initiative of the Agency for Healthcare Research and Quality (AHRQ) to support and promote the assessment of consumers' experiences with health care. First launched in October 1995, the program has expanded beyond its original focus on health plans to address a range of health care services and meet the information needs of health care consumers, purchasers, health plans, providers, and policymakers. The goals of the CAHPS program are twofold:
• Develop standardized patient surveys that can be used to compare results across sponsors and over time.
• Generate tools and resources that sponsors can use to produce understandable and usable comparative information for both consumers and health care providers."

The effort includes a Health Literacy Item Set which is reported by a participant to measure the patient’s perspective on how well information is communicated to them by healthcare professionals. This set of questions is a supplement to the CAHPS Clinical and Group Survey (http://cahps.ahrq.gov/clinician_group/).

A third AHRQ effort that received a large number of mentions by participants is the AHRQ Pharmacy Health Literacy Center (www.ahrq.gov/professionals/quality-patient-safety/pharmhealthlit/). On its website AHRQ describes this effort as being “designed to capture perspectives of three critical audiences-objective auditors, pharmacy staff, and patients. The three parts of the assessment are complementary and designed to form a comprehensive assessment. Although the assessment was designed to be used in outpatient pharmacies of large, urban, public hospitals that primarily serve a minority population, it can be adapted for use in other pharmacy and non-pharmacy environments” (www.ahrq.gov/professionals/quality-patient-safety/pharmhealthlit/pharmlit/index.html).

Participants in this effort also reported that AHRQ has created the following programs and products related to health literacy:

• A report linking low health literacy to a higher risk of death and more emergency room visits and hospitalizations (www.ahrq.gov/news/press/pr2011/lownhlitpr.htm)
• A fact sheet on health literacy and cultural competency (www.ahrq.gov/research/findings/factsheets/literacy/)
• A health information technology literacy guide (http://healthit.ahrq.gov/health-it-tools-and-resources/health-it-literacy-guide)
• A pathfinder to health literacy resources (www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/hlitpath.html)
• A report on health literacy issues in regard to dental health issues (www.ahrq.gov/news/newsletters/research-activities/mar12/0312RA38.html)
• A report on depression, hearing impairment, and health literacy among older adults (www.ahrq.gov/news/newsletters/research-activities/feb12/0212RA23.html)
• A guide to taking medications safely (www.ahrq.gov/patients-consumers/diagnosis-treatment/treatments/safemeds/yourmeds.html)
• A presentation on AHRQ-produced health literacy tools (http://dhsmedia.wi.gov/main/Play/e9152bf67a7b4460859a16c33db1ec48)
• Questions Are the Answer (www.ahrq.gov/patients-consumers/patient-involvement/ask-your-doctor/index.html)
• A systematic review of health literacy interventions and outcomes (www.ahrq.gov/research/findings/evidence-based-reports/er199-abstract.html)
Centers for Disease Control and Prevention (www.cdc.gov)

The Centers for Disease Control and Prevention (CDC) is reported by a participant to “provide information and tools to improve health literacy and public health. These resources are for all organizations that interact and communicate with people about health, including public health departments, healthcare providers and facilities, health plans, government agencies, non-profit/community and advocacy organizations, childcare and schools, the media, and health-related industries.”

In particular, the CDC has created a Health Literacy Website (www.cdc.gov/healthliteracy). A participant reported that this site “provides information and tools to improve health literacy and public health and make health information accurate, accessible, and actionable for all. The website features roadmaps, trainings, and planning tools to use the National Action Plan to Improve Health Literacy.”

The CDC website describes its effort in this way: “This site provides information and tools to improve health literacy and public health. These resources are for all organizations that interact and communicate with people about health, including public health departments, healthcare providers and facilities, health plans, government agencies, non-profit/community and advocacy organizations, childcare and schools, the media, and health-related industries” (www.cdc.gov/healthliteracy).

Participants in this effort also reported that CDC has created the following programs and products related to health literacy:

- A free online training program, Health Literacy for Public Health Professionals (www.cdc.gov/healthliteracy/training/index.html).
- A resource guide to health literacy trainings (www.cdc.gov/healthliteracy/GetTraining.html).

Center for Medicaid and Medicare Services (www.cms.gov)

The Center for Medicaid and Medicare Services is reported by multiple participants to have created the Toolkit for Making Written Materials Clear. Written for CMS by Jeanne McGee, PhD, the 11-part toolkit “provides a detailed and comprehensive set of tools to help you make written material in printed formats easier for people to understand and use” (www.cms.gov/Outreach-and-Education/Outreach/WrittenMaterialsToolkit/).

Another participant credits CMS for having a commitment to and piloting projects related to the patient centered medical home5 and accountable care6. This participant wrote that this effort “brought the patient into the communication/decision process.”

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5 The Patient Centered Medical Home is a care delivery model whereby patient treatment is coordinated through their primary care physician to ensure they receive the necessary care when and where they need it, in a manner they can understand. (http://www.acponline.org/running_practice/delivery_and_payment_models/pcmh/understanding/what.htm)

6 Accountable Care Organizations (ACOs) are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to their Medicare patients.
Participants reported that Chapter 1 of Title 21, the portion of the Code of Federal Regulations that governs food and drugs within the United States, specifically relates to the Food and Drug Administration. The chapter addresses many issues relevant to health literacy, including food and prescription drug labeling, yet according to participants’ reports, health literacy is not explicitly mentioned.

The FDA has produced a web resource entitled Plain Writing: It’s the Law! According to the website, this resource is a result of the Plain Writing Act of 2010 and describes how plain writing is being put in place at the FDA (www.fda.gov/AboutFDA/PlainLanguage/default.htm). The agency produced a compliance report outlining the efforts to meet the requirements of the Plain Writing Act, which reports that, “We have informed agency employees of the Plain Writing Act’s requirements and about Plain Language using a 3-pronged approach: general agency communication efforts, intra-agency outreach efforts, and external networking efforts with the Plain Language Community to learn best practices.” Further details about ongoing efforts within the agency are available within that report which is available at www.fda.gov/AboutFDA/PlainLanguage/ucm331924.htm.

A participant also reported that the FDA has also produced a web resource on animal health literacy (www.fda.gov/AnimalVeterinary/ResourcesforYou/AnimalHealthLiteracy/ucm119781.htm).

The Health Resources and Services Administration (www.hrsa.gov)

A participant reported that the Health Research and Services Administration (HRSA) of the Department of Health and Human Services has developed guidelines for funding opportunities with the goal of integrating culture, language, and health literacy in order to produce effective health care communication. According to this participant, “In order to fully integrate cultural and linguistic competence and health literacy factors into HRSA grant funding opportunity announcements, new template language has been developed and a performance measure recommended. This language receives careful consideration whenever program grant announcements are being developed.” The goal of this effort is reported to be to “increase the number of HRSA-funded programs that have integrated cultural and linguistic competence and health literacy into their policies, guidelines, contracts and training.”

Furthermore, a participant reported that this effort will attempt to measure “the degree to which HRSA-funded programs have incorporated cultural and linguistic competence and health literacy elements into their policies, guidelines, contracts, and training. A voluntary data collection form has recently received U.S. Office of Management and Budget (OMB) clearance and is to be completed by grantees at the discretion of each HRSA division. Currently, there are no existing national data sources to measure the extent to which HRSA-supported programs have incorporated cultural and linguistic competency and health literacy elements into their policies, guidelines, contracts, and training. Over the last decade, researchers and policymakers have emphasized the central influence of cultural values and cultural/linguistic and health

(http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ACO/index.html?redirect=/aco/).
literacy barriers to health-seeking behavior, access to care, and racial and ethnic disparities. In accordance with these concerns, health literacy, and cultural and linguistic competency objectives have been incorporated into the HRSA strategic plan, funding opportunity announcements, and, wherever appropriate, reporting requirements.”

Describing the context in which this effort has been launched at HRSA, a participant also reported, “The HRSA Culture Language and Health Literacy Committee advises the Director, HRSA Office of Health Equity on agency-wide policy, programming, training, information dissemination, and related activities concerning the provision of culturally, linguistically competent and health literate services and training. The HRSA vision simply states: ‘Healthy communities, healthy people.’ The HRSA mission is to improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs.”

Describing the conceptual basis for HRSA’s efforts to address health literacy, a participant reported, “HRSA defines cultural competence as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. HRSA defines linguistic competence as the capacity to communicate effectively and convey information in a manner that is easily understood by diverse audiences. HRSA 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. HRSA defines plain language as writing that is clear and to the point, which helps to improve communication and takes less time to read and understand.”

On a practical level, a participant reported, “Health care providers funded through HRSA grants need to be alert to the importance of cross-cultural, language-appropriate communications, as well as general health literacy and clear communication issues. HRSA supports and promotes a unified health communication perspective that addresses cultural competency, limited English proficiency, and health literacy in an integrated approach in order to develop the skills and abilities needed by HRSA-funded providers and staff to deliver the best quality health care effectively to the diverse populations they serve.”

The overall outcomes of this effort were reported by a participant to include expanding “HRSA policy on culture, language, and health literacy currently being used by HRSA bureaus and offices in the preparation of funding opportunity announcements (FOA) that appear in HRSA Competitive Funding Opportunity Announcement Template. Developing the new cultural and linguistic competence and health literacy grants policy operations memorandum (GPOM) that strengthens HRSA’s grants policies on effective, measurable and integrated health care communication practices, policies and procedures. All programs used the cultural and linguistic competence language in the Administrative and National Policy Requirements section of their grant announcements. HRSA did note a significant upward trend/high degree of integrating the cultural equity language throughout the application requirements of the grants announcements. Since the language is part of the boilerplate of the competitive template, most programs retained/used the recommended language—or a stronger version of it.” Finally, this participant noted, “The policy has been recently updated to include language inclusive of Native Americans and other indigenous populations.”
Multiple participants said that HRSA was the originator and source of the online health literacy training course, Effective Communication Tools for Healthcare Professionals (www.hrsa.gov/healthliteracy). One participant described this effort as “a free, online interactive training course designed to help health care providers improve patient communication skills and increase their awareness and knowledge of health literacy, cultural competency, and limited English proficiency. The course includes five self-paced modules: Module 1 provides an introduction to health communication; Modules 2–4 address health literacy, cultural competency, and limited English proficiency; and Module 5 enables users to apply what they have learned in the previous modules in a capstone activity. Self-paced instruction allows users to complete one or more modules at a time. The total time required to complete the course is five hours, and technical assistance is available. While other available courses separate the concepts of language, culture, and literacy, this interactive Web course uses a ‘unified health communication’ approach that integrates health literacy with limited English proficiency and cultural competency. This helps improve communication between health care providers and their patients by teaching providers and their staff how to gauge and respond to their patients’ health literacy, cultural background, and language skills. The modules’ textual information is enhanced by colorful graphics, interactive elements, and video vignettes. A number of accrediting bodies, including the American Academy of Family Physicians, the American Diabetes Educators Association (CEs for nurses; pharmacists), the American Academy of Physician Assistants, and the American Association for Health Education, award up to five free credits. This course is currently being enhanced to include an additional one hour of non-stereotyping ethnic, sexual orientation, gender identity, and disability-specific content.”

HRSA produced a seven-minute video, How Effective Healthcare Communication Contributes to Health Equity. This video was described by a participant as offering “a helpful introduction for all health care providers on how culture, language, and health literacy support the elimination of disparities and promote health equity. This video offers a brief, aesthetic, impactful, and, clear overview of the diverse programs and providers that HRSA supports and, most importantly, presents a convincing and educational way to educate health care providers, educators, and academia on HRSA’s unique perspective on health care communication as a tool to improve equity.”

National Institutes of Health

The National Institutes of Health (NIH) are reported by a participant to offer “funding both specifically designating research in health literacy as well as a growing number of other opportunities that address patient/public understanding of health information.”

The NIH was also reported by a participant to have launched an effort, Clear Communication: A NIH Health Literacy Initiative. The NIH Office of Communications and Public Liaison (OCPL) and its 27 component public affairs offices are reported by a participant to “work to connect research with the public. OCPL serves as liaison to the Department of Health and Human Services (HHS) on a number of issues related to health literacy. OCPL has established the NIH Clear Communication initiative that has the goals to provide information in the form and with the content that is accessible to specific audiences based on cultural competence and to incorporate plain language approaches
and new technologies.” This participant also reported that “the first phase of the Clear Communication program involves building upon sound research results provided by trans-NIH programs and activities. OCPL has created a number of resources to help trans-NIH communicators and health communicators outside NIH reach audiences ‘where they are’ and overcome barriers to health literacy. One such program is the redevelopment of a national resource, Making Health Communication Work, which comprehensively addresses clear communication and reflects the best practices of all.” Additionally, this participant reported, “OCPL also maintains a resource web site that includes synopses of research. Clear Communication will serve as a resource to NIH staff, constituency public health, and advocacy organizations and to the public engaged in communicating about health in the community, school, and other arenas. The ultimate goal of the NIH Clear Communication program is to cultivate a growing health literacy movement by increasing information sharing of NIH educational products, research, lessons learned, and research in the area of health literacy.”

Additionally, a participant reported that the NIH Office of Social and Behavioral Research (OBSSR) has produced an online resource page addressing health literacy that includes information on OBSSR funding opportunities for health literacy, research in health literacy supported by NIH, health literacy grantee meeting, and additional resources.

National Cancer Institute (www.cancer.gov)

A participant reported that the National Cancer Institute (NCI) of the National Institutes of Health has produced a free online guide, Clear and Simple: Developing Effective Print Materials for Low-Literate Readers. The guide is described on the NCI website as “a process for developing publications for people with limited-literacy skills. The process was derived from communications, health education, and literacy research and practice. In addition, writers who have produced low-literacy materials contributed their expertise” (www.cancer.gov/cancertopics/cancerlibrary/clear-and-simple/page1).

National Institute on Aging (www.nia.nih.gov)

The National Institute on Aging was reported by a participant as having produced two free easy-to-read booklets to help people with limited literacy skills learn about Alzheimer’s disease and memory loss. Understanding Alzheimer’s Disease can currently be found at www.nia.nih.gov/alzheimers/publication/understanding-alzheimers-disease. Understanding Memory Loss can be found at www.nia.nih.gov/alzheimers/publication/understanding-memory-loss.


Participants reported that, as the world’s largest medical library, the National Library of Medicine (NLM) serves as a gateway to evidence-based health information written for the general public. MedlinePlus.gov provides comprehensive information about more than 900 diseases and conditions as well as medication information written for health consumers in English and Spanish. MedlinePlus.gov provides easy-to-read health
materials and interactive tutorials. Some consumer-oriented health information is presented in more than 40 other languages. NLM provides additional Internet-based services that enhance the health literacy of the public, patients, caregivers, and health care providers, and it also funds health literacy research.

As for specific health literacy initiatives, NLM provides a curated, comprehensive, updated, health literacy bibliographic search within PubMed at www.nlm.nih.gov/services/queries/health_literacy.html. The site includes a wide-ranging collection of health literacy information resources.

Participants also reported that NLM provides a curated, comprehensive, updated website (PubMed Health) that provides open access to international health literacy clinical effectiveness research and systematic reviews. This resource is tailored for consumers and clinicians and is available at www.ncbi.nlm.nih.gov/pubmedhealth/?term=health+literacy.

MedlinePlus.gov provides consumers with a curated, comprehensive, updated gateway to health literacy resources on the Internet in English and Spanish at www.nlm.nih.gov/medlineplus/healthliteracy.html.


NLM supports health literacy research through extramural and intramural funds. NLM’s extramural programs “solicit resource grant applications for projects that will bring useful, usable health information to health disparity populations and the health care providers who care for those populations. Proposed projects should exploit the capabilities of computer and information technology and health sciences libraries to bring health-related information to consumers and their health care providers. Preference will be given to applications that show strong involvement of health science libraries” (http://www.nlm.nih.gov/ep/GrantInfoSys.html). A list of NLM’s current extramural health literacy grants and activities is available by searching on NIH Reporter at http://projectreporter.nih.gov/reporter.cfm.

Participants also reported that NLM recently sponsored a lecture series, Better Health: Evaluating Health Communication, which included a session that focused on health literacy research. This presentation is available by going to http://videocast.nih.gov and searching for “Andrew Pleasant” or at the webpage http://videocast.nih.gov/summary.asp?live=12683.

The National Network of Libraries of Medicine has also created a resource page focusing on health literacy, available at http://nnlm.gov/outreach/consumer/hlthlit.html. A participant also reported, as an example of community outreach, that the National Network of Libraries of Medicine offered “resources for Getting Started and Going Strong: Public Libraries and Community Partners: Working together to provide health information.” (http://nnlm.gov/outreach/community)

The National Network of Libraries of Medicine provides a resource page for medical librarians and health care professionals that emphasizes Internet-accessible
health literacy materials. This resource is available at: http://nnlm.gov/outreach/consumer/hlthlit.html. The National Network of Libraries of Medicine offers a guide to community based activities that includes health literacy initiatives as resources for Getting Started and Going Strong: Public Libraries and Community Partners: Working together to provide health information. (http://nnlm.gov/outreach/community)

A participant reported that the National Network of Libraries of Medicine New England Region (NER) provides a Health Literacy Community of Interest website that is part of a multi-topic Healthy Communities Community of Interest website. Both websites engage librarians in specific areas of providing health information to the public with the goal of creating healthier neighborhoods. The NER Health Literacy Community of Interest website is available at http://nnlm.gov/ner/communitiesofinterest/healthlit.html. The Healthy Communities Community of Interest website is available at http://nnlm.gov/ner/communitiesofinterest/healthycomm.html.

NER sponsors two health literacy intervention programs. The first engages participants in health information seeking and enhancing literacy via workshops based on Health Literacy Missouri’s Clear Conversations Program. The second engages medically underserved and special populations in health information seeking using NLM resources (http://works.bepress.com/michelle_eberle/8/).

Office of Disease Prevention and Health Promotion (http://odphp.osophs.dhhs.gov)

The Office of Disease Prevention and Health Promotion of HHS has produced a “Quick Guide to Health Literacy.” The guide is available at www.health.gov/communication/literacy/quickguide/.

Office of Minority Health (https://minorityhealth.hhs.gov)

A participant in this information gathering effort reported that “the Office for Minority Health (OMH), Center for Linguistic and Cultural Competency in Health Care (CLCCHC), developed the National Standards on Culturally and Linguistically Appropriate Services (CLAS). This center was developed to respond to P.L. 101–527, which requires the OMH to develop the capacity of health care professionals to address the cultural and linguistic barriers to health care delivery and increase limited English-speaking individuals’ access to health care. The law directs the OMH to support research, demonstrations, and evaluations to test innovative models aimed at increasing knowledge and providing a clearer understanding of health risk factors and successful prevention intervention strategies for minority populations. The CLAS standards are primarily directed at health care organizations; however, individual providers are also encouraged to use the standards to make their practices more culturally and linguistically accessible. The principles and activities of culturally and linguistically appropriate services should be integrated throughout an organization and undertaken in partnership with the communities being served. CLAS mandates are current Federal requirements for all recipients of Federal funds (Standards 4, 5, 6).” (http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=15)

A 2001 report from the OMH on the CLAS standards and their basis, National Standards for Culturally and Linguistically Appropriate Services in Health Care: A Final
Report, contains only one direct reference to “health literacy,” but it does make multiple references to education and literacy levels. Thus, like many efforts, the original basis may not have been a strong adoption of health literacy, but users have clearly interpreted the effort through a health literacy lens since the introduction and later enhancements to the standards.

The CLAS Standards were recently updated by an OMH-led process in 2013 (https://www.thinkculturalhealth.hhs.gov/Content/blas.asp). In this version health literacy is explicitly indicated in Standard 1, which now reads, “Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.” This effort also produced a document, The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice (The Blueprint). In this report, health literacy makes multiple appearances, including a brief explanatory section focusing explicitly on health literacy.

The Office of Minority Health within the Department of Health and Human Services offers A Physician's Practical Guide to Culturally Competent Care (https://cccm.thinkculturalhealth.hhs.gov). This effort is described on the website as “a self-directed training course for physicians and other health care professionals with a specific interest in cultural competency in the provision of care” (https://cccm.thinkculturalhealth.hhs.gov/GUIs/GUI_AboutthisSite.asp).

These tools are put to use by a range of health professionals. For example, one participant described this effort as producing a “resource for nurses from the Office of Minority Health and follows up on the Implementation of the CLAS Standards. As a nurse educator, I have students complete this program titled Culturally Competent Nursing Care: A Cornerstone of Caring, as nurses spend more time in direct patient care than other groups of health professionals and are employed in a variety of settings. Increasingly diverse racial, ethnic, and sociocultural backgrounds of patients, colleagues, and staff may present challenges to you as you strive to provide care. Cultural and language differences may engender misunderstanding, a lack of compliance, or other factors that negatively influence clinical situations and impact patient health outcomes.” (https://ccnm.thinkculturalhealth.hhs.gov/)

Additionally, a participant reported that the National Partnership for Action to End Health Disparities has developed strategies to eliminate health disparities including improved health literacy and communication. (http://minorityhealth.hhs.gov/npa/)

Office of the Surgeon General (www.surgeongeneral.gov)

The Office of the U.S. Surgeon General has been a significant catalyst in the growth of interest in health literacy in the United States. Participants reported that the Surgeon General’s Workshop on Improving Health Literacy that was developed in 2006 under the leadership of 17th U.S. surgeon general, Richard H. Carmona, M.D., M.P.H., FACS, and the deputy U.S. surgeon general, Kenneth Moritsugu, M.D., M.P.H., was an important milestone in the effort to shed light on health literacy. According to the workshop proceedings website, “The goal of the workshop was to present the state of the science in the field of health literacy from a variety of perspectives, including those of health care organizations and providers, the research community, and educators. During
the course of the one-day workshop, participants identified the public health consequences of limited health literacy and established an evidence base for taking action” (www.ncbi.nlm.nih.gov/books/NBK44254/).

A participant reported that, starting in 2004, all communications from the Office of the Surgeon General were reviewed to improve their health literacy, and health literacy was a major focus of speeches, videos, media interviews, and articles developed for the lay media and scientific press. A participant also reported that the Office of the Surgeon General produced a surgeon general’s perspective piece in the Public Health Reports, the official journal of the U.S. Public Health Service. (www.publichealthreports.org/issueopen.cfm?articleID=2544) Finally, a participant reported that the Office of the Surgeon General produced the National Prevention Strategy, which highlights the role of health literacy in disease prevention. (www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf)

Another participant reported that the Office of the Surgeon General also collaborated with the National Institute of Human Genome Research, and under the leadership of NHGRI Director Francis Collins, M.D., Ph.D., to develop the Surgeon General’s Family Health History Initiative, a project that was specifically designed to advance health literacy about genetics. (www.hhs.gov/familyhistory/index.html)

A participant reported that starting under the leadership of Surgeon General Carmona in 2003, and ongoing, NIH, CDC, the Office of the HHS Secretary, other U.S. government entities, U.S. corporations, U.S. non-profit organizations, and others have collaborated to develop Surgeon General’s People’s Pieces. These companion documents to Surgeon General’s reports and calls to action were designed as health-literate translations of the scientific information found in the full reports in ways that are most useful to the American public. (www.surgeongeneral.gov/library/reports/bonehealth/Preface.pdf and www.surgeongeneral.gov/news/2005/05/sg05122005.html)

United States Agency for International Development (www.usaid.gov)

The U.S. Agency for International Development’s Infant and Young Child Nutrition Project has recognized that community theater can be an effective way to support positive changes in health knowledge and behavior as well as related social norms. As a result, the organization produced a guide to create community theater as a way of improving nutritional health literacy. (www.iycn.org/files/IYCN_community_theater_071511.pdf) Furthermore, as far back as the late 1990s the organization has been addressing health literacy in its efforts around the world. For example health literacy was a central focus of the Health Education and Literacy Project conducted in partnership with World Education and Harvard University.

U.S. Department of Education (www.ed.gov)

Since 2010, the Office of Vocational and Adult Education within the U.S. Department of Education has been the home of the Literacy Information and Communication System (LINCS). This is an outgrowth of the original effort created as a result of the National Literacy Act of 1991 which created the National Institute for Literacy. A participant reported that the goal of the effort is to “expand evidence-based practice in the field of adult literacy.” Currently LINCS is be composed of three
components: (1) the LINCS Resource Collection, providing online access to evidence-based, vetted materials to help adult education practitioners (http://lincs.ed.gov/professional-development/resource-collections/search); (2) regional professional development centers, offering face-to-face and online trainings and assistance in using the resource collection (http://lincs.ed.gov/lincs/regionalresources/regional_centers.html); and (3) the LINCS Community, an interactive online community of practice. Health literacy is consistently included as a thematic area across all three efforts. For example, the health literacy discussion listserv (and many others) can be joined at http://lincs.ed.gov/node/12.

The Office of Vocational and Adult Education within the U.S. Department of Education has also created a web resource on health literacy, available at www2.ed.gov/about/offices/list/ovae/pi/AdultEd/health.html.

U.S. Department of Veterans Affairs (www.va.gov)

Within the U.S. Department of Veterans Affairs (VA), participants reported, the Veterans Health Administration (VHA) addresses health literacy via multiple efforts. Participants also reported that VHA considers health literacy to include online and print resources, health education and communications, and environmental literacy.

At the system level, the Veterans Health Education and Information Program of the VHA Office of Patient Care Services National Center for Health Promotion and Disease Prevention (NCP) provides guidance on health literacy for online and print resources. The office has partnered to create on-line training for clinicians and facilities on:

- Selecting print materials to enhance health literacy—Selecting/designing print materials to effectively meet Veterans and family members needs
- Health literacy and the clinical encounter—Helping Veterans deal with the literacy and numeracy issues needed to take medications correctly, manage chronic conditions, deal with healthcare reading and writing tasks, and share information with their team about their needs and changes in their conditions.
- The health literacy environment of VA health care facilities—Assessing a VHA facility’s environmental health literacy and suggesting ways to make it easier for Veterans, family members, and visitors to navigate. This is reported to include (1) initial contacts, such as assessing the facility website and phone system and the walk to entrances, and (2) navigating the facility, such as signage/postings, print resources, verbal exchanges, and using technology.

In addition to online training, NCP also sponsors national face-to-face training on health education and health care communications. This training promotes Veteran-centered care by focusing on the needs of patient-aligned care teams. (www.va.gov/PRIMARYCARE/PACT/index.asp).

At the facility level within the VHA, participants reported multiple foci. The Veterans health education coordinator at each VA Medical Center serves as a “health literacy champion” by developing local health literacy policy to ensure that educational resources meet the health literacy needs of Veterans and family members. VHA staff use
screening tools to assess health literacy. They also focus on health literacy using social marketing, workgroups, and research and evaluation.

Furthermore, participants reported that the VHA focuses on health literacy in the clinical encounter through incorporating health literacy information into electronic health records for clinical decision support, training on cultural competency, and creating workgroups addressing health literacy to promote Veteran-centered care through effective communication between Veterans, family members, and the health care team.

**Nongovernmental or Non-Profit Organizations (Regional/Multi-State)**

**American Association of Colleges of Nursing**

The American Association of Colleges in Nursing (ANCC) includes health literacy as a component of the Essentials for Baccalaureate Nursing (#7 Clinical Prevention/Health Promotion). The Essentials document states that it serves “to transform baccalaureate nursing education by providing the curricular elements and framework for building the baccalaureate nursing curriculum for the 21st century” (www.aacn.nche.edu/education-resources/BaccEssentials08.pdf).

**American Association of Retired Persons**

The American Association of Retired Persons (AARP) is reported by a participant to have published information in the *AARP Bulletin* on health literacy and on selecting hospitals. (See, for example, www.aarp.org/health/medical-research/info-042009/finding_your_way_0.html and www.aarp.org/health/medical-research/info-04-2009/finding_your_way_0.html.)

**American Cancer Society**

The American Cancer Society has produced a series of health literacy informational publications on issues ranging from getting help with cancer to diarrhea, skin changes, and fatigue (www.cancer.org/healthy/informationforhealthcareprofessionals/easy-reading-for-patients-dealing-with-side-effects-of-cancer-treatment).

**American College of Physicians**

The *American College of Physicians Ethics Manual, Sixth Edition*, states, “Effective communication is critical to a strong patient-physician relationship. The physician has a duty to promote patient understanding and should be aware of barriers, including any health literacy issues for the patient” (www.acponline.org/running_practice/ethics/manual/manual6th.htm). Furthermore, according to a participant, the organization has launched multiple awareness and informational campaigns addressing health literacy.

**American College of Physicians Foundation**

According to a participant, “The ACP Foundation’s (ACPF) sole focus since 2003 has been health literacy. To that end, the ACPF develops materials, tools, and interventions to facilitate clinician-patient communication to improve health outcomes. The ACPF launched their first intervention in 2005. Since that time, over 50 interventions have been developed for clinicians to help patients, resulting in over 55,000,000 materials
being distributed to ACP members and over 2,000 national and regional organizations.”
Another participant reported that the organization has convened “ten national conferences
since 2002, eight of which were co-sponsored by the IOM, helped catalyze the drug
labeling work now being conducted by commissioning two white papers and recruiting
an expert panel to guide the project, and develops health literate, patient-centered
materials to facilitate clinician-patient/care giver communication”
(www.acpfoundation.org) Another participant reported that the organization “develops
materials to facilitate communication between clinicians and patients. These materials
give patients the tools they need to understand and manage their health. Patient guides,
tips, and booklets include topics such as COPD, diabetes, heart disease, and stroke.”
(https://www.acponline.org/ebizatpro/ProductsandServices/PatientEducationTools/tabid/
207/Default.aspx)

*American Medical Association*

According to the organization’s website, “In 1998, the American Medical
Association (AMA) became the first national medical organization to adopt policy
recognizing that limited patient literacy affects medical diagnosis and treatment”
(www.ama-assn.org/ama/pub/about-ama/ama-foundation/our-programs/public-
health/health-literacy-program.page). A participant reported that the AMA works to
“advance the nation’s health literacy policy through medical education and information.
The AMA: (1) recognizes that limited patient literacy is a barrier to effective medical
diagnosis and treatment; (2) encourages the development of literacy-appropriate,
culturally diverse health-related patient education materials for distribution in the
outpatient and inpatient setting; (3) will work with members of the Federation and other
relevant medical and nonmedical organizations to make the health care community aware
that approximately one fourth of the adult population has limited literacy and difficulty
understanding both oral and written health care information; (4) encourages the
development of undergraduate, graduate, and continuing medical education programs that
train physicians to communicate with patients who have limited literacy skills; (5)
encourages all third party payers to compensate physicians for formal patient education
programs directed at individuals with limited literacy skills; (6) encourages the U.S.
Department of Education to include questions regarding health status, health behaviors,
and difficulties communicating with health care professionals in all future National
Assessment of Adult Literacy studies; and (7) encourages the allocation of federal and
private funds for research on health literacy.”

*American Medical Association Foundation*

The American Medical Association (AMA) Foundation was reported by
participants to have created an online health literacy resource page. The AMA
Foundation has since been working to raise awareness of health literacy through its
toolkits, patient safety monographs, patient safety tip cards, and reports such as *Assessing
the Nation’s Health Literacy: Key Concepts and Findings of the National Assessment of
Adult Literacy* as well as through various partnerships.”
(www.amafoundation.org/go/healthliteracy)

*Canyon Ranch Institute*
Canyon Ranch Institute (CRI) is a 501(c)(3) non-profit public charity based in Tucson, Arizona. CRI currently is engaged in 17 partnerships with a broad range of organizations in business, education, health care, and policy. The organization’s efforts focus on developing best practices of health literacy, prevention of chronic disease, honoring cultural diversity, promoting an integrative approach to health, and eliminating health inequities. The partnerships range from focusing on improving health policy to creating active community-based health literacy efforts like the Canyon Ranch Institute Life Enhancement Program (http://canyonranchinstitute.org/partnerships-a-programs/cri-life-enhancement-program/cri-lep-overview), Time to Talk CARDIO/Hora de Hablar CARDIO (http://canyonranchinstitute.org/partnerships-a-programs/programs/time-to-talk-cardio), and the Arts for Behavior Change Program (www.canyonranchinstitute.org/partnerships-a-programs/programs/arts-for-behavior-change). Through CRI partnerships, to date more than 25 groups of patient participants have experienced the CRI Life Enhancement Program across the United States. The award-winning integrative health program based on the best practices of health literacy is offered in English and Spanish in partnership with health care provider organizations. CRI has, to date, conducted health literacy programs in Peru and in multiple sites across the United States. In Peru the organization uses the Arts for Behavior Change program in a study that developed and tested a new methodology, Theater for Health. That partnership with The Clorox Company, Boston University College of Fine Arts, and the Mel and Enid Zuckerman College of Public Health used the arts to advance health literacy and, as a result, improved knowledge, home hygiene behaviors, and reduced microbiological risk factors among residents of a low-income community in Lima, Peru. (http://canyonranchinstitute.org/partnerships-a-programs/programs/arts-for-behavior-change) In the United States, CRI has launched programs with partners in a diverse and growing number of locations including Berkshire County, Massachusetts; Savannah, Georgia; Tucson, Arizona; South Bronx, New York; Milan, Missouri; Cleveland, Ohio; Chicago, Illinois; and Columbus, Ohio. (http://canyonranchinstitute.org/partnerships-a-programs) CRI’s health literacy efforts have twice received awards from the Institute for Healthcare Advancement, once for Time to Talk CARDIO and once for the Canyon Ranch Institute Life Enhancement Program.

Council of State Governments

The Council of State Governments has produced a health literacy toolkit that is available at: www.csg.org/knowledgecenter/docs/ToolKit03HealthLiteracy.pdf. The organization is “at the forefront in analyzing states’ roles in improving low health literacy. Using data from its National Survey on Health Literacy Initiatives, CSG published the State Official’s Guide to Health Literacy, an overview of how health literacy affects states and what they can do to address this issue.” (www.csg.org/knowledgecenter/docs/SOG02HealthLiteracy.PDF)

Health Connect One

As a participant reported, “Health Connect One is an organization that provides peer counselor training to offer breastfeeding support for low literate populations in the community.” (www.healthconnectone.org/)
Institute Of Medicine

Most notable among reports regarding efforts to address health literacy at the Institute of Medicine (IOM) are the activities beginning with the 2004 report, Health Literacy: A Prescription to End Confusion (www.iom.edu/Reports/2004/Health-Literacy-A-Prescription-to-End-Confusion.aspx). This report, being one of the first in-depth looks at health literacy in the United States, is the source of what seems to be the most cited definition of health literacy as it provides the basis for most of the governmental efforts reported in other sections of the report.

Based largely on the impact of that report, the IOM established a Roundtable on Health Literacy that sponsored the creation and distribution of this report. Descriptions of the IOM Roundtable on Health Literacy’s activities and reports can be found at www.iom.edu/healthliteracyRT. According to that website, the Roundtable on Health Literacy “brings together leaders from academia, industry, government, foundations and associations, and representatives of patient and consumer interests who work to improve health literacy. To achieve its mission, the Roundtable discusses challenges facing health literacy practice and research, and identifies approaches to promote health literacy through mechanisms and partnerships in both the public and private sectors.”

Publications and reports sponsored by the IOM Roundtable on Health Literacy include:

Discussion Papers
• Integrating Health Literacy with Health Care Performance Measurement (July 2013)
• Helping Consumers Understand and Use Health Insurance in 2014 (May 2013)
• Amplifying the Voice of the Underserved in the Implementation of the Affordable Care Act (June 2013)
• Let's Ask 4: Questions for Consumers and Providers About Health Insurance (June 2013)
• Ten Attributes of Health Literate Health Care Organizations (June 2012)
• Attributes of a Health Literate Organization (January 2012)

Commissioned Papers
• Numeracy and the Affordable Care Act: Opportunities and Challenges (July 2013)
• Health Literacy Around the World: Part 1 Health Literacy Efforts Outside Of the United States (September 2012)
• Health Literacy and the Health Reform—Where Do Children Fit In? (November 2010)
• Health Literacy Implications of Health Care Reform (November 2010)
• Workshop Report from the Health Literacy Annual Research Conference (May 2010)
• Improving Prescription Drug Container Labeling in the United States (April 2010)
• Integrating Health Literacy into Primary and Secondary Prevention Strategies (September 2009)
The Joint Commission

The Joint Commission is reported by participants to have launched several efforts to address issues related to health literacy. These include:

• Oral Health Literacy—Workshop Summary (www.iom.edu/Reports/2013/Oral-Health-Literacy.aspx)
• Improving Health Literacy Within a State—Workshop Summary (http://www.iom.edu/Reports/2011/Improving-Health-Literacy-Within-a-State)
• Health Literacy Implications for Health Care Reform—Workshop Summary (http://www.iom.edu/Reports/2011/Health-Literacy-Implications-for-Health-Care-Reform)
• What Did the Doctor Say? Improving Health Literacy to Protect Patient Safety (www.jointcommission.org/What_Did_the_Doctor_Say/)—A white paper that is the result of an “expert Roundtable panel that comprised a broad range of stakeholders who are accountable for addressing health literacy. The Roundtable was asked to frame the issues that underlie the health literacy problem and propose solutions for their resolution. Among the specific issues addressed by the Roundtable were the impact low health literacy has on patients and their safety; the current state and quality of health care communications and their impacts on all patients; health care provider and public health interventions aimed at improving health care communications; and the need to create organization cultures that place a high priority on culturally competent and safe environments in which clear communications are intrinsic to all care processes and interactions” (http://www.jointcommission.org/assets/1/18/improving_health_literacy.pdf).

• Facts About Patient Centered Communication (www.jointcommission.org/facts_about_patient-centered_communications/)—A report briefly outlining efforts by The Joint Commission to improve communication between patients and health professionals.

• Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals (www.jointcommission.org/assets/1/6/aroadmapforhospitalsfinalversion727.pdf)—A report that describes itself as hoping to, “inspire hospitals to integrate concepts from the fields of communication, cultural competence, and patient- and family-centered care into their organizations. This monograph provides methods for hospitals to begin or improve upon their efforts to ensure that all patients receive the same high quality care.” Health literacy is explicitly addressed throughout this report, which includes checklists and suggestions for hospitals.

• Advancing Effective Communication (www.jointcommission.org/Advancing_Effective_Communication/)—An online resource outlining multiple efforts by The Joint Commission and others to address health literacy related issues.

The National Association of Chronic Disease Directors

This non-profit organization has, according to a participant, conducted a research project named LabsFirst/Know Your Numbers. The results of that project informed the development of Fundamentals to Wellness and Prevention: A Call to Action for Improving Health Literacy Around Blood Tests, a report that provides a roadmap for the healthcare community, including providers, insurers, advocates, employers, and consumers to increase the public’s understanding of blood tests and foster greater ability to act on the information provided by these results. A participant reported, “The report was unveiled in 2011 and includes insights from a national survey looking at the state of blood test health literacy in the U.S. and the results from a summit which gathered 14
national public and private sector health organizations to develop solutions to overcome blood test literacy barriers.” (www.chronicdisease.org)

**National Committee for Quality Assurance**

A participant reported that this organization “offers a variety of health literacy continuing education programs for healthcare professionals and educators. Including an introduction to health literacy, the application of plain language principals in written and oral communication, approaches to working across cultures and effectively with interpreters and translators.” (www.ncqa.org)

**National Consumers League**

According to a participant in this information collection effort, “The Script Your Future campaign, led by the National Consumers League, educates patients with chronic conditions, their family caregivers, and health care professionals about the importance of taking medication as directed. For many patients, the primary barrier to taking medications properly is not understanding how to take them or the need to take them. The campaign has accessible tools and resources that help patients understand their chronic conditions and how medications work as well as charts to keep track of medications, fact sheets on conditions, and interactive videos. A handy wallet-sized card contains a list to record medications and useful questions to start a conversation with a health care professional about medications—available in English and Spanish.” (www.scriptyourfuture.org)

**National Patient Safety Foundation**

The National Patient Safety Foundation (NPSF) supported the development of Ask Me 3, which is described on the NPSF website as “a patient education program designed to improve communication between patients and health care providers, encourage patients to become active members of their health care team, and promote improved health outcomes. The program encourages patients to ask their health care providers three questions” (www.npsf.org/for-healthcare-professionals/programs/ask-me-3/).

**National Quality Forum**

As noted by a participant, the National Quality Forum (NQF) produced the report *A Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency*. On the NQF website the report is described as outlining “a comprehensive framework—a road map—for measuring and reporting cultural competency, endorsed by NQF in 2008. The report also details a set of 45 preferred practices for providing culturally competent care covering a range of issues, including communication, community engagement, and workforce training” (www.qualityforum.org/Publications/2009/04/A_Comprehensive_Framework_and_Preferred_Practices_for_Measuring_and_Reporting_Cultural_Competency.aspx).

**Paso del Norte Health Foundation**
The Paso del Norte Health Foundation located in El Paso, Texas, is described on its website as “promot[ing] health and prevent disease in the region through leadership in health education, research, and advocacy” (www.pdnhf.org). The organization serves areas in western Texas, southern New Mexico, and northern Mexico.

**Planned Parenthood**

A participant reported that Planned Parenthood has a “strong focus on educating women on health issues related to women's reproductive health, cancer risks, importance of health screening, family planning, etc.” On its website the organization reports that it has worked to revamp “protocols for Follow-Up of Referrals and Abnormal Results and initiated field-testing of our client focused written materials to ensure they meet our client’s health literacy needs” (www.plannedparenthood.org/files/AR08_vFinal.pdf).

**Project SHINE**

Based at Temple University in Philadelphia with a mission to “foster immigrant integration,” Project SHINE reports on its website that it launched a health literacy initiative (www.projectshine.org/health-literacy-initiative). The organization also has an AmeriCorps Health Literacy effort which is described as, “AmeriCorps members at SHINE promote a healthy community and strengthen social connections by tutoring English, health literacy, healthy workshops and recreational activities.” (http://www.projectshine.org/ac-health-literacy-program)

**RAND Corporation**

A participant reported that the RAND Corporation, a non-profit institution that helps improve policy and decision making through research and analysis, has a growing portfolio of work in health literacy. RAND is reported to have developed a process to estimate and map community-level health literacy that is currently being used by stakeholders to identify areas of suboptimal health or health care that may be due to low health literacy. RAND has also developed a number of measurement tools, including the Item Set for Addressing Health Literacy in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospital Survey. RAND is currently doing work relevant to the implementation of the Affordable Care Act and the successful outreach and engagement of vulnerable populations with low health literacy. More information about RAND’s work in health literacy can be found at www.rand.org/topics/health-literacy.html.

**URAC**

One person described URAC as an independent, nonprofit organization focused on “promoting health care quality through its accreditation, education and measurement programs,” URAC has developed core standards that include and address health literacy. For example, Standard 40 states, “The organization will implement a documented practice addressing health literacy that: Requires consumer materials to be in plain language; assesses the use of plain language in consumer documents; and provides relevant information and guidance to staff that interfaces directly with, or writes content for, consumers.” (https://www.urac.org/resource-center/standards-interpretations/)
**What to Expect Foundation**

A participant reported that the mission of the What to Expect Foundation is to “educate and empower parents in-need so they can expect a healthy pregnancy, safe delivery and a healthy baby. The Foundation takes its name from the bestselling *What to Expect®* pregnancy and parenting series that has sold over 34 million copies in the United States and is an international bestseller in 30 countries.” This organization created the Baby Basics program which includes, “a book, *Baby Basics: Your Month By Month Guide To A Healthy Pregnancy*, designed specifically to provide lower-income and lower-literacy populations with crucial prenatal health information and support. It has since grown from a book, to a program, to an overall healthcare philosophy. Baby Basics is revolutionizing the prenatal experience and outcome for families in need—one clinic, one mom, one baby at a time.” ([http://www.whattoexpect.org/what-we-do/baby-basics/overview-baby-basics](http://www.whattoexpect.org/what-we-do/baby-basics/overview-baby-basics)) Today, there are more than 11 active Baby Basics programs across the country, and each year, more than 250 health care providers purchase the Baby Basics book to use with their patients. (See the International NGO section in the accompanying report for more information) ([www.whattoexpect.org](http://www.whattoexpect.org))

**World Education**

A participant reported that World Education, Inc. (WEI) has “a long history of health literacy work, beginning with the HEAL: BCC Project in the 90s, NCI- and CDC-sponsored research studies looking at the effectiveness of teaching breast and cervical cancer awareness and early detection in adult basic education classes. This resulted in a breast cancer sourcebook, a comprehensive curriculum, and data showing the effectiveness of teaching health literacy in this context. WEI also developed a series of resource guides for adult literacy practitioners who were addressing health literacy in their programs. This project was supported by the National Institute for Literacy (NIFL) and the MetLife Foundation. WEI continued their collaboration with NIFL and later the U.S. Department of Education to create an online health literacy resource collection, the Health Literacy Special Collection, and moderated the Literacy Information and Communication System’s (LINCS’) Health Literacy Discussion List from 1997 through 2012. This discussion list brought together the disparate and otherwise isolated health literacy advocates and projects into a central community and helped to coalesce them into a field of practice. WEI has also been working on some projects that combine health literacy with workforce readiness and college transition. They are just finishing a project with the Massachusetts MetroSouthwest and North Shore Workforce Investment Boards to develop and run a series of online courses for the Health Care Learning Network (HCLN™). The courses include Health Science, Preparation for Health Care Careers, Computers for College and Math. The goal of these was to support a career path for entry-level health care workers into postsecondary health care programs in nursing and allied health. The Words2Learn Mobile Learning Project, funded by the Nellie Mae Education Foundation, is developing an app for iPhones and Android mobile phones that helps students to learn health-related vocabulary and concepts in preparation for entering health career programs. World Education currently manages one of the LINCS’ Regional Professional Development Centers. These centers provide professional development to the adult basic education field, including training in health literacy.”
A participant in this information-gathering process also reported that World Education, Inc. works to “develop and distribute health education materials appropriate for use in adult education settings, offer training and technical assistance to adult education programs that want to introduce health content into their curricula, and take a learner-centered approach to health and literacy education and materials development processes. Examples of this work include:

- **Health Education and Adult Literacy: Breast and Cervical Cancer Project (HEAL:BCC):** Funded by the Centers for Disease Control and Prevention, HEAL:BCC focused on early cancer detection and involved teachers and students in the development of materials that addressed learner cultural, informational, and emotional needs in addition to increased their health knowledge and basic skills. Products included curriculum, resource materials, and a teacher manual.

- **Women, Violence and Adult Education Project:** The goal of the project was to increase the capacity of adult learning centers in New England to provide effective literacy services to women students who have experienced violence. To meet this goal, the project focused on staff development for adult education teachers and changes in adult education program structure and policies.

- **Health and Literacy Compendium:** The compendium is a resource guide to print and web-based health education materials appropriate for use with adults with limited literacy skills. Available in a hard copy version and as a Web document at www.worlded.org/us/health/comp, the compendium was developed by World Education in collaboration with the National Institute for Literacy (NIFL) with a grant from Metropolitan Life Foundation.

- **Culture, Health, and Literacy: A Guide to Health Education Materials for Adults with Limited English Literacy Skills:** A resource guide to print and Web-based health literacy materials for English language learners.

- **Family Literacy and Health:** A resource guide to Web-based health literacy materials for parents and other caregivers.

- **Health and Literacy Collection:** A Web-based collection, this project was designed to increase adult education practitioner access to appropriate health education materials and share information on the links between health and literacy with health care providers.

- **Project Care: Health Care Case Studies, Multimedia, and Projects for Practicing English:** A series of units on health care for English language learners who are working in a health care setting or who have friends or relatives in need of support. The workbook is accompanied by a companion website at http://projectcare.worlded.org.

- **Comprehensive Health Projects:** Funded by revenues from the Massachusetts tobacco tax, WEI provided assistance to adult learning centers integrating health education into their basic skills curricula. Materials from this project are available on the System for Adult Basic Education and Support (SABES) web site at <www.sabes.org>.
• Massachusetts Well Women Project: Funded by the Massachusetts Department of Public Health, WEI developed population-specific health education materials on blood pressure, blood cholesterol, blood sugar, breast and cervical cancer, nutrition, and physical activity in English, Spanish, and Portuguese.

• Channing L. Bete Booklet Evaluation Project: WEI, in collaboration with JSI [John Snow, Inc.], assessed health education materials with limited-literacy adults in five cities across the country, using pre-and post-surveys and focus groups.

• Cancer Education and Literacy Initiative (ELI): Funded by the National Cancer Institute to develop curriculum for low literate adults on breast and cervical cancer, ELI developed the Breast and Cervical Cancer Sourcebook. ELI was a collaboration between the Massachusetts Health Research Institute, Massachusetts Department of Public Health, WEI, and four ABE/ESOL [adult basic education/English as a second language] programs.

• HIV/AIDS Kit Project: WEI developed the HIV/AIDS kit for adult educators who want to provide HIV/AIDS education in their classrooms.

• Massachusetts Tobacco Education Clearinghouse (MTEC): WEI, in collaboration with JSI, provided training and technical assistance to smoking prevention and cessation programs across Massachusetts on the evaluation, selection, and use of materials, as well as on how to develop materials using an audience-centered approach. Visit MTEC at www.jsi.com/health/mtec.

• Health Video Project: In partnership with the Massachusetts Corporation for Educational Telecommunications, World Education developed a video and discussion guide on participatory adult literacy and health education models.

• Plain Language Health Information Project: Funded by the National Network of Libraries of Medicine, the project increased awareness and access among adult educators and health practitioners to reliable, relevant, plain language health information for use with adults with limited literacy skills. WEI and the Massachusetts System for Adult Basic Education and Support (SABES) offered trainings to adult basic education and health educators in New England and nationally on how to identify, access, evaluate, and use online health information resources.

• Health Literacy Discussion List: WEI moderates the listserv for the National Institute for Literacy.

• Ideas in Action: A Conference on Health and Literacy: Involved literacy practitioners, health educators, researchers, policy makers, and public health officials to build partnerships and influence policy to support health literacy work.

• Adult Literacy and Health Vision and Action Agenda ([www.worlded.org/us/health/lincs/agenda1.htm](http://www.worlded.org/us/health/lincs/agenda1.htm)): [The agenda] recommend[s] policy and action steps for moving the adult basic education field forward in terms of addressing student health information needs. In June 2003 World Education co-sponsored the Literacy and Health Summer Institute along with the Centre for Literacy in Montreal, Canada, to continue the research, policy and practice discussion on an international level.
WEI is also the education partner for the Health Care Learning Network, an online instructional program for entry-level health care employees who want to advance to professional health care positions.”

The U.S. Business and Corporate Community

Advantage Consulting Services

Advantage Consulting Services reports on its website that it provides health literacy training and services that includes “health writing, editing and proofreading services, as well as trainings in readability and plain language” (http://advantageconsultingservices.org/health-literacy.php).

Allies in Healthcare

Allies in Healthcare has “created a health planner that patients can use to better understand their health and empower them to take charge of their own health.” (www.alliesinhealth.com/home.asp)

America’s Health Insurance Plans

America’s Health Insurance Plans (AHIP) is “the national trade association representing the health insurance industry.” (www.ahip.org) The organization was reported by multiple participants to be attempting to address health literacy in multiple efforts.

A participant in this data collection effort reported, “Several years ago, with interest from other stakeholders, AHIP convened a Health Literacy Task Force, which includes representatives from approximately 65 member plans. The Task Force includes medical directors, nurse educators, and a pharmacist as well as professionals engaged in the quality enterprise, cultural competency, disparities in health, and communications. It is focused on increasing awareness of health literacy and encouraging the development or expansion of health literacy programs. In addition, the task force identifies and develops tools to help health plans initiate and advance their programs, and share information and best practices.”

The set of tools developed includes:

- “An organizational assessment tool that was pilot tested in 18 plans and is now widely used by plans to determine if they have the infrastructure in place to promote good written and verbal communications about health and benefits;
- A toolkit outlining the five basic steps to implement and advance a health literacy program, including bringing together a team, making the case for moving ahead, assessing the organization, developing policies, procedures, and an action plan, and training of staff;
- A model policy for organizations to adapt/adopt; and
A ‘mentoring’ program that matches professionals from programs that are more advanced with companies that are just starting out” (AHIP, 2012, p. 6)

As of 2012, more than 80 percent of the members of AHIP were reported to have at least some component of a health literacy program. For example, reports indicate that “almost all health plans were adopting a targeted reading level for written consumer communications (90%) and standardizing member communications in clear, plain language (81%)” (AHIP, 2012)

Specifically, the 2012 AHIP publication *Health Literacy and America's Health Insurance Plans: Laying the Foundation and Beyond* reports that the following AHIP members are embarking on the described health literacy efforts:

- **AETNA, Inc.—** “[C]reated the Health Literacy Workgroup. At the start, the main goal of the group was to raise awareness about the challenges of poor health literacy. Later we began to propose solutions to address the challenges. Our mission has been to have a positive impact on health outcomes by using and promoting universal health literacy strategies” (p. 10). AETNA reports working to raise awareness and train employees; raise awareness and train health care providers through, for example, a health literacy reference tool and a cultural competency course; conduct research such as the Asthma and the Migraine health literacy studies; certify their writers in plain language; and partner with community collaborators to increase awareness of and efforts to address health literacy.

- **AmeriHealth Mercy Health Plan/Keystone Mercy Health Plan—** “A fundamental goal for AmeriHealth Mercy/Keystone Mercy is to encourage patients to adopt healthy behaviors. The plan focus is called ‘Engagement, Education, Empowerment.’ Solid, health literate patient information is a building block for the overall efforts” (p. 13). According to AmeriHealth Mercy, it requires written materials to be at the 4th grade level, to maintain a focus on cultural and linguistically appropriate standards, and to “use a communications toolkit that includes a checklist of style elements such as font size, white space, active voice, avoiding jargon, etc., and a ‘words to watch’ list borrowed from the Partnership for Clear Health Communication” (p. 13).

- **American Specialty Health, Inc.—** “The Consumer Health Information/Health Literacy Project began at American Specialty Health (ASH) in 2006 after a request from a client for a coaching program guide at the 6th grade reading level” (p. 15). American Specialty Health, Inc. reports having “developed or revised policies to support company-wide authorship of lower reading level content and—starting in 2007—implemented usability testing” (p. 15). Furthermore, the company reports having “purchased the Health Literacy Advisor software to help staff evaluate and produce clear health content. The company is engaged in a multi-year initiative to rewrite to a lower reading level all adult coaching program guides and supplemental guides, and a multi-year initiative to rewrite to a lower reading level all proprietary online articles and website tools and trackers” (p. 15).

- **Blue Cross and Blue Shield of Minnesota—** “The health literacy program began in 2005. Initial efforts focused solely on increasing awareness of the issues and
impact of low health literacy. By 2007, it was clear that more needed to be done. A new innovative approach was started to engage employees from across the company. This program is called the Health Literacy Ambassadors. Today the program has representation within every division in the company” (p. 17).

Blue Cross Blue Shield of Minnesota reports holding quarterly meetings on health literacy, provides employee trainings, has developed a material review tool and writing course, distributes a monthly newsletter to employees on health literacy, and engages in an awareness building campaign during health literacy month.

- **Blue Cross Blue Shield of Tennessee**—This organization reports that it has launched a “Simplified Language Project [that] aims to eliminate jargon and acronyms from member materials and conversations and to replace them with preferred terms or explanations that make it easier for members to understand and use their benefits” (p. 19). Blue Cross Blue Shield of Tennessee also reports having established a “Member Experience Excellence Workgroup [that] includes professionals across the company who represent every member touchpoint, i.e., every unit that touches the consumer via the spoken or written word” (p. 19).

- **Blue Cross of Idaho**—“The company defined the key insurance terms that often confuse consumers, and developed ‘The Top Ten Things You Need to Know about Health Insurance.’ These definitions were included in wallet size cards, in newsletter articles, and with mailings” (p. 21).

- **Centene Corporation**—“Centene serves 900,000 children. Centene developed the Children’s Book Series because there weren’t good materials available to teach kids about their diseases, and children need to be part of the solution in managing/preventing disease conditions” (p. 22). Centene reports that it has developed a book focusing on obesity and also a video focusing on asthma and booklet on the dangers of smoking. A diabetes book is reported to be upcoming. Furthermore, the organization reports that it is bringing these efforts to school-based programming efforts as well.

- **Cigna**—The company reports having conducted research that shows “70 percent of the vocabulary in health plans is so difficult for customers to understand that they often don’t use their benefits or they misunderstand them and pay the consequences down the road. Customers also assume that the industry is purposely trying to deceive them, fuelling mistrust” (p. 23). So, specific efforts reported include developing “‘Words We Use,’ a glossary of words that was launched in 2008 to substitute for complex terms, jargon, and acronyms, helps to guide the clear communication work. It is available in Spanish and Chinese as well as English, and includes culturally appropriate translations” (p. 23). Other efforts reported include rewriting materials and creating guidelines and training on a spectrum of clear communication practices.

- **EmblemHealth**—The company reports that it was “among the first health plans to begin using Health Literacy Advisor, an interactive software tool that scans documents for readability and offers simple-language word choices to improve readability of our member communications” (p. 25). The organization also reports having adopted 5th through 8th grade reading level goals for all materials, sponsored development of the publication of *Tanenbaum’s Medical Manual for Religio-Cultural Competency*, provided health literacy training for staff, created a
comprehensive online communications toolkit to all employees, and offered providers a free online cultural competency class with CME credit.

- **Fallon Community Health Plan**—The organization reports to have obtained support from senior leadership for health literacy efforts and then to have begun to “incorporate plain language principles into all member materials” (p. 27). The organization also reports it has developed a style guide addressing health literacy and the company is beginning to test new materials with potential users in the community.

- **Group Health**—The organization reports that it initially embarked on health literacy efforts in 2006. It created an interdisciplinary team within the organization, identified plain language champions, developed a toolkit that includes alternative words to use for jargon and complicated terms, trained staff across departments, and edited all print and online materials for plain language. The Group Health Research Institute also led the development of the Program for Readability in Science and Medicine (PRISM) in 2005. “PRISM’s centerpiece is a public-domain readability toolkit that illustrates how to use plain language in consent forms and other research materials” (p. 29). The effort also includes an online training module that was made available free and online in 2010 (www.tinyurl.com/prismtoolkit).

- **Harvard Pilgrim Health Plan**—The health plan reports that it “began its efforts in health literacy as a way to reduce observed disparities in health care” (p. 31). The organization reports it has helped develop a health literacy assessment tool with AHIP and helped pilot a new health literacy module for the health plan Consumer Assessment of Health Patient Satisfaction survey. Furthermore, “In late 2009, Harvard Pilgrim provided health literacy awareness training for a group of twenty-seven managers from all areas of the company that communicate with current or potential members, either verbally or via written materials. In February of 2010, a skills workshop was piloted for staff that have primary responsibility for assessing or developing written health education materials for members” (p. 31). The organization also reports it has developed a two-page checklist and scoring tool for writers. The company is also sending monthly health literacy tips to employees and developing a company-wide health literacy policy.

- **Health Alliance Plan**—The organization reports that it developed a health literacy and plain language guide, trains it employees in plain language, put the Health Literacy Advisor software in place within the organization, completed the AHIP/Emory Health Literacy Assessment Tool in early 2011, formed a new Communication Advisory Review Board, and worked to increase the awareness of health literacy across staff within the organization.

- **Health Care Service Corporation**—The company reports that it started a health literacy initiative in 2009. This included the use of Health Literacy Advisor software and health literacy guidelines that apply to online, print, and electronic messaging and that address areas such as design, layout, typeface, and white space. “Our BeSmartBeWell.com website uses simple, understandable language and video” (p. 36). The company also created eCardsforHealth.com. “This is a website where visitors can choose from a number of healthful actions including walking more, eating fewer desserts, taking medication correctly, stopping
smoking and more” (p. 37). Also, “the BlueResource library of health and wellness communications was developed to help inform employees about health issues and wellness tips. More than 1,200 files containing tips on prevention, health observances, health care common sense, nutrition and walking are provided online for employers to download, post online and/or print” (p. 37).

- **Health Dialog**—This organization reports that “two factors were the impetus to make health literacy a priority: 1) internal demand from staff trained in the principles of clear language and 2) a desire to be more competitive in the marketplace when responding to requests for proposals that inquired about the reading level of materials” (p. 38). Specific efforts are reported to include a “two year project to overhaul all of its standard outreach mailings to health plan members and to achieve a 6th grade or lower reading level. Health Dialog’s outreach materials were revised in order to be Clear Language Certified in January 2010” (p. 38). That effort used the Suitability Assessment for Materials tool and resulted in a Health Literacy Style Guide being produced as well. Bilingual materials have also been revised at Health Dialog, and the organization has won multiple awards for publications.

- **Health Net, Inc.**—According to the organization, “For over a decade, Health Net has focused on a targeted 6th-grade reading level and ensuring culturally and linguistically appropriate member communication as part of its contract with Medi-Cal” (p. 39). In 2008 the company worked with the University of California, Berkeley and California’s Office of Patient Advocate to identify what more they could do. As a result, the organization has formed an ad hoc group to focus “on increasing the skill sets of Health Net associates and has produced tip sheets on plain language, developed a glossary focused on the use of plain language, and participated on a webinar on health literacy” (p. 39). Efforts are reported to have focused on Health Literacy Month in October and included, for example, a contest to rewrite complex paragraphs that engaged over 200 associates. Additionally, working on a grant from the National Institutes of Health in collaboration with the UCLA School of Public Health, Health Net is testing whether a social media health literacy intervention called the Teen2Xtreme Initiative will encourage adolescents aged 13 to 17 to better use their health insurance benefits.

- **HealthPartners**—This organization reports that it produced a Consumer Friendly Communications Checklist that was created by “a cross-functional team, representing many areas of the health plan including product management, legal, quality improvement, customer service, and more” (p. 41). The checklist took nine months to develop and helps to “create a standard for readability and exceptional experience for members. The company reports the checklist includes the elements known to have an effect on readability and ease of use, such as grade level, absence of jargon, etc. An accompanying style guide outlines words to avoid and words to substitute in their place, as well as examples of communications ‘before’ and ‘after’ the checklist has been used” (p. 41). The company has also revised its open enrollment materials with a focus on what people need to know. These efforts are supported by consumer research and a patient council. Additionally, the organization reports it has embarked on an effort
to provide training in clarity of writing and easy of use to all employees. Finally, HealthPartners reports it is working with Regions Hospital and is piloting a Medication Boot Camp “to reduce preventable hospital admissions for individuals with congestive heart failure by determining prior to discharge whether or not an individual patient is able to follow medication instructions” (pp. 41–42).

- **Highmark, Inc.**—This organization launched its health literacy initiative in 2009. The effort “seeks to improve health literacy among health care providers, Highmark employees, Highmark members and the community at large” (p. 43). Efforts include training and building awareness of the issue among members, staff, health care professionals, and communities served; investing in readability software; creating a health literacy task force whose members include representatives from marketing communications, consumer outreach, training, law, senior products, care/case management, diversity and inclusion, health care reform, community health, web development, quality management, and health promotion/wellness; developing a style guide; and adding health literacy related questions to its CAHPS survey as well as collecting information on education level and language preferences from members.

- **Horizon Blue Cross Blue Shield of New Jersey**—The company reports it is a key partner and supporter in a “statewide health care literacy initiative, designed to incorporate different stakeholders in the state of New Jersey, [which] is a collaboration between Horizon BCBSNJ; Rutgers University; and various pharmaceutical companies. The goal of this statewide initiative is to increase awareness of health care literacy, improve member outcomes, and increase the accessibility of resources to health care providers and patients” (p. 45). A key element of this effort is the creation of five workgroups, a group devoted to overall health literacy and four focused on specific diseases: diabetes, hypertension, hyperlipidemia and asthma. There are also groups with provider and consumer focuses. Other elements of the initiative include “health provider targeted lectures to increase the awareness of health literacy; health literacy community outreach to improve outcomes of our members; a health literacy website for easy access to resources and materials; presentations at national conference of studies conducted around health literacy; and active participation in various national conferences” (p. 45).

- **Humana**—The company reports that its health literacy program is a “partnership between the company and its philanthropy arm, The Humana Foundation. The work focuses on providing the consumer with tools and resources to make better health decisions” (p. 47). The effort began in 2006 with an effort to evaluate the level of written materials. Creating a diverse working group in 2009, the company focused on simplification with consistent standards and review which developed “a thesaurus of clear words to substitute for more complex terms, standards for written documents that apply across the company, and a review process that applies to documents across the company” (p. 47). A second focus is on local, state, and national support of the health literacy community. The company reports, “Humana has taken a key role in regional and national health literacy efforts, and has been instrumental in the development of Health Literacy Kentucky, a coalition that includes major healthcare stakeholders in the state from
academe, government, business, and nonprofits” (p. 47). A third area of focus is education. Humana has “conducted awareness training for more than 200 individuals that included anyone who touched consumers in some way. The next year, Humana built on that education with writing skills training for those who created consumer materials. Subsequently, the company’s in-house education developer used the awareness training as a model to create a new computer-based training module. The module allows anyone who joins the company to be educated about health literacy and the efforts Humana is pursuing to address it” (p. 48). A fourth focus area is research. Humana has “conducted primary research to obtain consumer input on three documents to determine whether the company’s health literacy work was making a difference. Respondents were a mix of current Humana members and members of other health plans” (p. 48). Going forward, Humana plans to focus its health literacy efforts on prevention and management of chronic conditions to improve health outcomes and reduce costs.

- **Independence Blue Cross**—The company reports that it began what would become a health literacy initiative in 2006, responding to input from members and customers about the company’s communication efforts. Initially, the company “conducted an organization-wide audit of all external communication materials, including correspondence. We identified an enormous number of pieces, which was daunting, and we quickly recognized that most of the material needed to be upgraded so that we could optimize our members’ understanding of their benefits plans and increase their satisfaction with our services” (p. 49). After prioritizing materials for revision, the company established a workgroup, led by two senior executives from Corporate Communications and Legal who worked with an outside consultant to “establish a set of standards for communications materials that apply to everyone across the organization who develops external communications” (p. 48). The next steps were to make Corporate Communications “responsible for reviewing all materials sent out from our company;” then to develop and conduct training on the standards, and, finally, to incorporate the standards “into a writing style guide that covers the language, fonts, layout, and grammar rules we follow” (p. 49).

- **Kaiser Permanente**—The company reports that it conducts health literacy activities at the regional level within the organization. So, for example, the Northern California region has “focused from the beginning on both verbal and written communications. Our health educators design curricula and materials; they conduct patient education directly with members, and they help other professionals who do similar training. The goal is to factor health literacy concepts into all of the curricula and materials, and to help content experts to do the same. The health education staff developed a 40 minute presentation on health literacy that was initially targeted to their colleagues in the department. This presentation has subsequently been given to specialty departments that include the Elder Care Department, and our intention is to deliver the presentation to units throughout our region of Kaiser Permanente” (p. 50). Additionally, this region has “conducted campaigns to raise awareness of the issue, and have developed a series of tip sheets that offer simple, easy ideas for providers to incorporate into their practices. Our national style/brand guide includes standards for how we say
things (in a positive way, which is easier and more engaging for consumers), what we say in terms of language (plain language, avoiding jargon), and a target reading level for both marketing materials (8th grade or below), and educational materials (5th grade or below)” (p. 50). The Mid-Atlantic region of the organization reports that “everyone who helps support educational efforts in Kaiser Permanente medical centers is required to complete health literacy orientation. Those with responsibility for written materials are given time to develop and practice low literacy writing skills, and to apply the Flesch–Kincaid test of literacy levels to the documents they draft” (p. 50). This effort has also produced numerous trainings and a style guide. The Colorado region was involved in a research effort along with “Denver Health Medical Center, Kaiser Colorado Institute for Health Research, and the University of Colorado Denver, that found patients with congestive heart failure and low health literacy were more likely to be hospitalized, and were almost three times as likely to die in a given year as those with better health literacy skills” (p. 51).

- **L.A. Care Health Plan**—The company reports that it started addressing health literacy in 1999, beginning with a literature review that informed development of a material review form. L.A. Care Health Plan has provided “health literacy awareness and skills training to the entire organization” and “offered customized training to units that interact directly with members” (p. 52). This training includes the use of readability software that assesses reading ease for materials in English. Additionally, the organization reports that it has developed a glossary which is provided to interpreting and translation vendors as well as member services representatives. “The more recent development of an electronic database builds upon this effort and houses thousands of linguist-approved translated terms” (p. 52). This is available in Chinese and Spanish and will include more languages in the future. Additionally, “In an effort to improve health messaging and communication strategies with Medi-Cal members, L.A. Care Health Plan partnered with the University of Southern California School of Pharmacy to produce four fotonovelas over a 5-year period: ‘Sweet Temptations’ (diabetes), ‘Secret Feelings’ (depression), ‘Oscar and The Giant’ (pediatric asthma) and pediatric obesity (title pending). These fotonovelas incorporate cultural norms and myths related to their respective health topics while explaining pathophysiology without the medical jargon or confusing terminology. To ensure appropriate messaging, not only were photo sequences shot in urban Los Angeles using actors native to the community, the fotonovelas were field tested with individuals representative of the target population(s) and are dual-language English/Spanish pieces. In addition to distributing the fotonovelas over the past five years to its provider network, L.A. Care Health Plan used them with members during health education group appointments, regional member meetings, and as part of a peer-to-peer outreach campaign. Approximately 200,000 fotonovelas were reported to have been distributed to community clinics, pharmacies, and other health plans by the USC School of Pharmacy” (p. 53).

- **Molina Healthcare**—The company was founded by an elementary school teacher and serves primarily populations of people for whom English is a second language. Molina Healthcare reports that it has “made a focus on plain language
part of the organization’s DNA” (p. 54). The organization reports, “All materials are reviewed by clinicians, a medical anthropologist on staff, and health educators. Company policies are that materials be at 5th grade level, preferably 4th, when applying readability tests. The goal is to move toward illustrated materials that are more universally understood in any language” (p. 54). Using those strategies, the company “demonstrated effectiveness with materials written for pregnant women at the 3rd/4th grade level; clear materials contributed to a reduction in avoidable emergency room visits and preventable hospital admissions and readmissions” (p. 54). The company tests materials with consumers and also has put health literacy training in place for all employees, including face-to-face and web-based efforts and CME credits for physicians.

- **Scott and White Health Plan.** The organization reports that its “members were calling into customer service for a verbal explanation of mailed/delivered material. They were not utilizing either online programs or 24-hour nurse assistance programs. The goal [of the health literacy program] was to create corporate standards for all communications that are adhered to by all staff, to include measurable improvement in a readability index of external communication material as well as development of an onboarding tool for new members” (p. 56). To reach those goals, the company “formed a cross functional team that included a medical director, sales and marketing professionals, customer service representatives, provider relations staff, and individuals involved in the quality enterprise such as employees whose work is focused on chronic disease management. The team produced a tool that helps those who develop materials to make them more readable by focusing on the font, the format, the feel (friendly but not chatty), and the filler (content). The tools available include a list of words not to use and words to substitute, whether in written documents or in conversation with members, and the use of acronyms is held to a minimum” (p. 56).

- **Select Health of South Carolina**—The company reports that the “key elements of our program are conducting staff training on health literacy guidelines, developing and disseminating health literacy resources, ensuring organizational compliance with health literacy guidelines, and educating providers on basic health literacy principles. This program ensures that member materials are easy to read, culturally appropriate, and are at or below a fourth grade reading level, a requirement in South Carolina” (p. 57). The company reports that the effort includes training its staff about developing member materials, nurses about guiding members through doctor and pharmacy interactions, and members on the importance of communicating with health care professionals. Efforts are reported to be paying off in ways that include increased immunizations, improved diabetes care, reduced racial inequities in that care, and increased diabetes screening among other outcomes.

- **Tufts Health Plan**—The organization reports that its “plain language initiative is focused on individuals enrolled in complex plans, such as high deductible and limited network plans. Research showed that these members have difficulty understanding these newer forms of coverage that are not as familiar as traditional plans” (p. 59). Therefore, the company reports, it is training employees, using
Health Literacy Advisor software and a glossary of definitions that are both legally accurate and in plain language. “Focus groups and online surveys are used to test draft language and formats to further refine the approach” (p. 59). Also, the company reports, “One of our key deliverables for the initiative is a new award-winning web resource center called ‘How Your Plan Works’ where members can find videos, webcasts, and other content in easy-to-understand language and fun animated formats” (p. 59).

• **UCare.** According to the company, “UCare’s work in the realm of health literacy is an offshoot of UCare’s Diversity and Cultural Competency Council and efforts to promote Culturally and Linguistically Appropriately Standards (CLAS). CLAS standard #7 requires that materials be easily understood and patient focused” (p. 60). Specific efforts are reported to include writing to the 7th grade level, submitting Flesch–Kincaid test results for every document to members, testing materials with a product team of employees, using a visual approach to conveying information, using a member advisory committee to test materials, usability testing of the company’s website, internal training of employees, and creation of a writer’s guide.

• **UnitedHealth Group**—The organization reports that their “enterprise-wide, Health Literacy Innovations Program (HLIP) focuses on making written, spoken and web-based health and wellness communications simple, understandable and actionable” (p. 61). UnitedHealth Group (UNH) reports that the effort has a full-time director and “also includes a corporate executive sponsor, executive clinical sponsor, Advisors Group (composed of marketing officers from the business segments), at least one health literacy champion who leads health literacy activities with participating business segments and coordinates activities of business segment health literacy coordinators” (p. 61). Training efforts are reported to extend to “10,000 individuals within UNH as well as more than 1,000 external to UNH have been trained” (p. 61). Specific products developed in this effort include a “Bluebook, a guide for writing in plain language using design principles, which promote understanding and usability. The Bluebook contains 10 Big Ideas, case studies, a clarity checklist and resources for helping diverse populations understand;” a “Just Plain Clear Glossary, an internal wiki-based glossary that includes approximately 2000 complex terms and alternative terms or definitions;” and “Doc Scrub, an internal tool developed to help UNH companies determine the reading grade level of written communications” (p. 61).

Additionally, UNH reports it has brought in external researchers for consultation and conducted internal research that has produced peer-reviewed journal articles. Finally, the company reports it is taking up leadership roles within the broader health literacy community by, for example, sponsoring special issues of the *Journal of Health Communication* on health literacy, sharing tools developed with the Centers for Medicare and Medicaid Services, participating in the development of the National Action Plan to Improve Health Literacy, and taking part in the U.S. Institute of Medicine Roundtable on Health Literacy, the Institute for Healthcare Advancement annual health literacy conferences, the Health Literacy Annual Research Conference, and the ACP Foundation meeting on Health Literacy and Health Care Quality.
• **UPMC Health Plan**—The organization reports that it has put in place a “formal program—the Health Equality and Literacy Program—run by a cross-functional team that is led by the Executive Director of its Quality department” (p. 63). The company further reports, “The goals of the program are to create policies and procedures for all communications with consumers and providers; create programs that promote plain language and reduce disparities; and train staff in culturally and linguistically appropriate communication” (p. 630. UMPC Health Plan reports it is inventorying written materials, developing a glossary of simplified terms, focusing on feedback from members, and developing standards for written materials.

• **Wellpoint, Inc.**—The company reports that its Plain Language Initiative started in 2010 and includes training of employees and that “all 40,000 associates were asked to take a basic plain language course” (p. 64). The company reports it has more than 400 licenses for Health Advisor Software and that it produces a “periodic newsletter with tips on writing in plain language, and a glossary of ‘words to use’ and ‘words not to use’” (p. 64).

**Clear Language Group**

This collaborative effort is “a consortium of health literacy, plain language, and cross cultural communication specialists.” Members include Jann Keenan, Sabrina Kurtz–Rossi, Wendy Mettger, Janet Ohene–Frempong, Audrey Riffenburgh, Lorean Sprager, and Sue Stableford. A participant reported that the group will “consult on plain language, health literacy, and cross-cultural communication projects, campaigns, and interventions; plan and evaluate communication programs and materials for successful health literacy, plain language, and cross-cultural initiatives; create easy-to-read and culturally sensitive materials, multimedia programs, and websites; train and present on a variety of topics related to health literacy, plain language, and cross-cultural communication; develop and teach curricula that engage health professionals, teachers and learners; communicate across cultures and enhance cultural understanding; and collaborate with researchers and business partners to promote effective practice.” (www.clearlanguagegroup.com)

**Colgate Palmolive**

A participant noted that Colgate Palmolive has actively supported health literacy initiatives related to oral and dental health around the world, especially in low-income nations. (www.colgatepalmolive.com/app/Colgate/US/CompanyHomePage.cvsp)

**The Clorox Company**

Based in Oakland, California, the Clorox Company has partnered with Canyon Ranch Institute, Boston University College of Fine Arts, and the University of Arizona’s Mel and Enid Zuckerman College of Public Health as part of Clorox’s corporate responsibility efforts to conduct a pilot program of the newly developed health literacy methodology Theater for Health, which is based on the Calgary Charter’s definition of health literacy, the work of August Boal in Theater of the Oppressed, and the philosophy of Paulo Freire. The collaborators developed the Arts for Behavior Change Program as a
pilot and used storytelling arts, such as theater, music, and dance, to measurably advance health literacy about hygiene practices and improve the health of people living in low-income communities. ([http://canyonranchinstitute.org/partnerships-arts-for-behavior-change](http://canyonranchinstitute.org/partnerships-arts-for-behavior-change))

**Eli Lilly & Company**

A participant reported that Eli Lilly & Company supports health literacy activities both in the United States and globally. The company was honored by the Institute for Healthcare Advancement for the company’s efforts to implement new standards to ensure the company’s patient communications and resources adhere to health literacy principles. Lilly’s health education efforts received the Published Materials Award for outstanding achievements in health literacy for two bi-lingual educational pieces in 2012. The company is conducting pilot projects in the areas of clinical trial management and informed consent, medical call centers, medical education grants, and brand marketing. Furthermore, a participant reported, the company is conducting outreach efforts with the community through an Employee Wellness Series, the Indy Reads Adult Literacy Program, the Marion County Public Health Department, and Reach Out and Read Indiana. The organization is also conducting multiple regional medical education programs focusing on health literacy.

**Hablamos Juntos**

A participant reported that Hablamos Juntos offers tools to help limited English speaking populations navigate health facilities. The site is designed for health care facilities and graphic designers interested in learning about and using newly developed health care symbols for wayfinding programs.” According to the organization’s website, “Hablamos Juntos is a project funded by the Robert Wood Johnson Foundation, and administered by the UCSF Fresno Center for Medical Education & Research, a major educational and clinical branch of the UCSF School of Medicine” ([www.hablamosjuntos.org/default.about.asp](http://www.hablamosjuntos.org/default.about.asp)).

**Health Literacy Advancement LLC**

A participant reported that Health Literacy Advancement LLC is a business based in Wisconsin that works with health care professionals to use educational strategies to advance health literacy.

**Health Literacy Consulting**

Based in Natick, Massachusetts, Health Literacy Consulting was founded by Helen Osborne, M.Ed., OTR/L. The organization’s focus is to “help organizations communicate health information in ways that patients, families, and employees can understand.” Efforts include workshops and keynote presentations; plain language writing and editing services; health literacy tips, articles, and books; podcast transcripts and a free monthly e-newsletter. ([www.healthliteracy.com](http://www.healthliteracy.com)) Osborne produces and hosts the audio/video interview series, Health Literacy Out Loud ([www.healthliteracyoutlou.com](http://www.healthliteracyoutlou.com)), and she founded Health Literacy Month ([www.healthliteracymonth.org](http://www.healthliteracymonth.org)). In addition, Osborne is the author of the award-winning

**Health Literacy Innovations, Inc.**

According to its website, Health Literacy Innovations, Inc., is the developer of an interactive health literacy software tool, Health Literacy Advisor, which functions as an add-in to Microsoft Word (http://healthliteracyinnovations.com/about).

**John Snow, Inc.**

John Snow, Inc. (JSI) is “an international public health consulting company headquartered in Boston that works to strengthen health literacy among underserved populations. JSI builds the capacity of health care and community-based organizations to integrate plain language and clear communication principles into all phases of the care continuum from outreach to discharge. With 35 years of experience, JSI believes that health literacy is integral to providing client-centered, culturally competent health care and services. JSI consultants work with health centers, provider groups, and community-based organizations to educate health professionals about low health literacy and its impacts. In turn, we help health care providers improve both verbal and written communications with their patients. We also assist researchers and evaluators to create plain language, easy-to-read, and easy-to-understand participant information, consent forms, survey instruments, and patient satisfaction tools. With funding from state health departments and federal agencies, JSI consultants develop plain language, easy-to-read public health materials and campaigns, both print and Web-based, on a variety of health topics, including HIV/AIDS, tobacco prevention and cessation, reproductive health and family planning, and safe medication use. Finally, JSI collaborates with the adult literacy education system in multiple states to integrate health topics (such as tobacco education, cancer prevention, asthma, and environmental health) into ABE [adult basic education] and ESOL [English as a second language] classes. Through these collaborations, adult learners develop skills in accessing health information, managing their health, and navigating the health care system. When appropriate, JSI coordinates its health literacy efforts with World Education, its sister organization, dedicated to improving the education and literacy of individuals in resource-poor countries.”

**Johnson & Johnson, Inc.**

Johnson & Johnson, Inc. has supported numerous internal and external projects, publications, and meetings related to health literacy, including professional health care continuing education efforts. For example, the company has a long-standing relationship with the University of California Anderson School of Management’s UCLA/Johnson & Johnson Health Care Institute. This is the home of a program that is “a comprehensive approach to health empowerment for Head Start parents, children and staff with an array of programs targeting key health issues.” (www.anderson.ucla.edu/programs-and-outreach/uclajohnson-and-johnson-health-care-institute)

Ortho Clinical Diagnostics, Inc. is a Johnson & Johnson company that, according to a press release on its website, has worked with the National Association of Chronic
Diabetes Directors to explore the public’s health literacy related to blood testing (www.orthoclinical.com/en-us/localehome/media/PressReleases/Pages/Home.aspx?Newsitemid=28).

A participant reported that the Johnson & Johnson Diabetes Institute “recognizes that low health literacy is a barrier to improving health outcomes. The institute works with health care professionals (HCPs) to improve their communication with their patients, trains HCPs to improve their listening skills to truly understand their patients’ needs as well as to enhance their communication skills to ensure that patients understand health information and instructions, and works to build bridges and translate knowledge from the best science and evidence from researchers to HCPs who need to understand and implement it. Then the institute helps the HCPs translate this knowledge to their patients so they can apply it into healthy practice, utilizing a number of methodologies. Chronic diseases like diabetes can only be mastered through improved health literacy, and the Johnson & Johnson Diabetes Institute is committed to serving patients and health care providers in this way.”

Kurtz–Rossi & Associates

Kurtz–Rossi & Associates is a women-owned consulting group working to increase the health literacy of individuals, service providers, and health care systems. They offer a health literacy education and evaluation services. Their mission is to teach health literacy in ways people can learn, communicate health information in ways people can understand, and support healthy communities in ways that empower people to act. (www.kurtz-rossi.com) A participant reported several health literacy projects that this organization has been engaged with, including:

- “Health Information Literacy Research Project. Entailed working with nine hospitals in the U.S. and Canada on a research project to support and evaluate the role of hospital-based medical librarians as key providers of health literacy trainings and services. A project of the Medical Library Association funded by the National Library of Medicine. (www.mlanet.org/resources/healthlit/hil_project.html)
- Health Literacy GeriaSims. Developed interactive “virtual patient” simulation of health literacy issues encountered in the care of older adults and mentor guidance on how to improve patient-provider communication and understanding. Funded by Health Resources and Services Administration and the University of Iowa Geriatric Education Center. (www.healthcare.uiowa.edu/igec/resources-educators-professionals/geriasims/acadMenu.asp#)
- Tobacco and Literacy Education Project. Developed and piloted tobacco and literacy education lessons designed to fit easily into adult basic education math, language arts, and technology curricula. Worked with the Bureau of Adult Education, Department of Health, and four adult learning centers in New Hampshire. (http://tobaccoliteracy.jsi.com/)
- Health Information Literacy Outreach Project. Developed and piloted K-12 health information literacy curriculum with intergenerational activities targeting youth and seniors in rural Maine. Funded by the National Network of Libraries of Medicine—New England Region. (www.rvhcc.org/pdf/HIL_Sourcebook.pdf)
• Health Literacy Instruction for English Language Learners. Developed and piloted easy-to-read student resource book and teacher’s guide to increase health literacy awareness among English language learners in the state of Florida. (www.floridaliteracy.org/literacy_resources__teacher_tutor__health_literacy.html)

• Health Literacy and Plain Language. Created and taught graduate level course (GPH728) for the University of New England to equip health professionals with knowledge and skills to communicate effectively in health care and public health setting. Delivered in 8 on-line classroom modules that incorporate lectures, reading assignments, written assignments, video, learning projects, and online discussion. (www.une.edu/registrar/catalog/1314/graduate/majorgph.cfm#curricular)

• Seminar in Health Literacy. Created and taught skills oriented health literacy course (HCOM509) at Tufts University School of Medicine designed to provide students with a comprehensive understanding of health literacy with a focus on patient-provider communication, working across cultures, and the application of adult learning theory. Delivered in 6, 3.5-hour in-person classroom sessions. (http://publichealth.tufts.edu/Academics/MS-Health-Communication-Microsite/MS-Health-Comm-Course-Descriptions)”

MAXIMUS
Participants reported that MAXIMUS is home for a Center for Health Literacy which produces print and Web materials that are written in plain language, formatted for optimal readability, and translated into other languages by adapting the source text to the presumed literacy level of the target audience. Much of the Center's work is reported to be grounded in qualitative research; center staff conduct one-on-one interviews in the targeted communities, in English and other languages, as needed, to test print or Web materials before they are finalized. In existence for 13 years, the center is reported to not only assist on MAXIMUS projects but also to serve state agencies, the federal government, community-based organizations, and others who come to it for help researching communication needs or producing materials that “speak” to diverse populations effectively. The center is also reported to publish materials and conduct webinars that share best practices, and it hosts an annual conference about communication, Plain Talk in Complex Times.

Merck & Co., Inc.
Merck & Co., Inc. was reported by participants in this data collection effort to have conducted an ongoing effort to address health literacy in the United States on many fronts. The pharmaceutical corporation has, for example, partnered with Canyon Ranch Institute, the American Academy of Family Physicians (AAFP) Foundation, RIASWorks, and the American Academy of Nursing (AAN) to form the Time to Talk CARDIO Advisory Board. The partnership produced the free online health literacy tools Time to Talk CARDIO (in English) and Hora de Hablar CARDIO (in Spanish). The growing list of network members in this effort includes Sister to Sister: The Women's Heart Health Foundation, Men's Health Network, and Mended Hearts.
A participant reported that Merck representatives also presented at several health literacy conferences about changing efforts to change their company’s culture using health literacy as a driver. Merck employees are reported to have the option to participate in the awareness-raising efforts, as this is not a corporate mandate. A participant reported that some departments are committing to rewriting information in plain language. This participant noted that the government regulations related to pharmaceutical companies present a challenge for the organization to push health literacy so that many of the company’s current efforts are not visible to the public. In the United States, Merck has partnered with Health Literacy Missouri to rewrite diabetes patient education material, ensuring implementation of health literacy principles. Additionally, Merck sponsors an ongoing free speaker series that includes presentations on health literacy.

Ongoing efforts at Merck are reported to include continued work with the Merck Manual, including a home edition and the Home Health Handbook. Merck Engage is reported to be a “free online tool available in the U.S. [that] offers resources that reinforce healthy lifestyle choices, provide disease-specific education, support adherence to therapy, and help U.S. healthcare consumers have more productive interactions with their healthcare professionals.” A participant reported that the Adherence Estimator is an “evidence-based, patient-centered tool designed to help identify patients who may be at risk of medication non-adherence and provide the specific reason(s) they may be at risk of discontinuing therapy.” Merck was also a founding member of Script Your Future, which is a national campaign led by the National Consumers League (NCL) to raise awareness about the health consequences of not taking medications as directed.

Organization of Patient Educators

According to a participant, the Organization of Patient Educators’ “patient literacy work and the Understanding Personal Perspective (UPP) tool was used in a Centers for Medicare & Medicaid Services Care Transitions project administered in Louisiana by eQHealth Solutions from 2008–2011. Based on that project, eQHealth received special recognition from CMS for its leadership role in Care Transitions.” Additionally, this participant reported that the executive director and founder of the organization “authored a resolution for the American Nurses Association making health literacy a major initiative for ANA.” Overall, this participant reported, the organization offers patient educator courses which “have trained health care providers how to communicate with patients efficiently and effectively.”

Pfizer Inc.

Participants report that Pfizer, Inc. was historically very active in health literacy by supporting health literacy research, annual conferences, meetings, and publications. However, participants reported that the overall effort was largely reduced in recent years. Nonetheless, the Pfizer Clear Communication Program is active and has elements targeting patients and families, healthcare professionals, and researchers and policy makers.
Quality Interactions, Inc.

A participant reported that Quality Interactions, Inc. (formerly Manhattan Cross Cultural Group, Inc.) is a “training and research organization committed to improving health care to diverse patient populations and eliminating health disparities.” Quality Interactions is reported to have produced an e-learning program that “provides case-based instruction on cross-cultural health care. This interactive program focuses on common clinical and/or cross-cultural scenarios that build a framework of knowledge and skills for delivering quality care to diverse patient populations. There are several versions of the Quality Interactions e-learning program that provide communication strategies for health care professionals.” (www.qualityinteractions.org)

Medscape

This organization offers an online Continuing Medical Education/Continuing Education activity, Assuring Quality Care for People with Limited Health Literacy. The organization reports that upon completion of the program, “participants will be able to define health literacy and review how limited health literacy may affect the quality of health care, examine the relationship between health literacy and patient safety, identify those communication skills and clinical interventions that may improve health communication for all patients, and review clinical care strategies that may improve care for those populations most vulnerable to the effects of limited health literacy.” (www.medscape.org/viewprogram/8603)

RTI International

This organization conducts several efforts focusing on health literacy. The organization created the Health Literacy Skills Framework and two versions of the Health Literacy Skills Instrument that explicitly focus on literacy skills in a health context. RTI also is conducting “several studies for the FDA related to prescription drugs, several of which involve health literacy.” Additionally, RTI International conducted the 2011 systematic review of health literacy literature for the Agency for Healthcare Research and Quality (AHRQ) (www.ahrq.gov/research/findings/evidence-based-reports/litupsum.html) and is evaluating AHRQ’s Information Technology Health Literacy Guide. Finally, the organization worked with the Centers for Disease Control and Prevention and with Communicate Health to create a Clear Communication Index that is a guide to “developing and assessing CDC Public Communication Products.” (http://rti.org)

SurroundHealth, HealthEd, and HealthEd On Demand

The partnering organizations SurroundHealth, HealthEd, and HealthEd on Demand focus on health literacy. According to a participant, “HealthEd develops patient education and medication education programs across a variety of disease states. Embedded within the HealthEd team are a team of 15 health educators (MPH, CHES as well as MEds, RDs, MSWs) who help ensure programs are patient- and care-partner-centered as well as meet health literacy design principles (use the ClearByDesign assessment tool). The entire team of 100+ employees (designers, copywriters, client services, editors, digital developers) is trained in health literacy—it’s importance in health care and how to create programs that meet health literacy principles. HealthEd also has
two subdivisions: HealthEd Academy, which sponsors a free online learning community, and SurroundHealth (www.surroundhealth.net) for health professionals from a variety of disciplines. SurroundHealth includes health literacy as a topical area where members share best practices, resources, articles, and news/events. As part of its health literacy efforts, SurroundHealth also distributes and promotes a Health Literacy Quiz to help highlight the importance of the health literacy issue for healthcare. The other subdivision of HealthEd is HealthEd On Demand (www.healthedondemand.com), a Web-based platform that allows healthcare providers to organize and share patient education resources. The platform lets patients rate and comment on the resources. As part of the platform, HealthEd On Demand has screened more than 600 of the resources within its library for health literacy principles. Resources that meet the principles are tagged as “Easy to Read,” and providers can filter for these materials.”

### Brief Addendum to the Companion Report on Health Literacy Efforts Outside of the United States

In South Africa, Discovery Health is reported by a participant to be “one of the largest health insurers, and the company actively promotes healthy lifestyles and prevention rather than treatments through discounts offered to members for gym membership, knowing one's vital signs and health status, promoting non-smoking and cautious drinking, and exercise. Currently the organization is a major sponsor of a Johannesburg-based big walk, Walk the Talk, with a local radio station. The effort encourages 50,000 people to participate in a 5- or 10-kilometer walk as part of an effort to improve health.” (www.discovery.co.za)

Another participant reports that “across Europe, Nestle is part of the Joint Venture on Health Literacy with other business partners such as Edenred, Microsoft, MSD, and BTIC. This effort is launched under the umbrella of CSR Europe.” (www.csreurope.org)

### SUMMARY AND CONCLUSIONS

If this report on health literacy efforts within the United States and the companion report on health literacy efforts outside of the United States accomplish nothing else, they should conclusively prove that health literacy is seen as a viable approach to improving health and well-being across all sectors of society around the world. Even though this effort did not (and could not) produce a complete accounting of all health literacy activities in the world, this pair of reports demonstrates that a significant number of health literacy efforts are ongoing and that such efforts are growing both in number and scale.

While not in any way meant to diminish the work that has been done to date, it must be noted that there remains an even greater amount of work to be done in order to help all people everywhere experience the improved health outcomes that can be created by advancing health literacy. Many millions of individuals still do not receive the known
benefits of advancing their own health literacy and interacting with a truly health literate health system. The full promise of advancing health literacy is yet to be a reality for far too many people, communities, and countries. Why is that the case?

Over the past 20-plus years of the development of the field of health literacy, the overall focus has by and large been on the negative health outcomes associated with people having low levels of literacy or health literacy. The rhetoric used to bring that point home to individuals, health systems, and governments has evolved over that time. Just 10 years ago a primary focus was on the “Over 300 studies, conducted over three decades and assessing various health-related materials, such as informed consent forms and medication package inserts, which have found that a mismatch exists between the reading levels of the materials and the reading skills of the intended audience. In fact, most of the assessed materials exceed the reading skills of the average high school graduate” (IOM, 2004, pp.7–8).

Following the release of data from the two national assessments of literacy and health literacy in the United States, the claims shifted to the percent of American adults who were at or below a threshold of literacy skills deemed necessary. The 1992 National Adult Literacy Survey reported, “Twelve percent of the respondents reported having a physical, mental, or other health condition that kept them from participating fully in work or other activities. These individuals were far more likely than adults in the population as a whole to demonstrate performance in the range for Levels 1 and 2” (Kirsch et al., 1993, p. 20). (Levels 1 and 2 were the lowest levels of literacy in that reporting methodology.)

Roughly 10 years later, the 2002 National Assessment of Adult Literacy found, “The majority of adults (53 percent) had Intermediate health literacy. An additional 12 percent of adults had Proficient health literacy. Among the remaining adults, 22 percent had Basic health literacy, and 14 percent had Below Basic health literacy” (Kutner et al., 2003, p. 7). Furthermore, “At every increasing level of self-reported overall health, adults had higher average health literacy than adults in the next lower level” (Kutner et al., 2003, p.7).

In short, the field of health literacy has “hung its hat” on claims—and increasing levels of evidence—that lower health literacy causes poorer health. That long history includes both tacit and explicit promises that if health literacy skills were improved, health status would improve as a result.

Thus it is both surprising and disappointing that a vast majority of the health literacy efforts reported here and in the companion report do not indicate that the efforts are explicitly designed and evaluated to prove the long-standing claim that improving health literacy will produce improvements in health. For many years now, that hypothesis has been the driver of growth for the field of health literacy. Finding the means and methodology to test that hypothesis seems to have proven a challenge. Nonetheless, despite any such challenges, the field of health literacy must continue to strive to live up to its claims that improving health literacy will improve health status. That will necessarily entail a shift from the focus on the deficit of health literacy to a more positive approach that focuses on how increased health literacy leads to improved health and on how to increase health literacy in populations around the world.
By design, this effort has been more of an information gathering than an information analysis process. However, it is possible to put forth several observations based on the information gathered and reported in this and the companion report.

First, health literacy may be at risk for becoming—or perhaps has already become—a politically useful socially constructed phenomenon. That is not a positive attribute. This may explain why only a minority of efforts reported a specific goal of objectively improving health status.

Why would such a disconnect between the promise of improved health status and the actual practice and evaluation of health literacy efforts occur? One possible explanation is that the lack of a widely agreed upon and validated definition of health literacy results in health literacy becoming what the sociology of science often calls a “boundary object.” Identifying boundaries to health literacy and what is or is not a policy truly aimed at health literacy is currently quite difficult. For example, participants from China disagreed about whether there were any policies related to health literacy in that country—indicating low agreement on what is and is not considered health literacy.

Currently, if people or organizations decide to label an effort as addressing health literacy, then by default it becomes a health literacy effort. There are no broadly agreed upon criteria, although a few are beginning to emerge. This effort, for example, had to essentially ignore that definitional problem and simply report, without discretion, what was claimed to be health literacy. This is a potentially fatal flaw that the field should address. For instance, if health literacy is indeed a “flavor of the day,” without strong agreement as to what the concept actually means, then there is nothing to prevent proponents of older, less effective, or ineffective practices to simply re-label their efforts as health literacy in order to seek further funding and support. That would ultimately prove to be a negative influence on future growth and applicability of health literacy.

Second, and underpinning the points above, there is a clear disagreement among participants in this effort regarding the existing definitions of health literacy. This is another area of risk that the field of health literacy currently faces. The most cited definition of health literacy is certainly the one proposed by the 2004 Institute of Medicine report on health literacy. Participants in this information collection process clearly disagreed on whether that definition is correct. Roughly one-third of participants who commented on this issue supported that definition, one-third directly disagreed with that definition, and one-third reported that they were not aware of a broadly accepted definition of health literacy. Essentially, therefore, roughly two-thirds of participants either explicitly disagreed with that definition or did not consider it broadly accepted. That situation is a perilous state for any field of practice or theory. Health literacy is both practice and theory, of course, but the field should be very concerned about that lack of a

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7 A hope is that others will seize upon the information in this pair of reports and begin their own analytical efforts regarding the state of health literacy around the world.
8 A boundary object is a concept developed by sociology of science scholar Susan Leigh Star. Boundary objects describe information used in different ways by different communities. An acknowledgement and discussion of these differences can enable the formation of a shared understanding, but the definitions of boundary objects are open to contestation from differing perspectives and applications. (Star and Griesemer, 1989)
consensus regarding what exactly health literacy is or what the field is seeking to accomplish.

Third, the policies reported by participants are largely calls for voluntary compliance. Internationally, very few countries reported policies regarding health literacy. The continued introduction of health literacy into policy, with enforcement clauses, and into regulations crafted to support those policies, is not only an effective way to address health literacy, but also is a promising approach to reducing overall costs while increasing quality in health systems in the United States and around the world. However, if such policies are put into effect, they will require a precise and validated definition of health literacy in they are to be successful.

Fourth, one clear driver of successful health literacy interventions seems to be multiple organizations partnering to form interdisciplinary and integrative efforts. This seems true around the world. Health literacy calls for people to be engaged in an effort to improve their health literacy and health status early and often. That level of engagement inevitably leads to people realizing that interventions need to address the whole person, not just a diagnosed disease. That is inherently an integrative approach to health. Thus, it seems that health literacy naturally leads to an integrative approach to health. Furthermore, taking an integrative approach and involving people early and often in that effort creates a natural focus upon the prevention of disease rather than sick care. This logical chain of connections may well indicate a path to follow in order to restructure health systems around the world to improve quality at a reduced cost. Nothing could be more needed. That is perhaps especially true in the United States, which has consistently been shown to have poorer health outcomes at a higher cost than other nations with high per capita income.

Fifth, participants from those nations with more health literacy activities seemed to offer a broader range of assessments about the status of health literacy in that nation than participants from nations with fewer health literacy activities. For example, while many participants reported policy activity in Australia—especially relating health literacy to quality of care—other participants offered assessments that countered that assertion. For example, a participant from Australia reported, “There does not seem to be much in way of policy in Australia other than acknowledging that it is a problem.”

While it would be easy, and perhaps correct, to conclude there are different levels of engagement and knowledge between participants in this effort, an intriguing possibility is that the level of transparency and direct engagement is reduced as health literacy becomes more enmeshed within governmental systems. This is possibly an example of how health literacy’s success can work against the field’s ability, in practical terms, to maintain integrity to the core values of engaging people early and often with the goal of empowering them to participate in the issues and decisions that affect their lives, health, and well-being. As a result, centralized decision makers in governmental systems wishing to productively address health literacy must remain extremely on guard to the potential for any centralized effort to lose touch with the very values it hopes to disperse across society.

Sixth, an area that seems ripe for future research is that there seems to be some level of disagreement in recommendations about the role and utility of health literacy in policy documents that have been created around the world. Some recommend an emphasis be placed on health literacy. Others suggest that such an emphasis may not be a
productive approach. Clearly, this presents an opportunity for further research and analysis.

Seventh, and as also reported in the first report of this effort focusing on health literacy efforts around the world, it seems clear that where health literacy policies have been put into place by governmental agencies, there are also more health-literacy-related activities. Given the one-time nature of this information-gathering process, it is impossible to determine whether the development of practices led to the policies or the development of policies led to practices, or if that relationship varies in different contexts. Answering that question would take a different study design and significantly more time and resources to accomplish. Nonetheless, as one would expect, there seems to be a relationship between policies and practices/projects that is clearly worthy of further study and reflection.

The Tenth Anniversary of the First Institute of Medicine Report on Health Literacy

Taken as a whole, this report provides evidence that it is time to revisit and revise the U.S. Institute of Medicine’s first report on health literacy, which will see its tenth anniversary in 2014.

For example, the central and significant disagreement among participants about how to define health literacy is perhaps the single most powerful argument for the Institute of Medicine to initiate an effort similar to the one that produced the 2004 report on health literacy which has helped fuel the growth of the field to date. Neglecting this opportunity to lead the field to further advance health literacy may well result in a setback to the momentum that the field currently seems to possess.

The broad disagreement in determining what is and what is not health literacy seems to be sometimes evidence-based and sometimes politically motivated. Perhaps most notably subject to interpretation from competing perspectives is a component of the original IOM definition that refers to “appropriate decisions.” This phrasing has allowed, and continues to allow, individuals and organizations to claim to address health literacy as a critically important tool in a very wide, and often not evidence-based or evaluated, range of efforts. What is “appropriate” is, of course, in the eye of the beholder. That phrase inherently allows political agendas to enter into what should be primarily a scientific process. Fortunately, there has been a reported shift toward informed decisions about behavior as a more valid outcome of health literacy. This is one of many potential reasons to consider a commemoration of the decade-old effort and to update the IOM’s initial report on health literacy.

A second, and perhaps more controversial, issue also emerges that argues for revisiting the original IOM report. Revisiting the history of the field of health literacy and reviewing the diversity of health literacy efforts reported to this information-gathering process raises the question of whether there is a difference between health literacy and the use of literacy skills in a health context.

9 The phenomenon of various people in the field disagreeing with the core elements of the definition in the original IOM report has been reported in the peer-reviewed literature as well. See, for example: Pleasant et al., 2011, and Pleasant and McKinney, 2011.
Why would a national assessment of literacy feel it necessary and worthwhile to include a separate assessment and report on health literacy? One possibility is merely political—that sufficient interest in the construct of “health literacy” warranted the expenditure of public resources. Another possibility is that the literacy professionals engaged in the process believed it possible that health literacy was, in fact, somehow different from applying literacy skills in the context of health. Whatever the cause, what the 2003 National Assessment of Adult Literacy measured was, in fact, the application of literacy skills in the informational context of health. That has been true of most, if not all, efforts to measure health literacy to date.

However, a key document in the growth of the field—a highly cited review article authored by Dr. Rima Rudd and colleagues—reports that “Common sense indicates that those struggling with health literacy issues would have less difficulty with materials that are written at lower reading levels. However, research indicates that this strategy by itself falls short of addressing the needs of those with low health literacy skills and instead tends to benefit most those with higher skill levels who report that they prefer such materials.” Furthermore, the authors of that report wrote, “Findings indicate that the strategy of improving the readability of educational materials by bringing it to the sixth-grade level is clearly insufficient as a means of meeting the needs of patients with low literacy skills” (Rudd et al., 1999).

Why would that be the case, that so-called “plain language” materials do not meet the needs of people with low health literacy? Perhaps therein lies the need to clearly distinguish health literacy from the use of literacy in a health context. Research seems to indicate that plain language efforts, although mandated within the U.S. government, are insufficient to meet the needs of people with low health literacy and, thus, likely unable to improve the health of recipients of such materials or programs. Perhaps it is this distinction between literacy and health literacy that has led so many efforts reported to address health literacy to not report addressing, and evaluating, changes in health status. According to some perspectives, this may seem a distinction without merit. According to others, it is the keystone upon which the field of health literacy should be based.

Over time, most definitions of health literacy and most, if not all, attempts to measure health literacy have largely ignored this distinction. Efforts focused on measuring skills are particularly prone to this inconsistency. Inevitably, efforts to identify or measure “health literacy” skills measure only basic literacy skills as applied within a health context. That has largely occurred because, while every effort to develop a measure of health literacy has espoused one of the several definitions currently circulating, no measure has been explicitly constructed to test the definition the measure reports to be based upon. To be clear, most measurement efforts will claim to be based upon a definition constructed using elements such as “find,” “understand,” “use,” “communicate,” and “evaluate.” However, in the development process, health literacy measures have inevitably been reduced to measuring the abilities to read and understand prose passages and numerical information or self-reports of those skills. To truly test a definition of health literacy requires a measure that is built to test the logic model proposed in the definition—for example, the abilities to find, understand, evaluate, communicate, and use information to make informed decisions as is proposed in the Calgary Charter on Health Literacy (Coleman et al., 2009).
If the field of health literacy, which has substantially contributed to the creation of this pair of reports and supplies the primary audience for this pair of reports, wishes to continue to advance the field, then the effort to distinguish health literacy from the application of literacy skills in a health context may well be a very advantageous area in which to work. Agreement on the importance of this goal among this effort’s participants seems very possible as the lowest level of agreement among participants was in relation to the definition and measurement of health literacy. (See page 12 of this report.)

This is yet one more area that strongly argues for revisiting the original Institute of Medicine report on health literacy. The field has clearly made significant advances over the past decade. Those advances have in no small part been due to the positive contributions of that report, and it is time to revisit and commemorate the initial effort by producing a new report that clearly outlines the growth and successes of the field of health literacy while also producing a new set of recommendations that can lay the groundwork for the next decade of efforts to advance health literacy around the world.

**Recommendations**

To close, a few very specific recommendations emerge as a result of this process. Governments, organizations, and individuals interested in further advancing health literacy should consider supporting and encouraging such efforts as:

- Taking advantage of the upcoming 10th anniversary of the Institute of Medicine’s first report on health literacy to revisit that original volume, track status on the multiple recommendations made throughout the volume, and update the key findings highlighted throughout. Goals of such an effort could include updating the volume with new scientific understandings, particularly in regard to the conceptual mapping of health literacy, the definition of health literacy, the measurement of health literacy, and evidence-based outcomes of health literacy, and formally identifying the best practices of health literacy that have emerged over the past decade.

- Encouraging continued demonstration projects to highlight the importance of an integrative approach based on the principles of health literacy that focus on preventing chronic disease. Efforts should be designed to ensure rigorous exploration of the implications of applying health literacy to prevention rather than to clinical or “sick care” applications of health literacy.

- Examining specifically how health literacy is being incorporated into educational curricula across the medical, public health, and allied professions and what outcomes those efforts are creating.

- Helping create a conceptual framework upon which health literacy research can determine not only if health literacy has an effect on health but more importantly how health literacy has an effect on health.
• Repeating an effort similar to this information-gathering process on an annual or biannual basis. Interest in this overall effort started and continues to build following publication of the first of this pair of reports. Perhaps this sort of an effort could provide a basis for the creation of an international health literacy organization in which members would receive an updated list of health literacy activities around the world. This effort should be extended over a longer time frame in order to identify activities occurring in nations that did not participate in this initial effort. Also, future efforts in this direction should work diligently to ensure that every nation, and efforts in every language, are equitably represented.

Finally, after over 200 pages of information shared across a pair of reports and many months, it is most important to sincerely congratulate everyone involved in the field of health literacy for their dedication, passion and compassion, enthusiasm, willingness to invest resources, and intellectual achievement. The idea of health literacy has produced a community filled with dedicated, caring, intelligent, active, and effective individuals working toward a shared goal of improving health literacy in order to improve the health and well-being of every person around the world. Thank you for your past, present, and future efforts in that direction. You are all heroes.
References


