

Making a case for health literacy

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Credit: University of Missouri-Columbia

The Centers for Disease Control and Prevention estimates half of the adult population in the United States may have inadequate health literacy skills. The inability to understand and effectively use health information is linked to higher rates of hospitalization, reduced preventive care and increased health costs. A new report by researchers at the University of Missouri School of Medicine's Center for Health Policy highlighted the benefits of health literacy for both patients and providers.

"Health literacy can improve the value of care for everyone," said Karen Edison, M.D., director of the MU Center for Health Policy and contributing author of the [report](#). "When [patients](#) are given [health information](#) in a way they can understand, they tend to make better health decisions."

Authors of the report used previous evidence-based research to show how [health literacy](#) can achieve four main goals, also known as the "Quadruple Aim." The Quadruple Aim is based on enhancing quality of care, improving community health, reducing [health costs](#), and improving patient and provider experiences.

"The Centers for Medicare and Medicaid Services

estimates health expenditures will cost the U.S. \$3.5 trillion in 2017," said Stan Hudson, M.A., associate director of the MU Center for Health Policy and lead author of the report. "We know from previous research that limited health literacy increases costs not only for the U.S. health system, but also for patients and providers. Based on cost analysis of that research, we estimate sufficient health literacy could save \$105 to \$175 billion each year."

Hudson and his colleagues interviewed health literacy professionals and conducted a survey to learn about existing educational programs. The interviews and survey focused on [community health](#), and how patient and provider experiences were affected by improved health literacy.

"The relationship between health literacy and health outcomes is very important," Hudson said. "We found that low health literacy is a contributing factor for readmission for chronic conditions such as diabetes, heart disease and cancer. From an ethical standpoint, it also plays a vital role in equitable care. Health literacy helps ensure the best quality of care for everyone."

Although the MU report identifies the important role of health literacy, Hudson suggests that more research is needed to show long-term benefits.

"Evidence of short-term outcomes support the effectiveness of many health literacy interventions," Hudson said. "However, there are no studies that examine long-term outcomes, especially as they relate to public health and prevention. This is an area we need to study more."

"Improving health [literacy](#) will involve working with providers to communicate more effectively," said Edison, who also serves as the Philip C. Anderson Professor of Dermatology and chair of the Department of Dermatology at the MU School of Medicine. "We also need to empower patients and their families through educational and outreach strategies. Ultimately, we need to create opportunities for patients to understand their care

as they navigate the [health](#) care system."

The report, "Improving Health and the Bottom Line: The Case for Health Literacy," recently was presented to the National Academies of Sciences, Engineering, and Medicine at the Roundtable on Health Literacy workshop in Washington, D.C. Funding for the report was provided by the Health and Medicine Division of the National Academies.

Provided by University of Missouri-Columbia

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