

Chapter 2

Health Literacy: An Essential Ingredient for Better Health Outcomes – Overview of Health Literacy Theoretical Concepts

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ABSTRACT

The design of the U.S. healthcare system along with increasing expectations of individuals create barriers to health care. One barrier is limited Health Literacy (HL). This essential healthcare ingredient is often disregarded (Murphy-Knoll, 2007). There is debate concerning the definition of HL (Sorensen, Van den Broucke, Fullam, Doyle, Pelikan, Slonska, & Brand, 2012). Still, there is consensus that HL is necessary for quality healthcare (Parker & Gazmararian, 2003) and that HL deficiencies must be addressed. Limited HL independently contributes to poorer health status, greater risk of hospitalizations, and increased likelihood of mortality (Hanchate, Ash, Gazmararian, Wolf, & Paasche-Orlow, 2008; Jeppesen, Coyle, & Miser, 2009). Much is known about HL. Still, few advancements have been made due to gaps between what we know about HL, and the application of that knowledge (Ishikiawa & Kiuchi, 2010). The purpose of this chapter is to provide a HL overview and recommend improvement strategies.

INTRODUCTION TO HEALTH LITERACY

The U.S. healthcare system is a fast evolving system with innovative advances and giant leaps in knowledge (Grande & Srinivas, 2001). Medical knowledge doubles every six to eight years with cutting-edge medical procedures introduced continuously. (Mantovani, Castelnuovo, Gaggioli, & Riva, 2003). These advances have led to phenomenal improvements and today contemporary medicine is commonplace. America has the most technologically rigorous medical system in the world (Chernichovsky & Leibowitz, 2010), and offers some of the best healthcare worldwide (McCarthy, 2003). Nevertheless, it is generally acknowledged that the U.S. healthcare system experiences poorer health outcomes than healthcare systems in other developed countries (Chernichovsky & Leibowitz, 2010). It is the world's most ex-

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Health Literacy

pensive healthcare system (Bible & Lee, 2009) and it may not provide the care many Americans need (McCarthy, 2003). This lack of healthcare access eventually leads to health disparities (Chernichovsky & Leibowitz, 2010).

While the growth and evolution of the U.S. healthcare system have generated numerous advantages, there are also significant disadvantages. The growing complexity associated with using the healthcare system creates serious barriers to healthcare quality and access. One such barrier is limited or limited health literacy. The healthcare system is often very difficult to navigate. It has been described as overwhelming and complex (Passche-Orlow, Parker, Gazmararian, Neilsen-Bohlman, & Rudd, 2005); intricate, disjointed and specialized (Mika, Kelly, Price, Franquiz, & Villerreal, 2005); complicated and confusing (Paasche-Orlow & Wolf, 2007); and so fragmented and inefficient that it should be significantly overhauled (McCarthy, 2001, p. 782). In spite of all the medical innovations which pave the way for groundbreaking treatments and advanced technologies, a basic but essential healthcare ingredient – health literacy, is often overlooked in the U.S. healthcare environment (Murphy-Knoll, 2007). Approximately four decades ago a professor of health education, Dr. Scott K. Simonds, suggested that more emphasis be placed on health literacy when he recommended minimum standards for health literacy be established for all grade levels K through 12 (Simonds, 1974, p. 9). But policymakers, administrators, and researchers failed to act on the recommendation and it was nearly 20 years later that widespread attention was given to health literacy as an important healthcare component (Egbert & Nanna, 2009). Health literacy is defined 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” (IOM, 2004, p. 32). While this definition places emphasis on individual capability, it does not address the specific skills needed to successfully manage one’s health (Institute of Medicine (IOM), 2009). The extent to which an individual has health literacy is directly linked to his or her ability to utilize the healthcare system to positively impact their health status.

The relatively recent attention to health literacy resulted in a tremendous increase in the amount and quality of health literacy research conducted over the past two decades. Since 2005 nearly five thousand health literacy articles have been listed in PubMed (Sorensen, Van den Broucke, Fullam, Doyle, Pelikan, Slonska, & Brand, 2012). Consequently, we now have a better understanding of the definition and overall concept of health literacy. There has also been an increase in knowledge about the prevalence of limited health literacy and how it impacts individuals, health care providers, and the U.S. healthcare system. Still, only minimal progress has been made to improve the health literacy skills in America due largely to the broad gap between what we now know about health literacy and the application of that knowledge (Ishikawa & Kiuchi, 2010). Although there has been rigorous debate and disagreement concerning the most effective approach to defining and measuring health literacy (Sorensen, Van den Broucke, Fullam, Doyle, Pelikan, Slonska, & Brand, 2012), there is general consensus that health literacy is an extremely important component of health care (Parker & Gazmararian, 2003) and deficiencies in it should be addressed. Health literacy represents an individual’s ability to gain access to, and understand health information well enough to make informed and reasoned decisions concerning their own health. Historically, healthcare professionals were the primary sources of health oriented information. But, the increase in media reports, use of internet resources, and other health-oriented materials have made alternative sources of health information more accessible. While the increased access to health information provides welcomed advantages, it also intensifies the need for improved health literacy since there are no established assurances of the quality of health information from these alternative sources (Ishikawa & Kiuchi, 2010).

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