



Health Literacy

An introduction for people who produce health information

This briefing aims to provide information producers with an overview of what Health Literacy is, along with some brief background data about the extent of the level of need and its impact.

What is health Literacy?

The World Health Organisation embracing definition of Health Literacy is:

‘Health literacy implies the achievement of a level of knowledge, personal skills and confidence to take action to improve personal and community health by changing personal lifestyles and living conditions. Thus, health literacy means more than being able to read pamphlets and make appointments. By improving people’s access to health information, and their capacity to use it effectively, health literacy is critical to empowerment.’ (1)

Health Literacy can often be broken down into:

- **Functional Health Literacy** - the ability to understand information and instructions in a variety of health settings
- **Interactive Health Literacy** – the ability to be an ongoing active participant in decisions about your health

- **Critical Health Literacy** – the ability to take control of the wider determinants that affect your health

This briefing focuses on how information producers can ensure that their information promotes functional Health Literacy.

This is where the need seems to be at its most acute. It is also where the mismatch between population Health Literacy, Literacy and Numeracy and the level at which health information is written is most problematic.

Literacy is defined as the ability to read, write, speak and listen to a level that enables a person to communicate effectively, understand written information and participate fully in society (2). Mathematical literacy is an individual’s capacity to identify and understand the role that mathematics plays in the world, to make well-founded judgements and to use and engage with mathematics in ways that meet the needs of that individual’s life as a constructive, concerned and reflective citizen (3).

Both can be key to enabling people to live healthily, understand symptoms and illness, and follow advice and instructions.

‘43 per cent of people aged 16 – 65 are unable to effectively understand and use health information’

Until recently much of the research looking at this area was from the United States. However, recent UK research on the mismatch between the population's health literacy and the skills needed to navigate and understand the system shows that **43 per cent of people aged 16 – 65 are unable to effectively understand and use health information, this rises to 61 per cent if numeracy skills are required to aid comprehension (4).**

This is significantly higher than those who lack basic literacy and numeracy skills and highlights the multi-dimensional nature of health literacy.

The 2011 Skills for Life survey (5) reported that 24 per cent of English adults aged 16-65 (8.1 million people) lack functional numeracy skills (below Entry level 3 numeracy) and 15 per cent (5.1 million) lack functional literacy skills (below level 1 literacy).

In other words, much health information is written at a level that is too high for a significant amount of people to understand even if they are deemed to be functionally literate and numerate.

The researchers found that the problem seemed to be most acute in London, the North and the Midlands and that an individual's risk of having lower Health Literacy was affected by a variety of socio-economic factors such as membership of a Black and Minority Ethnic group, unemployment and age.

What are the impacts of having lower Health Literacy?

The majority of research focuses on the relationship between functional Health Literacy and health outcomes. It has looked at both clinical and wellbeing impacts and, once again, has largely been carried out in the United States.

Among the findings are that people with lower Health Literacy:

- Have more difficulty managing medication (6)
- Have a higher prevalence of long-term conditions (7)
- Are less likely to engage with prevention programmes such as cancer screening or immunisations (8)

In addition they:

- Adopt less healthy behaviours (9)
- Self-report lower health status (10)
- Respond less positively to public health campaigns (11)

Lower health literacy has also been found to be associated with greater distrust of clinicians [12] and a general negativity towards health and health care [13].

Implications for Health Information Producers

As can be seen from above there is a likelihood that a significant amount of health information is not fully understood by the people it is designed to help. In addition, they are the individuals who are least likely to challenge and ask questions of their clinicians.

In the current economic climate, there is unlikely to be any additional money to enable organisations to produce discrete information for people with lower levels of Health Literacy. This means that the challenge is how to produce universal information which is easily understood by all potential readers.

This may require a new approach to designing and writing materials and a new way of thinking about the intended readership. For example, the WHO found that in Europe when it reviewed 1500 health materials, in a wide range of format and subject, that they had been "geared to a very sophisticated audience". (14)

Other resources published in the [PiF Toolkit](#) provide practical tips, suggestions and ideas based on good practice and user feedback on how this can be done.

References

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