



Health Literacy: A Prescription to End Confusion

Lynn Nielsen-Bohman, Allison M. Panzer, David A. Kindig, Editors, Committee on Health Literacy

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Health Literacy

A Prescription to End Confusion

Committee on Health Literacy

Board on Neuroscience and Behavioral Health

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*“Knowing is not enough; we must apply.
Willing is not enough; we must do.”*

—Goethe



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Preface

My understanding of the issues in health literacy was limited prior to taking on the role of Chair of this committee. From my expertise in defining and measuring population health and its determinants, I appreciated the importance of the social determinants of health. I had speculated about the role of health literacy as one pathway by which education might exert an independent effect on health outcomes. But until this rich and intense interaction with my colleagues from diverse fields such as literacy, biology, health communication, anthropology, epidemiology, medicine, nursing, and health policy, combined with poignant testimony from those affected and other experts, I had no idea of the importance and complexity of this topic.

I believe that what the United States puts into practice in medicine and health is much less than what is known. Only now do I know how profoundly the gap between knowledge and practice is widened by limited health literacy. Only now do I know why some refer to this as a “silent epidemic”—the lack of understanding by most professionals and policy makers of its extent and effect, and the individual shame associated with it that keeps it even more silent and hidden.

I hope that this report will produce several outcomes:

- It will become widely appreciated that 90 million adults with limited health literacy cannot fully benefit from much that the health and health-care system have to offer.
- It will become widely understood that efforts to improve quality, to

reduce costs, and to reduce disparities cannot succeed without simultaneous improvements in health literacy.

- It will become widely understood that health literacy is more than reading, but includes writing, numeracy, listening, speaking, and conceptual knowledge.
- It will be accepted that improving individual health literacy requires great effort from the public health and health-care systems, the education system, and society overall.

Chairing this committee was such a privilege and a challenge. We each struggled to overcome the limitations of our own knowledge and assumptions. We could not have completed this work without the many hours devoted by committee members, those providing testimony, and Institute of Medicine staff, and the financial support of our sponsors. As one firmly committed to the translation of research into policy and practice, I hope this report, containing the results of our efforts, will identify substantial new resources, not only for the research needed to establish causal relationships and evaluate effective interventions, but also to expand the many promising interventions identified here. The significance of the problem is too great to wait for complete understanding before we act.

David A. Kindig, M.D., Ph.D.
Chair