



# **Minnesota Action Plan to Improve Health Literacy**

**March 2016**

## Foreword

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With more and more people accessing health insurance in Minnesota, it is important to equip them with the information needed to navigate the health care system and take action to maintain and improve their health. Health literacy – skills necessary for an individual to participate in the health care system and maintain good health<sup>1</sup> – has become increasingly concerning. Nearly 9 out of 10 adults have difficulty using the everyday health information that is routinely available in our health care facilities, retail outlets, media, and communities.<sup>2</sup> Over the past several years, the health care system has experienced an unprecedented level of change, which has compounded this problem.

Our responsibility as a health care community is to communicate clearly. Without clear communication, we cannot expect people to adopt healthy behaviors, follow medical advice, or understand their health insurance plans. When people receive accurate, easy-to-understand information about a health issue, they are better able to take action to protect and improve their health and wellness.

For this reason, health equity has become a critical topic for health professionals and community organizations. Health equity aims to ensure that every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of his or her social position or other socially determined circumstances.<sup>3</sup> Health equity implies that health should not be compromised or disadvantaged because of an individual or population group's race, ethnicity, gender, income, sexual orientation, neighborhood or other social condition.<sup>4</sup> To build a healthier society, it is important that organizations work together to improve health equity. Improving health literacy is a foundational way to work toward achieving health equity.

Recognizing the need to improve health literacy, a broad group of stakeholders has come together, in collaboration with the Minnesota Health Literacy Partnership, to identify barriers to health literacy and determine how we, as a broader health community, can work together to develop solutions to improve health literacy in our state. We need to work hard, be more

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<sup>1</sup> Kutner, M., Greenberg, E., Jin, Y., & Paulsen, C. The health literacy of America's adults: Results from the 2003 National Assessment of Adult Literacy (NCES 2006-483). Washington, DC: U.S. Department of Education, National Center for Education Statistics. 2006.

<sup>2</sup> Center for Health Care Strategies. "Fact Sheet #1: What is Health Literacy." [http://www.chcs.org/media/What\\_is\\_Health\\_Literacy.pdf](http://www.chcs.org/media/What_is_Health_Literacy.pdf). October 2013.

<sup>3</sup> Braveman, P.A.. Monitoring equity in health and healthcare: a conceptual framework. *Journal of Health, Population and Nutrition*. 21(3): p. 181. 2003.

<sup>4</sup> Boston Public Health Commission. "What is health equity." [www.bphc.org/whatwedo/health-equity-social-justice/what-is-health-equity/Pages/what-is-health-equity.aspx](http://www.bphc.org/whatwedo/health-equity-social-justice/what-is-health-equity/Pages/what-is-health-equity.aspx). Accessed February 2016.

proactive, and take responsibility to help meet the needs of the people we serve by reducing the obstacles to health literacy.

The following Minnesota action plan is an outcome of this work and is intended to serve as a tool for doctors, hospitals, clinics, health care providers, health insurance plans, agents, navigators, nonprofit organizations, educators, community service providers, and others to improve health literacy in Minnesota.

It is clear that one entity alone cannot develop solutions to increase health literacy. It will take a collective effort to make a difference and improve Minnesota’s health care system and Minnesotans’ health outcomes.

For more information about this plan and efforts to improve health literacy in Minnesota, contact the Minnesota Health Literacy Partnership at 651-662-0986 or visit [healthliteracymn.org](http://healthliteracymn.org).

### **Minnesota Health Literacy Action Plan Steering Committee**



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## Executive Summary

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Nearly 9 out of 10 Americans have difficulty using the everyday health information that is routinely available.<sup>5</sup> Recognizing this fact, a broad group of stakeholders came together to develop the Minnesota action plan to Improve Health Literacy.

For Minnesotans to adopt healthy behaviors and make responsible, well-informed health decisions, they must have access to clear, understandable information that is usable. This plan identifies barriers and solutions to improving health literacy.

Identified barriers to health literacy in Minnesota include:

- 1. The health care system is fragmented and complex.** In recent years the health care system has grown increasingly complex and people oftentimes do not understand how or where to seek help.
- 2. The burden of navigating health and health care is placed on the consumer.** The responsibility often falls on patients and their caregivers to find information and connect and coordinate the health care organizations involved in their care.
- 3. There is a lack of understandable and usable information available to consumers.** While many organizations offer tools and resources for understanding health and the health care system, there is often a lack of awareness among the general public and many health professionals that these tools and resources exist. Additionally, existing resources are frequently written or communicated at a level that is beyond the skills of the average consumer due to the use of complicated medical terminology and insurance jargon.
- 4. Sociodemographic differences affect how people understand health information.** Language, income, education, culture, insurance status, age, disability, race and geography all play a role in how people understand and interact with health care.

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<sup>5</sup> Kutner, M., Greenberg, E., Jin, Y., & Paulsen, C. The health literacy of America's adults: Results from the 2003 National Assessment of Adult Literacy (NCES 2006-483). Washington, DC: U.S. Department of Education, National Center for Education Statistics. 2006.

The Minnesota action plan identifies six priorities to improve health literacy.

- 1. Adopt and use health literacy best practices across all verbal, written and visual communication.** To make it easier for consumers to access and understand health information, the health care community should develop and implement best practices for providing written, verbal and visual health information in jargon-free, understandable language.
- 2. Make information about health relevant and accessible.** Patients and their caregivers should have easy access to usable information presented in a variety of mediums so they can understand diagnoses, make treatment and prevention decisions, and evaluate health risks.
- 3. Increase and improve patient-centered resources.** Health care professionals should provide patients with the necessary resources to understand the health care system and receive the most appropriate care. Whether individual assistance is provided in-person, by phone, or online, health care professionals should help patients coordinate and navigate health care.
- 4. Implement and enhance education opportunities at all levels.** Health literacy concepts should be integrated into primary, secondary and professional education.
- 5. Streamline processes within the health care system.** Productive partnerships within the health care system could identify and implement effective strategies and actions to lessen the burden on patients to navigate the fragmented health care system.
- 6. Invest in language and cultural resources.** Because limited English proficiency has a profound impact on health literacy, health care organizations need to take language and cultural differences into account when providing health information.

The Minnesota action plan is intended to serve as a tool for organizations and professionals throughout the broader health community. To truly make a difference in health literacy in Minnesota, organizations will need to work together to actively promote this plan. The 43 co-sponsors of the plan have agreed to prioritize and implement strategies that are appropriate for their organizations. Collectively, we can increase health literacy and improve Minnesota's health care system and health outcomes.

## Approach to Developing the Action Plan

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The Minnesota Action Plan to Improve Health Literacy is a project of the Minnesota Health Literacy Partnership, a collaboration of health care consumers, health care organizations, and literacy groups in Minnesota. Formed in 2006, the partnership encourages and supports health literacy efforts across the state.

The Minnesota action plan is the result of a six-month process to engage dozens of stakeholders statewide in conversations about barriers to health literacy and possible solutions. The engagement process was led by a steering committee consisting of representatives from the American Cancer Society Cancer Action Network, the American Heart Association, Blue Cross and Blue Shield of Minnesota, Minnesota Health Literacy Partnership, and Portico Healthnet. From October 2015 through March 2016, the steering committee facilitated a variety of listening sessions and a webinar to explore multiple perspectives and develop wide-ranging solutions.

Participating stakeholders included health insurers, patient advocacy groups, health care providers, government agencies, businesses, agents/brokers, social workers, community health workers, pharmaceutical industry representatives, community health organizations, public health officials, and higher education professors and students.

### Co-sponsors

The co-sponsors of this plan include:

- Allina Health
- American Cancer Society
- American Cancer Society Cancer Action Network (ACS CAN)
- American Diabetes Association
- American Heart Association
- Arc Greater Twin Cities
- Blue Cross and Blue Shield of Minnesota
- Care Management Solutions, LLC
- CentraCare Health
- Essentia Health
- Generations Health Care Initiatives
- HealthEast Care System
- HealthPartners
- Kate Murray, MPH candidate, University of Minnesota School of Public Health
- Medica
- Medical Alley

- Minnesota AIDS Project
- Minnesota Association of Community Health Centers
- Minnesota Association of Health Underwriters (MAHU)
- Minnesota Business Partnership
- Minnesota Chamber of Commerce
- Minnesota Community Health Worker Alliance
- Minnesota Community Measurement
- Minnesota Council of Health Plans
- Minnesota Department of Health
- Minnesota Gastroenterology
- Minnesota Health Literacy Partnership
- Minnesota Literacy Council
- Minnesota Rural Health Association
- MNSure
- NAMI Minnesota (National Alliance on Mental Illness)
- National Multiple Sclerosis Society, Upper Midwest Chapter
- Normandale Community College – Health Sciences
- Novartis Pharmaceuticals Corporation
- Pharmaceutical Research and Manufacturers of America (PhRMA)
- Portico Healthnet
- Rainbow Health Initiative
- Raiza Beltran, MPH, PhD student, University of Minnesota School of Social Work
- Stratis Health
- UCare
- University of Minnesota – Health Sciences Libraries
- University of Minnesota Extension – Center for Family Development
- Women’s Initiative for Self-Empowerment (WISE)



## Understanding Health Literacy

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Navigating today's health care system has become increasingly difficult for consumers. According to research from the U.S. Department of Education, only 12 percent of English-speaking adults in the United States have proficient health literacy skills,<sup>6</sup> yet the increasing complexity of medical care requires them to be more knowledgeable than ever before.

Health systems and professionals often present information in ways that are difficult for most people to understand. Resources publicly available on the Internet, printed in product pamphlets, or offered by family and friends can be incomplete, inaccurate, or too complicated. With an overwhelming and sometimes conflicting set of health messages from different sources, it is no surprise that people have difficulty managing their health and navigating the health care system.

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.”<sup>7</sup> The Minnesota Health Literacy Partnership further expands the definition explaining that health literacy refers to a patient's ability to obtain, understand, and act on health information and the capacity of health care providers and health care systems to communicate clearly, provide health education, and empower patients.<sup>8</sup>

Health literacy is important for everyone because, at some point in our lives, we all need to be able to find, understand, and use health information and services. Taking care of our health is part of everyday life, not just when we visit a doctor, clinic or hospital. Health literacy can help us prevent health problems and protect our health, as well as better manage the problems and unexpected situations that happen.

People of all ages, races, incomes, and education levels are affected by limited health literacy. But seniors, people with disabilities, minority groups, people with limited reading skills, people

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<sup>6</sup> Kutner, M., Greenberg, E., Jin, Y., & Paulsen, C. (2006). The health literacy of America's adults: Results from the 2003 National Assessment of Adult Literacy (NCES 2006-483). Washington, DC: U.S. Department of Education, National Center for Education Statistics.

<sup>7</sup> Institute of Medicine of the National Academies. “Health literacy: A prescription to end confusion.” <https://iom.nationalacademies.org/Reports/2004/Health-Literacy-A-Prescription-to-End-Confusion.aspx>. April 8, 2004.

<sup>8</sup> Minnesota Health Literacy Partnership. “Health Literacy Basics.” [www.healthliteracymn.org/health-literacy/health-literacy-basics](http://www.healthliteracymn.org/health-literacy/health-literacy-basics). 2016.

with low incomes, and people with limited English proficiency are more likely to experience limited health literacy.<sup>9, 10</sup>

Limited health literacy can result in:

- Medication errors
- Low rates of treatment compliance
- Reduced access to services for people with disabilities
- Decreased use of preventive services
- Unnecessary emergency room visits
- Difficulty managing chronic conditions
- Longer hospital stays and increased hospital re-admissions
- Poor responsiveness to public health emergencies
- Higher mortality rates<sup>11, 12</sup>

Through all of its impacts – medical errors, increased incidence of illness and disability, loss of wages, and compromised public health – limited health literacy is estimated to cost the United States economy up to \$236 billion every year.<sup>13</sup>

People make choices about their health every day, and understanding the information they hear, read and see is essential for them to make responsible, well-informed health decisions. Eliminating communication barriers and improving how the health care community delivers information are critical ways to improve health literacy.

## Glossary

Following are definitions of terms as used in this action plan. These definitions are intentionally broad, are meant to encompass the many roles of health and health care professionals, and are not meant to be specific job titles or industry terms.

- **Agent or broker:** A person or business licensed by the state who helps consumers enroll in health insurance plans.

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<sup>9</sup> U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion. “National Action Plan to Improve Health Literacy.” [health.gov/communication/hlactionplan/pdf/Health\\_Literacy\\_Action\\_Plan.pdf](https://www.health.gov/communication/hlactionplan/pdf/Health_Literacy_Action_Plan.pdf). May 2010.

<sup>10</sup> Kirsch, I. S., Jungeblut, A., Jenkins, L., & Kolstad, A. (1993). Adult literacy in America: A first look at the findings of the National Adult Literacy Survey (NCES 93275). Washington, DC: U.S. Department of Education.

<sup>11</sup> Berkman, N. D., DeWalt, D. A., Pignone, M. P., Sheridan, S. L., Lohr, K. N., Lux, L., et al. Literacy and health outcomes (AHRQ Publication No. 04-E007-2). Rockville, MD: Agency for Healthcare Research and Quality. 2004.

<sup>12</sup> Grabois, E. W., & Nosek, M. A. The Americans with Disabilities Act and medical providers: Ten years after passage of the act. *Policy Studies Journal*, 29(4), 682–689. 2001.

<sup>13</sup> Vernon, J; Trujillo, J; Rosenbaum, S; and DeBuono, B. “Low Health Literacy: Implications for National Health Policy.” University of Connecticut. 2007.

- **Care coordinator:** Any person who helps coordinate patients' care and connects patients with community resources, including care managers, community health workers, county care coordinators, patient navigators, and other health professionals.
- **Health educator:** Any person or agency who educates the public or patients about healthy behaviors, specific health conditions, navigating the health system, and public safety information.
- **Health care facility:** Any clinic, doctor's office, pharmacy, hospital, emergency room, or other place where people receive care.
- **Health system:** The organization of people, institutions and resources that deliver health information, health insurance, and health care services.
- **Health information:** Resources that provide facts and narratives about insurance plans, health care facilities, medical conditions, and more. Resources can be accessed through verbal conversations, videos, fact sheets, brochures, classes, websites, social media, and a variety of other means.
- **Patient navigator:** An individual or organization that is trained and able to help people obtain health insurance coverage, understand their benefits, and access providers in their care network. This includes but is not limited to agents, brokers, health insurance companies, employers, navigators, and Certified Application Counselors.
- **Plain language:** Words and communication that people can understand the first time they read or hear it.
- **Provider:** Any medical, dental, mental health, substance use disorder, or other health professional who provides direct care to a patient.

## Barriers to Health Literacy

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Understanding common barriers to health literacy is the first step to developing solutions. Through a variety of listening sessions, stakeholders identified barriers to health literacy and used these barriers to help facilitate conversations about the solutions.

### **Barrier 1: The health care system is fragmented and complex.**

The health care system has changed significantly in recent years, and many people are learning how to navigate it for the first time. Tasks such as choosing a health insurance product, selecting a health care provider, scheduling an appointment, knowing their network, coordinating care among multiple health care providers, and understanding bills require a level of health literacy that most American adults simply don't have. While some help is available from agents, navigators, health plans, public programs, employers, and others, people oftentimes don't understand how to seek help, where to seek help, or what information to trust. They either find themselves alone to figure out the answers or remain uninformed with unresolved problems.

This plan seeks to identify what can be done to decrease the complexity of the health care system in order to provide better health outcomes and create a more positive patient experience.

### **Barrier 2: The burden of navigating health and health care is placed on the consumer.**

Many patients do not understand *when* to seek care and *what* care to seek. This is due to many factors, such as illness, disability, language, culture, education, socioeconomic level, and experience with the health care system. Even when they do understand where and when to seek care, the burden often falls on patients to connect and coordinate their health care providers, health plan, and other health organizations involved in their care. As a result, access to care is disrupted, people's health outcomes suffer, and health disparities increase.

This plan seeks to identify what health stakeholders can do to help patients and their caregivers more easily navigate the health care system.

### **Barrier 3: There is a lack of understandable and usable information available to consumers.**

While many organizations offer tools and resources for understanding health and the health care system, there is a lack of awareness among the general public and many health professionals that these tools and resources exist. Some resources are available only to a specific audience (e.g., employees, patients at a clinic, or members of a health plan). Additionally, existing resources are often written or communicated at a level that is beyond the skills of the average consumer due to the use of complicated medical terminology and insurance jargon. Information is often not

presented in a standard or coordinated manner, which can render it unusable. Similarly, there is a wealth of information related to best practices for improving communication and health literacy; yet again, those who need the information do not know it exists or how to find it. Health literacy skills are not routinely taught in schools (other than some medical and dental schools), so health professionals may not have the skills necessary to effectively communicate with and empower patients.

This plan seeks to identify how we can equip people with resources and the knowledge to use those resources. In addition, this plan outlines what health professionals can do to make information more understandable and user-friendly.

**Barrier 4: Sociodemographic differences affect how people understand health information.**

Language, income, education, culture, insurance status, age, disability, race and geography all play a role in how people understand health care and interact with it. Community-specific issues also create barriers. For example, accessibility to dental care and transportation are key barriers to health literacy in rural Minnesota. A one-size-fits-all strategy for health literacy won't work.

This plan seeks to identify strategies to promote health literacy to a wide variety of audiences, taking language, culture, disability, socioeconomic status, and geography into consideration.

## Priorities for Improving Health Literacy

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The Minnesota Action Plan to Improve Health Literacy identifies six priorities to help improve Minnesotans' abilities to obtain, understand and act on health resources. The plan also outlines specific, actionable strategies that can be implemented by a variety of stakeholders in the health system. The six priorities do not stand alone and are not listed in order of importance. Instead, they are all pieces of an integrated approach to improving health literacy.

### 1. Adopt and use health literacy best practices across all verbal, written and visual communication.

The health community should implement health literacy best practices for providing written and verbal health information. Anyone who creates and shares health information should use plain language – words and communication that people can understand the first time they read, hear or see it.<sup>14</sup> When creating written materials, stakeholders should recognize that patients and their caregivers usually seek health information when something goes wrong. Information should be organized in a way that consumers can easily access and understand. For instance, guidelines and checklists are user-friendly ways to present actionable information to consumers. Posting fact sheets and information on a website in plain language is not enough in this complex health care environment. Consumers also need tools with more actionable information that are accessible to people of all abilities.

#### *Strategies*

- **Use plain language and readable formats to deliver clear and concise health information.** Using plain language helps people understand and use information the first time they read or hear it. In 2014, Minnesota Governor Mark Dayton issued an executive order<sup>15</sup> on plain language requiring all state agencies to “use commonly used language, write in clear and concise sentences, and reduce the use of jargon and acronyms that make state government nearly impossible to understand.”<sup>16</sup>

The benefits of using plain language in a government setting also apply in a health care setting. Health materials are often presented using jargon, abbreviations and acronyms, making complex information even more difficult to understand. Additionally, people

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<sup>14</sup> Plain Language Action and Information Network. “What is Plain Language?” <http://www.plainlanguage.gov/whatisPL>.

<sup>15</sup> State of Minnesota, Executive Order 14-07. <https://mn.gov/governor/images/EO-14-07.pdf>. March 4, 2014.

<sup>16</sup> State of Minnesota. “Unsession: Plain Language.” [www.mn.gov/governor/images/2014\\_05\\_17\\_unsession\\_plain\\_language.pdf](http://www.mn.gov/governor/images/2014_05_17_unsession_plain_language.pdf). 2014.

have difficulty interpreting numerical or statistical health information. In some cases, patients may think they understand what health professionals are saying to them, when in reality their understanding is incomplete or incorrect. Clear, concise information improves patients' ability to understand and act on the information presented.

The formatting of a document can also affect a person's ability to understand health information. The following are some best practices for writing and formatting a document so that it is easier for people to understand.

- Use short sentences and short paragraphs
- Insert headings and bulleted lists to help guide the reader
- Leave the right edge of text jagged – no justification
- Keep plenty of white space
- Provide visuals to explain and support key messages
- Use at least a 12-point type setting for most publications
- Use a serif font like Times New Roman for print and a sans serif font like Tahoma for online content
- Limit content to the most important information
- Aim for an 8<sup>th</sup> grade reading level or lower<sup>17, 18, 19</sup>

Similar best practices for formatting digital communications, such as websites and e-newsletters, are also available.<sup>20</sup>

- **Adopt consistent terminology and standardize materials across the health system.** When definitions and terminology vary from one provider to the next, it is difficult for consumers to successfully navigate between insurers, clinics, and health care providers. Health insurance plans, health care providers, and health care facilities should agree upon definitions of common health terminology and use consistent language. Additionally, the health care system should develop standard templates or a guidance document for providing materials and resources. This consistency will help patients recognize similar types of information available even if materials come from different health professionals.

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<sup>17</sup> Centers for Disease Control and Prevention. "Simply Put: A guide for creating easy-to-understand materials." [www.cdc.gov/healthliteracy/pdf/Simply\\_Put.pdf](http://www.cdc.gov/healthliteracy/pdf/Simply_Put.pdf).

<sup>18</sup> Doak C, Doak L, and Root J. *Teaching Patients with Low Literacy Skills*. 2<sup>nd</sup> Edition. Philadelphia: Lipincott 1996.

<sup>19</sup> Covering Kids & Families. "The health literacy style manual." [www.coveringkidsandfamilies.org/resources/docs/stylemanual.pdf](http://www.coveringkidsandfamilies.org/resources/docs/stylemanual.pdf). October 2005.

<sup>20</sup> U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion. *Health Literacy Online*. <http://health.gov/healthliteracyonline>. Accessed February 2016.

- **Simplify explanations of insurance policy coverage.** Most people have difficulty fully understanding their insurance plans. Insurance plans should use plain language to describe policies and coverage in both verbal and written formats. Health literacy training should be provided for all staff, especially those who interact directly with members and those responsible for informational materials.

Providers, health care facilities, health insurance companies, community collaboratives, and agents should work together to provide clear information about cost that is readily accessible to consumers and enables them to make meaningful comparisons before receiving care. In any industry, consumers are able to make better decisions when they understand how the decision may affect them financially. That is also true in health care. Solutions should be easy to use and communicated in a clear and concise manner in order to provide actionable information to consumers.

- **Engage consumers in the creation of health materials.** Health organizations should engage patients and communities in focus groups or patient advisory groups to test messages and determine what resources are missing or confusing. When developing new materials, engage the target audience from the beginning to help with the development and review of health messaging.<sup>21, 22</sup> Health organizations should develop policies that all written, audio or visual educational materials should be audience-tested for plain language, relevancy, and cultural appropriateness.
- **Create a health literacy “seal of approval.”** A “seal of approval” should be created to establish an industry standard of excellence for implementing efforts to improve health literacy. Examples of criteria that could be considered for a seal of approval include incorporating plain language, using formatting best practices, following recommendations from the Agency for Healthcare Research and Quality Health Literacy Universal Precautions toolkit,<sup>23</sup> or achieving the Institute of Medicine 10 Attributes of a Health Literate Organization.<sup>24</sup> This would help set expectations across the industry and encourage organizations to support health literacy efforts.

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<sup>21</sup> Covering Kids & Families. “The Health Literacy Style Manual.” [www.coveringkidsandfamilies.org/resources/docs/stylemanual.pdf](http://www.coveringkidsandfamilies.org/resources/docs/stylemanual.pdf). October 2005.

<sup>22</sup> Centers for Disease Control and Prevention. “Simply Put: A guide for creating easy-to-understand materials.” [www.cdc.gov/healthliteracy/pdf/Simply\\_Put.pdf](http://www.cdc.gov/healthliteracy/pdf/Simply_Put.pdf).

<sup>23</sup> Agency for Healthcare Research and Quality. “AHRQ health literacy universal precautions toolkit.” [www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html](http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html).

<sup>24</sup> Brach, C., Dreyer, B., Schyve, P., Hernandez, L., Baur, C., Lemerise, A., and Parker, R. Institute of Medicine of the National Academies. “Attributes of a health literate organization.” <http://iom.nationalacademies.org/Activities/PublicHealth/~media/Files/Activity%20Files/PublicHealth/HealthLiteracy/Discussion%20Papers/Attributes%20of%20a%20Health%20Literate%20Organization.pdf>. January 2012.



## 2. Make information about health relevant and accessible.

The way information is communicated to the public has a significant impact on health care usage and patient outcomes. Much of the information available to patients and their caregivers is technical, complex and unclear. There is an over-reliance on written communication. Patients need access to usable information to understand diagnoses, make treatment and prevention decisions, and evaluate health risks. In addition to providing easy-to-read written materials, information needs to be presented using a variety of mediums, taking cultural preferences and practices into account.

While there are certainly gaps in accessible information that should be addressed, better utilization of tools and resources already available is also an important part of the solution.

### *Strategies*

- **Use a variety of formats to distribute materials.** Health stakeholders should conduct a thorough review of their available resources to determine what materials are available, the potential gaps in information, the resources that are too complex, and the changes that should be made to the types and formats of resources. Materials should provide action-oriented information, not just background information. Case studies and anecdotes should be added where possible to help illustrate the facts. The language, format and delivery of materials should be diversified to broaden the reach.<sup>25</sup>
- **Disseminate health resources and materials in places where people already congregate, not just where they receive care.** While doctors' offices and other health care facilities are logical places to provide health resources, it is important to recognize that many people do not regularly visit a doctor or dentist.

Health stakeholders should consider sharing information at the following locations:

- Health fairs
- Public libraries
- Government buildings
- Schools, colleges and universities
- Businesses
- Community centers
- Neighborhood associations
- Salons and barbershops

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<sup>25</sup> U.S. Department of Health & Human Services, Office of Minority Health. National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice. <https://www.thinkculturalhealth.hhs.gov/Content/clas.asp>. 2013.

- Senior centers
- Public housing
- Homeless shelters
- Clubhouses for people living with mental illness
- Places of worship
- Shopping center kiosks and/or storefronts
- Cultural organizations
- State and county fairs
- Fitness centers
- Transportation and commuting areas (e.g., buses, light rail trains, bus stops, highway billboards, etc.)
- Online (e.g., websites and social media)

In addition to providing written materials at these locations, health organizations should train staff members to help individuals understand information or access additional resources. Conversations should be two-way discussions with an emphasis on active listening, motivational interviewing, and non-shameful communication. Health stakeholders should also hold “office hours” at some of these locations when consumers can ask questions in-person. These “office hours” would not replace a doctor appointment, but would be a way for people to seek basic information in their communities.

### 3. Increase and improve patient-centered resources.

The health care system is inherently complex, and the fragmentation of the industry can lead to confusion for consumers as they communicate with agents, insurance companies, health care providers, clinics, employers, pharmacists, care coordinators, and others who impact the care received. Care coordinators “help patients overcome barriers to care”<sup>26</sup> and can serve as resources to help patients and their caregivers understand the health care system and receive the most appropriate care.

#### *Strategies*

- **Increase awareness of and access to resources and people who help patients navigate and coordinate care.** While care coordinators are commonly available to patients with cancer and other chronic conditions, their collaborative and supportive model would be helpful for all patients. The health care community should increase awareness of these

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<sup>26</sup> McDonald KM, Sundaram V, Bravata DM, et al. “Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies (Vol. 7: Care Coordination).” Agency for Healthcare Research and Quality. <http://www.ncbi.nlm.nih.gov/books/NBK44012>. June 2007.

services among their patients, whether they are being seen for a physical or mental illness. The number of care coordinators at health care facilities and working in public programs should be increased so that patients can access this resource more easily. New care coordinators should be recruited from diverse backgrounds so that they better reflect the populations they serve. Care coordinators should have direct access to health professionals and insurance providers so they can better advocate for their patients' care.

- **Create centralized places for patients to seek resources and ask questions.** Resources are provided to patients in multiple locations by a variety of sources. With this wealth of information, it can be difficult for patients to determine where to find the most accurate and useful information. Materials and resources should be available in person, by phone, and online, and the people who receive them should have the opportunity to ask questions. The representatives who serve as resources should help patients access the resources they need to improve their health.
  - **In-person:** Health care facilities should dedicate a staff person to answer questions, direct patients to resources, and identify larger issues or emerging trends that could be addressed through the creation of new resources. Insurance providers should offer opportunities for consumers to ask questions in person, whether it's through their agent, health fairs, enroll-a-thons, shopping center kiosks, or storefronts.
  - **By phone:** Health insurers, clinics, and hospital systems should consider developing a central call center to make it easy for patients to seek answers to their questions. This central call center could route specific questions to the appropriate resources.
  - **Online:** An online resource center, social media presence, and/or smartphone app should be created to provide a central clearinghouse for accurate, easy-to-understand information. The tool(s) should have robust search capabilities to ensure that patients find the resources they need.

#### 4. Implement and enhance education opportunities at all levels.

Learning the skills necessary to participate in the health care system and maintain good health should start early in life. More can be done to integrate health literacy into primary and secondary education. Adolescents are becoming increasingly involved in their own health care, using health information learned in school and through the media to inform their own actions and behaviors.<sup>27</sup> It is important to teach both the skills necessary to adopt, practice and maintain healthy behaviors, as well as the basic skills needed to navigate the health care system.

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<sup>27</sup> Gray, N. J., Klein, J. D., Noyce, P. R., Sesselberg, T. S., & Cantrill, J. A. Health information-seeking behavior in adolescence: The place of the Internet. *Social Science & Medicine*, 60(7), 1467–1478. 2005.

Providing health literacy training to all health professionals is recommended.<sup>28</sup> Because health literacy is still a growing clinical concept, few health professionals receive formal training in communication, particularly in working with people whose health literacy is limited. While the topic is taught in some medical and dental schools, these courses are typically not required. Most health professionals already in practice have had no formal training in improving their communication skills.

### *Strategies*

- **Provide health literacy education in K-12 schools.** Health literacy requires knowledge of both healthy behaviors and the health care system. High schools often provide students with basic money management and financial literacy skills. Schools should consider adding a curriculum on health literacy.
- **Develop health literacy content for adult learners.** Adult basic education and community education programs should offer health literacy courses or integrate health literacy into curricula at all levels. These courses should be developed or taught in collaboration with health professionals. Some courses could be targeted to new immigrants or minority populations to ensure that health literacy education opportunities reach a diverse range of people. Participation could be encouraged by offering the classes for free or by giving the attendees incentives, such as store gift cards or coupons.
- **Train health professionals in health literacy.** Health professionals, insurance representatives, and others in the health industry speak a language that can be difficult for most people to understand. Health literacy best practices, including the teach-back method,<sup>29, 30</sup> should be taught as a part of formal training for health professionals at all levels. It is important for schools of medicine, pharmacy, dentistry, and other health-related disciplines to offer courses on health literacy, or integrate health literacy content into existing courses and training to continue to emphasize the importance of speaking in plain language. Continuing education courses on health literacy should be required for other professionals who have important contact points with consumers. These professionals would include human resources personnel, social workers, and others.

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<sup>28</sup> Agency for Healthcare Research and Quality. “AHRQ health literacy universal precautions toolkit.” [www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html](http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html).

<sup>29</sup> Ibid.

<sup>30</sup> Minnesota Health Literacy Partnership. Teach-back program. <http://healthliteracymn.org/resources/presentations-and-training>.

## 5. Streamline processes within the health care system.

The specialization and fragmentation of the health care system has placed undue demands on patients and their caregivers to navigate through a variety of health care facilities, providers, rules and requirements. As a result, the burden of deciphering an abundance of information is placed on patients who access multiple health care facilities and providers. Productive partnerships within the health care system could help identify and implement effective strategies and actions to lessen the burden on patients.

### *Strategies*

- **Simplify and standardize health care processes.** Insurance plans and health care facilities follow complex processes that can be difficult for patients to navigate. Whenever possible, health care organizations should simplify and standardize processes across the industry. For example, insurance plan representatives could explain coverage for health procedures in the same way to decrease confusion among patients who switch to another insurance plan.
- **Promote integrated care teams.** Health professionals and patients alike benefit when patients' care is integrated and information is shared seamlessly between specialists and general health care providers. A patient care team consisting of the primary care provider, specialist(s), care coordinator(s), and the patient should hold regular meetings together to discuss the patient's prognosis and treatment steps. This collaboration will help determine which health care provider is responsible for each step in the care plan and allow for better patient care and health outcomes.
- **Expand the ability of health care facilities to share information about patients while protecting the privacy of patients' personal information.** When patients see multiple providers, the burden of transferring health information is placed on them. Health facilities should develop ways to easily share medical records without violating the Health Insurance Portability and Accountability Act (HIPAA).

## 6. Invest in language and cultural resources.

The ideas people have about health, the languages they use, the health literacy skills they have, and the contexts in which they communicate about health reflect their cultures. Organizations can increase communication effectiveness when they recognize cultural differences that may contribute to miscommunication.

Nearly 47 million people – one in five people – in the United States over the age of 5 speak a language other than English at home, and 21 million adults have limited English proficiency.<sup>31</sup> In Minnesota alone, more than 100 languages besides English are spoken at home.<sup>32</sup> Translated materials and interpreter services help minimize language differences, but there are too few medical interpreters. Additionally, translations and interpreter services may not be fully accurate or complete, because some medical terms and ideas are difficult to translate or explain in another language.

Community organizations play a central role in supporting efforts to improve health literacy. They can help disseminate information, educate consumers about their rights and responsibilities, help them to use health care services more effectively, and educate health professionals about sensitivities to be aware of when communicating with people of different cultures.

### *Strategies*

- **Improve health care access for diverse, low-income, and rural communities.** Health organizations should ensure that diverse, low-income, and rural communities can easily access basic medical, dental, mental health, substance use disorder, and other health services by public transportation and/or sponsored transportation. Promotional information about these transportation options should be shared widely within these communities. Additionally, telemedicine opportunities should be expanded in rural areas.
- **Provide information in more languages and improve access to interpreters.** Health information should be provided in more languages, and materials should be tailored to the specific needs of diverse audiences. Health care facilities should provide easy, free access to interpreters. Because some medical terms don't translate well, medical interpreters should be trained in health literacy best practices and new ways to explain information accurately, effectively and consistently.
- **Work with community leaders and cultural groups to reach populations with limited health literacy.** Because many diverse communities look to community leaders as trusted messengers, health organizations should work with these leaders to identify better ways to provide resources in those communities. When possible, health professionals should also communicate directly with community members. Health and cultural organizations should work together to develop templates or guides to help

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<sup>31</sup> Shin, H. B., & Bruno, R. Language use and English-speaking ability. <http://www.census.gov/prod/2003pubs/c2kbr-29.pdf>. Accessed February 2016.

<sup>32</sup> Hirsi, Ibrahim. "Minnesotans speak more than 100 languages at home, new data finds." MinnPost. November 5, 2015.

communities disseminate health information in culturally sensitive ways. Additionally, large health care entities should develop stronger partnerships with small, community-based cultural organizations to ensure that representatives from different cultural groups are represented as stakeholders as they develop resources.

- **Improve cultural competency training and education.** Health organizations should be welcoming and inclusive, and they should foster an acceptance of and respect for multiple health perspectives. Health organizations should train staff and volunteers about the cultures and communities they serve. A special emphasis should be placed on front-line health workers, including paramedics, dental hygienists, community health workers, public health nurses, mental health and substance use disorder professionals, and mental health crisis response teams. Additionally, professional schools and health organizations should provide training in health equity, unconscious bias, structural racism, and health disparities to improve employees' cultural competency.

## Conclusion

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Health literacy is a complex issue, but with nearly 9 out of every 10 Americans unable to understand and use information about health, health care, and health insurance,<sup>33</sup> it is more important than ever to make improving health literacy a priority. Each of us has a role to play in advancing the principle that all Americans have the right to accurate and actionable health information.

The Minnesota Action Plan to Improve Health Literacy provides a framework that puts us one step closer to a future in which patients are able to understand the information shared by their doctors, insurance providers, and others.

Translating the strategies outlined in this plan into meaningful action will require long-term commitments on the part of a broad range of stakeholders, ranging from individual health professionals to larger health organizations to the entire health system. The 43 co-sponsors of this plan have committed to implementing two to three strategies identified in the plan within their own organizations and sharing the plan broadly to engage new stakeholders.

This action plan is intended to start the important discussion on how to improve health literacy. It is clear that no single action and no single entity can tackle this growing issue. It is up to all of us to continuously collaborate to improve the way that we communicate health information. We all need to work together to put this plan into action.

If you are interested in learning more about health literacy, what different organizations are doing to improve health literacy, and how you can get involved in this effort, contact the Minnesota Health Literacy Partnership at 651-662-0986 or [healthliteracymn.org/contact-us](http://healthliteracymn.org/contact-us).

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<sup>33</sup> Kutner, M., Greenberg, E., Jin, Y., & Paulsen, C. The health literacy of America's adults: Results from the 2003 National Assessment of Adult Literacy (NCES 2006-483). Washington, DC: U.S. Department of Education, National Center for Education Statistics. 2006.