

Editorial: The Emerging Field of Health Literacy Research

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Over the past 2 decades, several hundred studies have depicted associations between limited literacy skills and various problems with health and health care among adults in the United States, leading to the creation of a new field of study that has been aptly named health literacy. Specifically, limited health literacy has been linked to problems with the use of preventive services,¹ delayed diagnoses,² understanding of one's medical condition,³⁻⁵ adherence to medical instructions,⁶ self-management skills,⁵⁻⁷ physical and mental health,^{8,9} and increased mortality risk.¹⁰ Although less studied, limited literacy has also been associated with higher health care costs.¹¹

But what exactly is health literacy? The definition that has been most widely accepted by academics, policy makers, and clinicians alike is "the capacity to obtain, process, and understand health information and materials needed to make appropriate decisions regarding one's health."¹² According to the Institute of Medicine's report, *A Prescription to End Confusion*, health literacy reflects not only the most fundamental cognitive and social processes associated with learning

about one's health, but it is also the level of complexity attributed to the requisite tasks imparted by the health care system.

Despite the dual emphasis in defining the term, the reported prevalence of limited health literacy has usually been derived from estimates of the more general prose, document, and quantitative literacy skills of adult Americans. However, the first national assessment of health literacy skills was recently released.¹³ The report found more than one third of men and women in the United States to be at the lowest levels of health literacy. More alarming were the disproportionately high rates of low health literacy among racial/ethnic minorities and low-income adults; more than half of African Americans, adults without insurance coverage, and the elderly had basic or below basic health literacy skills. This reminds us that health literacy is closely aligned with the national concern regarding health disparities.

Purpose of This Issue

In this special issue of the *American Journal of Health Behavior*, we examine and expand upon the existing worldview of health literacy by touching upon some of the most current and relevant issues within this emerging field of research. The intention was to include both a series of interesting original research studies and also timely perspective pieces to challenge our understanding of the problem and stimulate future development of innovative health promotion strategies.

A targeted solicitation for manuscripts was conducted during late winter and early spring of 2006; numerous concept papers were submitted and reviewed, and ultimately 16 were requested for submission to this issue. Decisions were based on the desire to have adequate representation across multiple areas touching on health literacy, such as measurement,

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causal pathways, numeracy, patient education, provider communication and training, and language and culture.

We begin with a review of the magnitude and scope of limited health literacy within the United States by Dr Rudd.¹⁴ She provides a unique and compelling perspective on how national assessments have measured health literacy, and why this may or may not differ from general literacy skills. Lurie and Parker further discuss in a second editorial commentary the use of these national assessments to bridge to public health practice and ultimately clinical care.¹⁵

The topic of health literacy measurement is revisited in this issue by Osborn and colleagues,¹⁶ as the psychometric utility of the Newest Vital Sign (NVS)—a new and promising rapid screening tool for identifying patients with low health literacy—is investigated and compared to the current gold standard health literacy measures. Their findings also touch upon the more controversial issue of literacy screening in clinical settings.

Papers by Paasche-Orlow and Wolf¹⁷ and by DeWalt and colleagues¹⁸ elucidate the direct and indirect ways in which low health literacy is likely to affect health outcomes. These papers, along with Castro and colleagues¹⁹ investigation of medical jargon, and Stevens and colleagues²⁰ review of smoking cessation materials, recognize health literacy as both a problem of patient skills and how information is communicated to patients by providers and the health care system. Similarly, Schwartzberg and colleagues²⁰ examined the current communication practices of various health care providers including the use of techniques recommended as part of a universal precautions response to low health literacy.

This issue also provides guidance to researchers, clinicians, and public health practitioners on developing low literacy strategies, either directed to the patient or health care provider. Seligman and colleagues²² use a case study to detail the process of developing low literacy patient education materials to support diabetes self-management. Likewise, Manning, et al²³ and Harper, et al²⁴ offer insight into best practices for training physicians and other health care providers in basic low literacy communication skills. In a parallel manner, Mika and colleagues²⁵ present the first findings of the “Ask Me 3” na-

tional campaign to empower patients to ask crucial questions during the medical encounter. Andrulis and Brach²⁶ reinforce the Institute of Medicine (IOM) definition of health literacy by detailing ways in which cultural competency and health literacy initiatives can be merged to improve how the US health system meets the needs of culturally diverse individuals and those who struggle with health literacy and language barriers.

Finally, 2 papers have been included that focus on numeracy skills; a similar yet less discussed skill set that is part of the broad definition of functional literacy. The ability to understand and use quantitative information is important and routinely needed in the context of health care, whether it be for managing a daily medication regimen, extracting dietary information from nutrition labels, calculating an insurance co-pay, or monitoring one's chronic condition. Numeracy, as it applies to risk communication in particular, is summarized and best practices offered by Fagerlin and colleagues.²⁷ Similarly, Aggarwal and colleagues²⁸ describe a study investigating the prevalence and impact of numeracy skills on cancer screening practices among urban women. Their finding that numeracy was not associated with screening behavior brings us back to the questions of what skills a patient must have to properly manage his or her health and what other factors facilitate or impede the timely access and use of health information.

Concluding Remarks

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The research presented in this issue is indicative of some of the cutting-edge current and future directions for the health literacy field. As a deeper understanding of health literacy and the barri-

ers patients face when accessing and using the health care system is attained, we look to the future and invite researchers to share with the readers of this journal their reports related to the development and testing of novel interventions for overcoming limited health literacy.

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