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3 **The Ever-Evolving Nature of Health Literacy in Organizations: A Commentary on the**

4 **2021 *JPHMP* Article: “Updating Health Literacy for Healthy People 2030”**

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8 *Key words:* health communication, health equity, health in all policies, knowledge

9 translation, workforce training

10 *Healthy People* is a data-driven policy framework, which public health managers and
11 practitioners use to guide their work (eg, collaborations, logic models).¹ In 2021, *JPHMP*
12 published the article by Santana and colleagues titled, “Updating Health Literacy for Healthy
13 People 2030: Defining Its Importance for a New Decade in Public Health.”² Their article informs
14 public health managers and practitioners, that henceforth with *Healthy People 2030*, two
15 definitions of health literacy—ie, individual and organizational—will be used to appraise how
16 well health promotion efforts align with the framework’s objectives³. Santana et al. relay that
17 organizational health literacy is defined as “the degree to which organizations equitably enable
18 individuals to find, understand, and use information and services to inform health-related
19 decisions and actions for themselves and others.”² (p. S259) This formal definition of organizational
20 health literacy is new to the framework, though efforts to promote something to its effect have
21 been around for some time (eg, training manuals and workshops teaching healthcare providers
22 how to be clear and effective in their communication with patients).⁴

23 Each author of this commentary, for some time, has felt if organizational barriers remain
24 unaddressed, efforts to improve community health will be severely constrained if not
25 immobilized. We are not alone in this maxim, given the wide adoption of a social ecological
26 perspective by many professions which contribute to health promotion.^{5,6} We wrote this
27 commentary to the article by Santana and colleagues to elicit further contemplation among
28 healthcare managers and practitioners on the significance of the organizational health literacy
29 definition added to the *Healthy People* framework. Two research-based perspectives on health
30 literacy were used to develop our commentary: one focused on patient skills and behaviors, and
31 one focused on healthcare administration (ie, broadly defined as organizational entities involved
32 in health promotion).

33 Health literacy concerns the degree to which individuals obtain, understand, and use basic
34 health information and services to make decisions to manage or improve their own or other's
35 health.^{2,7} Health literacy is a process that involves cognitive and social skills rooted in the
36 cultural awareness of an individual's environment.⁸ There are fundamental components to health
37 literacy which include an individual's ability to: (1) be self-aware and possess knowledge of
38 different aspects of health and health care systems; (2) find, understand, and use health
39 information; and (3) confidently maintain health through self-management strategies and
40 interactions with health care systems.⁹ The concept of health literacy continuously evolves with
41 time, context, and various health needs.⁸ Overall, higher levels of health literacy are associated
42 with lower levels of hospitalization, higher rates of health screening, and higher levels of health
43 status and quality of life.¹⁰ In part, these associations are a result of healthful behavior changes
44 achieved through health literacy interventions, including increased physical activity, decreased
45 smoking, and improved diet.^{10,11} However, the predominant focus in practice settings concerning
46 health literacy promotion has been on individual changes, rather than environments.

47 For some time now, calls have been made to expand health literacy scholarship and
48 policy discussion to include environments which clients and the public navigate. A progress
49 report for *Healthy People 2010* contained the following commentary:

50 Healthcare and public health delivery systems are complicated
51 bureaucracies...Even highly motivated and educated individuals may find the
52 systems too complicated to understand...Consequently, assessments of
53 individuals' health literacy skill may actually reflect system complexity rather than
54 individual skill level.^{2 (p. S259)}

55 Since these cautionary words, health literacy research has expanded to include appraisals of
56 organizational capacity to deliver literacy-sensitive care, specifically by providing
57 materials/services which individuals with low health literacy would understand, learn from, and
58 feel empowered by.¹² Using literacy-sensitive materials and techniques to foster understanding,

59 similar gains in health knowledge and health behavior are observed regardless of health literacy
60 level.¹³⁻¹⁶ Yet, within practice, health materials and services remain as major barriers to quality
61 care and the adoption of preventive health behaviors.¹⁷⁻²⁰ Persistent issues include health
62 materials with low readability, contradictory information, and unclear visual media.²¹⁻²³

63 Although physicians may have their own method in how they counsel patients, there are
64 many actors involved in health communication (eg, the design of signage, forms, websites).²⁴
65 Numerous tools have been developed to aid the many actors involved in delivering healthcare, so
66 that the information they produce would support health literacy among patients and the public.⁴
67 However, these tools seem seldomly used. While part of it may be due to their complexity,²⁵
68 another driver may be low awareness among providers on what factors affect health literacy.²⁶
69 Several reports have shown providers over-estimate their ability to convey information clearly,
70 contributing to patient confusion and decreased confidence to manage their health or make
71 informed decisions.^{21,26-28} Others have shown teams are not on the same page in designing
72 patient education material or other services, such as adding contradictory information or details
73 which increase reading difficulty.^{29,30} Thus, the organizational health literacy definition added to
74 the *Healthy People* framework is promising to see.²

75 Adding an organizational definition for health literacy had a plurality of public and expert
76 support, Santana et al. report.² This should not be surprising. Since at least 1989, when the U.S.
77 National Cancer Institute published its landmark resource guide, *Making Health Communication*
78 *Programs Work: A Planner's Guide*, the onus of health literacy promotion has been with
79 organizations.⁴ Numerous state and federal laws exist mandating healthcare sites to use plain
80 language communication and language services.³¹ In 2006, Paasche-Orlow et al. summarized
81 action steps that may be taken to become a health literate organization.³² Others have followed

82 suit, including testing and studying the adoption of the Universal Precaution approach.³³
83 Preliminary work has extended this line of research into the study of patient portal systems.²⁸

84 While organizations may seek to empower clients to meet personal health needs and aid
85 them in doing so, their policies or norms often undermine their efforts.^{16,34} As Neuhauser et al.
86 stated, over 800 research studies had found health material by medical and public health groups
87 were too hard to be easily read by lay adults.³⁵ In their own study, they found emergency
88 preparedness materials disseminated by public health departments and others exceeded the
89 suggested 6th grade reading level. Schur et al. found that while many local public health
90 departments had in place strategies to meet the needs of culturally and linguistically diverse
91 populations, only one-third had tested the readability of their materials.³⁶ Wide adoption of the
92 definition for organizational health literacy could encourage public health professionals to
93 examine not only their own organization's policies³⁷, but also their approach to community-
94 engaged partnerships.²⁶

95 **Concluding Thoughts**

96 Santana et al. concluded their article with a list of action steps. Among them was to
97 “[engage] public and private partners in the work of increasing both personal and organizational
98 health literacy.”² (p. S262) The expanded view of health literacy promotion to include organizations
99 gives incentive to measure progress at two levels: individual and organizational.² Santana et al.,
100 in their article, encouraged action-based research be used, whereby public health professionals
101 engage in partnerships that promote organizational health literacy and track how it develops.³⁸
102 Work in this area has already begun.³⁹ Clearly, this action-based research should extend beyond
103 healthcare organizations.^{4,40,41} Towards that end, and in the form of a *JPHMP Direct Post*, we

104 offer a policy template for promoting organizational health literacy, which was developed using
105 the Health in All Policies framework.⁴²

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