Advancing Health Literacy in 2026:
Critical Strategies for Health Care Organizations



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About Health Literacy Innovations (HLI)

Mission –

Knowing that "literacy" is the single most important indicator of health outcomes, HLI was founded to create tools to help eliminate medical mistakes and confusion due to low health literacy.

Flagship Product –

The Health Literacy Advisor (HLA), the nation's first interactive health literacy software program.

Goals –

- Streamline the health literacy review process
- Replace inefficiency with technology and knowledge
- Empower communicators with the tools to create, produce, print, display, share, and advertise clear health information

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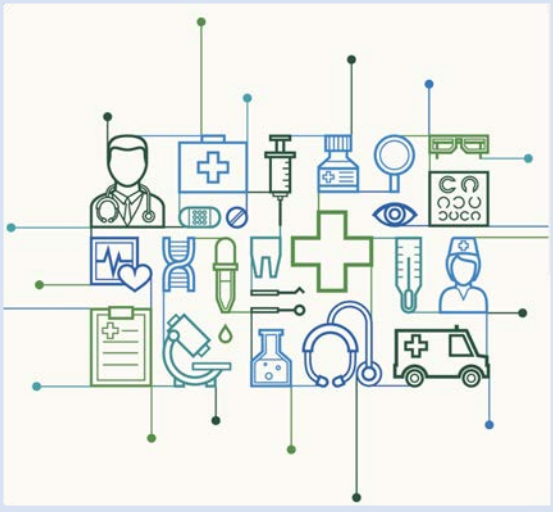
Today's Webinar Goals

Describe	how to integrate health literacy into organizational systems, policies, and operations
Identify	strategies to improve navigation, clarity, accuracy, and usability of health information and services across health care organizations
Find	tools and approaches to enhance consumers' health services understanding and navigation in health services

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Review of Health Literacy

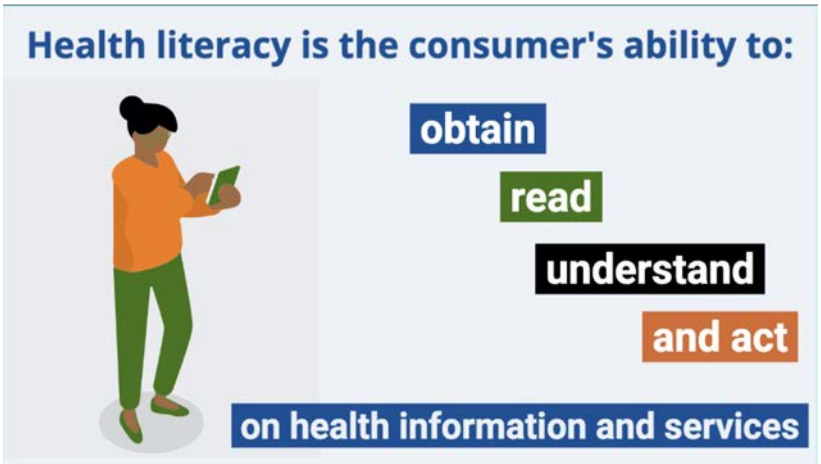


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What is Health Literacy



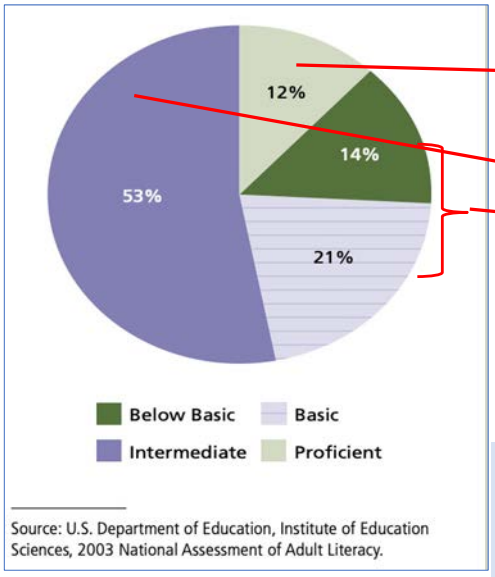
Brochures, consent forms, patient health information on the internet, health videos, etc.

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The Health Literacy Problem



12% Proficient

53% Intermediate

35% Low

88% Under the proficient health literacy level

A lack of understanding of health information makes it more difficult to access and manage health care

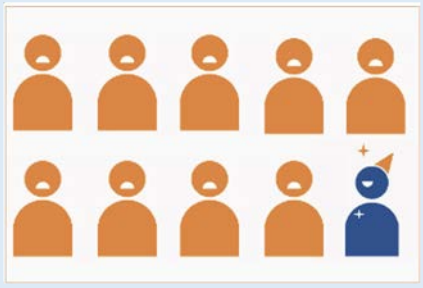
This is also called LOW HEALTH LITERACY

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Low Health Literacy Impact



9 of 10 adults lack the skills needed to manage health and prevent disease

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.

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Low Health Literacy Impact

QUALITY OF CARE GOES DOWN!

Low health literacy keeps consumers from:

- **Preventing** health issues
- **Managing** current health problems
- **Understanding** health insurance forms
- **Engaging** actively in their health care

Consumers with low health literacy:

- **Use more treatment** and emergency services
- **Have more hospital stays** and readmissions
- **Often cannot follow** their treatment
- **Have higher mortality** rates

Low health literacy is estimated to cost the U. S. $352 billion in 2025

This calculation is based on a 2003 estimate of $238 billion, adjusted for inflation using the Consumer Price Index (CPI) calculator.

HEALTH CARE COSTS GO UP

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Low Health Literacy Affects:

Vulnerable consumers:

- With lower education levels
- Racial/ethnic minorities
- Uninsured
- Publicly insured
- Elders and people with special needs



Low health literacy impacts all consumers!

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Understanding Health Literacy

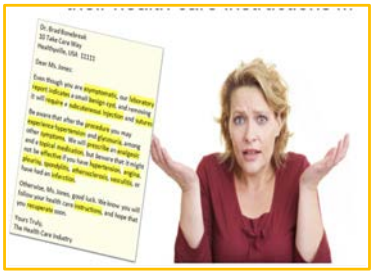


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The Health Literacy Challenge

A "mismatch" between consumers' abilities/skills and health care organization demands





It occurs when the complexity of health information exceeds a consumer's ability to access, read, understand, navigate, and act on it.

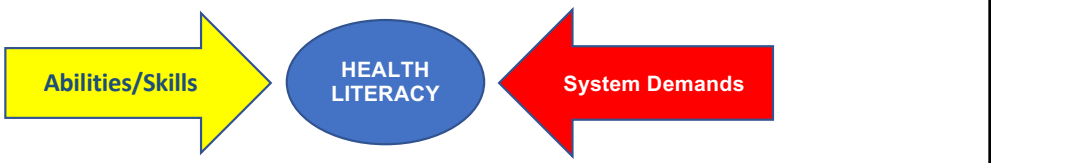


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The Health Literacy Challenge

A "mismatch" between consumers' abilities/skills and health care organization demands



The health care system's complexity:

- Difficult health service navigation
- Frequent and multi-appointments
- Complex and changing coverage/s
- Bureaucracy
- Difficult to use IT demands—EMR's



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The Health Literacy Challenge

A "mismatch" between consumers' abilities/skills and health care organization demands



Provider's communication:

- Dealing with complex disease information
- Using complex language and jargon
- Limited time to explain
- Not checking comprehension (teach-back)



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The Health Literacy Challenge

A "mismatch" between consumers' abilities/skills and health care organization demands



The burden of treatment and self-health care:

- Low reading skills (difficulty reading written info)
- Medication management
- Difficult self-care tasks
- Difficulties in making and managing appointments
- Difficulties articulating symptoms and answering questions
- Low access to medicine and treatments
- Health care and insurance costs changes
- No access to health insurance



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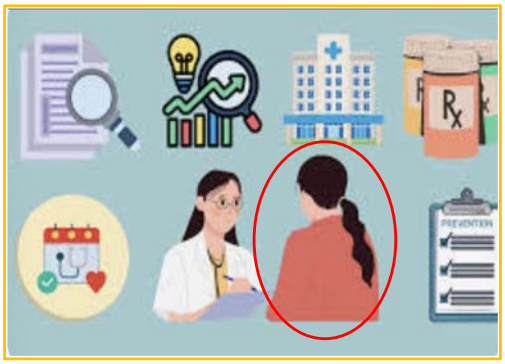
The Health Literacy Challenge

A "mismatch" between consumers' abilities/skills and health care organization demands



Other life health care demands:

- Work and family
- Lifestyle changes
- Financial constraints
- Language access
- Cultural barriers
- Health disparities
- Health Inequities



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Who is Responsible for Improving Health Literacy? Consumers

Health literacy requires a consumer to have and apply a range of skills:

- Reading, comprehending, and analyzing information
- Decoding numeracy (test results), instructions, symbols, charts, and diagrams
- Weighing risks and benefits
- Making decisions and taking actions



We can't blame consumers for low health literacy.

The health care system is complex, confusing, and often intimidating!

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Who is Responsible for Improving Health Literacy?

Health literacy requires health care organizations to:

- Improve health communication:
  - Set readability standards to comply with regulatory agencies such as the Joint Commission
  - Write and speak in plain language
  - Offer materials in multiple languages and in formats
- Use the teach-back technique (check understanding)
- Foster HL staff training
- Involve patients in the design and review of health materials and health services
- Adopt culturally appropriate care

Health care organizations must take responsibility to improve health literacy

This is called Organizational Health Literacy

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Understanding Organizational Health Literacy (OHL)



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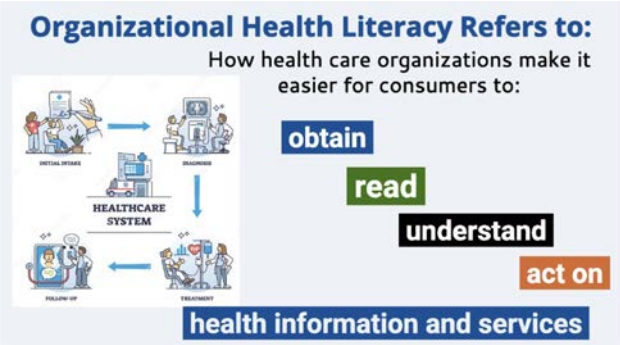
What is OHL?

OHL definition:

The degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others

Healthy People 2030

In Plain Language:



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What is OHL?

- This concept represents a major shift in how we think about health literacy
- Instead of putting the **"blame"** on patients for not understanding medical jargon, it places the **responsibility on the system**





Organizational health literacy complements personal health literacy

https://www.cdc.gov/health-literacy/php/develop-plan/health-literate-organization.html#:~:text=A%20health%20literate%20organization%20integrates%20health%20literacy,people%20with%20limited%20literacy%20and%20numeracy%20skills

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Why OHL Matters?

A Vicious Cycle Persists:

- Health systems still do not adequately address low health literacy
- Patients struggle to navigate complex systems and unclear communication

The Good News:

- Simplified systems and clear communication improve health literacy
- **Addressing health literacy leads to better health outcomes and higher-quality care**



https://journals.sagepub.com/doi/full/10.1177/0046958018757848#bibr7-0046958018757848

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OHL Drivers

External

Complying with:

- Patient Protection and Affordable Care Act (ACA)
- Centers for Medicare (CMS- HL and PL standards)
- CHIP Reauthorization Act- HL Standards
- Plain Language Act of 2010
- State Medicaid – Health Departments (HL and PL standards)
- Healthy People 2030 (HL and PL standards)
- Regulatory Agencies:
  - National Quality Assurance Standards (NQAS)
  - The Joint Commission
  - Local Health Department Standards

Internal

- Eliminating racial health disparities
- Advancing health equity
- Enhancing patient safety
- Promoting cultural competence and language access
- Helping consumers to take action and make smart health decisions

https://pmc.ncbi.nlm.nih.gov/articles/PMC5666686/#R40

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OHL Approaches



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OHL Approaches:

Seven OHL Strategies
Nine OHL Operational Frameworks
OHL Assessment Tools
OHL Policy
OHL Health Information
OHL Consumer Health Navigation

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Seven OHL Strategies



https://journals.sagepub.com/doi/full/10.1177/0046958018757848#bibr7-0046958018757848

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Seven OHL Strategies
Each strategy….

1. **Requires a vision that must align with operations to support consumer-centered care** and effectively engage patients throughout the care journey
2. **Requires system-wide changes;** organizations must be proactive to meet community needs
3. **Must demonstrate feasibility and financial value** to drive adoption
4. **Will encompass population health, public health, responsive practice, and cultural competence**
5. **Demands that organizational leadership sets the vision** and shapes culture, systems, policies, access, community partnerships, communication, and workforce
6. **Emphasizes building organizational capacity,** structures, and processes to support health literacy
7. **Is about justice in health care—every person should have equal access to services and equitable delivery**

https://journals.sagepub.com/doi/full/10.1177/0046958018757848#bibr7-0046958018757848

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Nine OHL Operational Frameworks



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Nine OHL Operational Frameworks

1. Health Literate Care Model – Integrates health literacy into system design by emphasizing informed, engaged patients and prepared, proactive care teams
2. Ten Attributes of Health Literate Health Care Organizations –Ten core characteristics organizations should adopt—such as leadership commitment, clear communication, and workforce training—to make health information accessible and actionable for all patients
3. Organizational Health Literacy Responsiveness – How well organizations respond to diverse health literacy needs through leadership, systems, policies, and community engagement
4. Vienna Concept of Health-Literate Healthcare Organizations – Provides a comprehensive systems-level approach, highlighting standards and indicators across governance, communication, and patient involvement
5. HLHO-10 Questionnaire – A measurement instrument derived from the ten attributes, used to evaluate how well organizations implement health literacy practices

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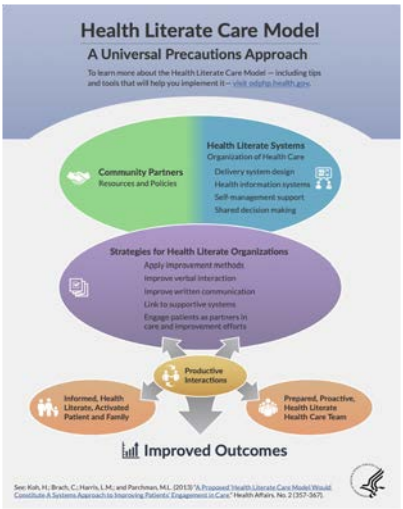
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Nine OHL Operational Frameworks

6. Health Literacy Universal Precautions Toolkit (AHRQ) - Encourages organizations to assume all patients may have difficulty understanding health information and to simplify communication and processes accordingly
7. HeLLO (Health Literacy in Local Organizations) Framework – Designed for community-based organizations, it emphasizes embedding health literacy into everyday practices and local service delivery
8. Org-HLR (Organizational Health Literacy Responsiveness Self-Assessment Tool) – A practical tool that helps organizations assess strengths and weaknesses in health literacy responsiveness and prioritize improvements
9. Health Literacy Environment of Hospitals and Health Centers (HLE2) – Focuses on assessing the physical and informational environment—like signage, navigation, and written materials—to improve patient understanding and access.

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Sample OHL Operational Frameworks
The Health Literate Care Model:



- Adopts a systems approach to improving consumers' engagement in health care
  - Includes:
    - ✓ Collaboration between community partners and the health care organization
    - ✓ Strategies to create a health literate organization
- It embeds health literacy into all aspects of care, including:
  - ✓ Self-management support
  - ✓ Care delivery
  - ✓ Decision-making
  - ✓ Information systems
  - ✓ Access to community resources

https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2012.1205?ijkey=qIr%2EpMsfcfBKM&siteid=healthaff&keytype=ref&journalCode=hlthaff

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Sample OHL Operational Frameworks
The Ten Attributes of a Health Literate Organization:

1. **Has leadership that integrates health literacy** into its mission
2. **Integrates health literacy into planning,** evaluation, patient safety, and quality improvement
3. **Prepares the workforce** to be health literate and monitors progress
4. **Includes populations served** in the design, implementation, and evaluation of health information and services
5. **Meets the needs of populations** with a range of health literacy skills while avoiding stigmatization
6. **Uses health literacy strategies** in interpersonal communications and confirms understanding
7. **Provides easy access to health information and service navigation**
8. **Designs and distributes easy-to-understand and act on information** - print, audiovisual, and social media content
9. **Addresses health literacy in high-risk situations,** including care transitions and communications about medicines
10. **Communicates clearly what health plans cover** and what individuals will have to pay for services





https://nam.edu/wp-content/uploads/2015/06/BPH_Ten_HLit_Attributes.pdf

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Sample of OHL Operational Framework
The Ten Attributes of a Health Literate Organization:

Basic principles:

- **Assume everyone benefits from health literacy/plain language information**

Why?

- Many consumers are at risk of misunderstanding, but **"You can't even tell by looking"** who they are
- Assessing consumers' reading level is not practical because it can be:
  - Time consuming
  - Can offend patients

This framework calls for:

- Design health information and services so everyone can understand and use them
- Simplify communication, confirm understanding, improve navigation, and support patient self-care

https://www.ahrq.gov/health-literacy/improve/precautions/tool10.html

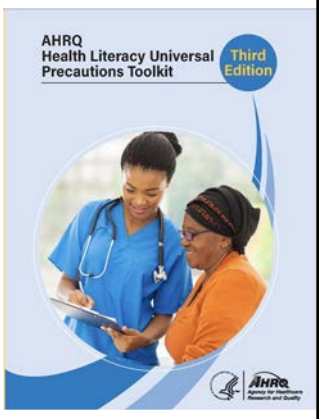
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Sample of OHL Operational Framework
Health Literacy Universal Precautions
(Agency for Health Research and Quality – AHRQ)

Toolkit Overview - Practical tools for providers focused on:

- Starting improvement efforts
- Self-management & empowerment
- Supportive systems
- Spoken communication &Written communication:
- Create and use **patient-friendly** written materials:
  - Easy to read
  - Free of jargon
  - Culturally, Linguistically, and personally relevant
- **Create a shame-free and patient-centered environment**

https://www.ahrq.gov/health-literacy/improve/precautions/tool10.html



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https://www.ahrq.gov/health-literacy/improve/precautions/toolkit.html

Sample of OHL Operational Framework
Health Literacy Universal Precautions
(Agency for Health Research and Quality – AHRQ)

Creating a shame-free, patient-centered environment means:

- Simple telephone processes for contacts and appointments
- Attitude of caring and respect by all staff
- Easy-to-follow instructions and support:
  - In signing, check-in, viewing portals, and access to EMR
  - Friendly referrals
  - Easy to navigate testing and user-friendly results
- Help and support provided with confidentiality (patient navigators/CHWs
- All staff are trained to recognize low literacy “red flags”



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Common Key Points in OHL Operational Frameworks

Patient Centered Strategies:

- Proactive outreach & risk stratification
- Dedicated educators and navigators/care coordinators
- Integrated scheduling & referral management
- Multilingual & culturally competent support
- Easy to read and use digital tools & patient portals



Advanced Approaches & Impact:

- Closed-loop referral tracking
- Addressing social determinants of health)
- Embedded navigation in primary care teams
- Specialized programs
- Continuous patient feedback & data-driven improvement

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*References in resources **

Common Key Points in OHL Operational Frameworks

Most frameworks call for:

- **Leadership & Policy:**
  - Leaders build a culture of health literacy by investing in staff, training, and clear communication policies
- **Communication:**
  - Improve spoken, written, and cross-cultural communication to increase understanding
- **Ease of Navigation:**
  - Simplify facilities and systems so patients can easily find and access care
- **Patient Engagement & Self-Management:**
  - Support patients in care decisions, goal-setting, and overcoming barriers



Impact:

These strategies help reduce the complexity of health care systems and help patients and families better manage their health

https://pmc.ncbi.nlm.nih.gov/articles/PMC6610031/#x24748307-20190503-01-fig1

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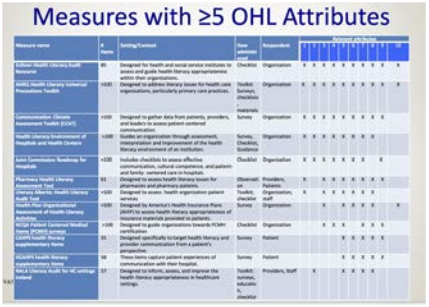
OHL Assessment Tools

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OHL Assessment Tools

OHL assessment tools help to:

- Promote awareness and discussion of current health literacy practices
- Stimulate improvement activities across the organization
- Gain consensus for prioritizing health literacy interventions
- Stimulate health literacy strategic planning
- Identify strengths and areas for improvement



Kripalani S, Wallston K, Cavanaugh KL, Osborn CY, Mulvaney S, Scott Amanda McDougald, et al. Measures to assess a health-literate organization. Washington, DC: National Academies of Medicine; 2014.

Organizations often mix and match items from different assessment tools or change the wording of items to better suit their environment

https://pmc.ncbi.nlm.nih.gov/articles/PMC5666686/

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OHL Assessment Tools

Samples of health literacy assessment tools:

- Health Literacy Environment Review (2006)
- Pharmacy Health Literacy Assessment Tool (2007)
- Organizational Communication Climate Assessment Toolkit (2008)
- Primary Care Health Literacy Assessment (2010, 2015)
- Health Plan Organizational Assessment of Health Literacy Activities (2010)
- Enliven Organizational Health Literacy Self-assessment Audit Resource (2013)
- **Coming Soon! HLI's Tool for Organizational Health Literacy Assessment**

Remember:
Be mindful of the limitations and uses of assessment instruments and the complexities associated with correctly interpreting their results.

https://pmc.ncbi.nlm.nih.gov/articles/PMC5666686/#R40

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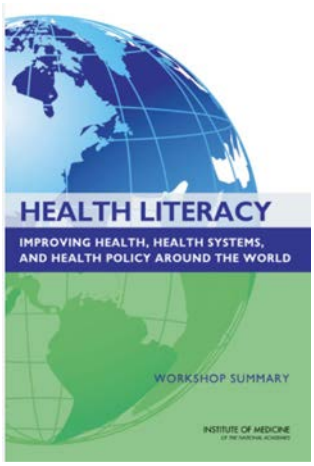
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OHL Policy

Health literacy policy:

- Aims to improve how people find, understand, and use health information, shifting responsibility from individuals to systems
- Key strategies include policies for:
  - **Plain language communication (oral and written)**
  - Improving cultural competency
  - Facilitating navigation to health services
  - Enhancing digital accessibility and training providers, as outlined in Healthy People 2030

https://hsrc.himmelfarb.gwu.edu/sphhs_policy_facpubs/172/



https://www.nationalacademies.org/read/18325/chapter/5

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OHL Policy

World Health Organization (WHO)

WHO reports key points on OHL policy:

- Defines health literacy and its policy importance
- Emphasizes the need for health-literate systems
- Draws lessons from national blueprint development
- Calls for coordinated action across government, the private sector, and civil society
- Requires intersectoral and interdisciplinary collaboration



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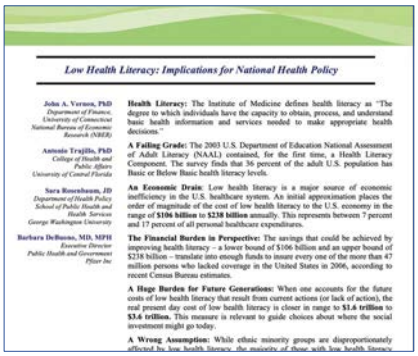
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OHL Policy

Low Health Literacy: Implications for National Health Policy

Key Components of Health Literacy Policy

- **Organizational responsibility**
  Health systems (not just patients) must ensure information is clear and actionable
- **Action plan approach**
  National Action Plan to Improve Health Literacy promotes coordinated, multi-sector efforts
- **Plain language & access**
  Use simple language, translation services, and inclusive communication for LEP & underserved groups
- **Workforce training**
  Train providers in clear communication and health literacy best practices
- **Measure outcomes**
  Track patient understanding and improve provider–patient communication quality



Low Health Literacy: Implications for National Health Policy

John A. Vernon, PhD
Department of Finance, University of Connecticut
National Bureau of Economic Research (NBER)

Antonio Trujillo, PhD
College of Health and Public Affairs, University of Central Florida

Sara Rosenbaum, JD
Department of Health Policy, School of Public Health and Health Services, George Washington University

Barbara DeBuono, MD, MPH
Executive Director, Public Health and Government, Pfizer Inc

Health Literacy: The Institute of Medicine defines health literacy 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."

A Failing Grade: The 2003 U.S. Department of Education National Assessment of Adult Literacy (NAAL) contained, for the first time, a Health Literacy Component. The survey finds that 36 percent of the adult U.S. population has Basic or Below Basic health literacy levels.

An Economic Drain: Low health literacy is a major source of economic inefficiency in the U.S. healthcare system. An initial approximation places the order of magnitude of the cost of low health literacy to the U.S. economy in the range of **$106 billion** to **$238 billion** annually. This represents between 7 percent and 17 percent of all personal healthcare expenditures.

The Financial Burden in Perspective: The savings that could be achieved by improving health literacy – a lower bound of $106 billion and an upper bound of $238 billion – translate into enough funds to insure every one of the more than 47 million persons who lacked coverage in the United States in 2006, according to recent Census Bureau estimates.

A Huge Burden for Future Generations: When one accounts for the future costs of low health literacy that result from current actions (or lack of action), the real present day cost of low health literacy is closer in range to **$1.6 trillion** to **$3.6 trillion.** This measure is relevant to guide choices about where the social investment might go today.

A Wrong Assumption: While ethnic minority groups are disproportionately

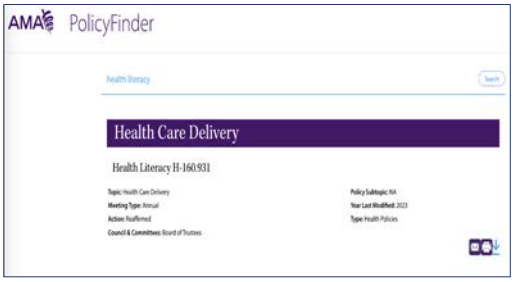
Low Health Literacy: Implications for National Health Policy

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OHL Policy

Sample of OHL Policy for Medical Professionals



1. Our American Medical Association recognizes that limited patient **literacy** is a barrier to effective medical diagnosis and treatment.
2. Our AMA encourages the development of **literacy** appropriate, culturally diverse **health**-related patient education materials for distribution in the outpatient and inpatient setting.
3. Our AMA will work with members of the Federation and other relevant medical and nonmedical organizations to make the **health** care community aware that approximately one fourth of the adult population has limited **literacy** and difficulty understanding both oral and written **health** care information.
4. Our AMA encourages the development of undergraduate, graduate, and continuing medical education programs that train physicians to communicate with patients who have limited **literacy** skills.
5. Our AMA encourages all third party payers to compensate physicians for formal patient education programs directed at individuals with limited **literacy** skills.
6. Our AMA encourages the US Department of Education to include questions regarding **health** status, **health** behaviors, and difficulties communicating with **health** care professionals in all future National Assessment of Adult **Literacy** studies;
7. Our AMA encourages the allocation of federal and private funds for research on **health literacy.**
8. Our AMA recommends all healthcare institutions adopt a **health literacy** policy with the primary goal of enhancing provider communication and educational approaches to the patient visit.
9. Our AMA recommends all healthcare and pharmaceutical institutions adopt the USP prescription standards and provide prescription instructions in the patient's preferred language when available and appropriate.
10. Our AMA encourages the development of low-cost community- and **health** system resources, support state legislation and consider annual initiatives focused on improving **health literacy.**

https://policysearch.ama-assn.org/policyfinder/detail/health%20literacy?uri=%2FAMADoc%2FHOD.xml-0-746.xml

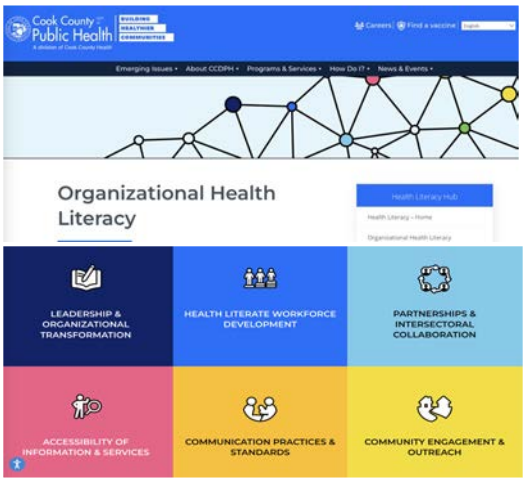
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OHL Policy

Sample of OHL Policy for a Public Health Department

- Champion the importance of health literacy across *Cook County*
- Share practical tools for implementing positive changes
- Advocate for more equitable policies and practices
- Celebrate successes and learn from each other
- Collaborate to build a more health-literate public health system in Cook County

https://cookcountypublichealth.org/organizational-health-literacy/



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Written Information

System Approach to Written Materials:

- Standardize and oversee all content with clear quality standards
- Enforce review and translation policies
- Regularly update and manage materials
- Ensure easy access (e.g., integration into EHRs)
- Apply health literacy standards:
  - Readability levels
  - Plain language
  - User-friendly design
  - Translations



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OHL Consumer Health Navigation



OHL Consumer Health Navigation

Benefits of Facilitating Navigation in the Health Care Setting:

- **Improved Access and Reduced Delays:**
  - Breaks down barriers, resulting in faster times to diagnosis and treatment
- **Better Health Outcomes:**
  - Increased screening rates and better management of chronic conditions
- **Enhanced Patient Experience:**
  - Increases patient satisfaction, makes them feel more informed, and helps build trust in the healthcare system
- **Reduced Costs for Providers and Patients:**
  - Guided appropriate care settings reduce unnecessary emergency room visits and hospital readmissions
- **Increased Treatment Adherence:**
  - Decreased the number of patients to follow up
- **Reduces health disparities**
  - Enhances patient understanding and engagement

https://pmc.ncbi.nlm.nih.gov/articles/PMC10165767/#:~:text=For%20this%20review%2C%20system%20navigation,%2C%20and%20providers%20%5B21%5D.

https://pmc.ncbi.nlm.nih.gov/articles/PMC10165767/#:~:text=For%20this%20review%2C%20system%20navigation,%2C%20and%20providers%20%5B21%5D.

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OHL Summary

The Journey is Long



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OHL Summary

Organizational Health Literacy Matters!

Health organizations needed to respond to the issue of low health literacy

- Consumers' challenges must be met by the health care system's ease of navigation, and low literacy demands
- Care quality should align with patient and family needs
- Simplified systems and clear communication to meet the low health literacy skills and abilities of consumers

Remember:

Becoming health literacy–responsive improves patient health outcomes and care quality



https://journals.sagepub.com/doi/full/10.1177/0046958018757848#bibr7-0046958018757848

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OHL Summary

How to Achieve Organizational Health Literacy

Health care organizations:

- Must recognize that action is required **on multiple levels**
- Should integrate health literacy into the organization's mission, structure, and operations
- Can adopt any or a combination of the frameworks, strategies, and assessment tools. **Adapt to your organizational needs**



Remember, improving OHL benefits:

- Improved access & adherence
- Reduced no-shows and delays
- Better patient outcomes & satisfaction
- **Improve the personal (consumer) health literacy!**

https://journals.sagepub.com/doi/full/10.1177/0046958018757848#bibr7-0046958018757848

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Health Literacy Advisor

At the baseline of all change is a good interactive health literacy software tool that streamlines all health literacy efforts:

Readability + Usability + Health Literacy + More



One comprehensive solution!

https://www.healthliteracyinnovations.com/products/pricing

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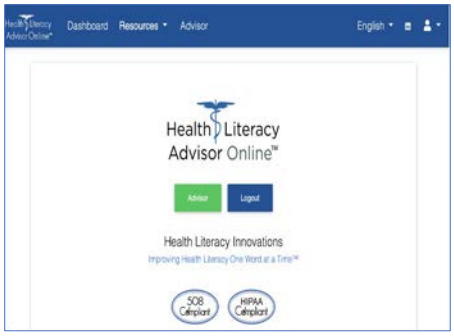
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The Health Literacy Advisor Two Platforms

HLA Desktop (Add-in to Word)



HLA Online (Web-based version)



Cleans documents before scoring readability, assuring accurate readability scores

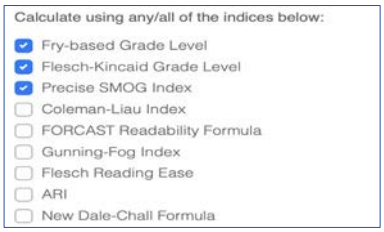
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Health Literacy Advisor Features

Calculates Readability:

- Uses nine readability indices in English and six in Spanish.
- Creates detailed reports
- Stamps results on the document
- Rewards users with a "ReadsEasy" stamp for achieving the 6th-grade reading level or lower

Assesses principles of plain language using the REDA – Reads Easy Document Assessment, a suitability tool.





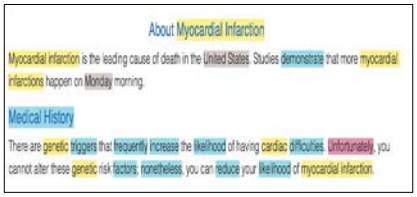
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Health Literacy Advisor Features

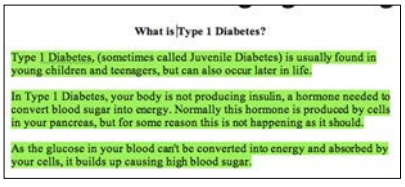
Highlights Words

- Long words by database
- Long words by syllable count
- Medical terms and jargon
- Proper names/nouns



Highlights Long Sentences

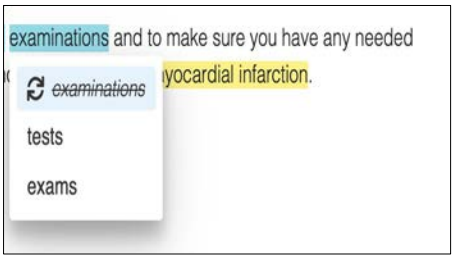
Long sentences with 10 words or more

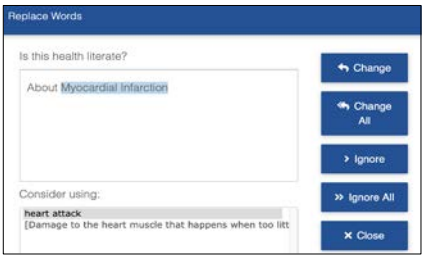


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Health Literacy Advisor Feature

- **Search difficult terms and replace** them with easy-to-understand choices right on your document
- Includes definitions for health terms and non-health terms





On average, it lowers reading level with replacements, at least 4 grades

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Advancing Health Literacy in 2026 and Beyond

Become a Health Literate Organization

Implement:

1. **Clear Communication:**
   - Provide information in a way that is understandable, equitable, and respectful of diverse needs
2. **System Design:**
   - Support an organization's design with easily accessible infrastructure, policies, and processes to help people access services and providers
3. **Culturally Competent Care:**
   - Acknowledge and address diverse cultural beliefs, practices, and languages
   - Support health equity and the reduction of health disparities



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Tips to Achieve Organizational Health Literacy

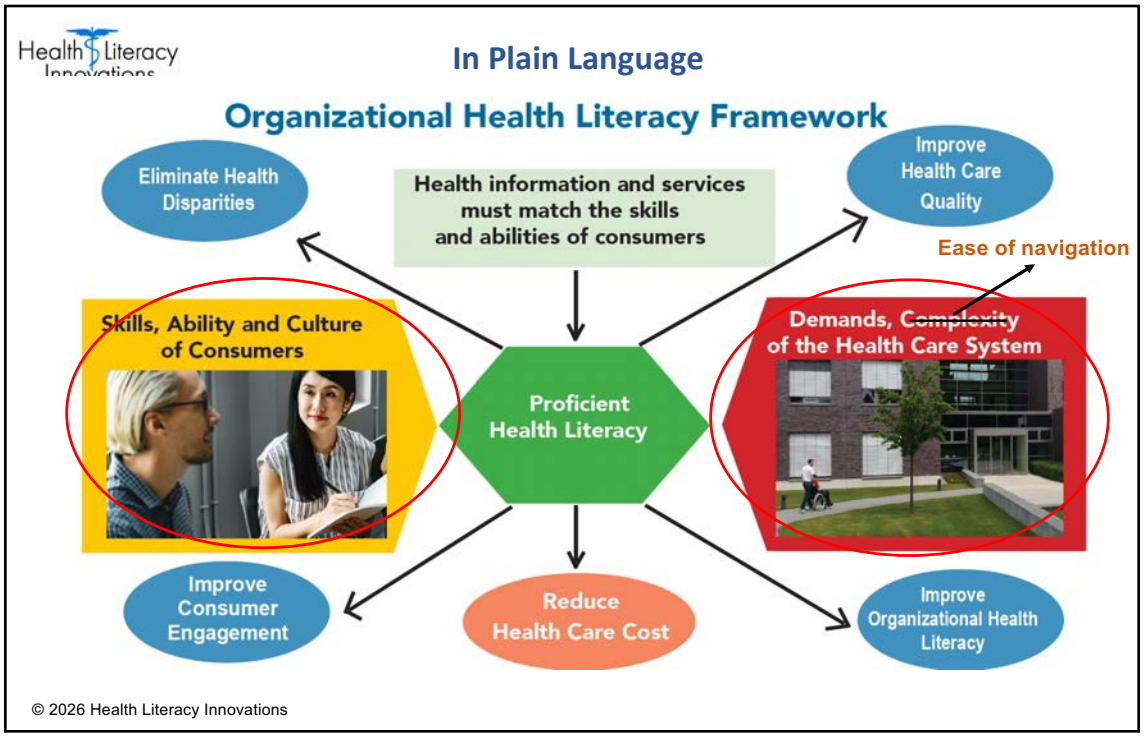
- Is ok to have and start with champion-driven project/s:
  - **Simplification of health materials (HLA can help)**
  - Teach back technique
  - Training of staff
- **While progress builds, work towards shifting from project-based efforts to system-wide transformation**
- **Use available tools, research findings, and guidelines**



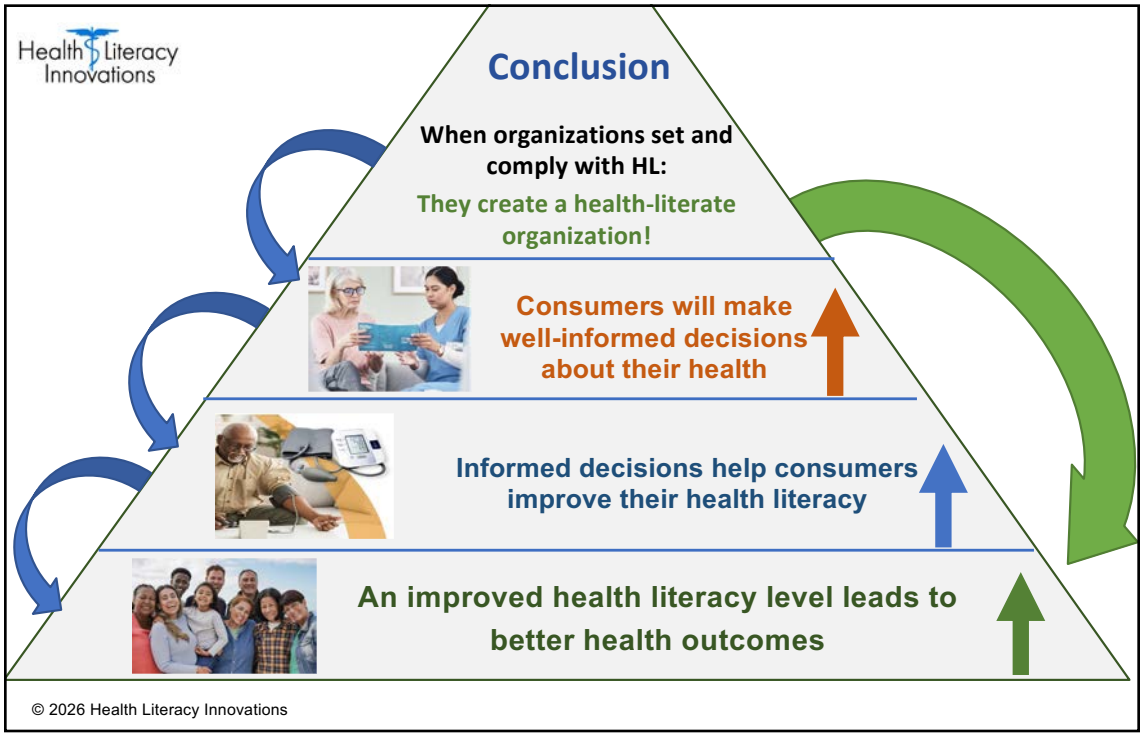
Remember:

- **Design health information and services so everyone can understand and use them**
- **Simplify communication, confirm understanding, improve navigation, and support patient self-care**

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In Plain Language
Organizational Health Literacy Framework
Eliminate Health Disparities
Health information and services must match the skills and abilities of consumers
Improve Health Care Quality
Ease of navigation
Skills, Ability and Culture of Consumers
Proficient Health Literacy
Demands, Complexity of the Health Care System
Improve Consumer Engagement
Reduce Health Care Cost
Improve Organizational Health Literacy
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Conclusion
When organizations set and comply with HL:
They create a health-literate organization!
Consumers will make well-informed decisions about their health
Informed decisions help consumers improve their health literacy
An improved health literacy level leads to better health outcomes
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