

Advancing Health Literacy in Hospitals and Health Systems

Overview

Health literacy can affect patient safety, clinical outcomes and population health. An individual's ability to understand diagnoses, follow treatment plans, navigate the healthcare system and advocate for themselves depends on their level of health literacy. Yet nearly nine in 10 American adults struggle to understand and use health information with unfamiliar or complex terms, and this deficit has real and measurable consequences for the patients themselves and the hospitals and health systems that treat them.[1]

This issue brief defines health literacy, examines where gaps are widest and highlights examples of organizational strategies used by some hospitals. This resource is intended to support hospital leaders, clinical staff and community health partners in building a comprehensive, system-level approach to improving health literacy.

Defining Health Literacy

Healthy People 2030, the federal government's disease prevention and health promotion framework, identifies two discrete aspects of health literacy.[2]

Personal Health Literacy	Organizational Health Literacy
The degree to which individuals can find, understand and use information and services to inform health-related decisions and actions for themselves and others.	The degree to which organizations enable individuals to find, understand and use information and services to inform health-related decisions and actions for themselves and others.

Historically, health literacy was viewed by many as primarily a patient characteristic. The organizational dimension assigns shared responsibility to hospitals, clinical teams and community partners to play an active role in supporting patients' ability to understand and act on health information.

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Who is Most Affected?

Low health literacy is more prevalent in certain populations, making it a key driver of health disparities. Populations with elevated rates of limited health literacy include:

- Non-native English speakers and patients with limited English proficiency (LEP).[4]
- Adults with lower educational attainment or income.[4]
- Adults over 65.[6]
- Individuals with mental health or substance use conditions.[7]
- Patients with chronic conditions who may navigate complex, long-term treatment regimens.[8]

By the Numbers

9 in 10 American adults struggle to understand and use health information that contains unfamiliar, complex or technical terms.[3]

24% higher risk of mortality among patients with intermediate health literacy levels.[4]

75% higher risk of mortality among patients with low health literacy.[5]

Leading Practices in Health Literacy

Health literacy interventions work best when they are embedded in routine care. **Because these practices depend on staff using them consistently, they are most effective when paired with training for all patient-facing roles.** The following examples, drawn from research and health system practice, highlight promising approaches that can produce measurable results.

Plain Language Communication

Accessible language instead of clinical jargon in discharge instructions, consent forms, medication guides and patient education materials helps ensure patients can act on the information they are given. The goal is to write at or below a sixth-grade reading level for materials intended for general audiences. Joint Commission's Speak Up initiative offers a practical example, providing patient-facing resources in plain language across multiple accessibility levels in both English and Spanish.[9]

Teach-back Method

The teach-back method is an evidence-based approach shown to improve patient understanding and adherence, decrease callbacks and cancelled appointments, and increase patient satisfaction and outcomes — helping ensure patients leave with a clear understanding of what they need to know and do.[10] This method also reframes how understanding is checked: rather than a yes-or-no question, clinicians ask patients to explain, in their own words, what they will do once they leave the care setting.

Health Literacy Universal Precautions

Rather than screening for "low literacy" patients exclusively, the universal precautions approach assumes all patients can benefit from clearer communication. This approach reduces stigma, simplifies implementation and includes patients who might be misidentified as "high literacy," but still benefit from additional support.[10]

Caregiver Health Literacy Support

A nurse-led initiative at Loma Linda University Children's Hospital in California screened caregivers' health literacy and tailored discharge instructions accordingly — reducing 30-day readmission rates from 12.3% to 10.5% and improving caregiver satisfaction scores from 80% to 100% in a single year.[11] The results demonstrate that targeted investment in discharge education produces measurable returns across health outcomes, safety and patient experience.

Patient and Family Advisory Councils

Patient and Family Advisory Councils (PFACs) offer a direct channel for building communication materials patients can use. PFACs can support hospitals by testing language, format and delivery directly with patients. At University Health in San Antonio, PFACs have driven several health literacy initiatives, including a plain-language glossary of healthcare terms for patients and families, and a project to improve patient awareness and use of pharmacy services.[12]

Building a Health Literate Organization

Health literacy is an organizational commitment that engages every department, every patient encounter and every communication touchpoint. The following framework identifies six priority areas where hospitals and health systems can focus their efforts, with example actions and indicators to track progress over time.

Priority Area	Example Actions	Measurement Indicators
Patient Communication	Plain language materials; teach-back training; universal precautions approach	Readmission rates; Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores; health literacy screening tool adoption rates
Discharge and Transitions	Plain language discharge instructions; follow-up call protocols	30-day readmission rate; ER return visits; HCAHPS Discharge Information
Staff Competency	Health literacy training in onboarding; annual competency refreshers	Training completion rates; observed communication audits
Digital Access	Plain language patient portals; multilingual app support; digital navigation assistance	Portal activation rates; digital health literacy assessments
Language Access	Certified interpreter availability; translated materials at accessible literacy levels	Interpreter utilization rates; LEP patient experience scores
Organizational Leadership	Health literacy champion program; executive accountability; community partnership	Strategic plan inclusion; budget allocation; community health needs assessment linkage

The Opportunity Ahead

Health literacy is a shared responsibility among patients, providers and the organizations that structure how care is delivered and communicated. The hospitals and health systems making the most progress toward becoming health literate organizations are those that have moved beyond awareness and built health literacy into how they communicate and measure outcomes. The opportunity is clear: by treating health literacy as a strategic priority, organizations can improve safety, reduce disparities and deliver on the promise of patient-centered care. The AHA is committed to supporting that work through resources, convening and peer learning across the field.

References

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