This is the published version:

Dodson, S., Beauchamp, A., Batterham, R.W. and Osborne, R.H. 2015, *Health literacy, inequity, and health outcomes*, Deakin University, Melbourne, Vic.

Available from Deakin Research Online:

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Health literacy, inequity, and health outcomes

There is potential to improve health and reduce inequity by identifying and responding to the health literacy needs of communities and their members.

Health literacy and the promotion of health

“Health promotion is the process of enabling people to increase control over their health and its determinants, and thereby improve their health. It is a core function of public health and contributes to the work of tackling communicable and noncommunicable diseases and other threats to health.”

(Bangkok Charter for Health Promotion in a Globalized World, 2005)¹

Achieving the aims of health promotion requires coordinated effort at individual, community, national and international levels. The engagement of individuals and communities in sustained and widespread health-related change is critical to success, but continues to prove difficult to achieve. Health literacy is one factor underlying this challenge. Health literacy is not only a key determinant of individual and community health management and service access, it also influences broader engagement in community action.²
Sustained efforts at all levels of the health system and across sectors, with a focus on improving responses to health literacy needs, can help to decrease health and social inequities, promote empowerment, improve the targeting and impact of health and social development programs, and strengthen health systems overall.

**Links between health literacy, health behaviours and health outcomes**

The association between health literacy and a range of health-related outcomes has been demonstrated in numerous studies.* Low health literacy has been associated with:

- increased hospital admissions and readmissions
- poorer medication adherence and increased adverse medication events
- less participation in prevention activities
- higher prevalence of health risk factors
- poorer self-management of chronic diseases and poorer disease outcomes
- less effective communication with healthcare professionals
- increased healthcare costs
- lower functional status and
- poorer overall health status including increased mortality.

*Note: Measures of health literacy used in many of these studies focused on a limited range of health-related literacy and numeracy skills.

Health literacy influences health outcomes by influencing the decisions people make about their health and health care. Figure 1 shows the elements of health literacy, and the link between health literacy and health behaviours. These personal characteristics and social resources influence which decisions people make, and how effectively they access, understand and appraise information and support during the decision-making process.
Figure 1: Links between health literacy and health behaviours

Legend:
- Health decision making process
- Health literacy
- Health behaviour
- Influences upon health decisions and behaviours

- Salience of health issue and/or behaviour
- Cultural beliefs and practices
- Societal, political, economic, and environmental circumstances
- Personal and situational factors
- Treatment and service related factors
- Other’s reactions to a health decision or behaviour
Other factors influencing health decisions and behaviours include social, political, economic and environmental circumstances, cultural beliefs and practices, the salience of particular health issues and actions, and the responses people receive from others about their actions or intentions. Health decisions will only influence health outcomes to the extent that the decisions are acted on. Health behaviours can only influence outcomes to the extent these outcomes are amenable to change.

**Links between health literacy and health inequity**

The field of health literacy has always been strongly linked to efforts to improve health equity: equity of access and equity of outcomes.\(^\text{16-21}\) Differences in health literacy are seen in gender, age, ethnicity, insurance status and educational attainment.\(^\text{22}\) These differences are likely, in part, to explain health inequities. For example, health literacy is shown to explain up to 22% of ethnic differences in health status.\(^\text{2}\)

It is important to note that many studies that explore the association between health literacy and outcomes use tools that measure numeracy and literacy skills only. Given that health literacy encompasses other personal characteristics and social resources (see Figure 1), it is likely that these studies underestimate the true effect of health literacy on health inequities.
References


