Health literacy represents the ability of individuals to gain access to, understand, and use information in ways that promote and maintain good health for themselves, their families, and their communities. Individuals with limited health literacy can encounter challenges interpreting basic health information, such as hospital discharge and medication dosing instructions.

Some U.S. counties have larger populations of residents with limited health literacy. These individuals are at greater risk for poor health outcomes and high costs. Seniors—who utilize more health care services, have more chronic conditions, and take more medications than any other age group—have the lowest health literacy levels of any age group.

**Health Literacy Across the United States**

Differences in education, languages spoken, health behaviors, and health system characteristics, contribute to significant variation in the health literacy level of each U.S. county. In the highest health literacy level counties (marked yellow in the map), between 15 and 27 percent of the population is predicted to have limited health literacy. In the lowest health literacy level counties (marked darkest blue in the map), between 36 and 59 percent of the population is predicted to have limited health literacy.

Identifying these counties can help leaders and organizations target and tailor resources and programs to improve health literacy. By increasing counties’ health literacy levels, the health outcomes of seniors could improve significantly.

**Seniors in Counties with the Highest Health Literacy Levels Experience Better Health Outcomes**

On average, Medicare beneficiaries in counties with the highest health literacy levels have better outcomes than beneficiaries living in counties with the lowest health literacy levels, including:

- **31% more flu shots**
- **26% fewer avoidable hospitalizations**
- **9% fewer hospital readmissions**
- **18% fewer emergency department (ED) visits**
- **13% lower costs per beneficiary**

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*a* “Highest health literacy level” counties are defined here and throughout the rest of this brief as counties with “predicted percent above basic health literacy” values at and above the 80th percentile value.

*b* “Lowest health literacy level” counties have “predicted percent above basic health literacy” values at and below the 20th percentile value.

*c* An avoidable hospitalization is a hospitalization for a condition that could otherwise have been treated in an outpatient setting.
## Opportunities to Improve Outcomes and Achieve Savings

<table>
<thead>
<tr>
<th>Where We Are Today...</th>
<th>If All Counties Had High Health Literacy Levels...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Flu Vaccine</strong></td>
<td><strong>670,000 (4%) additional Medicare beneficiaries could receive a flu shot each year</strong></td>
</tr>
<tr>
<td>Seniors are at greater risk of suffering severe complications as a result of the flu. They account for 50% of flu-associated hospitalizations and 64% of pneumonia and flu deaths. The flu vaccine reduces the chance of these adverse events, but vaccination rates of Medicare beneficiaries vary from 4% to 66% in counties across the country.</td>
<td></td>
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<tr>
<th>Hospital Visits</th>
<th><strong>993,000 fewer hospital visits a year, including:</strong></th>
</tr>
</thead>
</table>
| Avoidable hospitalizations, hospital readmissions, and ED visits are indicators of gaps in preventive care. Reducing these high cost, preventable events could improve patient experiences and outcomes and reduce costs. | - **93,000 (6%) fewer** avoidable hospitalizations
- **80,000 (5%) fewer** hospital readmissions
- **820,000 (4%) fewer** ED visits each year |

<table>
<thead>
<tr>
<th>Savings</th>
<th><strong>$25.4 billion potential savings for the Medicare program each year</strong></th>
</tr>
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<tbody>
<tr>
<td>Per person health care spending on seniors is almost three times more than spending on adults under age 65. On average, spending per Medicare beneficiary is $700 less in counties with the highest health literacy levels compared to all other counties.</td>
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</tr>
</tbody>
</table>

## Approaches to Improving Health Literacy

Investing in practices and systems that improve health literacy will benefit seniors and adults in all age groups. The private and public sectors can improve health literacy levels and better support individuals with limited health literacy by:

- Establishing a **commitment from consumer-facing professionals** (e.g., doctors, nurses, and health insurance agents) to communicate in ways that are more accessible and understandable to people of all health literacy levels.
- Offering **health literacy training to consumer-facing professionals**.
- Testing communications before they are finalized, and only releasing materials that are demonstrated to be accurate, clear, and actionable.
- Making communications available in the **languages spoken by the population served**.
- Using **video and other visuals** to support consumer understanding.
- Giving consumers **multiple opportunities to ask for help**.
- Assessing and addressing **non-medical challenges**; limited health literacy is often a symptom of limited general literacy, which can affect a consumer’s ability to navigate services for housing, transportation, food, and other resources related to social determinants of health.

Methodology and sources for citations are available at: [www.uhg.com/health-literacy-research](http://www.uhg.com/health-literacy-research).