**Organization for Economic Cooperation and Development Survey**

* In the United States one in six adults has low literacy skills, around 36 million people. Nearly one in three US adults has low numeracy skills.
* Socioeconomic background has a stronger influence on adult literacy skills in the US than in other countries surveyed by OECD. In the US, the odds of having low literacy skills are ten times higher for low-educated adults born to low-educated parents than for higher-educated adults born to higher educated parents.
* 35% of black adults and 43% of Hispanic adults have low literacy skills, compared to 10% of white adults.
* The wage reward for literacy skills is higher in the US than in almost every other country surveyed by OECD.
* The odds of having low levels of health are four times higher for US adults with low literacy than for US adults with strong literacy skills.
* One-third of all adults in the US with low literacy skills are under 35.
* Two-thirds of young adults (16-25) with low literacy skills are male.
* The average literacy skills of young US adults are not hugely different from older US adults. The difference between the average literacy score of the youngest and oldest US adults is nine points, the lowest of all countries surveyed. Other countries surveyed had much more substantial increases in literacy skills among the young. In Korea, for instance, the average literacy score for the youngest adults is 49 points higher than for the oldest adults.
* Among young adults, the US has fewer top performers on either literacy or numeracy than most other countries surveyed.

 Source: OECD. “Time for the U.S. to Reskill?: What the Survey of Adult Skills Says”  OECD Publishing. 2013. <http://skills.oecd.org/Survey_of_Adult_Skills_US.pdf>

**RAND Corporation Study**

* Inmates who participate in correctional education programs have 43 percent lower odds of recidivating than those who do not participate.
* Focusing only on high school/GED programs, inmates who participate have 30 percent lower odds of recidivating than those who do not participate.
* The odds of obtaining employment post-release among inmates who participate in correctional education (either academic or vocational) are 13 percent higher than the odds for those who do not participate in correctional education.
* The odds of obtaining employment post release among inmates who participate in vocational education programs are 28 percent higher than the odds for those who do not participate.
* A one dollar investment in prison education translates into reducing incarceration costs by four to five dollars during the first three years after release, when those leaving prison are most likely to return.

 Source: RAND Corporation. “Evaluating the Effectiveness of Correctional Education A Meta- Analysis of Programs That Provide Education to Incarcerated Adults.” 2013. [https://www.justice.gov/opa/pr/justice-and-education-departments-announce-new- research-showing-prison-education-reduces](https://www.justice.gov/opa/pr/justice-and-education-departments-announce-new-%09research-showing-prison-education-reduces)

**Wisconsin Achievement Gap**

* Wisconsin has the widest achievement gap between black and white students on fourth- and eighth-grade math and reading tests in the nation. (2015 National Assessment of Educational Progress)
* Wisconsin’s gap in high school graduation rates between black and white students [is the largest in the nation](http://www.wpr.org/wisconsins-high-graduation-rate-doesnt-apply-all). The graduation rate for white students was 92.9 for 2013-2014. The graduation rate for African-American students was 66.1%. (The U.S. Department of Education)
* Wisconsin's high school graduation rate for white students and students overall ranked third nationally, while its rate for African-American students ranked at 40th among the states. (The U.S. Department of Education)
* Eighth-grade reading scores for black students in Wisconsin [were the worst in any state by any ethnic group](http://www.jsonline.com/news/education/states-black-students-rank-lowest-in-reading-math-scores-b99136626z1-230903121.html#ixzz2kB943bXt). Fourth-grade reading scores for black students were the second worst. (2013 National Assessment of Education Progress)
* Black students in only three states had lower average math scores than Wisconsin's black fourth-graders and eighth-graders. (2013 National Assessment of Education Progress)
* Statewide, just over 15 percent of black students tested proficient on exams in math, compared to 43 percent of white students, according to 2013-14 test scores. (Wisconsin Department of Public Instruction.)
* 3 percent of black graduates in Wisconsin took an AP class during high school in 2013, compared to 85 percent of white students. (College Board 10th Annual AP Report to the Nation, Wisconsin Supplement. 2014 <http://media.collegeboard.com/digitalServices/pdf/ap/rtn/10th-annual/10th-annual-ap-report-state-supplement-wisconsin.pdf>)

 The statistics above were referenced in the articles below:

 [http://www.postcrescent.com/story/news/investigations/2015/12/16/wisconsins- racial-achievement-gap-widens/77382630/](http://www.postcrescent.com/story/news/investigations/2015/12/16/wisconsins-%09racial-achievement-gap-widens/77382630/)

 [http://www.jsonline.com/news/education/wisconsins-graduation-rate-gap-widens-to- largest-in-us-b99601248z1-336334851.html](http://www.jsonline.com/news/education/wisconsins-graduation-rate-gap-widens-to-%09largest-in-us-b99601248z1-336334851.html)

 <http://www.wpr.org/wisconsins-academic-achievement-gap-remains-nations-widest>

**Race to Equity Report for Dane County**

* In 2011, the American Community Survey estimated that 74.8% of Dane County’s African American children were poor, compared to 5.5% of white children. Research suggests that this 13 to 1 disparity ratio may constitute one of the widest black/white child poverty gaps that the Census Survey reported for any jurisdiction in the nation.
* In 2011 Dane County’s African American third graders were 4.4 times more likely not to meet reading proficiency standards than their white classmates. 48.1% of black 3rd graders were not proficient in reading in Dane County. The percent of white 3rd graders not proficient in reading in Dane County was 10.9%.This is a significantly wider gap than between white and black third graders elsewhere in the state and in the nation.
* In 2011 Dane County’s African American 8th graders were 4.6 times more likely not to meet math proficiency standards than their white classmates. 47.7% of black 8th graders were not proficient in math in Dane County. The percent of white 8th graders not proficient in math was 10.4%.
* In the 2010-2011 academic year, African American youth in the Madison Public School District had about a 50% on-time high school graduation rate, compared to 85% for white students.
* In the 2011-12 school year, black 12th graders were only half as likely as white 12th graders to take the ACT exam. Of those taking the exam, African Americans averaged a score of 18, compared to a white average of 24.
* In the 2010-2011 academic year, public schools in Dane County reported that 1,524 black students were suspended at some point during the academic year compared to 852 white students. After accounting for the relative size of the black and white shares of total enrolled students, the data indicates that suspensions from Dane County public schools were 9.5 times more likely to involve a black student than a white student.
* In the 2010-2011 academic year, public schools in Dane County reported 3,198 suspensions/expulsions for incidents unrelated to weapons or drugs for black students compared to 1,130 suspensions/expulsions for incidents unrelated to weapons or drugs for white students. After accounting for the relative size of the black and white shares of total enrolled students, the data indicates that suspensions/expulsions for incidents unrelated to weapons or drugs from Dane County public schools were 15 times more likely to involve a black student than a white student.

 Source: Wisconsin Council on Children and Families. Race to Equity: A Baseline Report on the State of Racial Disparities in Dane County. 2013

 <http://racetoequity.net/dev/wp-content/uploads/WCCF-R2E-Report.pdf>

**Wisconsin HOPE Lab Report (Dane County)**

The Advancement via Individual Determination/Teens of Promise (AVID/TOPS) program is a partnership between the Madison Metropolitan School District and the Boys and Girls Club of Dane County designed to increase academic achievement, college preparation, and postsecondary education for low-income students and students of color in the academic middle (students with grade point averages between 2.0 and 3.5). The program operates in all four Madison Metropolitan School District high schools. In 2012, the AVID Middle School program also began implementation across the district’s middle schools. The 2014-2015 Wisconsin HOPE Lab report analyzes student outcomes for the AVID/TOPS program. The report found that:

* Ninth-grade students who participated in the Advancement via Individual Determination program (AVID) in middle school had increased credits earned (6.68 compared to 6.36).
* The Advancement via Individual Determination/Teens of Promise program (AVID/TOPS) led students to enroll in more challenging coursework such as AP and honors classes (59 percent for students in AVID/TOPS compared to 47 percent not in the program). The boost in AP/honors participation rates was especially large for Hispanic students (17 percentage points).
* AVID/TOPS students had a 20 percent higher college enrollment rate than their peers. This number increased to 30 percent for male students of color.
* District-wide, 73% of students who had any exposure to AVID/TOPS in high school attended college, compared to 62% of students who did not. The boost was larger for low-income students (69% of AVID/TOPS students went to college vs. 57% of non- AVID/TOPS students) and African-American students (68% of AVID/TOPS students went to college vs. 46% of non-AVID/TOPS students) and male students of color (67% of AVID/ TOPS students went to college vs. 44% of non- AVID/TOPS students).
* District-wide, 83% of students who were in AVID/TOPS throughout high school attended college, compared to 63% of students who were never in AVID/TOPS. In addition, students who fully participated in AVID/TOPS were more likely to attend a four-year college rather than a two-year college (41% of AVID/TOPS students vs. 28% of students never in AVID/TOPS).
* District-wide, 94% of students who had any exposure to AVID/TOPS in high school graduated on time, compared to 89% of students who did not. The boost was larger for low-income students of color (91% of AVID/TOPS students finished high school on time vs. 84% of non-AVID/TOPS students) and male students of color (94% of AVID/TOPS students graduated vs. 78% of non-AVID/ TOPS students).

 Source: Wisconsin Hope Lab. AVID/TOPS 2014-2015 District Findings: Final Report. <https://secondary.madison.k12.wi.us/files/seced/AVID_Report_2015-Final.pdf>

**Civil Rights Data Collection**

* The overall district enrollment in the Madison Metropolitan School District is as follows: 50.4% White, 23.5% Black, 14.9% Hispanic, 10.4% Asian/Pacific Islander, and 0.8% Native American /Alaskan Native.
* Compared to overall enrollment, the race/ethnicity of students enrolled in Calculus is as follows: 74.7% White, 2.2% Black, 3.3% Hispanic, 18.7% Asian/Pacific Islander, and 1% Native American/Alaskan Native.
* Compared to overall enrollment, the race/ethnicity of students enrolled in Chemistry is as follows: 61.6% White, 17.07% Black, 9.2% Hispanic, 11.5% Asian/Pacific Islander, and 0.7% Native American/Alaskan Native.
* Compared to overall enrollment, the race/ethnicity of students enrolled in Physics is as follows: 68.5% White, 10.5% Black, 8.0% Hispanic, 12.6% Asian/Pacific Islander, and 0.4% Native American/Alaskan Native.
* Compared to overall enrollment, the race/ethnicity of students enrolled in Gifted/Talented programs is as follows: 70.5% White, 6.8% Black, 3.4% Hispanic, 18.8% Asian/Pacific Islander, and 0.6% Native American/Alaskan Native.

Source: Civil Rights Data Collection. 2009 Survey <http://ocrdata.ed.gov/Page?t=d&eid=29645&syk=5&pid=119>

**Program for the International Assessment of Adult Competencies Results**

* Average scores on the PIAAC literacy scale for adults age 16 to 65 ranged from 250 in Italy to 296 in Japan. The U.S. average score was 270. Compared with the U.S. average score, average scores in 12 countries were higher, in 5 countries they were lower, and in 5 countries they were not significantly different.
* In the US, 4% of adults age 16 to 65 scored below level 1 on the literacy scale, 14% scored at level 1, 34% scored at level 2, 36% scored at level 3, and only 12% scored at level 4/5.
* Average scores on the PIAAC numeracy scale for adults age 16 to 65 ranged from 246 in Spain to 288 in Japan. The U.S. average score was 253. Compared with the U.S. average score, average scores in 18 countries were higher, in 2 countries they were lower, and in 2 countries they were not significantly different.
* In the US, 10% of adults age 16 to 65 scored below level 1 on the numeracy scale, 20% scored at level 1 34% scored at level 2, 27% scored at level 3, and 9% scored at level 4/5.
* Average scores on the PIAAC problem solving in technology-rich environments scale for adults age 16 to 65 ranged from 275 in Poland to 294 in Japan. The U.S. average score was 277. Compared with the U.S. average score, average scores in 14 countries were higher and in 4 countries they were not significantly different.
* In the US, 20% of adults age 16 to 65 scored below level 1 on the problem solving in technology rich environments scale, 41% scored at level 1, 33% scored at level 2, and 6% scored at level 3.
* US adults born outside of the United States were much more likely to have low literacy and low numeracy skills. 14% of adults age 16 to 65 born in the US have literacy skills at or below level 1 compared to 40% of foreign born US adults. 27% of adults age 16 to 65 born in the US have numeracy skills at or below level 1 compared to 48% of foreign born US adults.
* Twelve percent of U.S. adults age 16 to 65 performed at the highest proficiency level (4/5) on the PIAAC literacy scale.
* Nine percent of U.S. adults age 16 to 65 performed at the highest proficiency level (4/5) on the PIAAC numeracy scale.
* Six percent of U.S. adults age 16 to 65 performed at the highest proficiency level (3) on the PIAAC problem solving in technology-rich environments scale.
* The percentages of U.S. adult males and U.S. adult females age 16 to 65 performing at the highest proficiency level (4/5) on the PIAAC numeracy scale were lower than the international averages for their peers at this level.
* The percentage of U.S. adults age 16 to 65 with graduate or professional degrees who performed at the highest proficiency level (4/5) on the numeracy scale was lower than the international average for adults with graduate or professional degrees who performed at this level.
* Literacy and numeracy skills are linked to health status. Of the US adults age 16 to 65 who reported excellent health status, 17% scored 4/5 on the literacy scale and only 2% of adults who reported excellent health status scored below level 1. Additionally, of the US adults age 16 to 65 who reported excellent health status, 13% scored 4/5 on the numeracy scale and only 6% scored below level one on the numeracy scale.
* The percentage of employed U.S. adults age 16 to 65 performing at the highest proficiency level (4/5) on the PIAAC numeracy scale was lower than the international average of employed adults at this level
* The percentage of White U.S. adults age 16 to 65 at the highest proficiency level (4/5) on the literacy scale was higher than the percentages of their Black or Hispanic peers at this level.

**Source:** Goodman, M., Finnegan, R., Mohadjer, L., Krenzke, T., and Hogan, J. (2013). Literacy, Numeracy, and Problem Solving in Technology-Rich Environments Among U.S. Adults: Results from the Program for the International Assessment of Adult Competencies 2012: First Look (NCES 2014-008). U.S. Department of Education. Washington, DC: National Center for Education Statistics. <https://nces.ed.gov/pubs2014/2014008.pdf>

**Results from the 2003 National Assessment of Adult Literacy**

The 2003 National Assessment of Adult Literacy measured health literacy in three domains of health and health care information and services: clinical, prevention, and navigation. The clinical domain encompasses activities associated with provider-patient interaction, clinical encounters, diagnosis and treatment of illness, and medication. The prevention domain encompasses activities associated with maintaining and improving health, preventing disease, intervening early in emerging health problems, and engaging in self-care and self-management of illness. The navigation domain encompasses activities related to understanding how the health care system works and individual rights and responsibilities. The 2003 National Assessment of Adult Literacy found that:

* Among 242 million adults in 2003, the health literacy estimates from the survey reveal that 36 percent of the adult U.S. population has Basic or Below Basic health literacy levels, which is defined as low health literacy. Thus, approximately 87 million U.S. adults have low health literacy.
* Only 12 percent of the US adults surveyed demonstrated what is considered to be Proficient health literacy.
* Health literacy is connected to overall health. At each higher level of self-reported level of overall health, adults had higher average health literacy than adults in the next lower level. The average health literacy score of adults who reported excellent health was 262. Adults who reported they had very good health had average health literacy scores of 254; adults with self-reported good health had average health literacy scores of 234; adults with self-reported fair health had average health literacy scores of 207; and adults with self-reported poor health had average health literacy scores of 196.
* A much smaller percentage of adults who reported that their health was excellent or very good than adults who reported that their health was poor or fair had Below Basichealth literacy. Eight percent of people who reported excellent health had below basic health literacy; nine percent of people who reported very good health had below basic health literacy; thirty-three percent of people who reported fair health had below basic health literacy; and forty-two percent of people who reported poor health had below basic health literacy.
* Adults in the oldest age group—65 and older—had lower average health literacy than adults in younger age groups. Adults in the oldest age group also had the highest percentage of individuals at below basic health literacy levels. Twenty-nine percent of adults 65 and older had below basic health literacy compared to eleven percent of adults aged 16-18, ten percent of adults aged 19-24, and ten percent of adults aged 25-39.
* Health literacy levels are connected to socioeconomic status and educational attainment. Adults living below the poverty level and adults living at the poverty level and up to 125 percent of the poverty level had average health literacy scores at the basic literacy level. For adults who were above 175 percent of the poverty threshold, average health literacy was in the Intermediaterange. Additionally, 49 percent of adults who had never attended or did not complete high school had Below Basichealth literacy, compared with 15 percent of adults who ended their education with a high school diploma and 3 percent of adults with a bachelor’s degree.
* Adults who received Medicare or Medicaid and adults who had no health insurance coverage had lower average health literacy than adults who were covered by other types of health insurance. Among adults who received Medicare or Medicaid, 27 percent and 30 percent, respectively, had Below Basic health literacy. Twenty-eight percent of adults who had no health insurance had Below Basichealth literacy. Among adults who received employer-provided, military, or privately purchased health insurance, the percentages with Below Basichealth literacy were lower, 7 percent, 12 percent, and 13 percent, respectively.

**Source:** Kutner, M., Greenberg, E., Jin,Y., and Paulsen, C. (2006). The Health Literacy of America’s Adults: Results From the 2003 National Assessment of Adult Literacy (NCES 2006–483). U.S. Department of Education. Washington, DC: National Center for Education Statistics.

 <https://nces.ed.gov/pubs2006/2006483.pdf>

**Health Literacy Facts**

Numerous studies show that poor health literacy can negatively affect people’s health. Populations with low health literacy experience:

* Higher rates of hospitalization

**Source:** Wu, J.-R., Holmes, G. M., DeWalt, D. A., Macabasco-O’Connell, A., Bibbins-Domingo, K., Ruo, B., Pignone, M. “Low literacy is associated with increased risk of hospitalization and death among individuals with heart failure.” *Journal of General Internal Medicine*, 28(9), 1174–1180. 2013.

* Less knowledge about their medical conditions and treatments

**Source:** Quinlan, P., Price, K. O., Magid, S. K., Lyman, S., Mandl, L. A., & Stone, P. W. “The relationship among health literacy, health knowledge, and adherence to treatment in patients with rheumatoid arthritis.”The Musculoskeletal Journal of Hospital for Special Surgery, 9(1), 42–49. 2013

* Lower adherence to medication

**Source:** Zhang, N. J., Terry, A., & McHorney, C. A. “Impact of health literacy on medication adherence: A systematic review and meta-analysis.” *Annals of Pharmacotherapy*, 48(6), 741–751. 2014

* Less understanding and use of preventive services

**Source:** Bynum, S. A., Wigfall, L. T., Brandt, H. M., Richter, D. L., Glover, S. H., & He´bert, J. R. “Assessing the influence of health literacy on HIV-positive women’s cervical cancer prevention knowledge and behaviors.” *Journal of Cancer Education*, 28(2), 352–356. 2013

* 6% more hospital visits, 2-day longer hospital stays, and 4 times higher health care costs

**Source:** Center for Health Care Strategies, 2013 <http://www.chcs.org/media/CHCS_Health_Literacy_Fact_Sheets_2013.pdf>

* Through all its impacts – medical errors, increased illness and disability, loss of wages, and compromised public health – low health literacy is estimated to cost the U.S. economy up to $236 billion every year.

**Source:** J. Vernon, A. Trujillo, S. Rosenbaum, and B. DeBuono. “Low Health Literacy: Implications for National Health Policy*.”* University of Connecticut; 2007.

* Studies show that when controlling for health literacy, racial and ethnic disparities in health care quality and outcomes often disappear.

**Source:** A.E. Volandes and M.K. Paasche-Orlow. “Health Literacy, Health Inequality and a Just Healthcare System.” *The American Journal of Bioethics*, 7, no.10 (2007), 5-10.

* Low health literacy is associated with increased use of emergency rooms for primary care.

**Source:** Baker DW, Gazmararian J, Williams MV, et al. “Health literacy and use of outpatient physician services by Medicare managed care enrollees.” *Journal of General Internal Medicine*. 2004 Mar; 19(3):215-20.

* In a sample of Medicaid patients in Arizona, it was found that patients with reading levels at or below third grade level had mean Medicaid charges $7,500 higher than those who read above the third grade level.

**Source:** Weiss BD., Palmer, R. “Relationship between health care costs and very low literacy skills in a medically needy and indigent Medicaid population.” *The Journal of the American Board of Family Practice,* Jan-Feb; 17 (1) (2004):44-7.

**Agency for Healthcare Research and Quality – Literacy and Health Outcomes**

A growing body of evidence supports the association between deficits in health literacy and various health related outcomes such as:

* Lower reported health status
* Greater mortality
* Less disease-specific knowledge and ability to recognize common signs and symptoms of illness
* Greater utilization of hospital services
* Less self-confidence and skills needed for self-care and chronic disease management
* Lower receipt of important screening procedures (e.g. colonoscopy) and vaccinations
* Poorer understanding of medication and food labels

A review lead by the Agency for Healthcare Research and Quality summarized the current science supporting these associations. The survey found that:

* Six studies measured the relationship between literacy levels and knowledge of the use of

 health care services: mammography, cervical cancer screening, childhood health maintenance procedures and parental understanding of child diagnosis and medication, emergency department discharge instructions, “Heart Health Knowledge,” and informed consent.

* All but one demonstrated a statistically significant association between higher literacy level and knowledge of matters relating to use of these health services.
* In two studies that prospectively evaluated the risk of hospitalization according to literacy status, inadequate literacy (relative to adequate literacy) was significantly associated with increased risk of hospitalization.
* Three studies evaluated the relationship between literacy and smoking. In adjusted analyses, the largest study found a significant relationship between low literacy and various measures of smoking among adolescent boys and girls.
* Low reading ability was significantly associated with smoking among adults waiting for child-related services in private and public clinics.
* A study showed that the odds of having misused alcohol were significantly higher among boys but not girls with lower literacy levels.

Source: Agency for Healthcare Research and Quality – Literacy and Health Outcomes, Evidence Report/Technology Assessment #87. 2004

<http://archive.ahrq.gov/downloads/pub/evidence/pdf/literacy/literacy.pdf>

**Agency for Healthcare Research and Quality – Health Literacy Interventions and Outcomes: An Updated Systemic Review.**

A comprehensive review lead by the Agency for Healthcare Research and Quality in sought to summarize the current science supporting the associations between health literacy and health outcomes. The survey found that:

* Two studies showed that a higher risk of mortality for seniors was clearly associated with lower health literacy.
* Lower health literacy was associated with poorer ability to demonstrate taking medications appropriately in five studies.
* Lower health literacy was associated with poorer ability to interpret labels and health messages in three studies.
* Lower health literacy was associated with poorer overall health status among seniors in five

 Studies.

* Evidence about health care service use showed that lower health literacy was associated with increased hospitalization in five studies, greater emergency care use in nine studies, lower use of mammography in four studies, and lower receipt of the influenza vaccine in four studies.
* The review found that health literacy appeared to reduce racial disparities on several health outcomes. These included conditions that keep a person from working, long-term illness, self-reported health status, receipt of an influenza vaccine, physical and mental health-related quality of life, self-reported health, prostate-specific antigen levels, non-adherence to HIV medications, and enrollment in health insurance. Health literacy also mediated differences by both race and gender in the misinterpretation of medication label instructions.

 Source Agency for Healthcare Research and Quality. Health Literacy Interventions and Outcomes: An Updated Systemic Review. 2011

 <http://archive.ahrq.gov/research/findings/evidence-based-reports/litupsum.pdf>

**National Action Plan to Improve Health Literacy**

* Nearly 9 out of 10 adults have difficulty using the everyday health information that is routinely available in health care facilities, retail outlets, media, and communities.
* According to research from the U.S. Department of Education, only 12 percent of English-speaking adults in the United States have proficient health literacy skills. The impact of limited health literacy disproportionately affects lower socioeconomic and minority groups.
* A person can have completed the required number of years of school and still have limited health literacy. In fact, approximately 45 percent of high school graduates have limited health literacy.
* Both AHRQ and IOM published reports with comprehensive reviews of the literature on health literacy and health outcomes. Both reports concluded that limited health literacy is negatively associated with the use of preventive services (e.g., mammograms or flu shots), management of chronic conditions (e.g., diabetes, high blood pressure, asthma, and HIV/AIDS), and self-reported health. Researchers also found an association between limited health literacy and an increase in preventable hospital visits and admissions.
* Additional studies have linked limited health literacy to misunderstanding instructions about prescription medication, medication errors, poor comprehension of nutrition labels, and mortality.
* Limited health literacy has psychological costs. Adults with limited health literacy skills report feeling a sense of shame about their skill level.34, 35 They may hide their struggles with reading or vocabulary.36 As a result of this and other issues, limited health literacy is often invisible to health care providers and other public health professionals.
* Limited health literacy has psychological costs. Adults with limited health literacy skills report feeling a sense of shame about their skill level. They may hide their struggles with reading or vocabulary. As a result of this and other issues, limited health literacy is often invisible to health care providers and other public health professionals.
* One study estimates the cost of limited health literacy to the Nation’s economy to be between $106 and $236 billion U.S. dollars (USD) annually. When one accounts for the future costs that result from current actions (or lack of action), the real present day cost of limited health literacy might be closer to $1.6–3.6 trillion USD. In addition, substantial indirect costs are likely associated with limited health literacy, such as more chronic illness and disability, lost wages, and a poorer quality of life.

 Source: National Action Plan to Improve Health Literacy. 2010 <http://health.gov/communication/hlactionplan/pdf/Health_Literacy_Action_Plan.pdf>