*Response to the Department of Health & Human Services (HHS) re: request for comments about the proposed update to the definition of health literacy for Healthy People 2030*

*Email to* [Definehealthliteracy@HHS.gov](mailto:Definehealthliteracy@HHS.gov)

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Thank you for the opportunity to comment on the working definition of Health Literacy for Healthy People 2030.

As a \_\_\_\_\_\_ [patient advocate, physician, patient, etc.], I view the definition of Health Literacy as an essential model for healthcare organizations to follow so American healthcare can transform into patient-centered care.

My observations are:

1. Despite the committee’s desire to be brief, the use of the term “society” connotes otherness. It’s somebody else’s responsibility, not mine. The phrase “healthcare-related organizations” is both broad and yet more inclusive.
2. True Health Literacy is the key to successful patient-provider communication. Communication is by definition always a two-way process. The proposed HL definition suggests it’s one-way. We can push all the information we wish but without ensuring it’s received, understood, and actionable, we do not have health literacy.
3. We recognize the importance of patient centered care as one of our highest ideals. The current definition is not patient-centered because it neglects the role of the patient as a team member; it neglects their observations, data, questions, and concerns. Hence the addition of the word: “discuss.”

A proposed revised definition that is actionable by all parties is:

Health literacy is the ability of a patient to access, understand, discuss, and act on information provided to make fully informed medical decisions. Success requires multiple variables: the patient’s ability and will to learn, the individual provider’s communication skills, and all healthcare-related organizations’ delivery of relevant medical resources, including the patient’s own records.

Regards,

Name  
Title, Organization  
Title, Organization (etc.)  
Email address