

Health Literacy and Power

Michael K. Paasche-Orlow, MD, MA, MPH; Dean Schillinger, MD; Barry D. Weiss, MD; Timothy Bickmore, PhD; Howard Cabral, PhD; Peter Chang, MD, MPH, ScD, FRCP; Stacy C. Bailey, PhD, MPH; Darren A. Dewalt, MD, MPH; Alicia Fernandez, MD, Mirjam Fransen, MD, Angela Leung, PhD; Kirsten McCaffery, PhD; Cathy D. Meade, PhD, RN, FAAN; Lauren A. McCormack, PhD, MSPH; Joanne Protheroe, MB ChB, MRes, PhD, FRCGP; Ruth Parker, MD; Russell Rothman, MD, MPP; Don Rubin, MD; Rima Rudd, ScD; Kristine Sørensen, PhD, MSPH; Christian Von Wagner, PhD; Michael S. Wolf, PhD, MPH; H. Shonna Yin, MD, MS; and Raymond L. Ownby, MD, PhD, MBA

Ultimately, the goal of the field of health literacy and the purpose of *HLRP: Health Literacy Research and Practice* is empowerment—to help people gain more control over their health. Studies reported in *HLRP: Health Literacy Research and Practice* will vary, but our continuing objective is to improve individuals' and the public's health by disseminating and leveraging new discoveries and beneficial interventions related to health literacy. Articles will focus on people, families, and communities; patients, caregivers, employees, and community members; clinicians, clinics, organizations, and systems; words, numbers, and languages; mental, socioemotional processes, and interactional phenomena. We seek to understand and intervene, so people can understand better and have the ability to positively influence their health. In addition, we seek to learn and disseminate information that can catalyze a broad reshaping of public health and health care to enable institutions to work better for everyone, no matter what their level of health literacy. In this way, the goal of our work is not only patient empowerment and professional proficiency, but also disruption and transformation of the status quo to reverse institutional, systemic, and societal practices that disadvantage those with limited health literacy.

We do this because we know that health literacy is a type of power that is critical for self-determination. We also recognize (1) that the very society that generates and perpetuates limited literacy is the one that creates a discriminatory health care system, and (2) that health and illness (and health disparities) are largely determined by the maldistribution of social and environmental forces and exposures—problems that can be addressed, at least in part, through enhancing health literacy.

The fact that you can read these words means that you share in the privilege and social capital that comes with education. As a type of power, health literacy can only be strengthened with use. It often can be wielded independently of other constraints. Indeed, health literacy is not diminished when shared.

The fact that you choose to read these words means that you know that many do not share this privilege and this power. It also likely means that you want to confront the ways health is degraded and health disparities are mediated and exacerbated by low health literacy; this is a motivation that we share. Your interest in health literacy means that you will not stand idly by in the face of this wrong. How we move forward to make a difference will require a group effort and many details remain to be worked out—but our primary focus is empowerment and disruptive system transformation.

Health literacy as a field of study should challenge the conventions of a health care system that currently works best for people with the highest levels of education. However, the fact that the injustice related to limited health literacy is strongly associated with factors such as disadvantaged minority status, socioeconomic status, and nativity to name a few intensifies the ethical imperative to advance new discoveries as well as the translation and implementation of established ones. Accordingly, we have a duty to improve all aspects of our work and to innovate in measurement, participatory methods, intervention settings, cultural relevance, implementation sciences, interdisciplinary, and intersectoral work.

We must do this work in ways that include and truly engage vulnerable populations. We also must do this work with a renewed attention to privilege and power and clearly delineate the differences between health literacy and other sources of vulnerability. Adding these dimensions to our work will help assure that the work of health literacy promotes health equity and social justice. We also need to acknowledge that research about the prevalence of health literacy skills at the level of the individual and their associations with various demographic characteristics and dimensions of health status and outcomes represents only a few facets of what needs to be done. There are numerous additional dimensions of health literacy relating to communication skills of providers, organizational complexity, and resilience factors in the communities we serve—some related to health literacy practices and oth-

ers unrelated to them—that should be the subject of inquiry, scholarship, and amplification. Further, we need significant advancement of interventions in all of these areas.

The field of health literacy asks all of us: What can we do with our educational privilege to make things better for those who haven't enjoyed our good fortune? How will you work to make the system better for people who do not understand or benefit from its workings? Your individual and our communal work in health literacy will represent one type

of response. *HLRP: Health Literacy Research and Practice* will strive to advance your work and magnify your voice. Working together we can speak up to tear down systemic barriers that prevent people without educational privilege from fulfilling their health goals. Working together, we can better position health literacy as a powerful tool for creating personal, family, organizational, and even societal change. Our goal with this journal is to give a voice to your efforts and increase the impact of your ideas. Our work together can make a difference.

Michael K. Paasche-Orlow, MD, MA, MPH, is the Editor-in-Chief, *HLRP: Health Literacy Research and Practice*, and a Professor of Medicine, Boston University School of Medicine. Dean Schillinger, MD, is a Professor of Medicine in Residence, the Chief, Division of General Internal Medicine, and the Director, Health Communication Program, University of California, San Francisco. Barry D. Weiss, MD, is a Professor, Department of Family and Community Medicine, University of Arizona College of Medicine. Timothy Bickmore, PhD, is a Professor, College of Computer and Information Science, Northeastern University. Howard Cabral, PhD, is the Statistical Editor, *HLRP: Health Literacy Research and Practice*, and a Professor of Biostatistics, Boston University School of Public Health. Peter Chang, MD, MPH, ScD, FRCP, is the Secretary General, Asian Health Literacy Association; a Professor, Taipei Medical University; a Professor, Kaohsiung Medical University; and a Senior Advisor, Taipei Hospital. Stacy C. Bailey, PhD, MPH, is an Assistant Professor, University of North Carolina Eshelam School of Pharmacy. Darren A. Dewalt, MD, MPH, is the Chief, Division of General Medicine and Clinical Epidemiology, and the Director of Population Health, Department of Medicine, The University of North Carolina School of Medicine. Alicia Fernandez, MD, is a Professor of Clinical Medicine, Department of Medicine, University of California, San Francisco. Mirjam Fransen, MD, is an Assistant Professor, Department of Public Health, Academic Medical Centre, University of Amsterdam. Angela Leung, PhD, is an Associate Professor, School of Nursing, Hong Kong Polytechnic University. Kirsten McCaffery, PhD, is a Professor, Sydney School of Public Health, The University of Sydney. Cathy D. Meade, PhD, RN, FAAN, is a Senior Member and a Professor, Department of Oncologic Sciences, Moffitt Cancer Center, University of South Florida College of Medicine. Lauren A. McCormack, PhD, MSPH, is the Director, Center for Communication Science, RTI International. Joanne Protheroe, MB ChB, MRes, PhD, FRCGP, is a Senior Lecturer, General Practice Research Institute for Primary Care & Health Sciences, Keele University. Ruth Parker, MD, is a Professor of Medicine, Emory University. Russell Rothman, MD, MPP, is a Professor, Internal Medicine, Pediatrics, & Health Policy, the Vice President for Population Health Research, the Chief, Internal Medicine & Pediatrics Section, and the Director, Center for Health Services Research, Vanderbilt University Medical Center. Don Rubin, MD, is a Senior Scientist, Center for Health & Risk Communication, Center for Global Health, University of Georgia. Rima Rudd, ScD, is a Senior Lecturer on Health Literacy, Education, and Policy, T.H. Chan School of Public Health, Department of Social and Behavioral Sciences, Harvard University. Kristine Sørensen, PhD, MSPH, is the Founding Director, Global Health Literacy Academy. Christian Von Wagner, PhD, is a Senior Lecturer, Epidemiology & Public Health, Institute of Epidemiology & Health, University College London. Michael S. Wolf, PhD, MPH, is a Professor, Medicine and Learning Sciences, the Associate Chair, Department of Medicine, and the Associate Division Chief-Research, General Internal Medicine & Geriatrics, Northwestern University, Feinberg School of Medicine. H. Shonna Yin, MD, MS, is an Assistant Professor of Pediatrics and Population Health, Departments of Pediatrics and Population Health, NYU School of Medicine, Bellevue Hospital Center. Raymond L. Ownby, MD, PhD, MBA, is the Professor and the Chair, Department of Psychiatry and Behavioral Medicine, Biomedical Informatics Program, Nova Southeastern University.

© 2018 Paasche-Orlow, Schillinger, Weiss, et al.; licensee SLACK Incorporated. This is an Open Access article distributed under the terms of the Creative Commons Attribution 4.0 International (<https://creativecommons.org/licenses/by/4.0>). This license allows users to copy and distribute, to remix, transform, and build upon the article, for any purpose, even commercially, provided the author is attributed and is not represented as endorsing the use made of the work.

Address correspondence to Michael K. Paasche-Orlow, MD, MA, MPH, Section of General Internal Medicine, Department of Medicine, Boston University School of Medicine, 801 Massachusetts Avenue, 2nd Floor, Boston, MA 02118; email: mpo@bu.edu.

Disclosure: Barry D. Weiss reports personal fees from the American Academy of Family Physicians and from the University of Arizona. Stacy C. Bailey reports grants from the National Institutes of Health, the Agency for Healthcare Research and Quality, the Preeclampsia Foundation, Eli Lilly, Merck, the American Board of Obstetrics and Gynecology; and personal fees from Merck, Northwestern University/Gordon and Betty Moore Foundation, Luto LLC, and Pfizer. Russell Rothman reports personal fees from Edulogics and Boehringer Ingelheim. Raymond L. Ownby discloses that he is a majority stockholder in Enalan Communications, Inc; and reports a pending patent for the Assessment of Human Comprehension By An Automated Agent. The remaining authors have no relevant financial relationships to disclose.

doi:10.3928/24748307-20180629-01