

Global Health Literacy:

Delaware and Beyond!

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Any discussion of global health must acknowledge a few fundamental truths. The number of people on the planet has risen from roughly 1 billion to 8 billion in the last 200 years.¹ The complexity and scaling necessary to feed, educate, house, employ, and care for all those people is an enormous challenge. It is also true that people when incentivized, can be innovative and enterprising enough to rise to the challenge at an equally exponential rate of progress. It only took 66 years to invent and build a path from the Wright brother's first flight to landing on the moon. Another example is the ability to produce enough food for billions of people was made possible by the introduction of industrial fertilizer in the 1920-30s.² What remains to be seen from this discovery is the efficient distribution of healthy food to benefit the greatest number of people.

An examination of the leading global health indicators as presented by groups like the World Health Organization Global Health Observatory, or the Gates Foundation Goalkeepers Report leads to the conclusion that most metrics have been improving over the last 40-50 years (i.e. poverty, maternal mortality, neonatal mortality, malnourishment, HIV, malaria, smoking, sanitation, etc.).^{3,4} These signals could be strictly interpreted as measures of success, but for anyone working in health improvement, health care, or health policy this simply fails to capture another fundamental truth: global populations could be much healthier if the response was more focused. The opportunity cost of underinvestment, scattered innovation, political barriers, competing economic incentives, and social distraction are immeasurable in both health outcomes and quality of life. If humans can produce enough food for billions of people, fly to the moon, and create a global communication network, it should be within reach to provide clean air, water, food, housing, and economic stability to all. What does this have to do with global health literacy? **Collective attention, action, and incentives.**

Over the last 30 years, the case has been made for improving organizational health literacy, policy recommendations were made, and clarifying definitions surfaced (as shown in Healthy People 2030).⁵⁻⁸ Helping people obtain and understand health information has been shown to be beneficial to both personal and public health.⁹⁻¹² However, practices, incentives, and innovation have not scaled up to meet the opportunity for progress. While citing potential barriers like the *commercial determinants of health* may add to a robust conversation about the social determinants or vital conditions of health, it remains that both progress and stagnation are greatly impacted by economic incentives and innovation.

One of the more disturbing metrics found in the Gates Foundation Goalkeepers report is Target 4.1: *Proportion of children who cannot read and understand a simple text by age 10*.⁴ This is one of the few measures in the report that is getting worse as the overall data point moves from 48.5% to 51.9% however, this does not fully recognize the regional variation, for example, 89% of children unable to read in Sub-Saharan Africa.⁴ Combine recent reports from the 2024

Nation's Report Card, which indicates the reading proficiency for grade level in the United States is 31% for 4th grade and 30% for 8th grade and, a new data set from 2023 revealing a 9% increase in the lowest levels of adult literacy in the U.S and the picture becomes grim for a future where fewer people understand health information.^{13,14} If individuals and communities struggle to navigate basic health information, what prospect is there for civic engagement and awareness that leads to policy incentives and innovative investment from the elected policy and economic leaders of the world?

The pioneers of the health literacy movement created the initial framework for improvement strategies, such as the Plain Writing Act of 2010, the National Action Plan to Improve Health Literacy, the Prescription to End Confusion, Health People 2030, and others. However, a tipping point has yet to be reached bringing these solutions into the main economic drivers in global society.^{5,8,15,16} The growing community of health literacy advocates around the world have been hard at work to raise awareness, conduct research, and improve systems and policies. A recent analysis of global health literacy action from The Economist Intelligence Unit provides a comparison of seven nations, indicating that Australia and the United States may be leading the way.¹⁷ Some examples policy progress include:

- The state of Maryland put the National Action Plan in motion with a major achievement as a policy champion. In 2022, a new law in Maryland established The Horowitz Center for Health Literacy to be the state Consumer Health Information Hub.¹⁸
- The newly established Health Literacy Council of Delaware engaged with state public health leaders, which resulted in a Health Literacy Appendix will be added to the State Health Assessment and Improvement Plan which helps to guide the strategy for the next several years.¹⁹ A health literacy component was also added to all the major Community Health Needs Assessments throughout the state for the first time.
- As in the U.S., the Australian Department of Health and Aged Care has a National Health Literacy Strategy Framework, which was developed in 2022, following the National Statement on Health Literacy issued by the Australian Commission on Safety and Quality in Health Care in 2014.^{20,21}
- Bringing attention to health literacy as an important focal point, the U.S.-based Health Literacy Research and Practice Journal frequently presents best practices, original research and thought leadership from around the world. The year 2024 saw journal content from Bangladesh, Columbia, Bavaria, Thailand, Côte d'Ivoire, Iran, Oman, Brazil, Japan, Portugal, and Germany demonstrates an international movement taking shape.²²
- Recent efforts for increased advocacy in policy discussions inspired health literacy leaders to create the United States Health Literacy Association to be launched in 2025. This organization will champion health literacy as a fundamental pillar of healthcare policy through advocacy at federal, state, and local levels of government.

While these efforts are essential, there remains much variation on the global stage ranging from developed nations with vulnerable communities to whole countries facing impoverished

conditions. The collective action problem can be solved, through diligent investment and incentives designed to scale the ability for people to understand both the world around them and the implications for personal health and public policy. Advocacy and investment must be the mantra for a healthy globe but that will not happen unless 8 billion people are given a chance to understand the difference.

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