

State Health Literacy Month Proclamation Template

WHEREAS: Health literacy is defined as the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others (personal health literacy); and the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others (organizational health literacy).¹

WHEREAS: The American Medical Association (2007) estimates that 9 in 10 Americans lack sufficient health literacy skills necessary to prevent and manage disease and chronic conditions and effectively seek and obtain healthcare.² Additionally, based on the National Quartiles, [insert percentage range, i.e., 12-63%] of [insert state residents, i.e., Minnesotans] have basic to below basic health literacy skills.³ Addressing overwhelming health literacy needs can reduce healthcare costs^{3,4} and improve the accessibility, quality, safety, and patient satisfaction of healthcare, and improve the health and quality of life for millions of [insert state residents, i.e., Minnesotans];⁵

WHEREAS: Inadequate health literacy affects all segments of the population even people with higher education and strong literacy skills. Age, racial/ethnic, economic, and cultural and linguistic disparities exist in levels of ability to access, understand, and use health information.²

WHEREAS: The burden of not systematically addressing health literacy costs the U.S. healthcare system \$438-\$987 billion a year.⁴ Inadequate health literacy has been associated with: 1) Reduced ability to understand labels and health messages; 2) Limited ability to follow medication instructions; 3) Lower likelihood of accessing or receiving preventive care; 4) More hospitalizations; 5) Greater use of emergency departments; 6) Worse overall health status; 7) Higher mortality in the elderly; 8) Shorter life expectancy; 9) Worse physical and mental health;⁶ and 10) low satisfaction with health care,⁷ all of which are avoidable;

WHEREAS: U.S. K-12 Public Schools do not routinely teach health literacy skills.⁸ And U.S. Schools of Medicine, Dentistry, Pharmacy, Nursing, Public Health, Social Work and Allied Healthcare do not routinely teach health literacy interventions, such as the use of plain language and teach-back.⁹

WHEREAS: The U.S. Department of Health and Human Services includes health literacy in one of its overarching Healthy People 2030 goals: "Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all."¹ Health literacy addresses health equity by providing health information to all that is accessible, understandable, and actionable, regardless of race/ethnicity, creed, language, culture, income, sexual orientation, gender identity, age, or ability.¹⁰

WHEREAS: [Insert statement about the establishment of the state's health literacy organization if applicable, or other supporting organizations and community affiliations, and how

organization(s) have led or support state health literacy efforts, i.e., to help health care systems and providers develop and use health literate patient education materials.].

WHEREAS: Health Literacy Month is celebrated throughout the United States and World every year since 1999 on October 1-31.¹¹

NOW, THEREFORE, I [Insert Governor Name], Governor of [Insert State], do hereby proclaim the month of October as:

HEALTH LITERACY MONTH

References

- 1 Health Literacy in Healthy People 2030. U.S. Department of Health and Human Services. December 3, 2020. <https://health.gov/our-work/healthy-people/healthy-people-2030/health-literacy-healthy-people-2030>
- 2 Weiss MD, B., et al. Health Literacy and Patient Safety: Helping Patients Understand. American Medical Association, 2007.
- 3 National Health Literacy Mapping to Inform Health Care Policy. Health Literacy Data Map. University of North Carolina at Chapel Hill, 2014. Retrieved, <http://healthliteracymap.unc.edu/>
- 4 Vernon, J.A. Trujillo, A., Rosenbaum, S., and DeBuono B. (2007). Low Health Literacy: Implications for National Health Policy. Retrieved [Microsoft Word - FINAL Biz Case Report 10 4 07.doc \(gwu.edu\)](#). *2018 update using assumptions and methods in Vernon et al (2007), for 2018 direct medical costs and census population data.
- 5 Koh, H.K., Brach, C., Harris, L.M., and Parchman, M.L. (2013). A Proposed 'Health Literate Care Model' Would Constitute A Systems Approach to Improving Patients' Engagement in Care. Health Affairs, 32(2): 357-367. <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2012.1205>
- 6 Berkman, N.D., Sheridan, S.L, Donahue, K.E., Halpern, D.J., and Crotty, K. (2011). Low health literacy & health outcomes: updated systematic review. Annals of Internal Medicine, 155(2): 97-107.
7. MacLeod S, Musich S, Guylas S, Cheng Y, Tkatch R, Cempellin D, Bhattarai GR, Hawkins K, and Yeh CS (2017). The impact of inadequate health literacy on patient satisfaction, healthcare utilization, and expenditures among older adults. Geriatric Nursing, 38(4): 334-341.

8 Auld ME, Allen MP, Hampton C, Montes JH, Sherry C, Mickalide AD, Logan RA, Alvarado-Little W, and Parson K (2020). Health Literacy and Health Education in Schools: Collaboration for Action. NAM Perspectives.

9 Saunders C, Palesy D, and Lewis J (2019). Systematic Review and Conceptual Framework for Health Literacy Training in Health Professions Education. Health Professions Education, 5: 13-29.

10 Logan RA, Wong WF, Villaire M, Daus G, Parnell TA, Willis E, and Paasche-Orlow K. Health Literacy: A Necessary Element for Achieving Health Equity. National Academy of Medicine. July 24, 2015.

11 Health Literacy Month: Building Awareness through Action. Institute for Health Care Advancement. <https://www.healthliteracymonth.org/home>