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Commentary

Child Health Literacy Interventions and its Implementation in Health Care

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DESCRIPTION

Inequalities in health and behaviour exist in all populations including children. Health literacy, as a social determinant of health, is a critical driver of equitable health outcomes in children. With rising requests for more action to address health challenges and inequalities, health literacy interventions to increase children's healthy behaviours have emerged as a critical method for reducing health inequities. However, health literacy interventions have implementation problems that have an impact on prospective results and inequities in health literacy intervention implementation occur. There is variation in the target groups, timing, content and formats of child health literacy interventions and related health behaviours [1]. Inequalities in health and behaviour exist in all populations including children. Child health literacy disparities have been reported between high-income and low and middle income nations as shown by unequal distribution of child health literacy across socio demographic groups confirming a social gradient in low health literacy.

While the area of child health literacy is still in its infancy boosting child health literacy is an important means of reducing health inequities since it can be improved in education and learning to reduce avoidable health disparities. Health literacy, as a social determinant of health is critical for equitable health outcomes in children [2]. For example, knowledge is an important component of children's health literacy. Children obtain information through education and study. With growing requests for more action to address health literacy and inequities, child health literacy treatments have arisen to encourage healthy behaviour. School-based health literacy treatments are uniquely positioned to address children's inadequate health literacy with the potential to reduce health disparities among children because they allow for early and continuous interventions. The education system and particularly schools is widely acknowledged as critical settings for child health literacy interventions. Health literacy education in schools and classrooms for students, as well as teacher professional education and training are examples of child health literacy programs. The school curriculum, a healthy school climate and interaction with families and communities can all be key processes which interventions lead to enhanced healthy behaviours [3]. Health equity is that no one is denied the opportunity to enjoy optimal health and well-being, even if they belong to a historically or currently disadvantaged group. Interventions that result in worse access, receipt, use quality or outcomes for specific demographic groups can perpetuate health disparities.

There is evidence that race, ethnicity, gender identity, socioeconomic status, functional limitations and other factors can contribute to disparities in health intervention implementation. With a growing emphasis on closing the evidence-practice gap, it is widely recognized that academics and practitioners should employ implementation determinant frameworks to explain why discrepancies in health implementation exist [4]. The function and significance of implementation science as the study of techniques to improve research adoption into real-world contexts is recognized. The function and connection among literacy levels and intervention implementation is complex and poorly understood. It identified three important ways in which health literacy plays a role in intervention implementation in the design and development of treatments as a contextual element influencing implementation success and as a result of the healthcare intervention [5]. However there is a general lack of acknowledgement of the significance of health equality informed implementation of health literacy interventions, and the function of implementation science in fostering health literacy.

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