



CONSULTATION PAPER: DEVELOPMENT OF THE NATIONAL HEALTH LITERACY STRATEGY



Australian Government Department of Health and Aged Care

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Background to the Strategy

The [National Preventive Health Strategy 2021-2030](#) outlines Australia's overarching, long-term approach to prevention. The aim of the National Preventive Health Strategy is to create a sustainable prevention system for all Australians, with a particular focus on the wider determinants of health, reducing health inequity and addressing the increasing burden of disease. This will help all Australians live in good health and wellbeing for as long as possible.

The development of the **National Health Literacy Strategy (the Strategy)** is one of eight immediate priorities under the National Preventive Health Strategy. Health literacy refers to how people understand information about health and health care, and how they apply that information to their lives, use it to make decisions and act on it. It is determined both by the skills and abilities of individuals as well as the demands and complexity of the environment.

The objective of the National Health Literacy Strategy is to provide an evidence-based health literacy environment, where health information is person-centred, accessible and culturally and linguistically appropriate, and to support improved health literacy skills of all Australians. This will be achieved by:

- ensuring Australians have access to high-quality, evidence-based and culturally and linguistically appropriate information about how to manage their health and wellbeing through appropriate preventive action across each stage of their life.
- helping Australians acquire the practical transferable skills to understand which sources of information to trust, to combat disinformation and misinformation.
- boosting the knowledge, skills and confidence required to allow Australians to engage in effective self-care activities and healthy behaviours.
- increasing the ability of the health workforce to support consumers to access reliable, evidence-based sources of preventive health information and to increase capacity to work with people from culturally, ethnically and linguistically diverse communities.
- adopting an equity lens to ensure the challenges faced by priority populations in improving health literacy and accessing health information are addressed, noting that partnerships and co-design processes are of particular importance in addressing the needs of priority populations. Priority populations include, but are not limited to, First Nations people, LGBTQI+ people, Australians from culturally and linguistically diverse background (CALD) communities, rural and remote populations, and people with disability.
- improving digital health literacy.

Improving the health literacy environment for all Australians lead to improved navigation of the preventive health system, improved service delivery and a reduced burden on the health system.

Purpose and scope of this Consultation Paper: This consultation paper describes a draft framework that will form the building blocks for the National Health Literacy Strategy. This framework has been developed based on feedback gathered through consultations with a diverse range of stakeholders and consumers, and reviews of national and international evidence of what works.

The aim of this public consultation is to gather your views on this framework, to inform the development of the draft Strategy. We value your feedback on this framework.

The survey asks a series of questions related to each component of the framework, including:

- Does the framework capture the important components? If not, please describe what else is needed?
- Is the proposed vision appropriate for the National Health Literacy Strategy?
- Are the key principles captured? If not, what is missing?
- Are the aims the right ones for achieving the vision of the National Health Literacy Strategy?
- Are the categories for the leaders and partners who will mobilise health literacy action appropriate? Are there any other leaders and partners that should be included?

This consultation paper also includes several illustrative examples of actions for each of the three aims. We would welcome other example actions.

There will also be a public consultation on the draft Strategy in early 2023.

Health literacy: the context

The National Health Literacy Strategy will reflect an understanding that:

- **Health literacy affects health outcomes:** When the health literacy environment does not meet the health literacy needs of the people it serves, it leads to poor access to health care and uptake of services and worse health outcomes, including engagement with prevention activities. It is associated with higher rates of risk factors for chronic disease and with increased rates of diabetes, heart attack and stroke. It is associated with avoidable health care costs.
- **The Australian health environment often does not meet the needs of many Australians:** When using a performance-based measure, around 60% of the Australian population is unable to fully understand common information such as instructions about medication use. Some communities including First Nations peoples and those from CALD backgrounds, rural and remote populations, LGBTQI+ people, people with disability, and those in low socioeconomic communities have specific priorities and face special challenges and purpose-built solutions will be necessary. Communities also bring assets and strengths that can be enablers of health literacy.
- **COVID-19 demonstrated the importance of health literacy:** Rapid communication about changing evidence and policies has shown the importance of addressing varying health

literacy needs in our communities. The COVID-19 information environment has not always met the language or health literacy needs of diverse communities in Australia¹⁻⁴. This has been associated with reduced COVID-19 knowledge and prevention behaviours. However, tailored and co-designed communication strategies can support health literacy. For example, in the first phase of the pandemic the First Nations sector responded particularly effectively to the health communication needs to the community through rapid community developed COVID-19 resources and communication^{3,5}.

- **Leadership and action by many organisations and individuals will be required to improve health literacy:** International evidence shows that reducing the complexity of health information using a wide variety of strategies⁶, providing in-language culturally appropriate information and checking patient understanding all improve access to health information⁷⁻⁹.
- **There are many examples of skills-based and environment approaches** being used to address health literacy at national and local levels in Australia and internationally. The Strategy should draw on this work and create opportunities to learn from best practice and to strengthen alignment.

Building the Strategy

The Strategy is being developed in two phases: Phase 1 used an iterative process of consultation, as well as a review of other strategies and the evidence to develop a framework for the Strategy (this Consultation Paper). Phase 2 will result in a fully developed Strategy, including actions, incorporating feedback from this consultation process. A draft version of this Strategy will be available for public consultation in early 2023.

The Strategy is being developed using feedback and the best available evidence from a range of sources including:

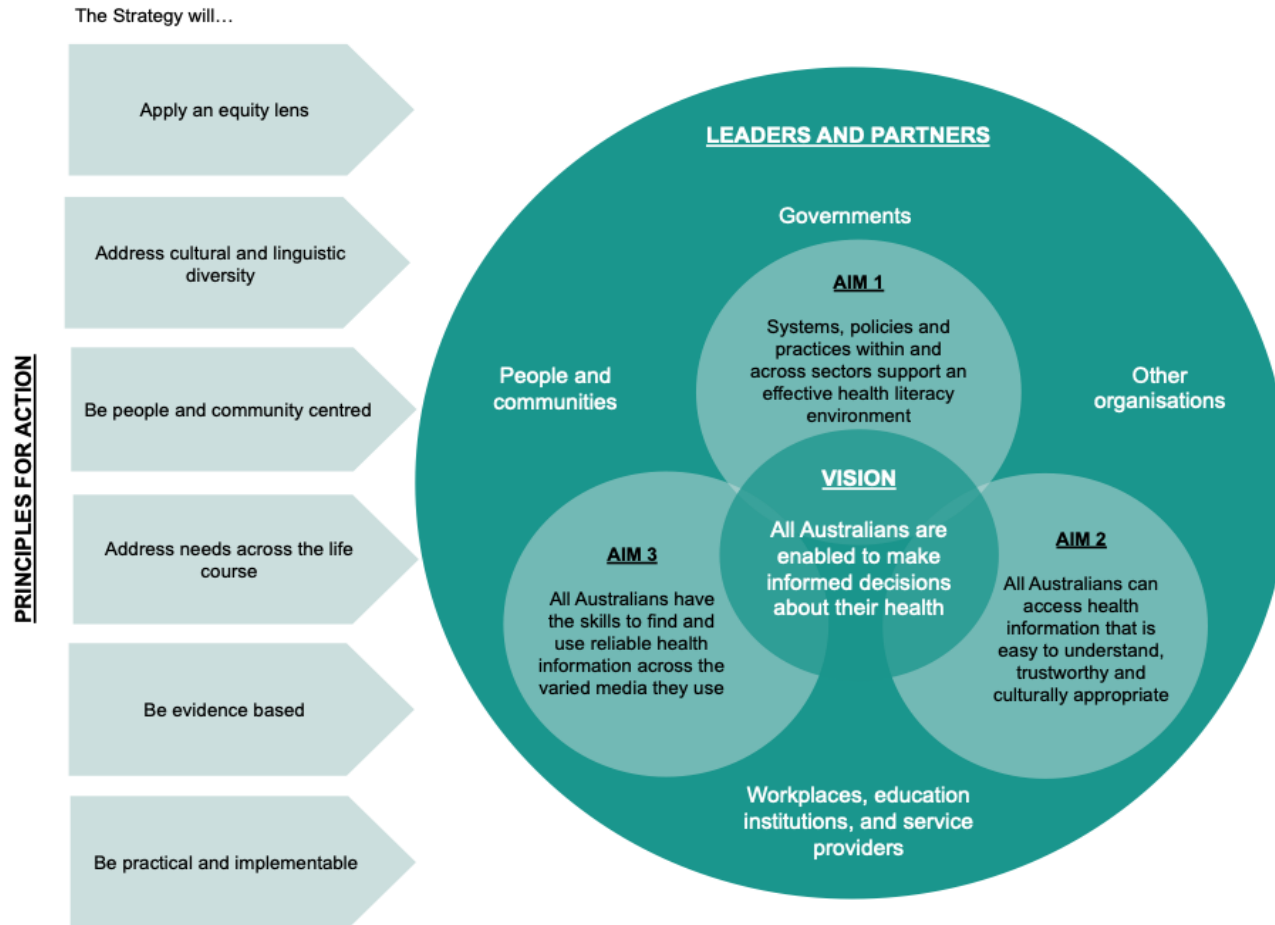


- **Kitchen tables, yarning circles and focus groups with consumers** about what's important to them to keep themselves, their families and their communities healthy, and how best to support varying health literacy needs. The National Aboriginal Community Controlled Health Organisation (NACCHO), Consumers Health Forum of Australia (CHF) and Federation of Ethnic Communities Councils of Australia (FECCA) led these important conversations. These included conversations with: people with disability and their carers; people who live in rural and remote areas; youth (those aged under 30 years); with Katungul Aboriginal Corporation Regional Health and Community Services; Katherine West Health Board Aboriginal Corporation; Winnunga Nimmityjah Aboriginal Health and Community Services; Arabic-speaking youth from refugee and asylum seeker backgrounds (18-30 years old); Mandarin-speakers aged 65 years and over and Vietnamese-speaking adults, aged 30 to 60 years. These consultations were conducted from May to June 2022.
- **Targeted consultations with a diverse range of stakeholders.** This provided an opportunity to hear from those involved in health literacy across Australia, and those representing and advocating for consumers and priority populations. This included representatives from all state and territory governments; from national, state/territory and local/regional organisations; and from a range of sectors and peak bodies, including media. The consultations included representatives from health information provider organisations, clinicians and service providers delivering preventive health information, community peak bodies and other key stakeholder groups (e.g., researchers, media, health journalists, social media organisations, opinion leaders/commentators, and health content authors from government health departments). These consultations were conducted from April to May 2022.
- **Advice from the National Health Literacy Strategy Advisory Team.** The Advisory Team members include national leaders in a) working with and representing priority groups; b) co-design approaches with community and stakeholders from diverse backgrounds and

sectors; c) providing health information directly to the community and health consumers; and d) delivering education and training for healthcare providers. The Advisory Team have provided iterative feedback on the approach to the consultations and the development of the framework and will continue to play an important role throughout the development of the Strategy. The Advisory Team includes representatives from the Australian Commission on Safety and Quality in Health Care, Consumers Health Forum of Australia, Federation of Ethnic Community Councils of Australia, Healthdirect Australia, National Aboriginal Community Controlled Organisation, NPS MedicineWise, Royal Australian College of General Practitioners and Western Sydney Local Health District.

- **Systematic review of national and international evidence** about what interventions work to: a) improve health literacy skills and capacities and b) improve health outcomes such as patient knowledge, health related behaviours and health for people with lower health literacy.
- **Review of relevant strategies, action plans and frameworks** to ensure the Strategy aligns with and builds on action in health literacy. This includes international examples (e.g. [Germany's National Action Plan Health Literacy](#); [New Zealand's Framework for Health Literacy](#)), examples at state and national levels in Australia (e.g. [Australian Commission on Safety and Quality in Health Care National Statement on Health Literacy](#); Tasmanian Government - [Health Literacy Action Plan 2019-2024](#)), as well as at the local level (e.g. [Sunshine Coast Hospital and Health Service Health Literacy Strategy and Action Plan 2020-2024](#); [Nepean Blue Mountains Primary Health Network Health Literacy Framework](#)).

Draft Framework for Consultation



The Vision explained...

All Australians are enabled to make informed decisions about their health.

The draft vision of the National Health Literacy Strategy recognises that health literacy is critical for informed decision-making. It reflects an understanding that many groups and individuals are responsible for creating an effective health literacy environment that enables individuals to make the best decisions about their health.

The evidence and consultations prioritised ‘enabling’ all Australians to make informed decisions¹⁰ for themselves, their families and their communities¹¹.

“It’s not just the consumers’ responsibility... to improve their health literacy... everybody involved in the care and provision of health services has some responsibility”.

Community Peak Organisation

“Thinking about health literacy as being the environment in which people live, their work, learn, and play. Having the scope and capability to improve health literacy in those different environments, to have that recognised, would be really helpful”.

Researcher

The draft vision focuses on ‘all Australians’ recognising that there will be different challenges for some parts of our community that will require purpose-built solutions. These will best be developed in partnership with communities using a co-design approach.

The achievement of the draft vision will require actions by many groups and individuals to empower all Australians and their communities to access, understand, appraise and use information and services to make decisions about health. The success of the Strategy in delivering on the draft vision will depend on practical and implementable actions and leadership by government, the health sector and the community. The Strategy will include measurable targets to assess progress towards the vision.

The draft vision will be realised through the principles and aims described below.

Principles for Action explained...

Six principles for action will underpin the Strategy and will be evident in the planning, design and implementation of policies, strategies, actions and services aimed at creating and strengthening the health literacy environment.

The Strategy will:

<p><i>Apply an equity lens</i></p>	<p>An equity lens will be applied across the Strategy to ensure that <i>all Australians</i> are enabled to make informed decisions about their health irrespective of background or personal circumstance. This includes priority populations who may face particular challenges in accessing appropriate health information and services. The Strategy will seek to prioritise parts of the Australian community who face unequal access to health information and services.</p>
<p><i>Address cultural and linguistic diversity</i></p>	<p>The Strategy will address cultural and linguistic diversity in all its aspects including its First Nations and migrant populations. This means that information and services aimed at strengthening health literacy are able to meet the needs of different cultural and language groups and that this is seen a fundamental and integral part of all actions and elements of the Strategy from the outset.</p>
<p><i>Be people and community centred</i></p>	<p>It is critical that the Strategy places people and communities at the centre, focusing on the need to be responsive to the health literacy needs and preferences of all Australians, by meeting people “where they are at”.</p> <div data-bbox="520 1223 1388 1460" style="background-color: #e0f2f1; padding: 10px; text-align: center;"> <p><i>“Making sure that we have mechanisms to connect with people in their communities and they’re not viewed as hard to reach, that we actually are. The onus is on us to make sure that we’re providing opportunities in ways that people can access.”</i></p> <p>Community Peak Organisation</p> </div> <p>Doing this requires a commitment to build on the existing health literacy assets and strengths that are borne from and reside within communities. We heard of the need to leverage and build on these assets and strengths to develop locally and contextually relevant health literacy solutions. The Strategy will seek to draw on, enhance and support these assets.</p>

<p><i>Address needs across the life-course</i></p>	<p>The Strategy will be developed in a way which recognises that, throughout life, individuals will have different skills and needs in health literacy, and that a person’s health literacy at each stage of life affects health and health literacy at other stages. The Strategy will position health literacy as a skill that is acquired over most of the life-course based on family upbringing, learning from peers, community and formal schooling, and engagement with the healthcare system, and recognise that the unequal distribution of health literacy may be influenced by different wider determinants across the life-course¹².</p> <p style="text-align: center;"><i>“People have different health literacy and content needs at different stages of their life.”</i></p> <p style="text-align: center;">NGO Health Organisation</p>
<p><i>Be evidence-based</i></p>	<p>Rigorous, relevant and current evidence must inform health literacy actions and best practice. The Strategy is based on the best available evidence; however, we recognise that it is important to continue to build the knowledge base. The implementation of this Strategy will provide insights and data about what works for whom. The Strategy also recognises the need for further investment in interventional and translational health literacy research.</p> <p style="text-align: center;"><i>“A more cohesive research agenda...co-designed with consumers.”</i></p> <p style="text-align: center;">Researcher</p>
<p><i>Be practical and implementable</i></p>	<p>A strong theme in all consultations was the need for the Strategy to be practical and implementable to ensure the Vision was achieved. This will require concrete actions, resourcing and leadership from many sectors. It will be enhanced by consistent measurement of progress and reporting back to the community.</p>

The Aims explained...

Aim 1

Systems, policies and practices within and across sectors support an effective health literacy environment

- One of the strongest themes from the consultations was that improvement of health literacy for all Australians will require buy-in and a systematic approach to the development of health literacy capacity at all levels government and across sectors. We heard that while there are some excellent examples of improvements in health literacy, much more needs to be done to ensure that systems, policies and practices are aligned and strengthened. Actions by different sectors, within and outside of health, should be coordinated, transparent and monitored to support integrated and evidence-based solutions to complex health literacy challenges. Local, community-based approaches to address the specific needs of the community were highlighted as key to supporting a health literate environment.
- A focus on multi-sector collaboration to improve health literacy also recognises the critical importance of the wider determinants of health (e.g. access to education, adequate housing, employment, income).
- In addition, our national consultations highlighted that, often, health literacy is already embedded within systems and policies across sectors (E.g. [National Safety and Quality Health Service \(NSQHS\) Standards](#) (Partnering with Consumers Standard 2); [NSW Health Future Health Strategic Framework](#); [Aged Care Quality Standards](#) and [educational curricula](#)). We have heard the importance of ensuring that the Strategy is developed with respect to these existing systems and policies, with a focus on ‘alignment’ to build on the work already done and avoid duplication.

Example actions

- Support and incentivise cross-sector collaborations in health literacy. For example, the HealthLit4Kids initiative in Tasmania brings together the education and health sectors to help school children, families and communities improve health literacy. In Scotland, the public library sector developed training to link people with better health information as part of the Health Literacy Action Plan for Scotland and National Strategy for Public Libraries.

Aim 2

All Australians can access health information that is easy to understand, trustworthy and culturally appropriate

- National consultations and the evidence review highlighted the demands placed on people who seek health information and care. These burdens relate to factors such as the way in which the health system is organised; the content and availability of printed, online and other resource materials for consumers; interactions between consumers and healthcare providers; and the physical environment of health services and settings. Aim 2 recognises that health literacy is mediated by the demands that are placed on people, organisations and society¹⁰ and reflects the importance of creating an environment where all Australians can access health information that is easy to understand.

"[The language is] pitched too high and often the materials have never been tested with the end user."

Consumer

- Information about preventive health should be easy to understand and act on and consistent across different sectors and organisations. This is likely to require upskilling of community leaders, health professionals and those in the workplace, schools and communities responsible for information provision.
- There was also a focus on enabling mechanisms to distribute evidence-based information through communities in ways which meet community needs and ways of being and doing (e.g. via the multi-lingual workforce and/or community leaders). Likewise, the importance of community partnerships, co-design and community testing of information was strongly emphasised in all consultations to ensure that individual and community knowledge, attitudes and cultural approaches are respected and reflected in health information.

"A big part of how we get information is through connections and conversations."

Consumer

"Communication and co-design with communities is central"

Digital Health Specialist

- The importance of trust was a key focus in all the consultations, as well as the literature. During consultations, people reflected on the fact that the same digital technologies that make it easier to access quality health information have also provided easy access to information and opinion that is inaccurate, sometimes deliberately misleading, and often driven by commercial motive. This challenge has been acutely observable during the COVID-19 pandemic, amplified by the widespread availability of misinformation and disinformation about the causes, management and consequences of COVID-19. We have heard calls to address underlying structural drivers of the problem (e.g. corporate models amplify misinformation and disinformation) and to develop mechanisms to help all Australians to easily identify and access trustworthy sources of information.

“Living in toxic news and information environment – people pushed downstream by ‘toxic sludge’ of health information.”

Media

“Need to combat [misinformation] like-for-like”

Researcher

- Our consultations recognised the need for the health literacy environment to be responsive to people’s needs and contexts, including language, culture, geography, age, disability and LGBTQI+ status. We heard this can be achieved by building on and enhancing existing touchpoints (local health services, bilingual health, community workers and peer workers) within local communities and through the provision of services, programs and information in ways to promote equitable access and engagement. Examples included accommodating language, and learned, shared and transmitted knowledge of values, beliefs and lived experience of individuals or groups from diverse backgrounds.

“Something that worked really well with the COVID information coming out, was getting community and trusted members, whether it be elders, you know, trusted community members to get out and give that information out to community in a way that community understands in a language that community understands. And because it’s coming from community, a lot more trusted and listened rather than the government is coming down, going, you have to do this”

Consumer

Example actions

- Consistently embed health literacy training into undergraduate and graduate education for all health professionals e.g. training in verbal communication, writing health literate health information and culturally appropriate communication.
- Continuing professional development and appropriate incentivisation to strengthen the capacity of frontline staff across sectors and multi-lingual community members and community leaders to address health literacy and disseminate health information.
- Promote, strengthen and facilitate easier access to high-quality, evidence-based, health literacy culturally appropriate information (e.g., Healthdirect, HealthINFO.net).

Aim 3

All Australians have the skills to find and use reliable health information across the varied media they use

- National consultations and the evidence review highlighted the need to build and grow the skills that reside within individuals and communities to ensure that all Australians are in the best position to make decisions and take action about their health and health care. All Australians will need skills in accessing and appraising information to take the appropriate preventative health actions for them. We heard that there is value in engaging at both individual and community levels.

“Enabling proactive engagement in one’s health”

Community Peak Organisation

- This Aim recognises that individuals use a range of different information sources and “varied media”. While there is a need to make use of the opportunities created by increasing digitalisation it is important to acknowledge and address the needs of those without digital access or who prefer to use alternative sources of health information. Our consultations reflected that not all Australians have the same opportunities to use digital technologies; many communities experience significant barriers accessing digital information and services (including but not limited to rural and remote communities; First Nations communities; CALD communities and people with disability).

Example actions

- Support health literacy skills training in schools, community and adult education. For example, the [Skilled for Health](#) program in England developed a comprehensive health literacy, language, literacy and numeracy curriculum with educator support training for delivery in diverse adult education setting (workplaces, prisons, libraries, community groups).

Leaders and Partners explained...

A consistent theme in our consultations and in the evidence is that the achievement of the overall vision and aims of the Strategy will require strong and continued leadership and commitment from different groups. This must include government and non-government organisations across sectors, members of the workforce and people and communities. Partners will operate at local, state, territory and national levels. We heard of the importance of all partners having a shared responsibility for health literacy and for the need to foster greater cooperation, “national collaboration and sharing of best practice”. Above all, action must be driven and owned by people and communities, specifically those from priority populations, to ensure they are partners in decision making and that their needs are central to the ongoing design and delivery of solutions to improve health literacy.

Key leaders and partners include:

- **Governments** – including national, state and local governments, health and other sectors.
- **Other organisations** – including Aboriginal Community Controlled Health Organisations (ACCHOs), community groups, advocacy groups, businesses, not for profit organisations and professional organisations, both within and outside of the health system.
- **Workplaces, education institutions and service providers** – to embed health literacy across, and beyond, the health system to “make every contact count”.
- **People and communities** – to work as partners in decision making, identify health literacy priorities and guide the ongoing design and delivery of solutions to improve health literacy.

Consultation questions

- Does the Framework capture the important components? If not, please describe what else is needed. (See diagram page 6)
- Is the proposed vision appropriate for the National Health Literacy Strategy? (See page 7)
- Are the key principles captured? If not, what is missing? (See page 8-9)
- Are the aims the right ones for achieving the vision of the National Health Literacy Strategy? (See pages 10-13)
- Do you have any example actions that could be considered under each aim? (See page 11,13 &14)
- Are the categories for the leaders and partners who will mobilise health literacy action appropriate? (See page 14)

Where to from here?

Feedback and submissions received as part of this Consultation Paper will be collated and analysed and used to inform the development of a draft version of the Strategy. There will be further public consultation in early 2023 providing all Australians with the opportunity to comment on the draft version of the Strategy.

Updates to public consultation will be published on the <https://consultations.health.gov.au/> webpage, which can be found on the Australian Government Department of Health and Aged Care's website: <https://www.health.gov.au/>

If you have any questions or comments about the Strategy or the consultation process, please contact NPHS@health.gov.au

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