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Health literacy policy in Australia: Past, present and future directions

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Introduction

Health literacy now appears in health policies in a number of countries around the world (USDHHS, 2010; Scottish Government, 2014; Heijmans et al, 2015; New Zealand Minister of Health, 2016), and has been incorporated into several regional and global policy statements (European Commission, 2007; WHO, 2009). In some contexts, policies have focused on empowering consumers through health promotion and health education, with the aim of improving the health-related knowledge, skills and capabilities of individuals. In other contexts, policy has emphasised improving patient safety and reducing clinical risks and incidents within healthcare settings. This has included efforts to make health services and systems more person-centred, to enhance self-management and increase the participation of service users in decision-making about their own health.

Momentum for the development of health literacy policy continues to build, as evidenced by the World Health Organization's (WHO) recent positioning of health literacy as one of three key pillars for achieving sustainable development and health equity (WHO, 2016). The *Shanghai Declaration on promoting health* sets a strong mandate for health literacy globally, emphasising the role and responsibility of governments to address it. Countries and regions are already responding to this call to action (Budhathoki et al, 2017), and policy responses to health literacy are likely to be rapidly forthcoming in coming years. Improving health outcomes and reducing the health inequities that arise from health literacy limitations will require effective leadership and stewardship by governments and policy-makers at country and regional levels (CSDH, 2008; Solar and Irwin, 2010). It is therefore timely to examine current public policy approaches to health literacy across countries, with a view to strengthening policy development and implementation into the future. This chapter examines public policies approaches to health literacy within the Australian context.

Overview

This chapter presents an overview of health literacy policy in Australia, covering populations across the whole lifespan, from children and adolescents, through to adults and older people. It details the context in which health literacy first emerged as a national policy issue, describes the way early policies framed and approached it, and the changes that have occurred in the way health literacy is now positioned within public policy at a national level, as well as across state and territory jurisdictions. It concludes with a discussion of the ways in which health literacy policy can be strengthened in Australia.

Health governance in Australia

In order to understand the policy landscape in Australia, it is important to first understand its health and political systems. Federal and state and territory governments have a shared responsibility for health governance in Australia, including policy development and implementation, and the management of healthcare systems. Their respective roles are specified in the *National healthcare agreement* (Council of Australian Governments, 2012). The federal government has responsibility for the three core elements of Australia's universal public health system. The first is the national public health insurance scheme (Medicare), which provides free or subsidised benefits for most medical, diagnostic and allied health services. The second is the Pharmaceutical Benefits Scheme (PBS), which provides subsidised prescription medications (AIHW, 2016), and the third is the private health insurance rebate, which covers private hospital services and many out-of-hospital services not covered by Medicare.

The federal government also maintains responsibility for the development of policies that set a national agenda for population health outcomes, including for health promotion and prevention, health protection, primary and mental healthcare. State and territory governments set the agenda for their jurisdictions in the above areas, as well as develop the programme and funding guidelines that mandate the way services are expected to operate, including specific targets for service delivery. National advisory and regulatory bodies also play a significant role in shaping the priorities and direction of healthcare in Australia, and in monitoring the performance of the healthcare system. For example, the Australian Commission on Safety and Quality in Health Care (ACSQHC) develops and maintains national quality standards, while the National Health Performance Authority (NHPA), and Australian Institute of Health and Welfare (AIHW) play key roles in reporting on health system performance.

The Australian healthcare system

Federal and state and territory governments also share the role of designing and managing the public health system. Federal government provides the funding

for public hospitals across Australia, but the state and territory governments are responsible for the management and administration of public hospitals, ambulance and emergency services, and patient transport services. Public hospital treatment is free for public patients, but care is often subject to long waiting times. For those who can afford to pay, private health insurance provides health consumers with greater choice of providers and allows them to avoid waiting lists in the public system.

Primary care services are delivered largely by privately operated general practice (GP) clinics. The availability of GP and ancillary primary healthcare services varies across the country, with those living in outer urban, rural and remote areas experiencing the most difficulties in terms of health service access. Community health facilities in most jurisdictions also offer low-cost basic services such as maternal and child health, cancer screening, immunisations, mental health and allied healthcare. These sit alongside community-based services for specific population groups, such as women's health and Aboriginal health services.

Hence, while Australia has one of the highest performing health systems in the world, and provides universal coverage for its citizens, the mixed-system and shared responsibility for its implementation means it also suffers from significant complexity and fragmentation. This can make it difficult for people to access and navigate the system, particularly marginalised and vulnerable groups (Morgan et al, 2011), and people living in rural and remote areas (AIHW, 2016).

Emergence and evolution of health literacy policy in Australia

Health literacy first appeared in public policy in Australia in 2009 at a time when it was gaining prominence within public health policy internationally. Also released in 2009 were the results of the first population study on health literacy in Australia, which revealed that an estimated 60 per cent of Australian adults lacked sufficient functional health literacy to meet routine health demands (ABS, 2009). The first policy to note health literacy was the *Fourth national mental health plan* (Department of Health and Ageing, 2009), which advocated for a health promotion approach to improving mental health literacy through the implementation of health promotion programmes in schools, workplaces and community-based settings. The aim of these programmes was to increase individuals' knowledge of mental health, their ability to recognise specific mental illnesses, to seek mental health information and services, and promote attitudes that support appropriate help-seeking.

In the years following publication of the *Fourth national mental health plan* (2009-13), there was a surge in the number of national policies discussing health literacy (see Table 31.1). These policies varied in the extent to which they prioritised and operationalised health literacy, in that some only mentioned the term, whereas others positioned health literacy as a key policy priority, and set out concrete actions to strengthen it. Policies with a focus on specific population groups, for example, the *National women's health policy* (Department of Health and Ageing, 2010b), *National male health policy* (Department of Health and Ageing, 2010a),

Table 31.1: Early national policies containing health literacy (2009-13)

National policies	Year published
Fourth national mental health plan, 2009-14	2009
National preventive health strategy – The roadmap for action	2009
National women's health policy 2010	2010
National male health policy	2010
Third national Aboriginal and Torres Strait Islander blood borne viruses and sexually transmissible infections strategy 2010-2013	2010
Second national sexually transmissible infections strategy 2010-2013	2010
Sixth national HIV strategy 2010-2013	2010
National ageing and aged care strategy for people from culturally and linguistically diverse (CALD) backgrounds	2012
The roadmap for national mental health reform 2012-2022	2012
National strategic framework for rural and remote health	2012
National Aboriginal and Torres Strait Islander health plan 2013-2023	2013
National primary health care strategic framework	2013
Veteran mental health strategy 2013-2023	2013

and *Third national Aboriginal and Torres Strait Islander blood borne viruses and sexually transmissible infections strategy* (Department of Health and Ageing, 2010c) gave health literacy a greater level of prominence, and set out actions that aimed to address the specific health literacy needs of the target populations.

These early national policies tended to promote a health promotion approach to addressing health literacy issues, emphasising the importance of health information provision, resource development, health education and communication to improve individual knowledge, skills and capabilities. This is illustrated in Table 31.2, which provides a summary of the health literacy-related actions or strategies proposed in policies published between 2009 and 2013.

Alongside these national policies, during this period health literacy also began to appear in state and territory government policies. For example, the Victorian Government developed and implemented the *Victorian public health and wellbeing plan 2011-15* (Department of Health, 2011c) and the *Metropolitan and Rural health priorities frameworks* (Department of Health, 2011a, b). The Tasmanian Government launched its first *Communication and health literacy action plan* in 2011 (Department of Health and Human Services, 2011), and the Western Australian Government included health literacy as a key principle within its 2011 *Primary health care strategy* (Department of Health, 2011d). These policies also adopted a health promotion approach, emphasising the need to build the health literacy of individuals by providing information and education, although they tended to emphasise this more specifically within the context of healthcare settings.

Table 31.2: Proposed actions/strategies within national and state government policies developed prior to 2014

Policy	Proposed actions/strategies
National women's health policy 2010 (Department of Health and Ageing, 2010b)	• Develop gender-sensitive resources, and programmes that support health education and literacy
National male health policy (Department of Health and Ageing, 2010a)	• Generic programmes for providing health information
National Aboriginal blood borne viruses and sexually transmitted infections strategy 2010-2013 (Department of Health and Ageing, 2010c)	• Implement social marketing campaigns • Deliver school-based and other youth education programmes • Deliver health education linked to treatment and testing access
National strategic framework for rural and remote health (Department of Health and Ageing, 2012a)	• Provide education on health prevention and early intervention • Provide information on services and programmes • Promote understanding of the health system • Implement strategies to reduce service access barriers
Fourth national mental health plan 2009-2014 (Department of Health and Ageing, 2009)	• Work with schools, workplaces and communities to deliver programmes that improve mental health literacy and enhance resilience
Veteran mental health strategy 2013-2023 (Department of Veterans' Affairs, 2013)	• Maintain a mental health literacy website for veterans and returned service people • Develop online programmes and tools • Use online media and mobile applications to engage the community
The roadmap for national mental health reform 2012-2022 (Department of Health and Ageing, 2012b)	• Support people to better understand and recognise their own and other people's mental health needs • Identify the early signs and symptoms of mental health issues • Know the appropriate action to take in these situations
Victorian health priorities framework: 2012-22: Metropolitan plan (Department of Health, 2011a)	• Generic actions regarding information provision and improving patient knowledge
Victorian health priorities framework 2012-22: Rural and regional plan (Department of Health, 2011b)	• Generic actions regarding information provision and improving patient knowledge
Communication and health literacy action plan 2011 (Department of Health and Human Services, 2015)	• Raise awareness of the importance of effective communication and health literacy • Help people to access, understand and use our services and our information • Help staff, volunteers and service users to be more health-literate
Western Australian primary health care strategy (Department of Health, 2011d)	• Use information and communication technology, including for providing services to reduce the burden of travel and waiting times • Encourage online and electronic information and support for consumers and carers • Provide education and resources to deliver effective health promotion

The appearance of health literacy within a number of national and state government policies between 2009 and 2013 is indicative of an increasing awareness of the concept among policy-makers in Australia over this period, as well as increasing understanding of its relationship to health and wellbeing outcomes. However, despite this early proliferation of policies containing health literacy, the concept has not been incorporated into a national policy developed since 2013 (although some of the early policies remain current public policy in Australia).

Australian health literacy policy development between 2014 and 2018

While the first wave of policies to discuss health literacy put the issue on the policy agenda, it was the release of the ACSQHC's (The Commission) *National statement on health literacy* (2014), coupled with its broader health literacy agenda, that has had the most significant influence on the health literacy policy landscape in Australia over the past decade.

The role of the Commission is to ensure safe and high-quality health systems in Australia, including through the establishment of national safety and quality standards and the ongoing accreditation of certain healthcare services (namely, hospitals, dental services and some primary care services). The Commission developed the *National statement on health literacy* (see Box 31.1) in order to increase understanding of health literacy across relevant sectors and to promote a coordinated and collaborative approach to systematically addressing it nationally. While the statement does not constitute a formal government policy, it was endorsed by all federal, state and territory health ministers, signalling at least an in-principle commitment to addressing health literacy across Australia.

Health literacy was also incorporated into the *National safety and quality health service standards*, specifically in relation to 'partnering with consumers' (ACSQHC, 2012). The National Standards mandate the performance requirements of healthcare services in Australia, and have influenced a general shift towards health literacy being positioned as a quality and safety issue on the policy agendas of state and territory governments. For example, health literacy is a key component of the *South Australian framework for active partnership with consumers and the community* (Department for Health and Ageing, 2017), and the *Victorian partnering in health care framework* (Department for Health and Human Services, 2017), as summarised in Table 31.3.

Box 31.1: *National statement on health literacy*

Background

The *National statement on health literacy* was released by the ACSQHC in 2014. It was informed by extensive research and consultation into health literacy activities across Australia, and is one of a number of initiatives by the Commission to improve health literacy nationally.

Purpose

The statement aims to:

- raise awareness about health literacy;
- highlight the importance of addressing health literacy to ensure safe and high-quality care and reduce health inequities;
- promote a coordinated and collaborative approach across relevant sectors to systematically address health literacy;
- highlight actions that can be implemented across health sector organisations.

Target audiences/stakeholders

- Individuals and organisations working within the health sector
- Individuals and organisations working within education, welfare and social services sectors

Proposed action areas/strategies

The National Statement outlines three action areas for achieving sustainable system change and a more coordinated approach to addressing health literacy in Australia:

- *Embed health literacy into systems:* To ensure that strategies are coordinated and sustainable, they need to be embedded into policies, procedures and practices of organisational systems, as well government legislation, policies and plans, standards and funding mechanisms.
- *Ensure effective communication:* Supporting effective partnerships and communication between consumers and the health workforce, and ensuring communication is tailored to the needs of consumers.
- *Integrate health literacy into education:* This includes formal education and training for healthcare providers and consumers including population health programme, health promotion, education and social marketing campaigns.

Source: ACSQHC (2014)

Keeping with this quality and safety approach to health literacy, a key feature of current state policies is their focus on increasing the responsiveness of health and social service organisations to the health literacy needs of individuals and communities, such as in the *Northern New South Wales health literacy framework* (Northern NSW Local Health District, 2016) (see Box 31.2), and the Tasmanian *Communication and health literacy action plan* (see Box 31.3). This emphasis on responsive health services and systems is consistent with developments in the health literacy field more broadly, which in recent years has increasingly focused on health service reform, largely influenced by the US Institute of Medicine's (IOM) work describing the 10 attributes of 'health-literate organisations' (Brach et al, 2012; see also Chapters 26 and 35, this volume).

A positive outcome of the reframing of health literacy as a shared responsibility of both individuals and healthcare organisations has been the inclusion of actions

Table 31.3: Current state government policies that incorporate health literacy

State	Policy	Purpose/aim
New South Wales	*Northern New South Wales health literacy framework*	To improve person-centred care by providing health information that is easy to understand and supports knowledge, empowerment and self-management of conditions; developing the skills and capabilities of the health workforce to improve communication (Northern NSW Local Health District, 2016)
South Australia	*Framework for active partnership with consumers and the community*	To articulate the South Australia Department of Health's position on the importance and value of consumer and community engagement and strengthen the way it is undertaken across South Australia. The framework sets out the responsibilities of all South Australia health employees, and the standards they must adhere to. Health literacy is strongly featured across the standards within the framework (Department for Health and Ageing, 2017)
Tasmania	*Communication and health literacy action plan 2015-2017*	To outline the role of health and human service organisations in supporting people to access, understand and use the health and human services systems. The Action Plan aligns with the Tasmanian Department of Health and Human Services *Strategic framework for health workforce 2013-2018*, which articulates the role of the health workforce in promoting patient and consumer-centred care, and creating a culture of safety and quality (Department of Health and Human Services, 2015)
Victoria	*Partnering in healthcare framework*	The Victorian Government is in the process of developing its *Partnering in health care framework*, which forms part of the Victorian Government's quality and safety agenda. The framework is comprised of five interdependent domains, one of which is health literacy, information and communication. It aims to strengthen consumer, carer and community participation, diversity, and equity by identifying and developing priority areas and strategies across the five domains (Department of Health and Human Services, 2017)

in state and territory policies that seek to involve consumers in programme, service and health information design and delivery; build the knowledge, skills and capabilities of the health workforce; and improve the policies, procedures and practices of healthcare organisations to ensure they are better able to meet the health literacy needs of consumers. However, a negative consequence of the reframing has been a narrowing in the scope of health literacy policy priorities. That is, the framing of health literacy as a quality and safety issue has seen it positioned almost exclusively within policies that seek to improve clinical care and health service delivery. This has occurred at the expense of health promotion-oriented policies that seek to build individual health literacy capabilities through effective health education and capacity-building activities. Current policies also largely fail to address health literacy across key life stages and in key health-promoting settings such as in schools, workplaces and other social/community environments, despite the wide acknowledgement that health literacy is content- and context-specific. Further, current policies give very little attention to the health literacy needs of specific population groups, or the need to consider factors such as culture, language, gender, sexuality and disability.

The deepening conceptual understanding of health literacy emerging from the literature, an improved understanding of the health benefits of engaged populations, the need to address health literacy across a range of contexts and a more sophisticated understanding of the complex interplay between individuals' health literacy and healthcare systems, structures and practices now lay a useful foundation for a next phase of health literacy policy development in Australia.

Box 31.2: *Northern New South Wales health literacy framework 2016-17*

Background

The *Northern New South Wales health literacy framework* was developed by the Northern NSW Local Health District (NNSW LHD) and the North Coast Primary Health Network (NCPHN). At a state level the Framework aligns with the NSW State Health Plan, and the Business Plan of the Northern NSW District of the NSW Department of Health. At a national level it aligns with the *National statement on health literacy* and the National Standards.

Purpose

The Framework aims to improve person-centred care in Northern NSW by:

- providing health consumer information that is easily understood and supports people's increased knowledge, empowerment and self-management of their own conditions;
- developing the skills and capabilities of the health workforce to improve communication with people in their care.

Target audiences/stakeholders

- Consumers with chronic conditions and complex care needs, including people with mental illness
- Health professionals working across Northern NSW

Proposed action areas/strategies

The Framework proposes a range of actions across five focus areas:

1. Establish an online health literacy library
2. Recruit, train and support health professionals to be 'health literacy champions'
3. Train health professionals in how to support health consumers to engage in self-management
4. Increase consumer participation in health consultations
5. Identify opportunities to embed

Source: Northern NSW Local Health District (2016)

Box 31.3: Tasmanian *Communication and health literacy action plan 2015-17*

Background

The Tasmanian *Communication and health literacy action plan 2015-17* was developed by the Tasmanian Department of Health and Human Services following consultation with departmental staff and their clients, other government agencies, community sector organisations and the University of Tasmania. The Action Plan builds on the *Communication and health literacy action plan 2011-13*, and is supported by several state-wide policy frameworks and initiatives. The Action Plan also aligns with the *National statement on health literacy*.

Purpose

The Action Plan aims to ensure that:

- staff in the healthcare and human services sectors have the skills and resources to communicate effectively with clients;
- organisations put policies and systems in place that support effective service delivery and communication with clients;
- organisations reduce literacy-related barriers for vulnerable groups;
- the health literacy of the Tasmanian population is improved.

Target audiences/stakeholders

- Staff at all levels working in healthcare and human services public, private and non-government sectors
- Education sector and tertiary institutions

Proposed action areas/strategies

The Action Plan outlines 30 actions that will be implemented across the following four strategic themes:

1. Health literacy awareness: Improve understanding of health literacy
2. Workforce development: Improve the skills and knowledge of staff
3. Organisational development: Improve system responses
4. Partnerships: Improve education and research opportunities

Source: Department of Health and Human Services (2015)

Future directions for health literacy policy in Australia

Health literacy is now part of public policy discourse at national, state and local levels in Australia, and there is significant momentum towards continued evolution of health literacy policy and practice. This provides a strong platform on which to build health literacy policy in Australia; however, for future policies to be effective and comprehensive in addressing health literacy, policy development and coordination will need to be strengthened, and the scope of public policies will need to be expanded to ensure they: (1) seek to strengthen health systems and build the capability of health and social care organisations to respond to the health literacy needs of consumers; and (2) seek to build the health literacy capabilities of individuals, families and communities across the range of everyday settings in which they make health-related decisions. Five key areas for strengthening health literacy policy in Australia are proposed: leadership and governance; monitoring and evaluation; strengthening the health service and system capability to respond to health literacy needs; improving workforce capability; and building the health literacy capability of individuals, families and communities.

Leadership and governance

Given the complexity of the Australian health system, and the multiple layers of government and governance structures, a whole-of-government approach to health literacy will be required to ensure that policies, approaches and systems are integrated and coordinated. While the absence of a national health literacy policy is not necessarily a limitation in itself (indeed, incorporating health literacy into a broad range of relevant public policies is likely to be more appropriate and effective), there is currently a lack of stewardship at the national level to guide effective action on health literacy, and as a result local, regional and state and territory approaches to it are inconsistent and fragmented. Leadership and governance for health literacy in Australia would be enhanced by: (1) establishing a clear mandate for improving health literacy, linked to stated national health

priorities and Australia's commitment to the 2030 Agenda for Sustainable Development; (2) setting concrete health literacy goals, objectives and targets; (3) implementing accountability mechanisms at all levels of government; (4) strengthening intergovernmental and intersectoral partnerships (including engaging citizens in the policy process); (5) allocating sufficient resources to health literacy activities; and (6) using the full range of policy instruments available, including legislation, strategies, standards and funding mechanisms.

Monitoring and evaluation

Monitoring and evaluation of health literacy in Australia is currently inadequate, which extends to government policies, interventions and programmes and broader system performance. More reliable information and data on health literacy is required to support needs assessment and inform public health planning and policy development. Likewise, interventions, programmes and policies need to be evaluated for evidence of their effectiveness in achieving health literacy outcomes. Ensuring adequate monitoring and evaluation capability in Australia will not only require the establishment of health literacy goals, objectives and targets, but also the development and implementation of monitoring and evaluation systems. Effective connections will also need to be established between health literacy goals, targets and monitoring and evaluation systems, and those relating to national health priorities and national Sustainable Development Goal (SDG) reporting. Appropriate technology must also be available to support accurate and efficient data collection, and that relevant stakeholders are equipped with the necessary skills, resources and support to undertake monitoring and evaluation activities.

Strengthening the health service and system capability to respond to health literacy needs

Due to the leadership and policy agenda of the ACSQHC, there has been an increasing focus within Australian policy in recent years, on health service and system responsiveness to health literacy. However, while the *National safety and quality health service standards* mandate the performance requirements of hospitals and dental services, quality standards do not universally apply across all health and social care organisations. Further, health literacy indicators are only applied to improving consumer participation and engagement. Strengthening health service and system responsiveness to health literacy will require all organisations to make improvements across a range of organisational systems, process and practices. The organisational health literacy (Org-HLR) framework (Trezona et al, 2017) (see Table 31.4) provides a useful guide for developing policies and guidelines in this area, and could be utilised as the basis for a more robust and comprehensive set of accreditation standards for health and social care organisations, as well as the means by which organisational performance could be monitored and evaluated.

Table 31.4: Org-HLR framework domains and descriptions

Domain	Description
1. External policy and funding environment	Governments and other relevant bodies provide adequate programme funding, flexible service agreements, incentives (for example, through accreditation), and health literacy-specific policy frameworks and standards
2. Supportive leadership and culture	Organisations value inclusion, person-centred care and equity and have leaders, managers and decision-makers who drive and support effective financial management, service planning, change management and continuous quality improvement
3. Supportive systems, processes and policies	Organisations implement systems, processes and policies that enable effective service and programme planning, internal and external communication, performance monitoring, evaluation and continuous quality improvement
4. Supporting access to services and programmes	Organisations ensure that its services and programmes are accessible to all people and implement strategies that support people to access and fully engage with health services and programmes, as well as navigate their way through the health system
5. Community engagement and partnerships	Organisations undertake meaningful community consultation, and involve service users, communities and stakeholders in all aspects of service planning, delivery and evaluation. They also work in partnership with other health and social service organisations to ensure an integrated and coordinated approach to service and programme delivery
6. Communication practices and standards	Organisations ensure that all written and verbal communication is accessible, inclusive, respectful, and tailored to the needs and learning preferences of clients and communities, and utilise a broad range of strategies, techniques and approaches to provide health information
7. Recruiting, supporting and developing the workforce	Organisations ensure an appropriate and competent workforce by recruiting staff with the necessary experience, skills, knowledge and attitudes, and by providing a supportive working environment, practice resources and ongoing professional development opportunities

Source: Trezona et al (2017)

Improving workforce capability

The health and social care workforce plays a crucial role in addressing the health literacy needs of individuals and communities, particularly consumers of health and social services. Workforce capability is a key component of organisational health literacy responsiveness, but also represents an important public policy issue in its own right. The health literacy-specific capabilities and training needs of the health workforce have not been articulated in public policy in Australia, and health literacy specific competencies are not currently embedded within health professional education or workforce accreditation requirements (Naccarella et al, 2015, 2016). Developing and implementing policies that strengthen workforce planning and incorporate health literacy into health professional education, training and accreditation is likely to strengthen health literacy practice and improve health literacy outcomes in Australia.

Building the health literacy capability of individuals, families and communities

The importance of health promotion approaches to health literacy have been overshadowed in recent years by the increasing focus on the need for healthcare organisations to reduce barriers to service access and the health literacy demands placed on individuals. However, improving health literacy outcomes in Australia requires a combination of health service and systems reform and health promotion and capacity-building approaches. As such, there is a need for policies at all levels of government to promote opportunities to build health literacy in everyday settings (that is, schools, workplaces, early childhood centres) and build the health literacy capabilities of individuals, families and communities at key life stages (that is, childhood, adolescence, pregnancy/parenthood, ageing). Further, policies that address the specific health literacy needs of marginalised and vulnerable people are needed to ensure the inequity in health outcomes experienced by these groups is minimised.

Implications for the development of health literacy policies in other countries

While this chapter has focused on the evolution of, and current approaches to, health literacy policy in Australia, the examples described, and the recommendations outlined for improving future policies, have implications for the development of health literacy policies in other countries. There is growing interest in health literacy policy globally. In countries where health literacy policies have already been developed, such as Austria, China, New Zealand, Scotland and the US, two distinct policy approaches can be observed: one that emphasises improving the health literacy responsiveness of health services, and one that emphasises improving the health literacy of individuals through health promotion and health education. However, the trend in recent years has been towards the

development of policies with an emphasis on health service improvement. From a policy content perspective, both approaches will be necessary to encourage effective healthcare participation in populations. From a policy process and accountability perspective, policies will need to establish clear health literacy goals, objectives and targets, as well as comprehensive monitoring and evaluation mechanism. Further, policy implementation is likely to be enhanced by ensuring sufficient financial resources are allocated.

To conclude, this chapter has provided an overview of health literacy policy in Australia and its evolution over the past decade. Since health literacy first appeared in policy in 2009 it has become firmly part of public policy discourse across jurisdictions. As health literacy discourse has evolved to highlight health literacy as a shared responsibility of both individuals and healthcare organisations, a swing in the emphasis in policy from health promotion to health system reform approaches has also been observed. A balance between these approaches is now needed at the policy level in Australia, as are coordinated efforts to strengthen national monitoring and evaluation of health literacy, to build workforce and health systems capacity, and to implement effective programmes to promote participation in health and build the health literacy capabilities of individuals, families and communities.

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