Australian Government
Department of Health, Disability and Ageing

National Health Literacy Framework

Title: National Health Literacy Framework

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The National Health Literacy Framework provides a coordinated, whole-of-system approach to strengthening health literacy in Australia. It aims to ensure all people can access, understand and use high-quality and trustworthy health information and services, and make informed decisions about their health and wellbeing.

The Framework is intended for a broad range of stakeholders, including policymakers, service providers, practitioners, researchers and partner organisations.

Contents

Executive summary

Improving health literacy is a national priority that underpins the Australian Government's vision of better health and wellbeing for all people in Australia across the life course.[1]

The National Health Literacy Framework (Framework) provides a coordinated, whole-of-system approach to advancing this priority. It recognises that health literacy is shaped by both individual capabilities and the design and accessibility of health information, services and systems, including primary care, hospital care and aged care.

The Framework acknowledges that individuals, communities and settings have diverse needs. It provides flexible, evidence-based guidance to support action across different contexts. While the health sector plays a central leadership role, improving health literacy requires coordinated effort across multiple settings and sectors.

The Framework has been informed by an Expert Advisory Team and extensive consultation, including workshops and targeted community engagement led by the National Aboriginal Community Controlled Health Organisation, the Federation of Ethnic Community Councils of Australia (FECCA) and the Consumers Health Forum of Australia, as well as a public consultation process.

The Framework has been developed in a rapidly evolving health, social and technological environment. Changes in digital technologies, including social media, generative artificial intelligence (AI), and virtual models of care, are transforming how people access and use health information. While these technologies create new opportunities to improve access to timely and relevant information, they also increase exposure to misinformation and disinformation. The Framework responds to this environment by emphasising the importance of safe, trustworthy and culturally appropriate health information alongside strengthening people's capabilities to critically assess and use health information.

Vision

Australia is a place where all people and communities are empowered and supported to access, understand and use health information and services to make informed decisions about their health and wellbeing.

Aims

To achieve this vision, the Framework sets out 4 national aims:

AIM 1:
Systems and policies enable a strong and responsive health literacy environment

AIM 2:
Health information and services are trustworthy, culturally safe, accessible and easy to understand

AIM 3:
The workforce and communities are supported to build health literacy skills and capacities

AIM 4:
Health literacy needs are addressed equitably, with a focus on priority populations

Health literacy – scope and definition

Health literacy refers to the knowledge, skills and capabilities of individuals and communities to **access**, **understand**, **assess**, and **use** health information and services to make informed decisions about their health and wellbeing.[2] Health literacy is also shaped by the environments in which people access and use health information and services.[2,3] The health literacy environment includes the design and delivery of health systems across primary care, hospital services and aged care. It also includes the quality and accessibility of health communication and information, and the influence of digital and online spaces, including websites, social media and AI tools.[4,5]

Individual health literacy: the personal capacities, skills, and competencies that enable a person to access, understand, appraise and use health information.

Health literacy environment: the organisational structures, resources, commitments, policies and processes that impact how individuals can engage with the health system.

Combined, both these aspects influence how people access, understand, appraise and use information and services in ways that promote and maintain good health and wellbeing.

An effective health literacy environment enables people to easily access, understand, assess and use information and services to make informed decisions about health and wellbeing.[6,7] It is characterised by systems, services and settings that:

- Embed health literacy in leadership, governance, strategic planning, and evaluation.
- Support a workforce that communicates clearly and responds effectively to different needs.
- Provide information and services that are accessible, culturally safe and easy to use.
- Make it easy for people to find information and know where to go for help.
- Recognise and respond to the diverse needs, strengths and preferences of different populations.

People draw on a range of personal and community skills, knowledge and supports when interacting with the health literacy environment. These capabilities develop over time through everyday experiences, including:[6,8]

- Education and experiences with health and social systems
- Social interactions, relationships and community practices
- Support from family members, friends, carers, and other trusted community networks
- Cultures, knowledge, values, customs and ways of understanding health and wellbeing

Health literacy is shaped by local, social and cultural contexts. Efforts to strengthen health literacy should recognise and build on the diverse strengths, needs, values and knowledge systems of individuals and communities.[9]

Why health literacy matters

Health literacy underpins the everyday decisions people make to support their own health and the wellbeing of their families. This includes choices about food and nutrition, physical activity, when to seek care, how to use medicines, and how to find and understand trusted health information. People also draw on health literacy to navigate services, weigh options, and make informed decisions about prevention, treatment and ongoing care.

Strong health literacy supports people to stay well, manage their health with confidence, and engage effectively with health services when they need them. It also enables people to make the most of preventive health opportunities, such as screening and immunisation, and to take practical steps to reduce their risk of illness across the life course.

As health systems evolve and information environments become more complex, strengthening health literacy is increasingly important. This is not only about individual skills and knowledge, but also about ensuring that systems, services and information are clear, accessible and designed around people's needs. When health information is easy to understand and services are simple to navigate, people are better supported to make decisions that work for their lives and circumstances.

Improving health literacy has wide-ranging benefits for individuals, communities and the health system. It can:

- **Support better health and wellbeing:** People with higher health literacy are better equipped to access, understand and use health information in their daily lives. This enables them to make informed, everyday decisions that promote healthy behaviours, reduce risk factors and support recovery from illness. By strengthening health literacy, individuals and communities are better supported to maintain good health across the life course.
- **Improve prevention and early intervention:** Higher health literacy is linked to stronger engagement with preventive health services, including screening, immunisation and primary care. Improving health literacy can therefore contribute to better health outcomes by enabling earlier support and reducing the progression and impact of disease.[10]
- **Reduce inequities in health outcomes:** Health literacy follows a clear social gradient[11–13] with lower levels associated with greater social and economic disadvantage, poorer health outcomes and higher rates of chronic conditions.[10] Strengthening health literacy, alongside improving how services are designed and delivered, can help address disparities linked to social and economic disadvantage.[14,15]
- **Strengthen management of chronic conditions:** Nearly half of Australians live with at least one chronic condition, and many live with multiple conditions.[16,17] Lower health literacy is associated with difficulty understanding and managing illness, higher rates of medication error, increased hospital use, slower recovery and poorer health outcomes.[10,18,19] People with higher health literacy are better able to understand their conditions, use medications safely and effectively, and work in partnership with healthcare providers to manage their health over time.[10,18]
- **Promote more effective use of health services:** People with lower health literacy are less likely to access preventive health services, such as screening and immunisation, and are less likely to engage with primary care.[10] At the same time, they are more likely to require hospital-based care. Improving health literacy can support earlier engagement with appropriate services and more effective use of care.[10,20] When people can identify the right care at the right time, this supports more appropriate use of primary, community and hospital services.
- **Enhance system sustainability:** Lower health literacy is associated with increased healthcare costs, driven by factors such as delayed care, avoidable hospitalisations and poorer disease management. International evidence suggests these costs can represent a meaningful proportion of total health expenditure.[21–24] By supporting prevention, early intervention and effective care, improved health literacy can reduce avoidable demand on the health system and contribute to better use of resources.

Figure 1: Key findings on health literacy in Australia

REPORT CARD

Some groups are more likely to need support for health literacy, including:[a,b]

- People experiencing socioeconomic disadvantage
- People with lower levels of education attainment[c]
- Older adults
- People with lower levels of English fluency

People in Australia say they need the most help with:[a]

- Appraising health information
- Navigating the healthcare system
- Finding good health information

Up to 60% of people in Australia have lower health literacy.[b]

Addressing health literacy requires improving the environment AND building skills:[d,g]

Most Australian health information does not meet health literacy guidance for clear communication. For example:

- Less than 1% of health websites were written at the recommended Grade 8 level.[d]
- 0% of consent forms for cardiovascular procedures were written at Grade 8 level.[e]
- 13% of COVID-19 prevention information was written at Grade 8 level.[f]

A national survey published in 2022 reports various health literacy needs in Australia,[g] including:

- Fewer than one in ten people report they fully understand what they are reading online.
- More than a quarter don't have enough information to manage their health.
- Half have trouble identifying credible sources of health information online.

A national survey published in 2025 shows people with lower health literacy are more likely to use generative AI for their health.[i]

Improving health literacy by 25% could save Australia AUD$7.3 billion per year (0.29% annual GDP).[k]

Digital access:[h]

- 30% of Aboriginal and Torres Strait Islander people living in remote communities have no household internet or phone connection.[h]
- 30% of the Australian population live in rural and remote areas, but only one-third of Australia's land area has mobile connectivity.[h]
- 46% of Australians have recently used generative AI tools[j] but 1 in 3 are not confident telling AI from real content.[h]

a. Australian Bureau of Statistics 2018.
b. Australian Bureau of Statistics 2008.
c. For example, people with no post-school qualification.
d. Cheng *et al.* ANJPH 2015.
e. Peiris *et al.* PEC 2022.
f. Mac *et al.* MJA 2021.
g. Consumer Healthcare Products Australia 2022.
h. Good Things Foundation Australia 2021/2025.
i. Ayre *et al.* MJA 2025.
j. Economist Impact, Health Inclusivity Index 2025.
k. Australian Digital Inclusion Index 2025.

Emerging challenges and opportunities in the health information environment

Australia's health information environment is rapidly evolving, presenting both new opportunities and challenges for strengthening health literacy.

Changing consumer expectations and roles

The ways in which people access health information, and their expectations of healthcare providers, are changing. People are increasingly seeking information from multiple sources and expect to be active participants in decisions about their care. Shared decision making is a key component of person-centred care and is embedded in the National Safety and Quality Health Service (NSQHS) Standards.[25] It involves understanding the risks and benefits of different options and incorporating individual preferences and values into decisions.[26] However, shared decision-making is not yet consistently accessible for people with diverse health literacy needs, highlighting the importance of improving both communication and system design.[27]

Public health emergencies and crisis communication

Public health emergencies, including the COVID-19 pandemic and natural disasters, have demonstrated the critical importance of timely, clear and trusted communication.[28–32] When official information is difficult to access or understand, people may turn to less reliable sources.[33] Strengthening health literacy supports more effective communication during emergencies and helps communities respond to rapidly changing information.

Digital transformation, social media and AI

Advances in digital technology, including social media and AI, are transforming how health information is created, shared and used. These technologies offer opportunities to improve access to timely, tailored and interactive information. However, they also contribute to the rapid spread of misinformation and disinformation, including content influenced by commercial or other interests.[34–37] This includes content from social media influencers often driven by financial or other interests that undermine health literacy.[34,38–40] Strengthening health literacy in this environment requires supporting people to find reliable information, assess its quality and understand potential biases. It also requires attention to broader risks, including privacy and data security, systemic bias in digital tools, financial and environmental impacts, and the potential to exacerbate health inequities.[41] Ensuring safe and equitable use of digital health information includes providing trusted, accessible and age-appropriate alternatives, particularly for young people who may face restrictions in accessing mainstream digital platforms.[41,42]

The changing technology landscape and its implications for health literacy

Rapid advances in digital technology are transforming how people access, interpret and use health information, creating both opportunities and challenges for health literacy.[43] The growing volume of online health information, including misinformation and disinformation, makes it more difficult for people to find and use reliable sources. Health information is now widely available across multiple digital channels, including social media, where content can spread quickly and without verification.[34,35] As a result, people increasingly need the skills to identify trustworthy sources, recognise misleading or false information, and critically assess the quality and relevance of what they encounter.[36,37] However, many Australians report low confidence in identifying online misinformation,[44,45] and concerns have been raised about the availability of inaccurate or potentially harmful content across a range of health topics.

At the same time, emerging technologies such as AI are changing how health information is generated and accessed.[46] While these tools can provide rapid and personalised responses, they may not always be accurate, evidence-based or transparent about their sources.[47,48] This can make it more difficult for users to assess the reliability of the information provided.

Digital connectivity is also challenging for many rural communities and individuals, with coverage being inconsistent, dropouts, black spots, lack of infrastructure, personal cost of service delivery and the need for independent digital and health literacy for people living outside of rural towns. Digital connections rely on cloudless skies and suitable equipment. There is also no minimum access level for every Australian.

Despite these challenges, digital technologies offer significant opportunities to strengthen health literacy. They can support more accessible, tailored and timely communication, including the development of plain language resources[49,50] and tools for translation across languages and formats.[50–53] These capabilities can improve access to health information for diverse communities,[54,55] including those who may face barriers in traditional service settings.

Realising these benefits requires a strong focus on quality, safety, consistency, accessibility, affordability and equity. Health literacy approaches that incorporate digital and AI technologies should ensure information is consistent, accurate, evidence-based and culturally appropriate, and that tools are designed to be accessible and inclusive. This includes addressing risks related to privacy, data security, variable accuracy and potential bias in digital systems.[41,44,56,57]

Supporting priority populations

Achieving equitable health literacy outcomes requires targeted and tailored approaches that respond to the diverse needs of priority populations. This includes recognising that people may experience multiple and intersecting forms of disadvantage, which can compound barriers to accessing, understanding and using health information and services. The Framework adopts a flexible approach, acknowledging that priority populations may change over time.

Evidence consistently shows that some groups are more likely to experience challenges with health literacy. These include people with lower levels of education, those experiencing socioeconomic disadvantage, older people and people with lower levels of English fluency.[11,12,58] These challenges are shaped by broader social and structural factors, including access to education, income, language, and culturally appropriate services. Addressing these barriers requires health information and services to be designed to be accessible, inclusive and responsive to diverse needs.

While there is strong evidence of disparities in health literacy across population groups, there are opportunities to strengthen the evidence base for some communities, including Aboriginal and Torres Strait Islander people, people with disability and LGBTIQA+ populations.[11,12] More comprehensive and inclusive data would support increasingly targeted and nuanced policy and service responses over time.[59–61] Policies, services, and initiatives should be developed in partnership with communities and informed by an understanding of the specific experiences and needs of different groups. (See Appendix 1, Tables 1 and 2). This includes embedding co-design approaches to ensure initiatives are relevant, culturally appropriate and effective in practice.

Improving health literacy for Aboriginal and Torres Strait Islander people requires a specific and sustained focus. Aboriginal and Torres Strait Islander people experience poorer health outcomes compared with other Australians,[62] reflecting the ongoing impacts of colonisation, racism and systemic inequities.[59] Efforts to strengthen health literacy must recognise these structural factors and support approaches that are community-led, culturally safe and responsive to local contexts. This includes valuing and incorporating Aboriginal and Torres Strait Islander knowledge systems, languages and ways of understanding health and wellbeing.[60]

How this Framework should be used

The Framework provides a shared, nationally consistent approach to strengthening health literacy in Australia. It brings together evidence, lived experience and practical insights to support coordinated and consistent action across governments, health services, community organisations and other sectors that influence how people access, understand and use health information and services. The Framework is intended for a broad range of stakeholders, including policymakers, service providers, practitioners, researchers and partner organisations. While the health sector has a central leadership role, improving health literacy requires action across multiple settings and sectors.

The Framework sets out:

- a clear national vision for health literacy
- high–level aims that identify priority areas for action
- guiding principles to inform policy, service design and decision making
- illustrative examples of best practice to demonstrate how the aims can be implemented in different contexts.

Together, these elements provide a structured approach to planning, aligning and reviewing action at the national, state and territory, local and organisational levels.

The Framework does not prescribe a single implementation model or mandate specific actions. Instead, it is designed to:

- support flexible application across different contexts, populations and system levels
- guide the development of policies, programs, services and partnerships
- enable organisations and sectors to adapt evidence-based approaches to their specific roles and responsibilities
- provide a shared language and reference point to support collaboration, coordination and continuous learning.

The examples included throughout the Framework illustrate a range of approaches to strengthening health literacy. They are not exhaustive and are intended to demonstrate both established and emerging practice that can be adapted, scaled or combined over time.

The Framework also supports continuous improvement. As the health information environment evolves, and as new evidence and experience emerge, approaches to health literacy will need to be reviewed and refined. The Framework provides a foundation to support this ongoing learning, adaptation and system improvement.

A framework to support health literacy in Australia

Vision

This Framework will ensure:

> Australia is a place where all people and communities are empowered and supported to access, understand and use health information and services to make informed decisions about their health and wellbeing.

Principles

The Framework is guided by 7 principles to support equity, sustainability and effective implementation. These principles are informed by the best available evidence, lived experience and consultation with experts, stakeholders and communities across Australia. They are intended to guide design, delivery and evaluation of initiatives undertaken in alignment with the Framework.

1. Equity

Health literacy action should recognise and respond to diverse needs and socio-economic and geographic status across communities and priority populations, including where additional support is required to achieve parity and equitable outcomes.

2. Co-design and partnership

Health literacy initiatives should be developed in partnership with communities, including people with lived experience, peer workers and community organisations, placing people at the centre of design and decision-making.[64] Engagement should be inclusive, respectful and collaborative, build trust and support sustained partnerships.[64]

3. Life course approach

Health literacy changes over time and across life stages.[11,12] Approaches should recognise evolving needs and address the social and system factors that shape health literacy over the life course.

4. Evidence-informed

Action to improve health literacy should draw on the best available evidence, including research, evaluation and lived experience, ensuring these data points capture a variety of experiences. Combining evidence with local knowledge supports approaches that are relevant, effective and adaptable across different contexts and communities.

5. Practical, adaptable and sustainable

Health literacy initiatives should be designed to be practical and applicable across different geographic and socio-economic settings and populations. Approaches should be adaptable to local contexts and sustainable over time, supported by ongoing learning and feedback.

6. Safe and effective use of technology

Digital technologies play an increasing role in how people access and use health information and services. Health literacy approaches should harness these opportunities while ensuring information is accurate, accessible and culturally appropriate.[49,65] This includes addressing risks such as misinformation, bias, privacy concerns and the potential to widen inequities.[45,66–68]

7. Continuous improvement

Strengthening health literacy requires ongoing monitoring, evaluation and refinement. Continuous improvement approaches should support learning, respond to emerging evidence and improve outcomes over time.

Aims

The guiding principles outline how action to strengthen health literacy should be approached. The following aims translate these principles into priority areas for action and the outcomes required to achieve the Framework's vision.

1. Systems and policies enable a strong and responsive health literacy environment

Health literacy is shaped by the design and delivery of systems, services and information. Achieving this aim requires organisations that provide health services and information to embed health literacy into leadership, policy, planning and evaluation. This includes strengthening organisational commitment to health literacy, supported by system-wide standards, guidance and tools. It also requires ensuring that services and information are accessible, culturally safe and easy to navigate, while promoting consistency across the system alongside flexibility for local adaptation.

2. Health information and services are trustworthy, culturally safe, accessible and easy to understand

Access to high-quality health information is essential for informed decision-making. Many people experience challenges finding information that is reliable, clear and relevant to their needs. Achieving this aim requires strengthening the quality, consistency and trustworthiness of health information, as well as supporting the development and dissemination of plain language and culturally appropriate resources. It also requires leveraging trusted networks and community channels to improve reach and relevance, and ensuring clear communication is embedded across all points of care and service delivery.

3. The workforce and communities are supported to build health literacy skills and capacities

Strengthening health literacy requires both a capable workforce and supported individuals and communities. Building these capabilities across society supports better health outcomes and more effective engagement with health information and services. Achieving this aim requires building workforce capability to communicate clearly and respond to diverse needs, while supporting individuals and communities to develop their health literacy skills and confidence. It also involves partnering across sectors, including education, media and technology, to strengthen health, digital and science literacy more broadly, and recognising and building on the strengths and capabilities that already exist within communities.[1]

4. Health literacy needs are addressed equitably, with a focus on priority populations

Improving health literacy requires targeted and tailored approaches that address inequities and respond to the needs of priority populations. Achieving this aim involves developing a deeper understanding of the strengths, needs and experiences of different communities, and working in partnership with them to co-design effective and appropriate solutions.[64] It also requires addressing structural barriers, including socioeconomic disadvantage and barriers to education and service access, and leveraging community networks and existing assets to support sustainable outcomes.[1]

Partners

Achieving the vision of the Framework requires strong leadership and sustained collaboration across sectors. While the health sector has a central leadership role, improving health literacy is a shared responsibility across governments, organisations, industries and communities. People and communities must be central partners in decision-making, design and delivery, particularly for initiatives that affect priority populations.

Key partners include:

- **Governments** – Australian Government, state and territory and local governments.
- **Peak and professional organisations** – including national and state-based organisations, not-for-profit organisations, consumer representative bodies and community and advocacy groups, across health and related sectors.
- **The health sector** – including hospitals, Primary Health Networks, general practice, aged care, allied health services, Aboriginal Community Controlled Health Services, regional and local health districts, health clinics, non-government health organisations, specialist medical colleges, private health insurers, community health workers, multilingual educators, translators and health coaches.
- **Workplaces, educational institutions and service providers** – including workplaces, schools, community colleges, adult education settings, universities, libraries, aged care, disability services and social services.
- **Media and technology sectors** – including traditional media (e.g. TV, radio, newspapers and websites), digital platforms (e.g. Google, YouTube), social media providers (e.g. Facebook, Instagram, TikTok), and developers of digital and AI technologies (e.g. ChatGPT, Gemini).
- **People and communities** – including community groups, individuals with lived experience, peer workers, cultural organisations, and faith-based and local networks.
- **Research and funding organisations** – including universities, research institutes and national, state and non-government funding bodies.

Best practices to support implementation

The following guidance outlines how each aim can be realised in practice. It draws on lived experience from communities, including priority populations, as well as insights from health professionals and evidence from national and international health literacy initiatives. Together, these approaches reflect both established and emerging best practice and can be adapted to different contexts and settings.

Aim 1: Systems and policies enable a strong and responsive health literacy environment

Best practice:

- Embed consistent health literacy and communication standards across systems and sectors
- Apply universal, culturally safe and accessible communication practices across all models of delivery
- Embed organisational health literacy frameworks into governance, leadership and service design

Embed consistent health literacy and communication standards across systems and sectors

Systems policies and standards can support the consistent application and alignment of evidence-based communication across the health system and beyond. This includes strengthening coordination across sectors to promote consistency, quality and equitable access to health information. Examples of best practice include:

- Plain language standards, aligned with international benchmarks for health communication.[69]
- National Safety and Quality Health Service (NSQHS) Standards, and the associated accreditation and regulatory frameworks, to promote uniform adoption of the health literacy framework.
- Guidelines for translation and multicultural communication, developed by national bodies such as the Australian Institute of Interpreters and Translators, FECCA, and the Australian Multicultural Health Collaborative.[70,71]
- Disability-inclusive communication standards, ensuring information is accessible for people with cognitive, sensory, or literacy limitations.[72]

To support consistent use at scale, communication standards should be embedded within sector-wide systems and organisational processes, including:

- Mechanisms for cross-sector alignment and monitoring of communication practices, to support consistency, accountability and continuous improvement.
- Use of national toolkits and guidelines to standardise the development, design and presentation of health information across digital and physical platforms.

Apply universal, culturally safe and accessible communication practices across all models of delivery

Consistent application of plain language and culturally appropriate and safe communication across written, digital and verbal formats can improve people's understanding of health information and support informed decision-making. Organisations can strengthen their approach by embedding health literacy standards, guidelines and principles into everyday practice, including by:

- Applying health literate design, such as using the Universal Precautions Toolkit, to ensure written materials are clear, well-structured and easy to navigate.[73]
- Using plain language in all communications, supported by international ISO standards,[69] and aligning approaches with the Web Content Accessibility Guidelines (WCAG), which are widely adopted across government agencies to improve accessibility.[74,75]
- Ensuring culturally safe and appropriate communication and translation, following established protocols for multi-lingual and community-based communication.[70]
- Applying digital health literacy principles, including approaches such as the Digital Universal Precautions, to improve the accessibility, useability and clarity of digital content.[76]
- Providing information in multiple and accessible formats including written, audio, and visual formats, and using co-design to ensure materials reflect the needs, preferences and contexts of diverse communities (as described in Aims 2 and 4).
- Supporting the systematic use of teach-back methods, an evidence-based approach to confirm understanding and reinforce key health messages during verbal communication.[77]

Embed organisational health literacy into governance, leadership and service design

Organisational health literacy is strengthened when health literacy is embedded across governance, systems, workforce capability and service delivery, rather than implemented through isolated initiatives. Whole-of-organisation approaches support more consistent, sustainable improvements in the accessibility and effectiveness of health information and services. Frameworks and assessment tools provide structured guidance to support organisations assess their current position, identify priorities and embed health literacy into routine practice (see Appendix 2). These approaches commonly focus on key organisational domains, including:

- the external policy and funding environment
- leadership and culture
- systems, processes and policies
- access to services and programs
- community engagement and partnerships
- communication practices and standards
- workforce development.

Existing organisational health literacy frameworks and tools demonstrate how these domains can be addressed in practice. Examples include the Ten Attributes of Health Literate Health Care Organisations,[7] the HelloTas Toolkit[78] and the Organisational Health Literacy Responsiveness Self-Assessment (Org-HLR) Tool and Process.[79]

Evidence shows that embedding organisational health literacy frameworks can lead to measurable improvements,[80–83] including:

- improved health literacy and self management skills among patients
- greater patient involvement in care decisions
- improved workforce capability to address health literacy needs
- increased use of recommended health literacy communication practices among health professionals.

Moving beyond isolated initiatives and embedding health literacy as a core component of quality and safety systems, such as organisation-wide plain language strategies, has been shown to improve the clarity of health information and services.[84]

Aim 2: Health information and services are trustworthy, culturally safe, accessible and easy to understand

Best practice:

- Provide accessible, trustworthy and high quality health information and services across all communication mediums
- Co-design health information and services with consumers and communities
- Deliver health information through trusted, accessible and widely used channels
- Support community-led communication and distribution of evidence-informed information

Provide accessible, trustworthy and high quality health information and services across all communication mediums

Health literacy is strengthened when people can access trustworthy, evidence-informed health information and services across the full health journey, from prevention and wellbeing through to treatment, care and end of life decisions.

Health information developers should recognise it is increasingly challenging for people to identify trustworthy and evidence-informed health information, particularly in complex digital environments, such as social media.[34,37] There is also a need to understand and respond to the growing use of generative AI for health information,[46] including for education, translation, and diagnostic or treatment advice, where accuracy and transparency may vary.

To support trust and understanding, health literacy action should promote:

- access to high quality, verified sources of health information that apply health literacy principles and culturally safe communication standards
- availability of information across digital and non digital platforms to ensure broad and equitable access
- content that is tailored to the needs of priority populations and relevant across different stages of the health journey
- engaging with industry to support evidence-based health information on social media and AI platforms.

Recent experience, including the COVID-19 pandemic, demonstrated the value of timely fact checking and myth busting approaches in responding to misinformation.[85,86] This highlights the importance of providing timely, accessible and evidence based information to support public understanding, particularly in rapidly evolving or uncertain contexts.

Co-design health information and services with consumers and communities

Health information is more relevant, trusted and usable when it is co-designed with consumers and communities, in line with best practice approaches to consumer engagement.

Effective health literacy approaches involve consumers as partners throughout the development process, supporting meaningful participation, and incorporating diverse perspectives, lived experience and cultural contexts.[64] This includes engaging communities early and consistently, and ensuring that their input informs decision-making, content development and delivery approaches. Community partnerships, co design and user testing strengthen the quality, relevance and acceptability of health information. Best practice approaches emphasise working with communities to ensure that local preferences, cultural contexts and lived experience shape how health information is developed, communicated and shared.

Deliver health information through trusted, accessible and widely used channels

Effective health communication aligns with the media habits and technology use of different communities. Different groups rely on different channels depending on age, literacy, language and levels of digital confidence and access.[87]

Health literacy action is strengthened when dissemination approaches are informed by a clear understanding of how, where and from whom communities access information, and when delivery is tailored accordingly. Digital technologies provide opportunities for more scalable, targeted and timely information delivery, including for rural and remote populations. At the same time, traditional and community-based channels remain essential for people with limited digital access or lower digital confidence.[44]

Ensuring equitable access to digital and non-digital communication channels is critical to achieving inclusive and effective health literacy outcomes.[66,67] This includes addressing barriers experienced by priority populations and supporting access to appropriate technologies, platforms and formats. This may include supporting communication practices in aged care settings, such as ensuring residents and families can understand care plans, medication information and service options.

Support community-led communication and distribution of evidence-informed information (also see Aim 4)

Health literacy is shaped by social relationships, trust and community context. Community-led distribution of health information can strengthen trust, relevance and reach, particularly for priority populations.[6,8,33,87,88]

Health literacy action is enhanced when evidence-informed information is shared through trusted community networks and intermediaries, including:

- multilingual workers
- community leaders
- peers and lived experience advocates
- community health workers
- mental health, aged care, disability and social workers

Community embedded models demonstrate that working through trusted networks can extend reach, support culturally relevant communication and improve engagement with health information and services. These approaches can also provide valuable insights to inform ongoing improvements in health communication and shared decision making.[64,88,89]

Aim 3: The workforce and communities are supported to build health literacy skills and capacities

Best practice:

- Build and retain health literacy capability across the health workforce
- Strengthen health literacy capabilities of individuals and communities
- Support digital, AI and critical health literacy
- Embed shared decision making as standard practice
- Strengthen partnerships to build health, science and media literacy across society

Build and retain health literacy capability across the health workforce

A health literate workforce is supported through education, training and system-level supports that build capability in health literacy. This includes strengthening workforce capability in clear communication, such as using plain language and avoiding medical jargon, and embedding health literacy across education and professional development pathways.[90,91] Workforce development approaches that combine professional development, formal education and accreditation can strengthen health literacy capability at scale.[92]

Organisations can strengthen workforce capability by implementing:

- continuing professional development that builds knowledge and skills in health literacy principles and effective communication techniques, including plain language and teach-back
- accredited training pathways aligned with recognised competency frameworks to support consistent capability development across professions
- integration of health literacy content across undergraduate and postgraduate education, ensuring a consistent foundation for all health disciplines
- recognition of health literacy capability through accreditation, professional standards and quality and safety systems.

Organisations can further build expertise by strengthening the workforce's understanding of the impact of health literacy on health outcomes, and by supporting training aligned with established health literacy standards. Workforce development efforts may be prioritised in primary care settings, including for general practitioners and allied health professionals. There is also a strong role for community-facing workers, including multilingual workers, Aboriginal and Torres Strait Islander health workers, local organisation staff and volunteers, who are often key intermediaries and trusted sources of health information. Building capability across these groups can enhance reach, trust and effectiveness of health communication. Embedding health literacy across education and training pathways supports a more consistent and sustainable approach to workforce capability. Targeted workforce development may also be required in areas of higher need, including rural and remote communities and populations experiencing disadvantage.[11,12,93]

Strengthen health literacy capabilities of individuals and communities

Consumer and community health literacy is strengthened when learning opportunities are delivered in accessible, everyday settings and supported by approaches that build digital and critical health literacy skills.

Best practice examples include:

- delivery of health literacy programs in accessible, community-based settings such as schools, libraries, workplaces, health clinics and community organisations.[94–98]
- integration of digital and AI health literacy and critical appraisal skills as core components of health literacy education, supporting people to navigate, assess and use health information in increasingly complex information environments.

Successful programs should be accessible both online and locally, enabling flexible and inclusive participation. Delivery in settings such as libraries,[94] community colleges and health services can support engagement with diverse groups and reduce barriers to access. Approaches such as social prescribing can further strengthen connection to community based supports, improving access to services and addressing broader determinants of health literacy.[99]

The education system has an important role in embedding health literacy across all levels of learning, from primary and secondary schooling through to tertiary and adult education.[95,100,101] Evidence–based programs in adult and community education, including literacy and numeracy programs and English language classes, have demonstrated strong outcomes in building the knowledge, skills and confidence needed to access, understand and use health information effectively.[97,102–106]

Support digital, AI and critical health literacy

Digital health literacy is now an essential component of health literacy, and capability in the use of emerging technologies such as AI is becoming increasingly important (although this is still an evolving area).[44,76] Support is needed for both consumers and the workforce to use digital and AI enabled technologies safely, confidently and ethically, while ensuring equitable access.

Organisations that perform well in this area can actively support consumers to build confidence and capability in using digital technologies.[41,49,56,66] This includes supporting people to engage in virtual care, use home monitoring devices, and access digital records such as My Health Record, while addressing barriers related to access, skills and digital inclusion. There is also a critical role in supporting the health workforce to develop digital and AI health literacy, enabling them to use new technologies safely and ethically in practice, and to support patients to navigate these tools. This includes understanding the limitations, risks and ethical considerations associated with digital platforms and AI-enabled tools.

Consumers need targeted support to navigate complex information environments, including social media and AI-based tools such as chatbots. Best practice includes strengthening critical health literacy (see glossary), enabling people to assess the quality and credibility of information, recognise misinformation and bias, and make informed decisions regardless of the source.[107] International examples demonstrate effective approaches to building these skills, including programs such as That's a Claim,[108] Trust It or Trash It,[109] and iHealthFacts,[110] which support the development of critical appraisal skills and informed decision-making in digital environments.

Embed shared decision making as standard practice

Shared decision making is strengthened through systems, workforce capability and tools that support people to participate meaningfully in decisions about their care. Embedding shared decision-making as a routine component of care supports improved patient experience, informed choice and better health outcomes.

Best practice examples include:

- Using patient decision aids,[111] question prompt lists and coaching approaches to increase patient involvement, reduce uncertainty and support informed decision-making.[26,27]
- Providing workforce training[112–114] through established resources including the Australian Commission on Safety and Quality in Health Care's modules and tools[115] to build capability in shared decision-making and communication.

These approaches recognise that shared decision-making remains challenging in many clinical settings.[26,116] Best practice organisations focus on improving access to tools and resources for both professionals and patients, strengthening workforce capability and developing tailored supports for priority populations to ensure equitable participation in decision-making.

Strengthen partnerships to build health, science and media literacy across society

Partnerships across health, science and media sectors can strengthen community trust, improve access to high-quality information and support health literacy at a population level.[117–121]

Best practice examples include:

- Collaborating with mainstream and social media platforms to promote science literacy and build public trust in health information and technology, including through the use of credible sources, evidence-based messaging and interactive content (e.g. World Health Organisation case studies[122]).[85]
- Supporting citizen science and community engagement initiatives that involve communities in scientific discovery and promote active participation in health and research.[123]
- Developing diverse, engaging science communication content tailored for priority populations and broader audiences across multiple platforms and settings,[122] including schools and community environments.[117] For example, school-based programs such as Day of AI Australia, which provides a free co-designed AI curriculum to improve media literacy for high school students.[124]

Aim 4: Health literacy needs are addressed equitably, with a focus on priority populations

Best practice:

- Embed community-led co-design and co-development of health information and resources
- Strengthen the evidence base to inform equitable, targeted action
- Embed culturally safe, multilingual and responsive health communication
- Ensure accessible, inclusive and disability responsive health communication
- Strengthen locally embedded community networks and delivery models

Embed community-led co-design and co-development of health information and services

The health literacy needs of priority populations are more effectively addressed when health resources are co-developed through locally led, community based approaches that reflect lived experience, cultural strengths and local contexts. Community organisations, peer networks and trusted intermediaries play a critical role in supporting health literacy for priority populations.

Community-led approaches support the development of health information that is relevant, trusted and responsive to community needs. They can improve reach, uptake and engagement. During the COVID-19 pandemic, Aboriginal Community Controlled Health Services used small grants to develop rapid, locally tailored content that supported an effective early COVID response.[125] Similarly, FECCA partnered with communities to generate relevant and trusted information for culturally and linguistically diverse populations.[126,127] Community-led approaches should also apply to new technologies such as AI to support equity and inclusion.

Strengthen the evidence base to inform equitable, targeted action

Priority populations have distinct health literacy strengths and needs shaped by cultural, linguistic, geographic, disability related and social factors. Understanding these differences is essential to designing effective and equitable health literacy action.

Health literacy approaches should incorporate context specific ways of assessing health literacy that are sensitive enough to identify strengths, barriers and unmet needs within different communities. This includes developing and using tailored health literacy measures where existing tools are not appropriate or sufficient. For example, this may include culturally appropriate approaches in Aboriginal and Torres Strait Islander communities,[128] improving access to tailored sexual health information for people with disability,[129] and ensuring relevant information for culturally diverse and LGBTIQA+ communities.[130]

Evaluation activity is strengthened when it is:

- co-designed with communities
- embedded in local practice
- applied to support the development of practical, culturally grounded solutions.[102]

Best practice approaches incorporate context specific tools and methods to better understand health literacy, enabling identification of both strengths and gaps across diverse populations.[59,131] This includes continued refinement and development of tailored health literacy measures, particularly in areas of high need.[59]

Embed culturally safe, multilingual and responsive health communication

Culturally safe, multilingual and responsive communication is a core component of equitable health literacy. Effective approaches support consistent access to high quality information through culturally appropriate practices, timely translation and access to interpreters.[70,132,133] Organisations should ensure that health information is provided in plain language, available in multiple languages, and consistent with national translation standards.[70] Best practice also includes timely translation of time sensitive information, and dissemination across multiple channels to maximise reach.

While automated and AI-enabled translation tools are improving, evidence highlights ongoing limitations and risks related to accuracy, context and cultural nuance.[51–53] These tools are most effective when used cautiously in combination with accredited translation services.

Consultations with consumers and professionals consistently highlight the need for improved access to interpreters and translated materials, indicating an ongoing priority for system strengthening.

Ensure accessible, inclusive and disability responsive health communication

Disability inclusive communication supports equitable access to health information by recognising diverse communication needs and providing content in formats that are accessible, usable and compatible with assistive technologies.

Health literacy action should ensure that information is:

- easy to understand and clearly structured
- compatible with assistive technologies and accessibility standards (e.g. WCAG)[74,75]
- available in alternative formats, such as Easy Read, braille, audio, visual supports and plain English
- co–designed with people with disability to ensure usability and relevance.

Existing high quality tools and templates, already in use across Australia,[134–140] demonstrate the effectiveness of accessible design in improving inclusion, usability and equity.

Strengthen locally embedded community networks and delivery models

Locally embedded community networks play a critical role in supporting health literacy by enabling trusted, two way communication between communities and health systems.

Health literacy is strengthened when initiatives are delivered through local networks and trusted intermediaries, including:

- multilingual health workers
- Aboriginal and Torres Strait Islander health workers
- peers and community workers.

These approaches support the sharing of trusted, culturally relevant information, while also enabling real time feedback on emerging needs and information gaps. This supports more responsive, locally tailored health communication and strengthens the effectiveness of health literacy action.[89,125]

Glossary

Term	Definition
Accessible	A service, resource or activity in which all people can engage with using a similar amount of time and effort.[141]
An effective health literacy environment	An environment that makes it easy for people to access, understand, and use health information. It includes the infrastructure, policies, processes, materials people and relationships that make up organisations and services.[79] An effective health literacy environment makes health literacy integral to its mission, training, planning and evaluation.[7]
Communities	A group of people sharing something in common. This could be interests, location, culture, language, beliefs, values, traditions, shared experiences or even some issues.[142]
Consumer	In the context of health policy, services and care, a consumer is a person who uses, has used or is a potential user of health services and information. Consumers can participate as individuals, community groups, consumer organisations or consumer representatives.[143] Consumers can play various roles when participating in consumer engagement activities: patient, person with lived experience, carer, co-designer, co-producer, active citizen and representative.[144]
Consumer engagement	Consumer engagement refers to the practice of involving members of the public in developing and implementing the policies that will affect them as health consumers.[145] This includes agenda setting, decision making and other policy development activities undertaken by governments, government agencies and other policy-making organisations.[146]
Critical health literacy	Skills for critically appraising health information and assessing its personal relevance, understanding social determinants of health, and recognition of the need for collective action and self-advocacy.[147,148]
Digital health literacy	An individual's ability to seek, find, understand, and critically evaluate health information obtained through digital or electronic means.[5] Like health literacy, digital health literacy is determined by individual skills as well as system factors. Individual skills include the ability to use digital technologies effectively to access and manage health-related information, services, and resources. System factors include the complexity of the digital environment.[4]
Disinformation	Is designed or spread with full knowledge of it being false (information has been manipulated), as part of an intention to deceive and cause harm. The motivations can be economic gain, ideological, religious, political or in support of a social agenda among others.[149]

Term	Definition
Health literacy	Health literacy describes how people find, understand and use information about health and healthcare to maintain or improve their health and wellbeing. There are many different definitions but at its core, health literacy has two main components: • Individual health literacy: the personal capacities, skills, and competencies that enable a person to access, understand, appraise and use health information • Health literacy environment: the organisational structures, resources, commitments, policies and processes that impact how individuals can engage with the health system. Combined, both these aspects influence how people access, understand, appraise and use information and services in ways that promote and maintain good health and wellbeing.[2,3,15,147]
Health literate document design	Designs that apply health literacy strategies to written health information (including print or online information). This includes using simple language, putting important information first, and using images to increase understanding.[150]
Health literate organisation	An organisation that takes steps to communicate health information effectively and provides accessible health services to its employees, clients, and community members. A health literate organisation aims to create an environment where people can find, understand, and use health information to make informed decisions about their health.[7]
Literacy	The ability to identify, understand, interpret, create, communicate and compute, using printed and written materials associated with varying contexts. Literacy involves a continuum of learning in enabling individuals to achieve their goals, to develop their knowledge and potential, and to participate fully in their community and wider society.[151]
Misinformation	Is the spread of false information without the intent to mislead. Those who share the misinformation may believe it is true, useful or interesting, and have no malicious intent towards the recipients they are sharing it with.[149]
Media Literacy	Media literacy is the ability to critically engage with media in all aspects of life. It is a form of lifelong literacy that is important for full participation in society.[152]
Preventive health	Approaches and activities that aim to reduce the likelihood that a disease or disorder will affect an individual, interrupt or slow the progress of the disorder or reduce disability.[153]
Priority populations	Groups within the population that have specific strengths, needs and preferences and require tailored approaches to address their health literacy needs.
Science literacy	The ability to use scientific knowledge to identify questions and to draw evidence-based conclusions.[154] Science literacy provides the foundation for understanding the scientific basis of health information, making informed health decisions and actively participating in one's wellbeing.
Web Content Accessibility Guidelines (WCAG)	WCAG are a set of international guidelines that were developed by the World Wide Web Consortium (W3C). These guidelines seek to make online content more accessible for people with disabilities. For more information see: https://www.w3.org/TR/WCAG22

Appendix 1: Data on health literacy in Australia

The Australian Bureau of Statistics (ABS) has published 2 reports on health literacy, in 2008[12] (reflecting 2006 estimates), and in 2018[11] (reflecting estimates from the same year). The 2008 report assessed health literacy using performance-based tasks, such as interpreting medicine labels and information pamphlets. The 2018 report assessed health literacy through a validated self-report questionnaire, called the Health Literacy Questionnaire (HLQ)[155] (see Appendix 2). The HLQ assesses health literacy across 9 domains. It includes broader aspects of health literacy such as social support for health, feeling understood and supported, and appraisal of health information. National data are reported in Table 1. The patterns of health literacy across the population and variation across priority groups is similar to that observed in other high-income nations.

Table 1. National results from the 2018 ABS Health Literacy Survey

2018 Health Literacy Survey: 9 domains of health literacy	Proportion (%) responding in the highest health literacy category
1. Feeling understood and supported by healthcare providers	32
2. Having sufficient information to manage my health	23
3. Actively managing my health	18
4. Social support for health	25
5. Appraisal of health information	11
6. Ability to actively engage with healthcare providers	33
7. Navigating the healthcare system	26
8. Ability to find good health information	25
9. Understand health information well enough to know what to do	39

Source: ABS 2018.[11] Results show proportion (%) scoring in the highest category (HLQ domains 1–5 'strongly agree'; domains 6–9 'always easy'), indicating higher health literacy.

Data for priority populations (where data is available) and the general population are summarised in Table 2. This table shows there are substantial gaps in what we know about health literacy in priority populations. For example, there is no national data about the health literacy of Aboriginal and Torres Strait Islander people, LGBTIQA+ people, and people living in very remote regions. While data is available for other priority populations, this is often not detailed enough to show diversity within these populations. For example, there is data on health literacy for people who speak another language at home, who were born overseas, and who were born in a non-English speaking country. This does not, however, provide information on different cultural and language groups who may also have different health literacy needs.

The ABS data[11,12] largely draws on western cultural constructs of health and healthcare. Some communities think about health and health literacy in other ways.[60] Measuring health literacy in these communities may require new and different approaches to measuring health literacy.

Individuals may, of course, identify with more than one of the priority populations, and to varying degrees. People who identify with multiple priority populations are more likely to find the health literacy environment does not meet their needs. Further, within these priority populations, people, families and communities can have different health literacy skills and strengths.

Table 2. Summary of 2006 and 2018 ABS Health Literacy Survey results, by priority population

	Socioeconomic				Culturally and linguistically diverse					Remoteness			Disability Status			Mental Health		Aboriginal and Torres Strait Islander	LGBTIQA+	General Population
	High dis-advantage	Low dis-advantage	Less than tertiary education	Tertiary education	Speaks another language at home	Speaks English at home	Born in non-English speaking country	Born over-seas	Born in Australia	Remote /Inner /Outer	Very remote	Major Cities	Mild-moderate restricted	Severe-profound restriction*	No disability	Mental or behavioural condition	No mental or behavioural condition			
2018 Health Literacy Survey Proportion (%) responding in the highest category (high health literacy)																				
1. Feeling understood and supported by healthcare providers	27	35	29	32	20	33	-	27	34	29	-	32	32	28	32	32	31	-	-	32
2. Having sufficient information to manage my health	21	27	20	25	16	24	-	21	24	22	-	24	17	18	25	20	24	-	-	23
3.Actively managing my health	16	22	15	21	12	19	-	17	19	18	-	18	12	9	20	15	19	-	-	18
4. Social support for health	21	31	24	26	19	26	-	21	27	21	-	27	19	15	27	22	26	-	-	25
5. Appraisal of health information	7	13	8	12	8	11	-	11	11	10	-	11	8	9	11	9	11	-	-	11
6. Ability to actively engage with healthcare providers	32	33	34	31	26	34	-	30	34	34	-	32	31	26	33	28	34	-	-	33
7. Navigating the healthcare system	26	25	30	24	25	26	-	26	26	27	-	26	22	26	27	22	27	-	-	26
8. Ability to find good health information	24	24	22	26	19	25	-	23	25	26	-	24	20	21	26	21	26	-	-	25
9. Understand health information well enough to know what to do	36	40	36	40	36	39	-	38	39	38	-	39	35	32	40	36	39	-	-	39
2006 Health Literacy Survey																				
Level 1–2: lower health literacy	-		72	49	74	56	74	-	56	63	-	58	-	-	-	-	-	-	-	59
Level 3–5: higher (‘adequate’) health literacy	-		28	51	26	44	26	-	44	37	-	42	-	-	-	-	-	-	-	41

Notes: ‘ - ‘ = not recorded (variable not available). For the 2018 survey, results show proportion (%) scoring in the highest category (HLQ domains 1–5 ‘strongly agree’; domains 6–9 ‘always easy’), indicating higher health literacy.

For the 2006 survey, skill level 3 is regarded by survey developers as the minimum required for people to meet the complex demands of everyday life and work. *severe/profound disability group was small in number and estimates of error were larger.
Source: ABS 2006[12] and 2018.[11]

Appendix 2: Measuring health literacy

Measuring health literacy

Measuring health literacy provides important information on the health literacy needs of Australians, and on the effectiveness of efforts to improve health literacy and the health literacy environment.

The health literacy environment is often measured by examining the complexity of written patient information.[28,156,157] More comprehensive approaches use organisational checklists or frameworks to assess the health literacy environment. Examples include the Ten Attributes of Health Literate Health Care Organisations[7] (see Box 1), the HelloTas Toolkit [78]and the Organisational Health Literacy Responsiveness Self-Assessment (Org-HLR) Tool and Process.[79]

Box 1: Ten Attributes of Health Literate Health Care Organisations

This widely used tool describes 10 ways organisations can address health literacy: (www.ahrq.gov/health-literacy/publications/ten-attributes.html)

1. Having leadership that makes health literacy integral to its mission, structure, and operations.
2. Integrating health literacy into planning, evaluation measures, patient safety, and quality improvement.
3. Preparing the workforce to be health literate and monitor progress.
4. Including populations served in the design, implementation, and evaluation of health information and services.
5. Meeting the needs of populations with a range of health literacy skills while avoiding stigmatisation.
6. Using health literacy strategies in interpersonal communications and confirming understanding at all points of contact.
7. Providing easy access to health information and services and navigation assistance.
8. Designing and distributing print, audiovisual, and social media content that is easy to understand and act on.
9. Addressing health literacy in high-risk situations, including care transitions and communications about medicines.
10. Communicating clearly what health plans cover and what individuals will have to pay for services.

Much of the emphasis of health literacy measurement has been on the personal health literacy of individuals and population groups. These measures assess how well individuals can access, understand, appraise and use health information. More than 200 different health literacy measures are listed on the Health Literacy Toolshed website (https://healthliteracy.bu.edu). Tables 3–6 below summarises some of the most commonly used measures of health literacy.

Health literacy measures can be divided into 2 types:

- Performance-based measures provide health materials (such as lists of medical words, food labels or medicine labels) and ask people to interpret them. The ABS health literacy survey in 2006[12] used performance-based measures of health literacy to assess the adult population.
- Self-reported measures ask people to rate their personal experience of a particular health literacy task/domain. Such measures typically reflect the broader aspects of health literacy such as social support. The ABS National Health Literacy survey in 2018 used a self-reported health literacy measure to assess the adult population.[11] Self-reported health literacy data are easier, less stigmatising and typically reflect the additional aspects of health literacy, such as social support.

The 2 types of measures conceptualise health literacy in different ways, and so yield different kinds of results. Typically, people produce much lower scores on performance-based measures than on self-reported measures. However, both types of measures are useful for understanding health literacy among individuals and across populations.

Very brief and single-item surveys are available to screen for low health literacy. These are often self-report measures and typically focus on essential health literacy skills such as the ability to complete medical forms and to read medical materials. Commonly used measures include the three item Brief Health Literacy Screen[158] and the Single Item Literacy Screener.[159]

Most measures of health literacy address personal skills of consumers and healthcare system users. There are also over 80 measures that assess health professional health literacy skills and capacities.[160] However, very few tools have been adequately validated and may not align with health literacy competency frameworks.[160] Further work is needed in this area of health literacy measurement.

Table 3. Common health literacy measures – Performance-based

Measure	Scope	Example question/s
Short test of Functional Health Literacy (sTOFHLA)[161]	36 items assessing reading comprehension.	[Figure out which of the 4 words should go in the blank to make the sentence make sense] Your doctor has sent you to have a _____X-ray. a) stomach, b) diabetes, c) stitches, d) germs
Rapid Estimate of Adult Literacy in Medicine (REALM)[162]	125-item word recognition test (pronunciation).	[Say all of the words you know. If you come to a word you don't know, you can sound it out or just skip it and go on] Exercise, Menopause, Rectal, Antibiotics, Anaemia, Jaundice
Newest Vital Sign (NVS)[163]	6 items assessing a combination of comprehension and numeracy abilities in the context of interpreting a nutrition label.	[Image of an ice cream nutrition label] If you usually eat 2500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving?

Table 4. Common health literacy measures – Self-reported

Measure	Scope	Example question/s
Health Literacy Questionnaire (HLQ)[155]	44 items assessing 9 domains of health literacy: (1) Feeling understood and supported by healthcare providers; (2) Having sufficient information to manage health; (3) Actively managing health; (4) Social support for health; (5) Appraisal of health information; (6) Ability to actively engage with healthcare providers; (7) Navigating the healthcare system; (8) Ability to find good health information; 9) Understand health information.	[How strongly do you disagree or agree with the following statements] I can rely on at least one healthcare provider [How easy or difficult are the following tasks for you to do now] Find information about health problems
European Health Literacy Assessment Questionnaire (HLS-EU-Q)[164]	47 items assessing 12 domains of health literacy formed by 4 information-processing competences of individuals (accessing, understanding, appraising, and applying) and three health contexts (healthcare, disease prevention, and health promotion).	[On a scale from very difficult to very easy, how easy would you say it is to:] Judge the advantages and disadvantages of different treatment options Understand what your doctor says to you

Table 5. Common health literacy measures – Brief measures used for health literacy screening

Measure	Scope	Example question/s
Brief Health Literacy Screen (BHLS)[158]	3 self-report items to identify patients with inadequate health literacy.	(1) How often do you have someone help you read hospital materials? (2) How confident are you filling out medical forms by yourself? (3) How often do you have problems learning about your medical condition because of difficulty understanding written information?
Single Item literacy Screener (SILS)[159]	1 self-report item to identify difficulty reading health materials.	How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

Table 6. Common health literacy measures – Addressing or relating to health professionals

Measure	Scope	Example question/s
Health Literacy Knowledge, Skills and Experience Survey (HLKSES)[165,166]	14 items to measure health professionals' level of confidence implementing a range of health literacy competencies.	On a scale from not confident at all to very confident, please indicate your level of confidence in being able to do the following. Explain the differences in the various ways that health literacy is defined and conceptualised.
Measure developed by Mackert *et al.* (2011) (no name assigned)[167]	13 items assessing perceived knowledge and ability related to health literacy and use of strategies to improve health communication.	I understand the health outcomes associated with low health literacy How often do you use the teachback or show-me techniques?

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