

Health literacy

The ability to access and use health information is a fundamental skill which allows people to make informed decisions and helps them to maintain their basic health. On a broader level, adequate levels of health literacy may help to reduce some of the costs in the health system, prevent illness and chronic disease, and reduce the rates of accident and death.¹

Health literacy affects not only a person's involvement in the formal health care system, but also decisions they make in the home, workplace and community. The level of a person's health literacy impacts on tasks such as reading dosage instructions on a package of medicine, and also affects whether people seek screening or diagnostic tests.

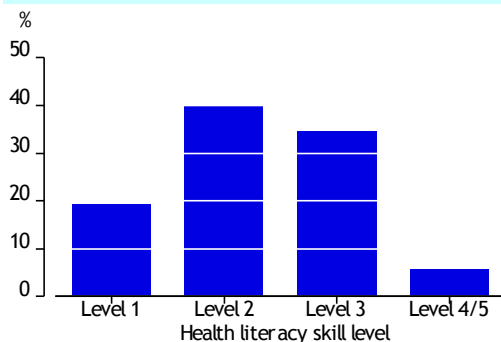
Health literacy levels

In 2006, the Adult Literacy and Life Skills Survey (ALLS) measured the literacy of adults aged 15–74 years, including their health literacy. Skill levels ranged from Level 1 (lowest) through to Level 5 (highest). Skill Level 3 is regarded as the minimum required to allow individuals to meet the complex demands of everyday life.

In 2006, 41% of adults were assessed as having adequate or better health literacy skills, scoring at Level 3 or above. At this level, people could generally perform tasks such as combining information in text and a graph to correctly assess the safety of a product.

The proportion of people with adequate or better health literacy (41%) was lower than other types of literacy: prose (54%), document (53%) and numeracy (47%) (see the box on this page for a description of these other types of

Health literacy skill levels(a) – 2006



(a) Skill levels 3, 4 and 5 represent adequate or better health literacy.

Source: [Health Literacy, Australia](#) (ABS cat. no. 4233.0)

Sources and definitions

This article uses data from the 2006 Adult Literacy and Life Skills Survey (ALLS). The ALLS provides information on the knowledge and skills of 15–74 year olds in a number of literacy domains including health literacy. For more information see:

- [Health Literacy, Australia, 2006](#) (ABS cat. no. 4233.0);
- [Adult Literacy and Life Skills Survey, Summary Results, Australia, 2006](#) (ABS cat. no. 4228.0);
- [Adult Literacy and Life Skills Survey, Australia: User Guide, 2006](#) (ABS cat. no. 4228.0.55.002).

Health literacy is the knowledge and skills needed to understand and use information relating to health issues such as drugs and alcohol, disease prevention and treatment, safety and accident prevention, first aid, emergencies and staying healthy.

Prose literacy is the ability to understand and use information from various kinds of narrative texts, including newspapers, magazines and brochures.

Document literacy measures the knowledge and skills required to locate and use information contained in various formats including tables and charts.

Numeracy is the knowledge and skills required to effectively manage and respond to the mathematical demands of diverse situations.

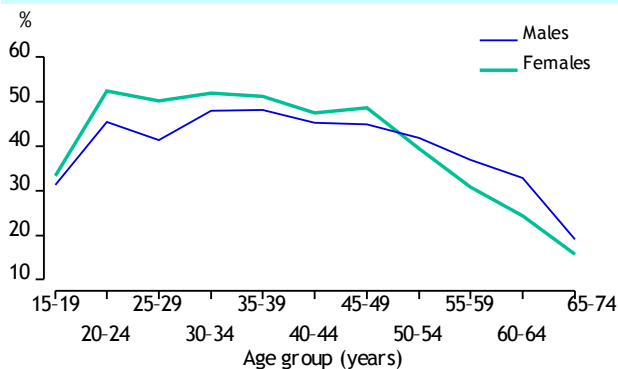
Skill levels range from Level 1 (lowest) to Level 5 (highest). Skill Level 3 is regarded as the minimum required to allow individuals to meet the complex demands of everyday life.

Larger households need more income to finance the same standard of living as smaller households but there are economic advantages for larger households since household resources, especially housing, can be shared. Equivalising adjusts actual income to take account of the different needs of households of different size and composition, resulting in *equivalised household income*.

High income households are those in the ninth and tenth income deciles when all households are ranked from lowest to highest gross equivalised household income; *middle income* households are households in the fifth and sixth deciles; *low income* households are those in the second and third deciles.

literacy). This may be related to the combination of skills people need to understand health information. They may use prose, document and numeracy skills simultaneously.¹

People with adequate or better health literacy(a) – 2006



(a) Skill levels 3, 4 and 5 represent adequate or better health literacy.

Source: [Health Literacy, Australia](#) (ABS cat. no. 4233.0)

Around one-fifth (19%) of adults had Level 1 health literacy skills, with a further 40% having Level 2. These people had difficulty with tasks such as locating information on a bottle of medicine about the maximum number of days the medicine could be taken, or drawing a line on a container indicating where one-third would be (based on other information on the container).

...by age

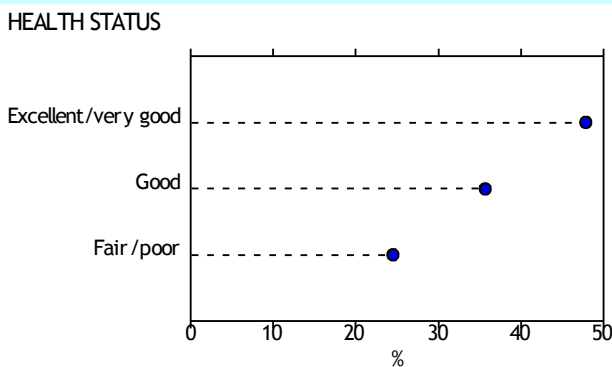
Rates of health literacy vary with age and show a similar pattern for men and women. In 2006, the rate of adequate or better health literacy increased from around one-third of both men and women aged 15–19 years to around half of all people aged 20–49 years, before declining in older age groups. The lower rate among the youngest age group compared with 20–44 year olds may be related to the fact that the youngest group includes people still completing their education. The low rates of health literacy among older people are similar to results for other dimensions of literacy (see [Australian Social Trends 2008, 'Adult literacy'](#)). This may be due to the effects of age on people's mental processing skills; the length of time since leaving formal education; and the lower levels of formal education received by older generations.

With increased age, as well as being less likely to be able to use health information, people are also more likely to have long-term health conditions. In the 2007–08 National Health Survey, 83% of people aged 65 years and over had three or more long-term health conditions.

Self-assessed health status

People's assessment of their own health is considered a good indicator of the overall health of populations and is a good predictor of death and illness.²

Self-assessed health status: proportion with adequate or better health literacy(a) – 2006



(a) Skill levels 3, 4 and 5 represent adequate or better health literacy.

Source: ABS 2006 Adult Literacy and Life Skills Survey

In 2006, around 8.3 million adults assessed their health as excellent or very good, 4.4 million as good and 2.4 million as fair or poor. Around half (48%) of all people who described their health as excellent or very good had adequate or better health literacy compared with one-quarter of those people who described their health as fair or poor. People who have poor or fair health are more likely to have both long-term conditions and inadequate health literacy which may affect their ability to manage their condition.

Education

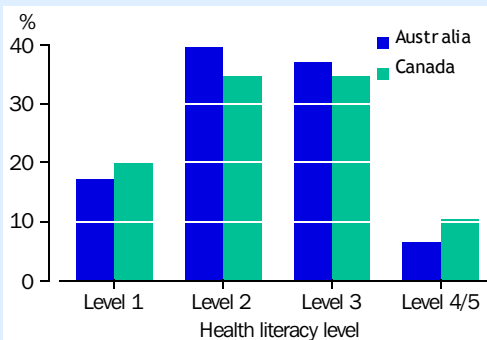
The interaction between education and health has been well recognised. The effect of education on a person's health may include its influence on their employment prospects and

Comparison with Canada



It is possible to compare the results from the Australian ALLS with the Canadian results. The scope of the Canadian survey was people aged 16–65 years. When the Australian results were restricted to this age group, the proportion of Canadians (45%) achieving an adequate or better health literacy score was similar to that in Australia (43%).

Health literacy skill levels(a)



(a) People aged 16–65 years.

Source: [Health Literacy, Australia](#) (ABS cat. no. 4233.0)

income which can affect the options available to improve their health (the money available for dental care, for example), as well as their ability to gather relevant information so that they can understand options and choose pathways that will benefit them the most.¹ Education can also play a role in influencing behaviour in terms of reducing health risks such as tobacco smoking and alcohol use.

In 2006, people who had higher levels of educational attainment had higher rates of adequate or better health literacy. Around three-quarters of people whose highest level of education was a Bachelor degree or above had adequate or better health literacy compared with half of those who finished their formal education at Year 12 and 16% of those with Year 10 or below.

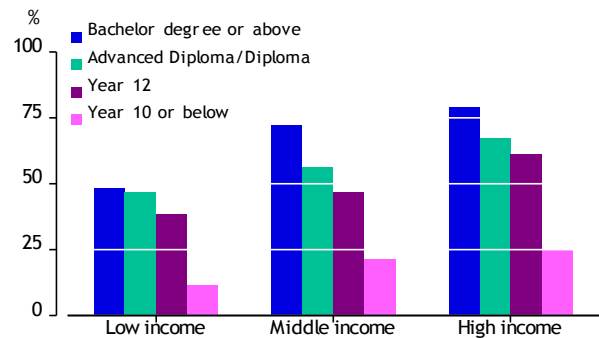
Income

In 2006, people with higher incomes were more likely to have higher health literacy skills, with 63% of the high income group having adequate or better skills compared with 43% of those in the middle income group and 26% of those with low income.

Generally, people with higher levels of income had higher levels of education as well as better health literacy skills. In each income group, people whose highest level of education was Year 10 or below had poorer health literacy skills than those with higher levels of education.

The influence of post-school qualifications was less marked in the low income group where those with a Bachelor degree or above and Advanced Diploma/Diploma had similar rates of adequate or better health literacy (around 48%). In the low income group, the rate of adequate or better health literacy for people

Adequate or better health literacy(a): highest level of educational attainment and household income – 2006



(a) Skill levels 3, 4 and 5 represent adequate or better health literacy. Source: ABS 2006 Adult Literacy and Life Skills Survey

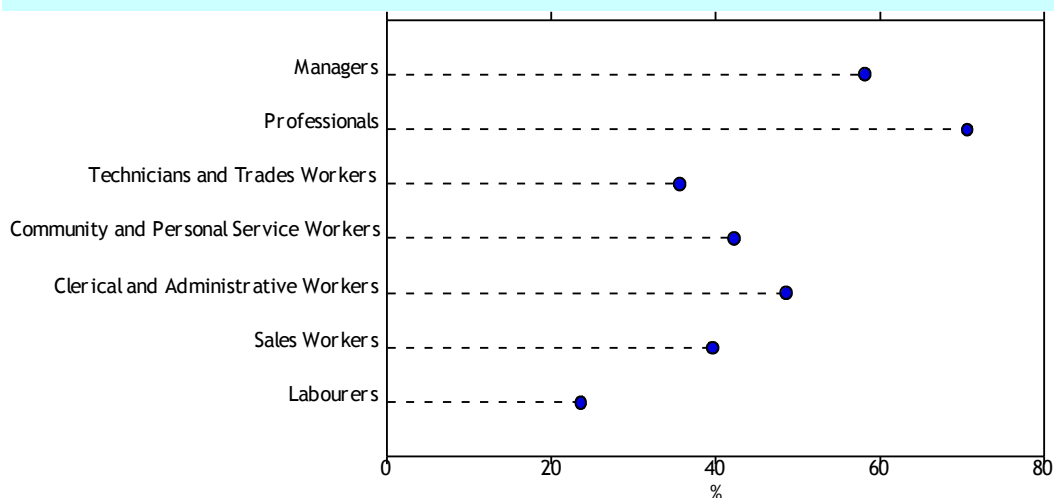
who had completed Year 12 was 39% and for Year 10 or below just 12%.

Whether working, and occupation

Employed people were more likely to have higher levels of health literacy than those who were unemployed or outside the labour force. In 2006, of people aged 15–64 years, around half of those employed had adequate or better health literacy (47%) compared with one-quarter of both unemployed people and those not in the labour force.

Like income, labour force status is affected by educational attainment. People with a progressively higher education generally have a greater ability to gain employment than those with lower skill levels.

Selected occupations: proportion with adequate or better health literacy(a) – 2006



(a) Skill levels 3, 4 and 5 represent adequate or better health literacy. Source: ABS 2006 Adult Literacy and Life Skills Survey

Those employed in occupations requiring greater education and skill levels were more likely to have higher health literacy, with 71% of Professionals at or above Level 3 compared with 24% of Labourers.

Migrants and language spoken

...first language

People whose first language is not English may have more difficulty understanding English-based health information than people whose first language is English. In 2006, almost three million Australians aged 15–74 years spoke English as a second language. Around one-quarter of this group had adequate or better health literacy compared with 44% of people whose first spoken language was English.

...assistance to read English

In 2006, 5% of those with adequate or better health literacy needed help to read information in English, compared with 19% of people with relatively low health literacy skills.

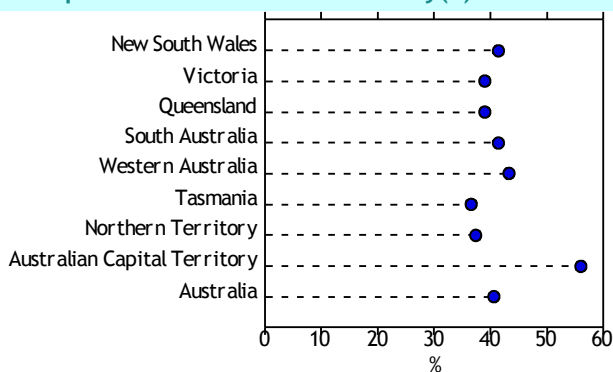
...born overseas

One-third of people born in a country other than Australia had adequate or better health literacy when tested in English compared with 43% of people who were born in Australia.

States and territories

There were few significant differences between the states and territories in terms of health literacy. The exception was the higher proportion of residents of the Australian Capital Territory whose health literacy was at Level 3 or higher (56%), with most other states and the Northern Territory around 40%. This is related to the greater proportion of the ACT population who have non-school qualifications compared with the states and the Northern Territory.

Proportion of people by state or territory: adequate or better health literacy(a) – 2006



(a) Skill levels 3, 4 and 5 represent adequate or better health literacy.

Source: [Health Literacy, Australia](#) (ABS cat. no. 4233.0)

Endnotes

- 1 Canadian Council on Learning 2008, *Health literacy in Canada, A healthy understanding 2008*, Ottawa.
- 2 Australian Bureau of Statistics 2007, *Self-assessed health in Australia: A Snapshot, 2004–05*, cat. no. 4828.0.55.001, ABS, Canberra.