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| **Children`s Health Literacy: A Systematic Policy Analysis** |
| **Background/Objectives**  Health literacy has developed into an important policy-making target. While recent non-governmental policy reports highlight to (a) address health literacy already early in life, especially among children and in schools and (b) include health literacy more rigorously in governmental policies, there is no research available on child-related health literacy policies. The aim of this research is to present evidence that can help inform the policy-making regarding children’s health literacy.  **Methods**  The mixed-method design comprises of (1) systematic review methods (database and online search, expert consultation), (2) expert interviews with policy stakeholders, and (3) research synthesis.  **Results**  The initial search has identified policies for 28 countries including case-law (e.g. USA, Germany), government supported action plans and national strategies (e.g. Australia, China, Taiwan, Scotland, Ireland, Wales, Austria, USA, Singapore), or policy strategies developed by national key experts to inform governmental policy-making (e.g. Canada, Germany). Policies on children’s health literacy from South America and Africa were not identified, although general health literacy was covered in some countries in the context of health, healthcare and NCDs. Three educational health literacy policies could be identified (Australia, Finland, USA). Children are either addressed directly (1) via early approaches and specific programmes, (2) by including health literacy to school health, (3) through their parents, (4) in context of healthcare-related action, or (5) by using a combination of those areas. However, there is almost no evaluation data available nor are these policies underpinned by health literacy evidence generated within the children`s population. Most policies are designed for adult populations rather than children.  **Discussion**  While the approaches vary regarding children’s health literacy policies several limitations make it difficult to evaluate the quality of the different policies. To secure and sustain more effective, child-focussed policies, current knowledge gaps regarding children`s health literacy levels, available interventions, and evaluations of the policy programs should be addressed. |