

the European Health Literacy Survey **Background information** Kristine Sørensen (HLS-EU) **HLS-EU**





Rationale for the HLS-EU project

Recognizing health literacy as a public health goal Measuring health literacy in Europe

Advocates of advancing health literacy in Europe





Faculty of Health, Medicine and Life Sciences

Supported by the European Agency for

Health and Consumers



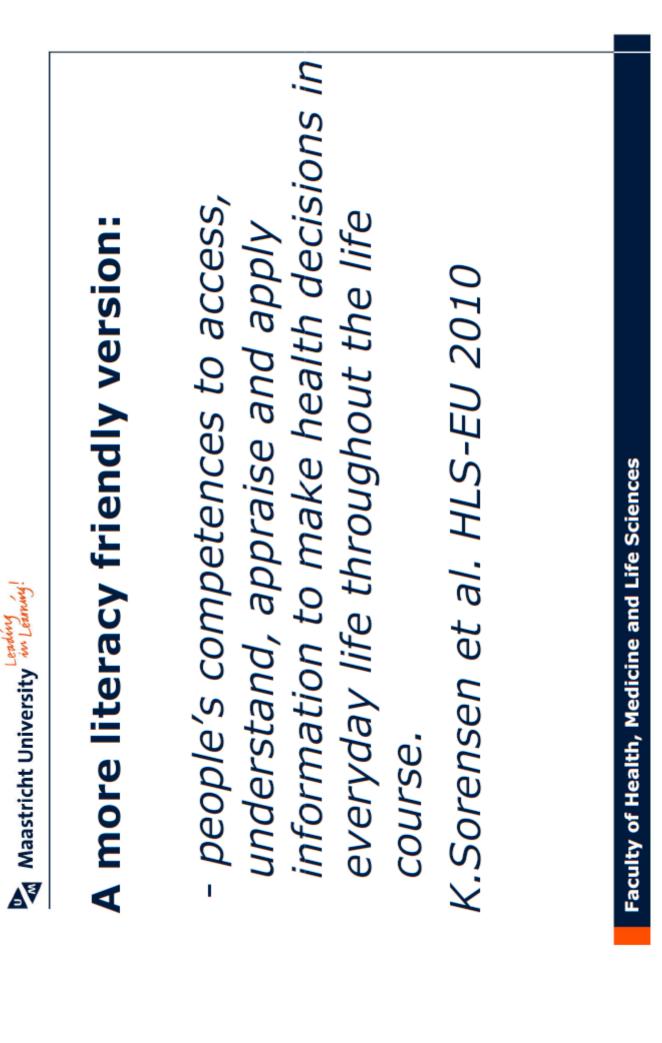
Milestones in the HLS-EU survey

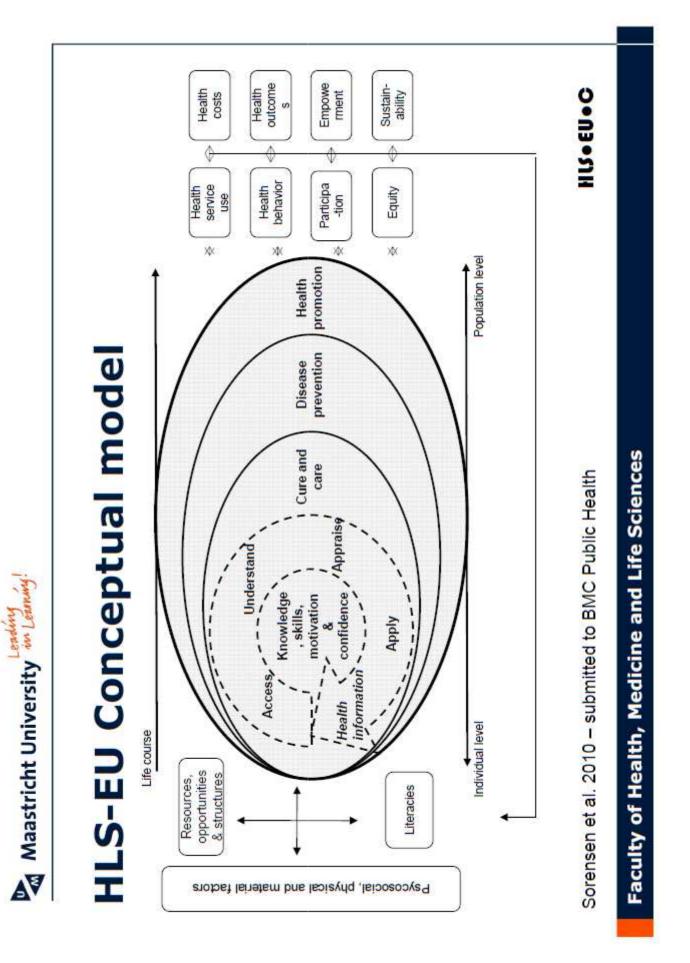
- Literature review
- Conceptual model
- Questionnaire development
 (HLS-EU-Q)
 - Pilot
- Focus groups (Ireland, Greece and the Netherlands)
- Face to face interviews (Ireland and the Netherlands)
 - Survey in eight countries Results and report



Faculty of Health, Medicine and Life Sciences

▲ mastricht University working definition The HLS-EU 'all inclusive' working definition Health literacy entails people's capacities, skills, knowledge, motivation and confidence to access, understand, appraise and apply health information to form judgments and take decisions in everyday life in terms of healthcare, disease prevention and health promotion to improve quality of life during the life course.	lefinition lefinition ccess , y health y health y and in terms in terms ion and uality of
Sørenser	Sørensen et al. 2010







Pilot Questionnaire

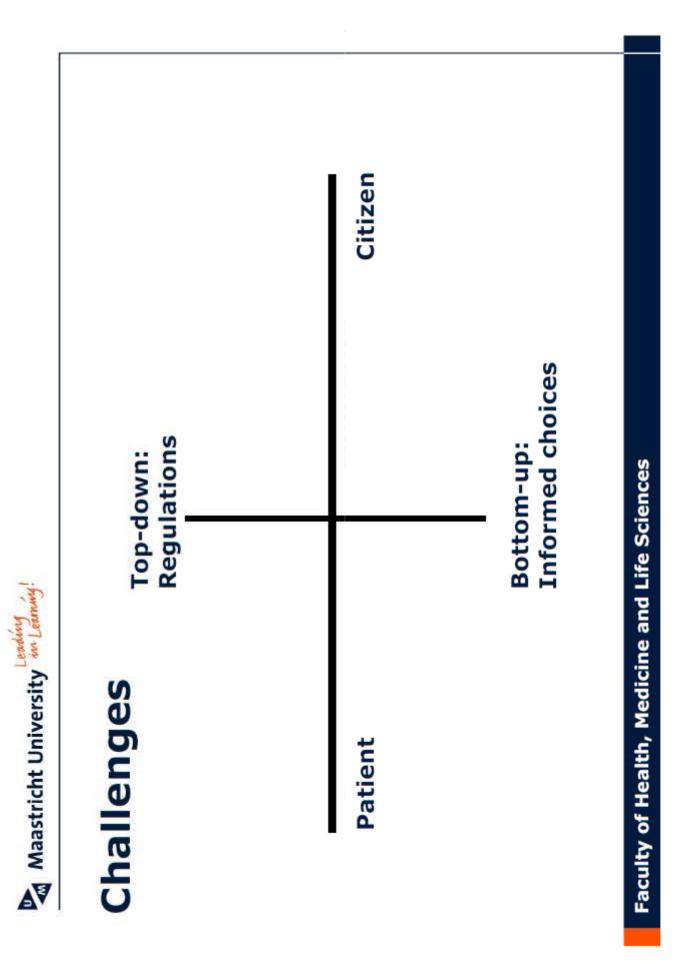
Chapters

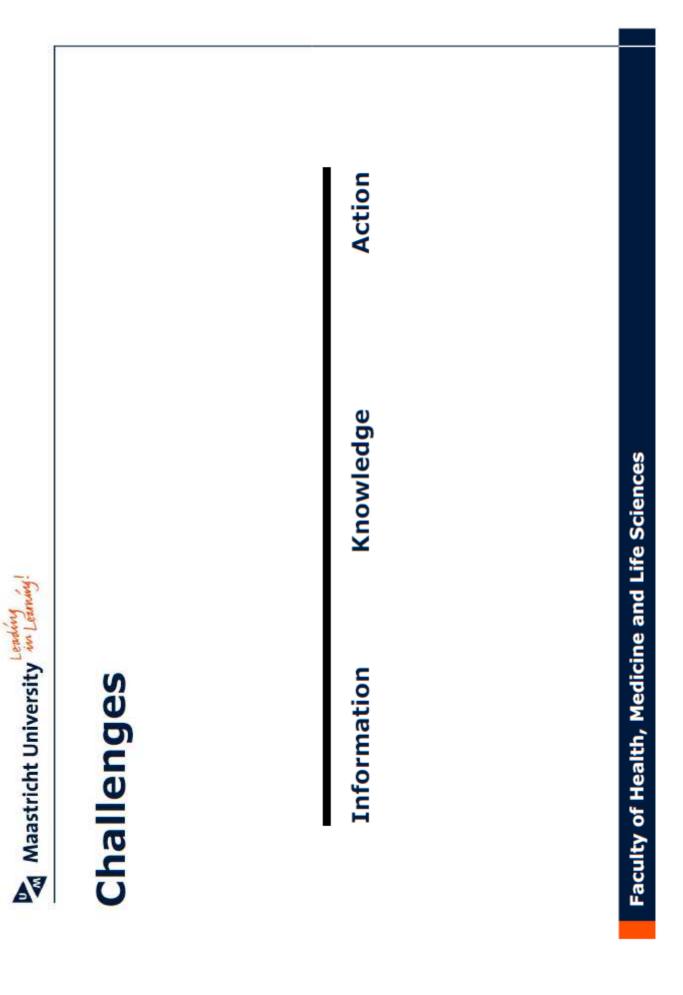
- Health literacy
- Literacy
- Health outcomes (health status, service use, life style, empowerment)
 - Personal information

86 items

- Perceived health literacy (Likert scales)
 - Skills (Test)

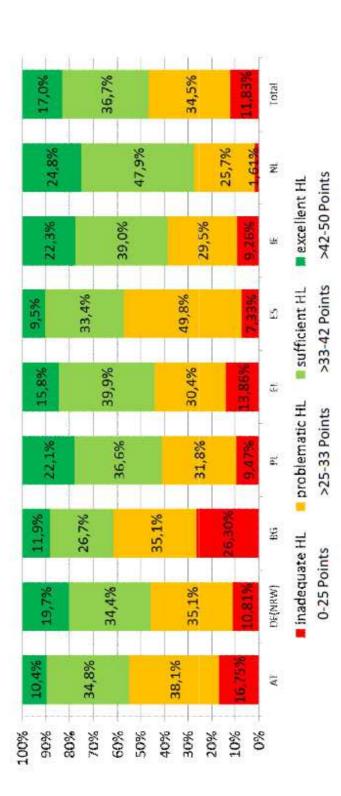






• Results

 Based on EU HLS Executive Summary November 2011 Percentages of different levels of the general HL-Index in the 8 participating countries and the total sample of HLS-EU



The general HL Index is based on means of all 47 items of the HLS-EU Instrument. It is standardized between 0 and 50, where 0 is the minimal possible health literacy and 50 is the maximal possible health literacy. HLS-EU consortium 2011: General Health Literacy in eight European Countries

Social determinants of Health and Health Literacy

- Significant social health and health literacy gap demonstrated by the HLS-EU survey.
- Correlations between health and sociodemographic or socio-economic characteristics like age, employment status, self-assigned social status, financial deprivation and education
- Remarkable differences in health literacy, social gradients affecting health literacy and size of vulnerable groups between the eight countries

Vulnerable groups with highest risk of limited health literacy

- Socioeconomic deprived
- People with worse health
- People with higher frequencies of health service use
 - Specific challenge for healthcare services to develop specific strategies to improve or compensate limited health literacy of these vulnerable groups

Recommendations

The key priorities

- The increase of health literacy making it easier for citizens to manage their own health
- The decrease of complexity within systems making it easier for citizens to navigate health (care) systems and manage their own health

Recommendations

- Define concrete objectives and ways to empower citizens and increase health literacy
- Provide funds for initiatives that improve health literacy, in particular amongst the most vulnerable population;
- Go beyond the current directive on information to patients and develop a more comprehensive health information strategy
- Include health literacy, as a social determinant of health, in international discussions on health promotion systems, reducing health disparities

Recommendations

- Integrate health literacy into school curricula;
- Promote the use of best practice when developing new health literacy measures and webs of evidence on their validity across settings
- Further research on how health literacy can be used to optimize disease prevention and health promotion
- Strengthen the knowledge and evidence base for measuring and assessing health literacy