

Grundtvig Learning Partnership

Health Literacy in Austria

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Health literacy in Austria is a new field. Not many organisations and key persons work on it so far. Therefore, my overview is sketched like a mind map, concentrating on selected items.

1. Social determinants, particularly gender
2. Challenges of health literacy
3. Policy responsibility
4. Health goals
5. Legal provisions
6. Key players (Main Association of Austrian Social Security Institutions (HVB) and 9 district health insurance funds, schools, non profit organizations, health service provision, health market)
7. Access to health information
8. Google search.

1. As everywhere, health literacy is very strongly influenced by the **social determinants** on health, including gender, education, work, ethnic background and migration, social status... **Gender** has so far not been in the center of the focus of health literacy. However, **men and women** access, interpret, respond to and act upon health information

on promoting and protecting health – in specific and different ways (Peerson, Anita 2010: [Health Literacy and Gender Analysis](http://www.health.nt.gov.au/library/scripts/objectifyMedia.aspx?file=pdf/55/22.pdf&siteID=1&str_title=Health%20Literacy%20and%20Gender%20Analysis.pdf) Chronic Disease Network Conference, Darwin, 9-10 September 2010,

http://www.health.nt.gov.au/library/scripts/objectifyMedia.aspx?file=pdf/55/22.pdf&siteID=1&str_title=Health%20Literacy%20and%20Gender%20Analysis.pdf)

Since health outcome is strongly influenced by sex and gender and since health service provision is sex and gender related I see it as one of the tasks of the Women's Health Center in this Grundtvig partnership to bring in this focus and explore its ramifications.

2. Challenges of health literacy are health inequalities including gender, the demographic shift, the impact of the globalization and the effects of the economic downturn effecting women and men specifically (European Journal of Public Health, volume 21, issue 1, pp. 130-132, January 2011. Health 2020, Piroška Östlin, WHO, Fit for Gender, Vienna Nov 17 2011 http://www.frauengesundheit-wien.at/konferenz/Fit_for_Gender/Vortragsaufzeichnungen.html)

In the Global Gender Gap Index of the World Economic Forum Austria ranks 34th (http://www3.weforum.org/docs/GGGR11/GGGR11_Rankings-Scores.pdf)
http://inthealth.eu/app/download/5782747931/speech_ehlc_22112011_en.pdf

The EU Health Literacy Survey <http://inthealth.eu/research/health-literacy-hls-eu/> publishes the level of health literacy in 8 European countries in 2011/2012. Austrian citizens above 15 years of age rank 7 among 8, ahead of Bulgaria. Given that Austrians are faring low in the Pisa study these results do not surprise.

3. One of the reasons why there have been sparse attempts to consolidate health literacy in Austria may be founded in the **split political responsibility on health literacy between 3 federal ministries**, the Ministry of Health, of Education and of Consumer Protection. These agencies have not yet systematically cooperated intersectorally on this issue.

4. Health goals are just being developed on the federal level in Austria in 2011 and 2012.

(http://www.bmg.gv.at/home/Startseite/aktuelle_Meldungen/Gesundheitsziele_fuer_Oesterreich).

Health literacy will be one of the issues, so political commitment is present. Transfer to practise, however, is usually a cumbersome process.

Health goals have been formulated in 6 of the 9 Austrian countries. Ttransfer into actions and programs has started.

(Markus Peböck: Die Bedeutung von Gesundheitszielen zur Gestaltung des österreichischen Gesundheitssystems http://www.isw-linz.at/themen/dbdocs/LF_Peboeck_1_09.pdf). The country of Styria formulated health goals in 2007 and is currently working on a strategy for health including health literacy as a horizontal issue.

Developed by the participants in a Salzburg Global Seminar December 2010 in Austria, the document is called the Salzburg Statement. It is about informed *choice*,

in which clinicians tell *you* the options, with all the pros and cons, and let *you choose*, based on your preferences (Salzburg statement on shared decision making) (BMJ 2011;342:d1745)

5. Legal provisions

The social service provision law, ASVG 1999, covers most of the insured in Austria. Article 81a is on the obligation to inform the insured on their rights and duties. Article 116 regulates the responsibilities of health insurers, article 156 is on health education of insured members and their relatives.

Patients' rights have not been legalized on the federal level, the countries' laws provide the right to self determination and information.

The Federal law on hospitals provides in article 5a KAKuG (Bundesgesetz über Krankenanstalten und Kuranstalten) the right to informed consent and information

Article 6a of the Styrian hospital law, St KALK Krankenanstaltengesetz, provides the duty to inform about patients' rights.

6. Key Players of health literacy encompass players identified in five areas.

6. 1. Austria has a statutory insurance system. The **Main Association of Austrian Social Security Institutions (HVB) and 9 regional health insurance funds**. They fund specific health promotion projects primarily in work places and in schools. Health literacy has so far not been a priority. Change may be about to come since the Main Association of Austrian Social Security Institutions (HVB) presented the *Masterplan* in 2010, a strategy paper explicitly naming health literacy http://www.hauptverband.at/mediaDB/730577_Masterplan%20Gesundheit_Langfassung.pdf. It may become a priority in 2012. By law, the health insurance funds are responsible for patient education and offer a variety of information brochures on subjects on health and diseases (see e.g. www.ooegkk.at, www.stgkk.at)

6. 2. Schools. Health literacy or even health promotion are no mandatory subjects in schools. A regulation on health education was put in place in 1999. However, it is up to the teachers whether and to which extent they provide health education to their students.

Institutions of lifelong learning regularly offer a wide range of health subjects which encounter strong demand, particularly from female participants. So far no shared definition nor quality criteria guide these adult education services. Up to 80% of all adult education concerns health issues and women users.

6. 3. Non Profit Organizations in the health area work for health promotion, empowerment and capacity building. Building health literacy in a narrower sense may be found in these projects.

Health Box, Vienna. Conference Nov 24, 2011; Integrating Health Promotion into Lifelong learning <http://www.healthbox.eu/>

ISOP, Graz, Health competency in adult education for disadvantaged groups
Cooking healthy food, eating, relaxing, getting to move for men and women in work programs unfamiliar with health promotion <http://www.isop.at/>

Skills Up. Building competence and promoting health at the trade school for information techniques, Vienna, <http://www.skillsup.at/html/projekt.htm>

There are health promotion projects such as **Dental Health, Healthy Kindergarten , Healthy school, Healthy community** which can be found in most countries in Austria provided by the regional health promotion organization.

(<http://www.styriavitalis.at/cms/>)

The **Women's Health Center**, Graz, is one of the few players having started activities in improving health literacy in Austria. It provides independent patient information, counseling and a 5-day Advanced Capacity Building Training Program for consumers, patients, counselors and self help group members in Austria.

The Women's Health Center coordinates a project named Health literacy funded by the Ministry of Consumer Protection. It coordinates the Grundtvig project Health Literacy Fostering Participation and Improving Health in Cooperation with Komiteen for Sundhedsoplysning (Danish Committee for Health Education), Copenhagen, Careum, Zurich and Istituto Superiore di Sanità, Rome. (www.fgz.co.at).

The program **Minimed** consists of a series of lectures at the three Austrian medical universities by medical experts for lay people on diseases. This program is not independent but supported by the pharmaceutical industry.

<http://www.minimed.at/index.php?action=18>

The **Comprehensive Cancer Center (CCC)** Vienna of the Medical University developed a „Cancer School“ for „lays“ in 2011 aiming at cancer patients and their relatives to promote their knowledge on cancer with a basic course on 6 evenings, 10 minute tidbits of informations on various cancers in a traditional class room approach: experts teaching lay people living with cancer and their kin
<http://www.cancerschool.at/>.

www.give.or.at is an initiative of the Ministeries of Education and of Health in cooperation with the Austrian Young Red Cross on health education, information, networking and development, informing teachers and health promotion experts on health promotion. Its information materials on life competencies aim at preventing drug addiction.

Last summer 2011, the Women's Health Center conducted a survey by written questionnaire, addressing 260 organizations in Austria in the field of health and education. It is not yet evaluated. Preliminary results show there are diverse services, no shared definitions, no programs aiming at chronically ill patients yet.

6.4. The health market offers a tremendous amount of goods and services on a wide variety of subjects and in differing quality. It is largely unregulated and mostly ignored by the regulated health professions. In my opinion, this market deserves a far closer look by regulatory agencies. Particularly men and women with low education and on limited means may be subject to expensive, ineffective promises of wellbeing and healing, particularly when they are wanting and sick.

6.5. Health Services Provision

Disease Management Programs and diabetes counselling

Estimated 400.000 patients live in Austria with diabetes.

About 900 physicians with 29.000 patients are enrolled in local Disease Management Programs which comprise 8% of the women and men living with diabetes.

In Styria 34.000 Diabetes patients see their physician an average of 25 times per year. The insurance fund pays an honorary of € 100 to the physician per patient enrolled in the DMP.

Therapie Aktiv is a disease management program measuring blood pressure. Problems at present consist in gaining physicians and patients.

Within health care provision the health professionals are important actors. How health literate are **health professionals** in Austria? This remains an unstudied question. There is no reason to assume they are better educated than comparative counterparts in other countries Gigerenzer studied. (Wegwarth, Gigerenzer 2011 <http://mdm.sagepub.com/content/31/3/386>; <http://www.bmj.com/content/341/bmj.c4830>) Individual health professionals are educated better or worse. Medical curricula do not systematically train medical students in risk communication and benefit risk discussion of patient relevant outcome.

7. Access to Health information

Evidence based, target group oriented, diversity sensitive, easy reading health information is sparse. The patients' or consumers' perspective and everyday life world is seldom taken into account.

The available mostly written information is generally not following guidelines on evidence based patient information.

Leaflets and brochures are edited by the health insurance funds, Austrian Cancer Society, local and regional health departments, and the pharmaceutical industry. Since the pharmaceutical industry is highly interested in supporting health literacy: the competent consumer demands the newest drugs and interventions (even if not independently informed on benefits and harms) their information material is abundant und deceiving.

Media: information is of diverse quality, often provider oriented.

Health campaigns have encompassed tobacco control, ticks (Lyme Disease immunization by Baxter).

Best practise models include

www.gesundheit.gv.at thehealth website financed by the Ministry of Health, run by GÖG, offering independent, knowledge based user oriented health information on subjects of health and illness.

www.medizin-transparent.at The Department of Evidence Based Medicine and Clinical Epidemiology, Donau University Krems and the publisher Schaeffler offer online

evidence based, understandable information on health issues covered in public media analysing its substance.

8. A Google search on Health Literacy/Gesundheitskompetenz in Austria

produces very few results (3.1.2012)

- 2005 Ilona Kickbusch presentation at the Health Policy Forum in Bad Gastein
<http://www.ilonakickbusch.com/health-literacy/index.shtml>
- 2007 Master Thesis Public Health, Brigitte Piso: Health communication with chronically sick people http://public-health.meduni-graz.at/archiv/Mastersarbeiten/Masterarbeit_Piso.pdf
- A presentation by Richard OSBORNE given in Vienna in November 2011 Health literacy and health: can we ensure quality of care, health promotion and equity for all? <http://public-health.meduni-graz.at/news/events/Jour%20fixe%20WiSe2011.pdf>
- Women's Health Center <http://www.fgz.co.at/Health-Literacy-Gesundheitskompetenz.668.0.html>
- A presentation on the EU HLS in October, in Vienna Health Literacy - Herausforderung Gesundheitskompetenz Karl-Landsteiner-Gesellschaft und das Ludwig-Boltzmann-Institut für Health Promotion Research
- Public Health Conference, Linz, 2007, on Learning for Health. Health in All Policies
https://www.ooegkk.at/portal27/portal/ooegkkportal/channel_content/cmsWindow?p_menuid=2975&p_tabid=5&p_pubid=636558&action=2
- Fonds Gesundes Österreich: Project Health goes to the home
<http://www.gekona.at/>, a comprehensive outreach program to foster health literacy in migrant families and their pre school and school children
- 2010 Marina Bachler. Health Literacy in Styria, on status of health literacy in Austria and expert interviews with 7 public health experts, high relevance, Master Thesis <https://online.medunigraz.at/mug.../wbabs.getDocument>

Joint action is needed of citizens, patients, professionals, politicians. We are on our way.