

## PRESS RELEASE

# Limited health literacy is still a public health challenge in Europe

**Many Europeans find it difficult to judge different treatment options, to use media information to prevent illness and to find information on how to handle mental problems, as was shown by the results of the second European Health Literacy Study in 17 European countries.**

Ten years after the first European Health Literacy study (HLS-EU) in eight EU countries, the results of the second European Health Literacy Study (HLS<sub>19</sub>) are now available, based on experiences from 42,445 respondents in 17 countries in the WHO European region. The included countries are Austria, Belgium, Bulgaria, Czech Republic, Denmark, France, Germany, Hungary, Ireland, Israel, Italy, Norway, Portugal, Russian Federation, Slovakia, Slovenia, and Switzerland.

Using newly developed and validated measurement tools, the study focused on General health literacy as well as specific types of health literacy such as Navigational health literacy, Communicative health literacy with physicians, Digital health literacy, and Vaccination health literacy. Moreover, health literacy and health-related quality of life was analyzed in relation to health costs. The International Report on the Methodology, Results, and Recommendations of the European Health Literacy Population Survey 2019–2021 (HLS<sub>19</sub>) by the WHO Action Network on Measuring Population and Organizational Health Literacy (M-POHL) is available here: <https://m-pohl.net/Results>.

Main results of the study are:

- Between 25%–72% of respondents were identified as having health literacy challenges, thus, depending on country, between one in four to three in four residents have limited health literacy. Distributions of health literacy levels varied widely in and between countries and may also be impacted by differences in methodologies applied.
- A large proportion found it difficult to judge different treatment options, use media information to prevent illness and find information on how to handle mental problems.
- Concerning Navigational health literacy, participants found it most difficult understanding information on health care reforms, judging the suitability of health services, finding out about patients' rights, and judging the extent of health insurance coverage.
- With regards to Communicative health literacy, getting enough time from physicians and expressing personal views and preferences were pursued most difficult. Moreover, participants with lower health literacy were found to have more contacts with GPs/family doctors and emergency services.
- As for Digital health literacy, judging the reliability of information, judging whether information is offered with commercial interests and using information to help solve a health problem were found to be most difficult.
- In terms of Vaccination health literacy, judging which vaccinations, one needs and finding information on recommended vaccinations were perceived as the most difficult tasks. In addition, better vaccination health literacy showed a positive effect on self-reported vaccination

behavior, a relationship which is at least partly mediated by confidence in vaccinations, risk knowledge, and risk perception.

- Poor self-perceived health, low socio-economic status and being financially deprived were associated with lower General health literacy and specific health literacies. Low education was also associated with General health literacy as well as with Digital and Vaccination health literacy.

A social gradient was demonstrated for all countries, albeit differing in degree across countries. Financial deprivation and low self-perceived level in society were significant predictors for lower health literacies for all five measures.

- The impact of low health literacy resulted in less physical activity and less fruit and vegetable consumption, poorer self-perceived health, more limitations in activities due to health problems and more long-term illnesses/health problems.

Due to the different methods and times of data collection, differences across individual countries must be interpreted with caution, as must any causal assumptions about potential effects due to the cross-sectional study design. Variations across countries confirm that health literacy is a contextual concept to be measured and evaluated at country and community level regularly. The next European Health Literacy Survey is planned to take place in 2024.

To bridge the health literacy gap, the report presents a list of recommendations on how to improve policy, research and practice including 1. Specifying efforts to enable people to better access, understand, appraise, and apply information to strengthen healthcare, disease prevention, and health promotion, 2. Measuring health literacy status and progress regularly, 3. Implementing health literacy systematically in schools, adult education, media, etc., 4. Targeting at-risk groups to reduce health literacy inequalities, e.g., for mental health, 5. Enhancing communication and interaction in health relevant settings, 6. Developing the health literacy capacity of the workforce for improving health and well-being, 7. Strengthening systems and organizations to become more health literate-friendly, e.g., easier to navigate and 8. Increasing the trustworthiness of information and communication on vaccinations.

Reactions to the report from the international health community include:

**Hans Henri P. Kluge, WHO Regional Director for Europe:** “Understanding behavioural and cultural insights is a way to empower countries to explore and address barriers and drivers that people face in taking up healthy behaviors. Health literacy is one element of this work. Two years ago, countries in the Region adopted a resolution on this topic, and we support them in putting this into practice, prioritizing health literacy alongside other behavioral and cultural determinants to make healthy practices possible, acceptable and attractive.”

**Ruediger Krech, WHO Director of the Department of Health Promotion:** “We need targeted solutions to span the social gradient of health literacy. Health literacy is a cornerstone of health promotion and support for people for deal with the complex challenges of the current times.”

**Wolfgang Mückstein, the Austrian Federal Minister of Social Affairs, Health, Care and Consumer Protection:** “The results demonstrate that low health literacy is still an area of concern in all participating countries, and that health literacy is associated with a social gradient. This has consequences for personal health-related decisions in the domains of health promotion, disease prevention and health care.”

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**Christian Dietscher, M-POHL co-chair policy:** “Huge parts of populations are concerned by low health literacy” and calls for action “Due to the importance of health literacy for health behavior, healthcare utilization and health outcomes, countries should invest in regular comparative survey of population health literacy”.

**Jürgen Pelikan, M-POHL co-chair research and international principal investigator of the HLS<sub>19</sub>:** “The HLS<sub>19</sub> confirmed the relevance of General and specific health literacy like Navigational, Communicative, Digital or Vaccination health literacy for people´s health and for health policy in 17 WHO countries, but the situation of health literacy differs considerably across countries”.

**Herwig Ostermann, Austrian National Public Health Institution:** “Health literacy provides answers to the challenges we are facing in the pandemic”.

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