

Health (Information) Literacy and Self-Determined Ageing

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when healthy / symptom-free

- health promotion (aspects of healthy lifestyle: nutrition, physical activity, ...)
- prevention of diseases (e.g., quit risk behaviors, participate in screening)

when facing symptoms

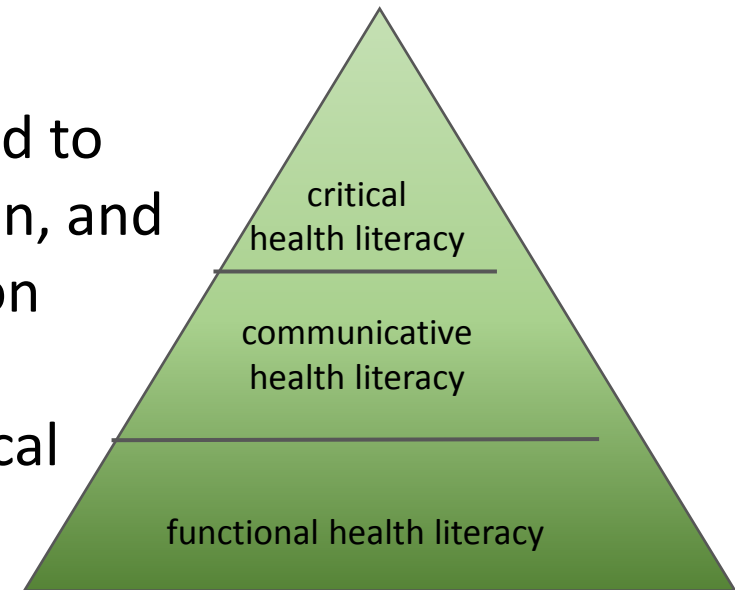
- self-help options?
- seek professional diagnosis and treatment? → if yes: where?

when in contact with medial service providers

- comply/adhere to suggested treatment option(s)
- participate in informed / shared decision making

- „people’s knowledge, motivation and competences to
 - access,
 - understand,
 - appraise, and
 - apply
- health information in order to make judgments and take decisions in everyday life concerning
 - healthcare,
 - disease prevention and
 - health promotion
- to maintain or improve quality of life during the life course”
(Soerensen et al., 2012; Consortium Health Literacy Project European [*HLS-EU*])

- **Functional Literacy:** basic literacy (reading, writing) and numeracy; extension: *digital literacy (e-health, m-health)* (see PIAAC, CiLL studies)
- **Communicative Literacy:** abilities related to accessing and understanding information, and personalising the meaning of information
- **Critical Literacy:** abilities related to critical analysis, evaluation and use of health information (Sykes et al., 2013)



- individuals with low health literacy tend to be in a poorer state of health, show more “unhealthy behaviors” and utilize the health care system more often (Schaeffer et al., 2016; Schaeffer & Pelikan, 2017), e.g.
- less frequent use of programs for prevention or early recognition of diseases (i.e., mammography screening, Pagán et al., 2012; Diviani et al., 2012)
 - later diagnosis of illness, e.g. diagnosis of cancer at more advanced stages (Davis et al., 2002)
 - lower compliance/adherence to medical recommendations (i.e., intake of prescribed medicine; Bauer et al., 2013; Damiani et al., 2014)
 - more frequent hospitalizations / re-hospitalizations (Bailey et al., 2015; Hardie et al., 2011)
 - poorer state of health overall (Berens et al., 2016; Berkman et al., 2011)
 - more use of health care services → more costs (Vandenbosch et al., 2016)

- Estimated costs of low health literacy in the USA: **between \$106 and \$238 billion annually!** (Holstein et al., 2014)
- WHO estimates
(<http://www.irohla.eu/about/background-info/>):
3-5% of health costs are directly associated with low health literacy!



Percentages of Older Adults with Limited Health Literacy

	Austria	Bulgaria	Germany	Greece	Ireland	Nether-lands	Poland	Spain	Total
Age \geq 76	72.60	75.40	53.90	72.30	46.00	28.80	65.50	71.10	60.80
66 - 75	71.40	79.70	39.70	66.20	37.10	30.40	58.70	77.10	58.20

from: Sørensen, K., Pelikan, J. M., Röthlin, F., Ganahl, K., Slonska, Z., Doyle, G., ... & Falcon, M. (2015). Health literacy in Europe: comparative results of the European health literacy survey (HLS-EU). *The European Journal of Public Health*, ckv043.

- nationally representative sample, $n = 2.000$, age: ≥ 15 years, HLS-EU-47 questionnaire

Health literacy* scores and levels stratified by age groups:

		15–29 yrs	30–45 yrs	46–64 yrs	65–99 yrs
		% (<i>n</i>)	% (<i>n</i>)	% (<i>n</i>)	% (<i>n</i>)
Limited	Inadequate	6.8 (25)	7.0 (34)	9.4 (58)	15.2 (70)
	Problematic	40.5 (152)	40.2 (197)	45.8 (283)	51.1 (236)
Not limited	Sufficient	42.5 (159)	44.3 (217)	37.1 (229)	30.7 (142)
	Excellent	10.3 (39)	8.5 (42)	7.8 (48)	3.0 (14)
Mean (SD)		33.8 (6.3)	34.0 (6.0)	32.8 (6.1)	30.7 (6.0)

*measured as perceived difficulty to perform health information tasks

- Fostering health information literacy may contribute to healthy ageing, e.g.
 - by supporting well-informed & „better“ decisions regarding health behaviors, reactions to symptoms and complaints etc., and
 - by fostering feelings of autonomy, control, and self-efficacy which are associated with higher levels of life-satisfaction, well-being, and quality of life

Focus Group „Health (Information) Literacy as a Contribution to Healthy Ageing”

Head:

- Dr. Anne-Kathrin Mayer (ZPID)
- Carolin Knauber (DIE)

Objectives: develop interdisciplinary research projects that focus on ...

- a) understanding personal, social, and environmental factors that determine health literacy in middle and older adulthood and
- b) conceptualize and evaluate theory-based interventions which aim at fostering the acquisition of health literacy and adequate use of health information in old age

- construction / adaptation of assessment tools (objective tests of skills / knowledge) for health
- identification of groups with special health literacy needs, e.g., older migrants, older adults with lower SES, persons with limited functional literacy
- development of explanatory models for health literacy, including, e.g., role of competence (knowledge about information searching & evaluation; knowledge about health) versus motivation (beliefs in controllability of health, epistemic beliefs about medicine, ...)
- theory-based development and evaluation of intervention concepts on different levels, e.g.:
 - individuals: use digital health information (functional level), develop communicative/critical literacy (e.g., evaluate reliability of information from social media, make decisions about seeing a doctor/getting a second opinion)
 - actors in health system (doctors, nurses, ...): support & communication strategies
 - health information technologies and materials
- economic analyses: levels of health literacy and health cost

Thank you!

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