

Metadata – Health literacy

Description	<p>Proportion of the population aged 15 years and over with a sufficient level of health literacy, with a limited level, and with an insufficient level.</p> <p>Proportion of the population aged 15 years and over with a poor level of health literacy.</p>
Rationale	<p>Health literacy is defined as “people’s knowledge, motivation, and competencies to access, understand, appraise, and apply health information 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” [1]. Limited health literacy is associated with adverse health outcomes, inadequate health-related behavior, health service use, treatment and medication adherence, self-care management, and higher mortality rates [2–4]. A Belgian study showed that low health literacy is associated with greater use of health care services, particularly the more specialized services [5]. It has also been hypothesized that health literacy has a mediating role between socioeconomic status and health disparities and can be a tool against health inequalities [6]. Health literacy is today recognized as an important health determinant and attracts more and more attention at international, national, and regional levels [7,8]. It is thus an important indicator to monitor to have a global view on health inequalities.</p>
Primary Data source	Sciensano, Belgian Health Interview Survey (HIS), 2018
Indicator source	Sciensano, Belgian Health Interview Survey (HIS), 2018 https://his.wiv-isp.be/fr/Documents%20partages/HL_FR_2018.pdf [9].
Periodicity	Up to now, data on health literacy were only published in 2018
Calculation, technical definitions, and limitations	<p>In 2018, health literacy was included in the HIS 2018 and therefore measured for the first time using a nationally representative sample. The HIS 2018 used the HLS-EU-Q6 questionnaire, a generic and subjective instrument adapted to the European context. The European Health Literacy Survey (HLS-EU) was developed by the HLS-EU Consortium to measure and compare health literacy in European countries based on the definition and conception model proposed by Sorensen et al. [10]. The original version is compounded of 47 items; a shorter version of 6 items was constructed to facilitate the inclusion of the questionnaire in population surveys. The correlation of results between the 47 items-questionnaire and the 6 items-questionnaire was 0.896 [11]. The questionnaire evaluates the three domains of health literacy, i.e. healthcare, prevention, and health promotion, and the 4 dimensions of health literacy, i.e. acquiring and obtaining consistent health information, understanding the information, evaluating, and judging the information, and the actual application and use of the information.</p> <p>The exact question (HL01) can be found in the HIS questionnaire at https://his.wiv-isp.be/Shared%20Documents/qauto_2018_en.pdf. For the 6 items, a score from 1 to 4 was given. The average score of health literacy is the average of the scores on the 6 items. Then, respondents are grouped into 3 categories based on their average scores:</p> <ul style="list-style-type: none">• Sufficient health literacy: average score higher than 3• Limited health literacy: average score between 2 and 3• Insufficient health literacy: average score lower than 2

The proportion of the population aged 15 years and over with a poor level of health literacy is defined as the proportion of the population having a limited or an insufficient level of health literacy, in other words, an average score of health literacy of 3 or lower.

International comparability

- a. Availability: There are no complete and comparable European data on health literacy. In 2009, a survey was realized in 8 European countries (Austria, Bulgaria, Germany, Greece, Ireland, the Netherlands, Poland, and Spain) and provided some interesting results [1].
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