European Health Forum Badgastein 2005
Partnerships for Health

Enabling healthy choices in modern health societies

Thursday, 6th October 2005, 14:30-18:30
Friday, 7th October 2005, 9:00-11:00

Background paper for Parallel Forum F6

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Summary

A key issue of European health policy is to enable and empower individuals to take increased responsibility for their health in their everyday lives. This Forum introduces Health Literacy as a critical strategy for the empowerment of citizens, communities, consumers and patients in Europe in order to enable them to make healthy choices in a complex new health environment. It argues that it is necessary to complement the three literacies - basic, digital and information society literacy - emphasized by the European Commission’s policy area on Lifelong Learning in Making a European Area of Lifelong Learning a Reality, with Health Literacy. Indeed it makes the point that Health Literacy will need to become a key literacy in European societies.

Just as “Literacy is part and parcel of the pursuit of freedom, itself a central tenet of development”, so Health Literacy is a critical tenant of modern health societies. Health Literacy – so we propose – is the ability to make sound health decision in the context of everyday life – at home, in the community, at the workplace, the health care system, the market place and the political arena.

A high level of Health Literacy will enable citizens to navigate a rapidly changing health environment: the Forum discusses this using the issues of migrant health and obesity. Changing demographics, new lifestyles, increased migration and mobility of people, patients and healthcare professionals, new knowledge about medical treatments, health enhancing and promoting behaviors, health risks, and technologies are all contributing to as well as complicating the choices Europeans make for health.

In modern societies the view of health changes: increasingly health is understood not only as the outcome of professional activities but as a resource for individuals and society, a co-produced good and a shared responsibility across many sectors and social actors. Access to health is considered a critical right of citizenship and an integral component of modern welfare societies. There is an increasing awareness of the many social determinants of health which hinder or enable citizens to live a healthy life – and at the same time there is a growing understanding that health is a co-produced good and a shared responsibility of all parts of society: the citizens, the state and the private sector.

Increasingly European policy initiatives have put the active European citizen in the centre of their deliberations on health with the intent to empower communities, consumers and patients. This is critical in a “health society” characterized by

- increasing life expectancy,
- expansive health and medical care systems,
- rapidly growing private health markets,
- prevalence of health as a dominant theme in social and political discourse,
- health as a major personal goal in life and as a right of citizenship.

In particular the health society subjects the individual to an information deluge on health issues, promises, risks and warnings.

Enhancing Health Literacy will strengthen the direction towards active citizenship for health by bringing together a commitment to citizenship with health promotion and prevention efforts. In a Europe of the future, good health must become a driving force and a central reference point for European policy making.

“Europe should take positive action to avoid ill health in the first place. Pro-active, forward looking, long-term measures to promote good health are needed. – The time has come for a change of emphasis from treating ill health to promoting good health.”
A rapidly changing health environment

The rapidly changing environment, the expansion of health into every aspect of life and politics is captured with what we call the “health society”. It is characterized by

- increasing life expectancy,
- expansive health and medical care systems,
- rapidly growing private health markets,
- prevalence of health as a dominant theme in social and political discourse,
- health as a major personal goal in life and as a right of citizenship.\(^6\)

In particular the health society subjects the individual to an information deluge on health issues, promises, risks and warnings.

- An increasing and healthy life expectancy and an increasingly ageing population

European demographics, in particular an aging population is challenging the European health system. Aging is a predominant issue that will shape European health policy in the coming years. By the year 2050 life expectancy in Europe is expected to rise to 80.5 years from the
currently estimated 73.2 years and the proportion of over 60 year old people is estimated to be over one third for the year 2050. According to the WHO, in 2002, Europe had the greatest number of countries with the highest proportion of individuals over age 60 of countries with more than 10 million inhabitants. In Europe, the old-age dependency ratio, indicating the number of people 65 years of age or older for every 100 people of working age, will increase from 0.36 to 0.56 in 2025.7

Citizens aged 65 and over account for 30% to 40% of the healthcare spending – far more than any other population group8, but they are also healthier than ever before9 and have an increased interest in staying healthy. Their higher life expectancy at birth also means higher life expectancy in “good health” and in the relative absence of disability.10 Their Health Literacy is critical for the future development of the health system.

- **An expansive health and medical care system**

Health has become a significant part, even a driver, of European economic development. European expenditures in health are very large indeed. In the EU-15 member states, it is estimated that they spend over 1'700 Euros per capita on health annually and on average 8.6% of their GDP.11 The new EU-25 member states, spending on average 5.8% of GDP, all invest less in health than the EU-15 average.12 It is estimated that the healthcare industry will be one of the economic drivers in the years to come – an integral part of 21st century societies. Long-term investments in good health, healthcare and social costs will be necessary to contribute to the success of the health economy. An investment based approach to health will be a necessary driving force and a key element to sustainable economic growth.13 Investments in health will be critical. Investing in Health Literacy is one such critical investment.

- **An expanding health market for information, products and services**

New products – e.g. lifestyle convenience foods – and services are emerging and marketed intensely, constantly trying to influence people with promises of easy and quick health, beauty and relations. Advertising efforts for so-called lifestyle products and services promising good and improvement of health are spreading. These efforts, however, are not always reliable in their health effect, in some cases even negatively affecting people in the direction of unhealthy living. With the potential of advertising and the power to persuade, to shift perceptions and ultimately make the difference14, companies and private operators are in
the spotlight. They have the power and should have the responsibility to contribute significantly to increasing Health Literacy in Europe as consumers ask for health products and services on the market as well as for more information in order to be able to make sound and informed health decisions and increase their say in health, care and treatment decisions. The contribution and commitment of the private sector to Health Literacy is critical.

- **New responsibilities and policy responses: The increasing prominence of health in the debate about political and social priorities, about rights and responsibilities**

Enabling good health for all is a key to European progress. But even if Europe is healthy on average, good health for all is still not the rule. OECD statistics show that life expectancy for men in the EU varies from 64 to 77 years, the incidence of lung cancer varies by 5 times and suicide death rates vary from 4.9 (death rate by 100’000 males) in Greece to 44.4 (death rate by 100’000 males) in Hungary.  

The expansion of the healthcare system and the health society also creates dangerous paradoxes. Equal access to health products, services, care and health information are threatened more and more by the expansion of the health and medical system as expenses for health heavily impact public and private budgets. Consumers are at risk of not being able to pay for health services and there is a concern that two tier health systems might emerge as the norm creating new inequalities in health. Citizens are frequently asked to decide or to vote on issues related to their health and health security for which they have not been prepared – it is essential for health societies that citizens gain higher Health Literacy in order to participate with sound knowledge in the health debates of the present and the future.

- **The increasing importance of health as a major personal goal in life**

The European reality is characterized by the prevalence of new lifestyles. Health will become an increasingly central and determining element of everyday life, also due to the demographic developments referred to above. Health has become a major selling argument on the market that affects consumers, patients and healthcare professionals alike. A huge array of channels and formats (e.g. media, internet, personal relations) make health information accessible but also make health choices more confusing. Newsagents overflow with specialized health, wellness and fitness magazines, health is one of the most popular search items on the internet,
health books head the bestseller lists, television and radio engage in a multitude of health programs and the market is expanding with products that claim an added health value.

As health expands in European societies nearly every choice in modern life is connected to some aspects of health and the citizen’s roles in health gain more and more importance. In response to an expansive and expensive health and medical care system individuals are urged to take responsibility, to take care of their own health – yet there is frequently little support to citizens, consumers and patients need to enable them to navigate the increasingly complex health systems, information sources rights and services as well as care options. In response an increasing number of citizens and patient organizations actively take part in their own health and insist on their right to information. They too are critical partners to move the Health Literacy agenda forward.

- **The critical role of information**

Increasingly good health means also means access to good health information. Access to and utilization of health knowledge, play a crucial role for the fulfillment of personal and societal expectations and for enabling citizens to make healthy choices. We consume information, especially health information alongside the continuum of our lives. In phases of good health,
information seeking might be limited, while in periods of ill health, information seeking is intensified. Indeed, in order to take personal responsibility for health and to live up to the dictum “to make the healthier choice the easier choice” a wide range of social, environmental and personal resources and supports need to be put in place.

**E-health**

An important element in relation to health information is the use of communication technologies in modern European life. Especially for the case of health information and care, e-health is becoming more and more important. The European Commissioner for Health and Consumer Protection – Markos Kyprianou – stated that “e-health can empower patients and improve healthcare. Even more importantly, by reducing the scope of medical errors, it can save life.” E-health could contribute to help European citizens to become more active in health decision making as it provides people with easy access to information needed to take responsibility for their health. However, computer literacy is not yet a common competency, certainly not in the older population. A focus on e-health could divert from many other forms of literacy that may be critical to European citizens, patients and consumers.

**II Health Literacy: a key competence in the health society**

**II.1. European health policy**

The EU reflection process on “good health for all” generated a wide debate across European member states – agreeing that the pro-active promotion of good health in Europe has to be one of the primary goals of the Union. David Byrne states that “our modern information and health society is built on the longer and more productive human lives.” Citizens will play a major role in the improvement and maintenance of a healthy Europe. Initiatives like the Public Health Framework Programme and the Information Society put the active citizen in the centre of their deliberations.

Citizens health is by a great extent influenced and determined by individual choices. These choices are based on many factors, ranging from individual characteristics, social and socio-economic determinants, environmental influences, information and knowledge. Enabling and supporting citizens in making healthy choices becomes indispensable. Living with health in
the flood of messages and claims demands a high level of Health Literacy and constant decision making in favor of health. Health providers have to recognize that literacy is an integral part of healthcare, policy makers that it is a critical success factor in policy implementation.

II.2. Dimensions of Health Literacy

Literacy

Literacy has not by accident gained more attention in step with the booming of the Information Society. Access to sources does not guarantee its understanding and use. Literacy is nowadays considered a key determinant of health.\textsuperscript{25} “Literacy levels, which are usually, but not always, related to levels of education, are important predictors of employment, active participation in the community and health status. They are also important predictors of the success of a nation.”\textsuperscript{26}

Education plays a major role in the development of Health Literacy – both as a key social determinant of health and as health education which aims to increase peoples’ knowledge and skills necessary for the development and maintenance of individual and community health.\textsuperscript{27} Conceptualizations of Health Literacy have been developed in a variety of contexts – initially mainly with regard to the understanding of health information, the utilization of the health care system and compliance\textsuperscript{28,29,30} now with increasing interest in health promotion. Health Literacy offers the potential to be a useful composite health promotion outcome measure and it fills the term health empowerment\textsuperscript{31,32} with some concrete meaning and strategic direction.

Literacy is an aspect of Health promotion

To have the capacity to exercise greater control over their health as the Ottawa Charter puts it, people need information, knowledge and understanding. This gives confidence, a will to assert control and to act.\textsuperscript{33} An individual with an adequate level of Health Literacy has basic and elaborated knowledge, competencies and learned abilities to take responsibility for her or his health. The World Health Organization (WHO) defines Health Literacy as “the cognitive and social skills and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health.”\textsuperscript{34}

The three domains of Health Literacy, as put forward by Don Nutbeam, include functional, interactive and critical Health Literacy.\textsuperscript{35} While in the context of health promotion the focus
of Health Literacy is to find and use information to develop and maintain healthy lifestyles and exercise healthy choices it is important to widen the approach to include other elements of health protection, disease prevention, health care and maintenance as well as the navigation of the health system.\textsuperscript{56}

Exposure does not equal use, so a number of information processes and psychological mechanisms have to be taken into account. Over the years experience in health education has greatly contributed to that understanding.

**Being E-health literate**

With the increasing application of information and communication technologies to the diffusion of health information, a health literate person also has to be an e-health literate person, comfortable with searching online health related information, able to judge the reliability of the source and the quality of the information offered and act upon it. E-health offers European citizens important opportunities for improved access to health related information, empowering not only patients but also healthcare professionals.\textsuperscript{37} However: the same potential can be used for marketing of products with unsupported health claims, so ICT can be a blessing in disguise.

**Understanding and asserting patient rights**

Health Literacy includes understanding one’s rights and options, especially in the patients role. It enables patients to understand and act in their own interest, individually or as part of patient organizations or as partner in social movements for health in the political arena. A health literate person does not entrust his or her health entirely into the hands of professionals, business or politicians – a health literate person knows how to balance autonomy with dependency and acts in her or his own interest taking an active role in health promotion and protection, disease prevention, care and system navigation. This may happen in collaboration with health professionals, patient organization, family members and other interaction partners relevant for personal and community health.\textsuperscript{38}

**A Health Literacy definition and framework**

Clearly the notion of Health Literacy has to be expanded in two directions: it extends beyond the health system to all sectors of life and it is more than the knowledge and ability to adopt healthy lifestyles. Increasingly health skills are a part of the life skills needed in modern societies, that are subject to rapid and continuous change. The Ottawa Charter provides
guidance for a new conceptualization with its statement that “health is created in the context of everyday life, where people live, love work and play”. Our conceptualization of a Health Literacy framework and definition of Health Literacy follow this direction. We propose a definition of Health Literacy which takes into account that Health Literacy is an active process in which citizens have to continually learn new information and un-learn outdated information in order to maintain good health and act as informed citizens, consumers and patients.\textsuperscript{39}

**Health Literacy definition**

- **Health Literacy** is the ability to make sound health decision in the context of everyday life – at home, in the community, at the workplace, the health care system, the market place and the political arena. It is a critical empowerment strategy to increase people’s control over their health, their ability to seek out information and their ability to take responsibility.

- **Health Literacy encompasses four key dimensions:**
  - basic health knowledge, knowledge and the application of health promoting, health protecting and disease preventing behaviors, as well as self and family care and first aid.
  - competencies to navigate the health systems and act as an adequate partner to professionals.
  - consumer competencies to make health decisions in the selection and use of goods and services and to act upon consumer rights if necessary.
  - informed voting behavior in the political arena, knowledge of health rights, advocacy for health issues and membership of patients and health organizations.
Health Literacy framework

Figure 1: Health Literacy framework: Dimensions and influence factors

Health Literacy is critical both in developed and developing societies. It needs to be created and supported by a range of policy, educational and social measures which increase individual knowledge, skills and competence and provide supportive environments to make healthy choices. The three major sectors – proposed by the Institute of Medicine Report on Health Literacy – which need to assume responsibility for the improvement of Health Literacy are the educational system, the health system, and the cultural system. “These sectors provide intervention points that are both challenges and opportunities for improving Health Literacy.” Integrated strategies between these three systems may ultimately contribute to better health outcomes and less cost. The range of specific interventions necessary touch on many areas such as to ensure quality and accessibility of information, provide education opportunities to increase general and media literacy, provide criteria for judgment and choice, provide navigation support, provide supportive environments and increase social capital as well as to reduce noise (i.e. marketing restrictions), particularly towards children. We will need to use available insights from a variety of social sciences and engage in research which clarifies the variables and the relations among them.
Empowerment

A critical dimension of a person’s Health Literacy is her or his empowerment. The empowerment dimension includes variables such as motivation and interest, self-esteem, self-efficacy, critical abilities, perceived control and intentions to act.\textsuperscript{44,45,46} Health Literacy also has an important community dimension, as individuals can use their experience and insights as health experts in daily life, with a different kind of knowledge that complements the knowledge of professionals and politicians. It also includes understanding a broad range of information such as population-based health data and resources and knowledge on health determinants, necessary to improve health. It is this dimension that leads to engaged citizens and consumers who respond not only as individuals but who act together for common rights, access and safety. Possibly Health Literacy – like social capital\textsuperscript{47,48,49,50} – is also an important community health characteristic and could be even an adequate indicator for the quality of life in a city or country.

This table summarizes how type of interventions can be linked to arena’s, each with a variety of responsible actors. It will be used in the debate of the Forum in Bad Gastein 2005.

\textit{Three strands of interventions in four overlapping arena’s}

<table>
<thead>
<tr>
<th>Personal Home Work Cultural system School and educational system</th>
<th>Health system Management Professionals Insurance</th>
<th>Goods and services Marketing</th>
<th>Political arena Legislation Tax and support</th>
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Two key developments in the new health environment and their relation to Health Literacy: obesity and migrant health

Two key challenges in European health have been selected for the Badgastein 2005 Forum in order to illustrate the need to improve the Health Literacy for European citizens, consumers and patients. The Obesity issue allows us to discuss the interface between citizens as consumers and the market, and the extent and potential of the state and the private sector to address the increasing obesity epidemic. The focus on Migrants allows us to turn our debate to issues of system navigation and system responsibility using the example of users of the health care system that are unfamiliar with it due to reasons of culture and language and which experience discrimination in the system. Both issues only serve as a kind of cases to highlight more general issues that apply to less pronounced problem areas:

- health in the market place,
- state intervention in matters of personal lifestyle and consumption,
- personal responsibility,
- professional attitudes, and
- system complexity.

They allow us to discuss problems and frictions, potential solutions, where responsibilities lie and where interventions to strengthen Health Literacy should reside and where the potential for new types of partnerships lie. The discussion framework below suggests that for both issues policy interventions will be needed to increase personal Health Literacy as well as necessary to ensure that the systems themselves (in this case the health system and the market place) will be patient and consumer friendly, will ensure patient and consumer safety and will guarantee patient and consumer rights. These policy interventions – and their link to a partnership strategy – will be the focus of Panel 3.
III.1. **Obesity: navigating lifestyles and markets**

**The global obesity epidemic**

Globally, more than 1 billion adults are overweight, and 300 million of them tend to be slightly or heavily obese.\(^{51}\) It is estimated that by the year of 2030 two thirds of the European citizens will be overweight.\(^{52}\) Obesity is a complex phenomenon, both in developed and developing countries involving complex social and psychological dimensions, affecting all ages and social groups.\(^{53}\)

Estimates of health care cost on obesity vary depending on the method of calculation, most of the times the studies underestimate the real costs of obesity, which also include effects on other sectors where obesity-related health problems have an impact as well.\(^{54}\) Diseases, some of them chronic, like type 2 diabetes, cardiovascular disease, hypertension and stroke as well as certain forms of cancer are consequences of overweight and obesity.
Obesity is lifestyle related: Nutrition and physical activity
Obesity is a consequence of our lifestyles. People are less engaged in physical activity and are consuming more and more energy-dense, nutrient-poor foods with high levels of sugar and saturated fats. Combined with reduced physical activity obesity rates have risen three-fold or more since 1980 in many world regions like North America, the United Kingdom, Eastern Europe, the Middle East, the Pacific Islands, Australasia and China. Physical activity is diminishing because we move less while working, experience ever more complete public transport systems and hardly move in our free-time.

Obesity and the market
Other problems related to the obesity epidemic are prices: Especially prices for fast-food are too low, vegetables and fruits are too expensive. In Europe and other regions of the world we have an overproduction of sugar and butter. Furthermore, marketing and advertising businesses are very sophisticated in promoting unhealthy eating, big meal portions A major population health concern is the incidence of childhood obesity: children are influenced with toys to eat unhealthy foods at fast-food chains and supermarkets.55

Obesity in the media
A remarkable phenomenon is how the marketing of activity enhancing tools and diets has become a major feature in the media. On the one hand they promise quick and easy health gain, proven by pictures ‘before’ and ‘after’. On the other hand the daily conversation relates to how hard it is to maintain a certain pattern of sport and nutrition in face of the many invitations to indulge in leisure. Not to be underestimated is how social norms influence patterns of behavior: between what we do and what we know is a feeble bridge of hope and helplessness.

The panel will discuss
- additional features of the problem and why old solutions fail
- what new opportunities we see including opportunities to improve Health Literacy
- which actors need to take the agenda forward and create productive partnerships

Policy interventions
Addressing the obesity epidemic in Europe means mobilizing common responsibilities: European governments, institutions and the food industry as well as NGOs have to take common action. On the one hand, EU policy interventions should aim at providing supportive
market environments (e.g. consistent food labeling), on the other hand they should foster individual skills and competencies through societal, educational and relational interventions.

The **European Commission** is presently taking three important, coordinated actions. The first initiative, a proposal for the European Regulation of food claims, is ensuring that food marketers or advertisers make claims that are properly and scientifically justified. The second initiative is concerned with the addition of vitamins and minerals to foods. Not all EU Citizens are having a diet providing the nutrients they need. Food enriched with vitamins and minerals can make an important contribution to EU citizen health. The third initiative concentrates on food labeling. Basic nutritional information on foods should be easily understandable by consumers, combinations with icons should be considered.

**Increasing Health Literacy**

Health Literacy for the areas of physical activity, nutrition and weight has to be fostered throughout Europe. In this perspective the *WHO global strategy on diet, physical activity and health* encourages Member States to develop, implement and evaluate actions recommended in the strategy, as appropriate to national circumstances as part of their overall policies. Improving Health Literacy means to empower European citizens to take responsibility for health promoting behavior through consistent policy, educational and informational interventions as well as actions for community development and the increase of social capital.

To make sound health decisions in the context of every day life people need especially reliable information. European citizens are not only informed by official institutions, organizations, governments, the media, the healthcare system, advertisements, the internet, and journals. Also family and friends, peers, health professionals and many more distribute health information and influence peoples’ health behavior. Strengthening citizens Health Literacy assures that people be comfortable with using different information sources for the maintenance of good or improvement of personal and community health.

The EU proposes that a special focus should be on the ban of “misinformation” form the market and not on the total prohibition of advertisements for unhealthy foods. In one of his speeches, **David Byrne** stated that a more reliable and liberal environment for both, food manufacturers and advertisers should and will be created. Europe already moves into the direction of creating information strategies and guidelines for the promotion of healthy
lifestyles, recognizing the role of information in meeting the aims and objectives of European public health policy.\textsuperscript{58}

The EHPF EU Health Policy Forum puts forward two specific aims of health information:

"(1) To set out baseline of Good Practice by which providers should abide and of which consumers should be aware in order to receive optimal provision, uptake and uses of health information.

(2) To argue for a feasibility study to examine the potential for a dedicated Health Information Programme."\textsuperscript{59}

III.2. Migrant health: navigating unfamiliar environments and health systems

Migrant health issues

Migrant health – the state of physical, mental and social well-being of migrants and mobile populations\textsuperscript{60} – is critical issue of modern societies. Migration is present all over the world, and especially in Europe it plays a major social and economic role. Migration connects whole populations as well as societies. Migrants traveling for different reasons and surely not always of their own accord. In common with other lower socio-economic groups they frequently have more health problems. Furthermore, minority groups are most vulnerable and at a special risk of not receiving the same level of care and treatment than the average population.\textsuperscript{61} These problems, many times already existing before migrating to another than the home country – low socio-economic and educational level – are often intensified due to lacking or insufficient access to and understanding of healthcare options and treatments in home and destination countries.

Migrant health

In general, migrants have greater difficulty maintaining their health and well-being. Ethnic minority groups and migrants are disproportionately more affected by disease and illnesses. Many experience mental or emotional vulnerability and low self-esteem, acquired in source or transit countries on the journey or as a result of their socio-economic conditions, lost family ties and safety networks characterizing their stay in the host country. Taking health risks may even be part of a survival strategy e.g. in prostitution.
Migration implications for public health

Migrants with health problems entering European countries are having important implications for public health. They represent potential and possible risks to destination countries as migration is always concerned with transitioning diseases from one country to another. For the host countries, migrants are having special health and welfare priorities that are associated with their basic human rights, including the right to health and access to available health and welfare services. This puts destination countries in the position where they have to equilibrate between their responsibility to safeguard citizens rights and security as well as their international obligation. The fact that migrants often do not fit in bureaucratic regulations and insurance systems puts an extra strain, both on patients and on professionals.

Patient mobility

European citizens do have the right to migrate to member states in case of lacking treatment options in the home country. With the European Union providing freedom for citizens to seek healthcare throughout the European Union, health system frontiers are opened. Patients moving to and within Europe challenge the health environment and the European health system in the context of culture. Patient mobility has consequences for health services and medical care, both in the country where the patient is insured and the country where the health services are provided.

Mobility of healthcare professionals

The mobility of healthcare professionals contributes also to the increasing complexity of the European health system. Health professionals are key players in the provision of health and their mobility is fundamental to the supply of high quality health services to European citizens, however, raises new challenges with regard to patient-provider relationships.

Policy interventions

Migrants entering new healthcare systems need on a large scale to be supported with enabling system navigation facilitations. European member states need to improve collaboration both in relation to migrant health and increased mobility of citizen, patients and health professionals. A first step towards establishing clarity for European citizens is through the European Charter of Fundamental Rights, stating that “Everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices.” The EU reflection process on patient mobility recommends to set guidelines for common patients’ rights and duties. Importantly,
member states have to provide timely and appropriate information on healthcare options to facilitate choices between different treatment options. Increasing Health Literacy must become a critical dimension of any such strategy.

**Increasing Health Literacy**

When patients and healthcare professionals from different countries and cultures meet, they might experience difficulties to interact. Migrants may already face difficulties in understanding what points of access a local health system has and what is required to fulfill insurance obligations. Easy access may be provided by not recognized services, taking advantage of the difficult position of the newly arrived migrant.

Health professionals have to be aware of their patient’s problems of navigating the healthcare system and understanding health related information. Patient and physician Health Literacy is critical to vice versa understanding in the healthcare encounter. Healthcare professionals have to tailor their treatments and communications to the patients’ culture and Health Literacy in order to assure efficient and high quality care. On the other hand, patients getting treatment in foreign countries do need to have high levels of Health Literacy as well. Other than in their home country, they need to know a different system, they need to understand a new and different health culture and probably also a new, foreign language.

Again, a special focus is to be put on the provision of high quality information. Information needs of migrants being different in many aspects – culture, language – should be addressed with caution. Cultural and language barriers need to be considered when preparing and distributing information addressing people coming from different member states or even from outside Europe. The provision of supportive environments is as important as interventions on a societal, educational or community level. Migrant organizations can be instrumental in creating an enabling environment. They will help foreign people having easy and uncomplicated access to healthcare, whereas educational, societal and community interventions will improve Health Literacy, strengthening individual skills and competencies to take responsibility for health, also when residing in a foreign country. Increasing diversity and the ability of patients and physicians to understand and act upon this diversity are important issues for new European health systems.

**Diversity in migration**

Mostly migrants are considered to seek better opportunities in other countries for themselves and their children. At the same time another group of (aging) Europeans takes the opportunity
to go on holidays all over Europe and beyond. Some of that tourism is health related: seeking treatment on specific diseases, avoiding waiting lists, using diversity in regulation (e.g. abortion). The last group often has the money and the literacy to cope with the change in environment. That is why they are not the focus of debate here, but these new nomads should be seen as part of the new health society dynamics.

The panel will discuss
- additional features of the problem and why old solutions fail
- what new opportunities we see including opportunities to improve Health Literacy
- which actors need to take the agenda forward and create productive partnerships.

This table summarizes how type of interventions can be linked to the career of a migrant. It will be used in the debate of the Forum in Bad Gastein 2005.

**Health Literacy and Migrant career**

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<th>The newly arrived migrant</th>
<th>The newly settled</th>
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Examples of policy responses

European countries, governmental sectors and public health agencies are starting to give more attention to public health problems. New policy proposals are tackling the most pressing health issues with innovative, large scaled policy interventions. Examples – not all exclusively focusing on obesity and migrant health – include:

(1) WHO global strategy on diet, physical activity and health
(2) Migrant-friendly hospitals initiative
(3) Swedish policy on social determinants of health
(4) United Kingdom policy on healthy choices

These initiatives will be presented during the Forum and discussed in terms of their relevance to Health Literacy.

- WHO global strategy on diet, physical activity and health

The WHO global strategy on diet, physical activity and health, a framework for the promotion of healthy lifestyles for the improvement of dietary habits, exercise practices and general health issues is based on the following guiding principles: (1) Strong evidence for policy: synthesize existing knowledge, science and interventions on the relationship between diet, physical activity and chronic disease; (2) advocacy for policy change: inform decision-makers and stakeholders of the problem, determinants, interventions and policy needs; and (3) stakeholder involvement: agree on the roles of stakeholders in implementing the global strategy; (4) strategic framework for action: propose appropriately tailored policies and interventions for countries.\textsuperscript{67} This strategy addresses mainly issues related to obesity and tries to tackle problems at their roots. Physical activity and a healthy diet are major determinants of body weight and indirectly influence the reduction of risks associated with overweight like for type 2 diabetes, cardiovascular disease, hypertension and stroke as well as certain forms of cancer.

- Migrant-friendly hospitals initiative

An initiative exclusively addressing the urgency of migration is the “migrant-friendly hospitals” initiative. Increasing migration and ethno-cultural diversity due to migration in Europe is an important issue for health systems and services. Many of the problems related
to migration and care are not only related to language barriers and cultural diversity, but include scarcities in hospital and care resources as well as low levels of minority purchasing power. These additional problems pose new challenges to health professionals, especially in hospitals, playing and particularly important role in serving the migrant segment of the population.

The migrant-friendly hospitals initiative is composed of a group of hospitals from diverse European countries collaborating with a number of high-profile experts and a wide range of international and European organizations. The collaboration aims at putting migrant-friendly, culturally-competent health care and health promotion higher up on the European health policy agenda as well as to support new interested hospitals improving their migrant friendliness by providing practical knowledge and instruments. Participants are aiming at becoming migrant-friendly and culturally-competent organizations. The priorities of the collaboration are set on the following areas: (1) Improving interpreting services; (2) migrant-friendly information and training for mother-and child care, and (3) staff training towards cultural competence.68

- **The National public health strategy for Sweden**

The goal of the national public health initiative, not exclusively concentrating on obesity and ethno-cultural issues, is the creation of social conditions to ensure food health for the entire Swedish population. The policy includes eleven general objectives addressing the most important determinants of public health in the Swedish reality. The improvement of health for most vulnerable groups is a special focus of the national strategy. The success of the strategy is heavily dependent on the active efforts of several actors in society with many different policy areas. The Swedish National Institute of Health has a central role in coordinating public health initiatives in the national level. The institute coordinates the implementations, monitoring and evaluation of the eleven general objectives that are: (1) Participation and influence in society – strengthening the opportunity of economically and socially vulnerable people to participate in society and culture; (2) economic and social security; (3) secure and favorable conditions during childhood and adolescence – deteriorating mental health among children and young people is receiving particular attention; (4) healthier work life – viable working conditions reduce work-related ill-health; (5) healthy and safe environments – healthy and safe environments and products are of fundamental importance for public health; (6) health and medical care that more actively promotes good health – a health-promotion and disease prevention perspective will be an integral part of the whole health and medical care
service; (7) effective protection against communicable diseases; (8) safe sexuality and good reproductive health – progress has to be made in areas such as health education, family planning and maternity care; (9) increased physical activity; (10) good eating habits and safe food; (11) reduction of tobacco use and alcohol, a society free from illicit drug and doping and a reduction in the harmful effects of excessive gambling.\textsuperscript{69}

- **United Kingdom policy on healthy choices**

Choice, responsiveness and equity. These are the main objectives of the UK strategy of the Department of Health. People are looking for more control and flexibility in healthcare and with the national strategy the Department of Health tries to be responsive to people’s needs, building on an approach that treats the whole person and that puts patients in control, empowering also more disadvantaged. In this way the strategy tries to address major inequalities in health that still exist. Central to its success is the extension of patient information, patient power and choice. Priorities are set as follows: (1) giving people bigger say in how they are treated; (2) increasing choice of access to a wider range of services in primary care; (3) increasing choice of where, when and how to get medicines; (4) enabling people to book appointments at a time that suits them, from a choice of hospitals; (5) widening the choice of treatment and care, starting with greater choice in maternity services and greater choice over care at the end of life and (6) ensuring people have the right information, at the right time, with the support they need to use it.\textsuperscript{70}

**IV Future Challenges**

- **The need to recognize Health Literacy as a key determinant of health**

Insufficient and poor Health Literacy can lead to inefficiencies in society at large, but specifically in the health care system.\textsuperscript{71,72} While empirical data on the effects of low Health Literacy in Europe are limited, research from the US Centre for Health Care Strategies concluded that individuals with low Health Literacy are less likely to:

1) understand written and oral information from health professionals,
2) act upon necessary procedure and directions (such as medications and appointments), and
3) be able to navigate the health system to obtain necessary services.\textsuperscript{73}
A recent Institute of Medicine report shows that individuals with limited Health Literacy are more likely to be hospitalized and use emergency services. Furthermore, people who are health illiterate are less likely to use preventive services, have less knowledge of disease management and health promoting behaviors, and report poorer health status. People with insufficient Health Literacy are benefiting more from subsidized health services and cause higher health care costs. Low Health Literacy costs the US up to US$73 billion every year.

Health Literacy is a key ingredient to the improvement of health. It needs to become an integral part of the health system and there is an urgent need to include Health Literacy into the European public health discussion and strategy. Only through the improvement of Health Literacy European citizens will be empowered and have the skills needed to navigate an ever more complex health and medical care system. High levels of Health Literacy will assure that people stay in good health throughout the continuum of their lives. Responsibility and personal Health Literacy are the driving forces for a healthy Europe and Central factors when trying to address obesity and migration issues.

- **The need for concerted action and to create partnerships in health**

Achieving good health for all European citizens is a shared responsibility requiring cooperation between EU member states and citizens. There is an increasing acknowledgement that many social actors need to contribute to the production of good health. Health ministers, health agencies, employers, insurers, media, municipalities, various industry segments and governmental sectors must pool capital and forces to contribute to a health benefit of the European population. Common interests for the improvement of health in Europe offer opportunities for new approaches and partnerships to the development of large scale interventions to reach better health. Only through collaboration it will be possible to develop best practice public health programmes.

Putting health at the center of EU policy making is a shared responsibility. There is an increasing acknowledgement that different actors need to contribute to the production of good health in Europe. Citizens, health ministries, public health agencies, employers, insurers, the media, public health agencies and many more need to take common action if the goal is to improve health in Europe. While public authorities and EU Member States are primarily responsible for promoting good health and providing supporting environments such as easy
access to information and care, citizens have responsibility to make healthy choices in everyday life.

European citizens expect innovative solutions in healthcare and member states must cooperate effectively by taking advantage of EU-wide partnerships for delivering the best solutions. With the *EU Health Forum*\(^{83}\), creating a platform for collaboration among those involved in European public health issues, one step has been realized towards a more active coordination. Another example to be mentioned at this place is the *European Platform for Action on Diet, Physical Activity and Health* providing an opportunity for interaction and collaboration among European members with the intent to act.\(^{84}\)

The interest of many new actors in health offers valuable opportunities for new approaches, partnerships and large-scale interventions. The questions that remain to be answered are how new partnerships in health can make a difference by addressing the regulatory, equity and community dimensions and ensure enabling environments for easier choices in favor of health?

- **A balance between equity and choice**

Informed choice is the central reference of many European strategy papers and health programs. It is a challenging starting point: While making informed choices is easy for some people, for a great proportion of the European population making healthy choices causes problems. Education and social status strongly influence the ability to make sound health decisions. And also a high status and a university degree in economics does not guarantee that one is able to cope with the health related information and experiences. especially in time of serious disease it is hard to separate hope from facts.

The pure provision of choices does not suffice for the improvement of health. We are already moving into the direction where access to health through the market makes healthy individuals even healthier and leaves those with low health and purchasing power far behind.

The improvement of Health Literacy will help to overcome inequalities in choices, enabling European citizens to take responsibility for their health even with limited financial and economic resources. Health promoting behavior and the ability to navigate the health and medical care system are strongly related to high levels of Health Literacy. This is why both, European countries as well as the European Commission should clearly expand their
commitment to Health Literacy. The improvement of Health Literacy in Europe will contribute to citizen empowerment and translate in consumer choices actively promoting good health.

**Equity and choice: a gender issue?**

Equity in health also depends on the recognition by the health sector, that men and women might be different in roles and responsibilities that society assigns to them. The equity and choice discussion therefore has to include the gender discussion. The distinct roles and behaviors of men and women in a given society, dictated by that society’s gender norms and values, give rise to gender inequalities – inequalities which so far systematically empowered one group over the other.

In relation to health, women are often seen as the group having a natural disposition to health and care issues. They are most often the ones caring for the family – providing food, care as well as a warm and safe home. Women might have a higher sensitivity than men regarding health issues. They are therefore especially in a need for high levels of Health Literacy. Providing easy access to health information and care and facilitating system and market navigation for those almost exclusively assuming the sole responsibility for health is essential.

Gender has to be included into the public health discussion. The different health needs and roles of men and women both as providers and as users need to be met in an equitable manner. The special role of women in health needs to be brought to the fore in the Health Literacy discussion, empowering women to take more responsibility for their health, not being negatively influenced by social and economic roles hindering them to put into action what they would know as educated and health literate citizens. At the same time the traditional male role that has put an emphasis on technical solutions and male strength also has its impact on health, both in the providers and in the users. Male literacy might have to focus much more on the emotional and mental aspects of health, that many women more easily access. The gender related patterns may help to specify what kind of information is relevant for what person in what situation. It would be a male approach to see Health Literacy as only focusing on the medical encyclopedia and on high tech solutions. Health is also about values, meaning and experience. Health Literacy should work on both sides of the brain.
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