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## CONFERENCE ABSTRACT

### Health literacy in Catalonia: Situation Analysis

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**Introduction:** The World Health Organisation describes health literacy as the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health. Health literate individuals have skills to keep healthier by themselves and to maintain their quality of life for longer. In ageing societies, where chronic conditions are expected to keep growing while resources will remain stable, health literacy is one of the keys challenges facing community health at the beginning of the XXI century.

The Health Plan for Catalonia (HPC) is the indicative instrument and framework for all public programs in the field of the Health Ministry of the Government of Catalonia. The main 2020 goal of the HPC is to increase healthy life expectancy, that is, the proportion of years with a good self-perceived health status. This objective aligns with the purpose of promoting more health literate societies.

**Methods:** During 2014 the health survey for Catalonia (HSC) included the short version of the European Health Literacy Survey Questionnaire (HLS-EU-Q16). HSC is an official survey that provides information on the health status, life styles and the use of health services of Catalonia's population. 3.642 people aged 15 and over answered the questionnaire. HLS-EU-Q16 is a shortened version of the questionnaire HLS-EU-Q47, developed by the European Health Literacy Project 2009-2012, which was administered in eight different countries. As the longer version, HLS-EU-Q16 assumes a multidimensional concept of health literacy, which helps to identify health literacy profiles of individuals, but also of populations. A descriptive analysis of sociodemographic characteristics, health status and health service use (% and CI95%) is performed according to the health literacy level of people.

**Results:** Results show that the proportion of people with insufficient health literacy (either problematic or inadequate health literacy levels) is higher among people aged 65 and over, among people who attained primary education or below, and among people who belong to lower

social classes. On the other hand, people without sufficient health literacy show worse perception of their health status, declare chronic conditions and have disabilities in a higher proportion than those who have sufficient health literacy levels. Regarding the use of health services, people with problematic or inadequate health literacy levels attend to the GP, consume medicines and go to the emergency department more frequently than people with sufficient health literacy.

**Discussion:** The WHO global strategy on person-centred and integrated health care services establishes empowering and engaging individuals and communities as its first strategic goal. Promotion of health literacy is about providing resources and abilities to empower individuals and communities but also about adapting health care systems to the needs of people. Results show that some people would face more difficulties than expected if they had to perform health related activities. On the other hand, health literate people enjoy more autonomy when dealing with activities related to health information. In order to advance towards much more integrated and person-centred health care services, health literacy levels should be taken into account and promotion of health literacy at population, individual and health care services is desirable.

**Conclusion:** Several differences arise in health status and health care service use according to the health literacy level of people. These results are the starting point for designing the strategy on health literacy for Catalonia, which will help to design interventions aimed at strengthening and promoting health literacy, but also person-centred health care services.

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