University of Zurich
Institute of Social and Preventive Medicine

Regional differences in health literacy in Switzerland

Jen Wang, Margareta Schmid

I. SUMMARY

The main findings are confirmed in all three linguistic regions, underlining their relevance for Switzerland as a whole:

- as with basic life skills, the level of competencies for health rises with education
- citizens want choice, but health-related decisions are complex and information is often lacking
- citizens obtain health information from a variety of sources, but the information—in particular written information—is not easy to understand for many
- citizens want to play an active role in looking after their own health needs, but many lack sufficient competencies to do so

Differences between the regions may be summarized as follows:

- the gaps are largest in Italian-speaking Ticino where higher complexity of health-related decisions combined with lower understability of written information and less information/involvement from doctors hinder an active role for citizens
- residents in German-speaking Switzerland demonstrate the highest level of interest and activity in their personal health matters, which is facilitated by greater ease in dealing with health-related decisions and information
- residents in French-speaking Switzerland report least use of new communication applications for health, least self-care and lowest interest in self-care, and most likely to think that public involvement in policy decisions about healthcare is insufficient.

If citizens are to take responsibility for their own health, policymakers will need to ensure that citizens have both the capacities and the resources to do so. Differences between the three linguistic regions suggest that cultural and structural differences may play a role in health literacy and that health literacy may account in part for health inequalities between regions. This means that while national measures to improve health literacy might be appropriate for some issues, others may require a regional approach.

II. FINDINGS

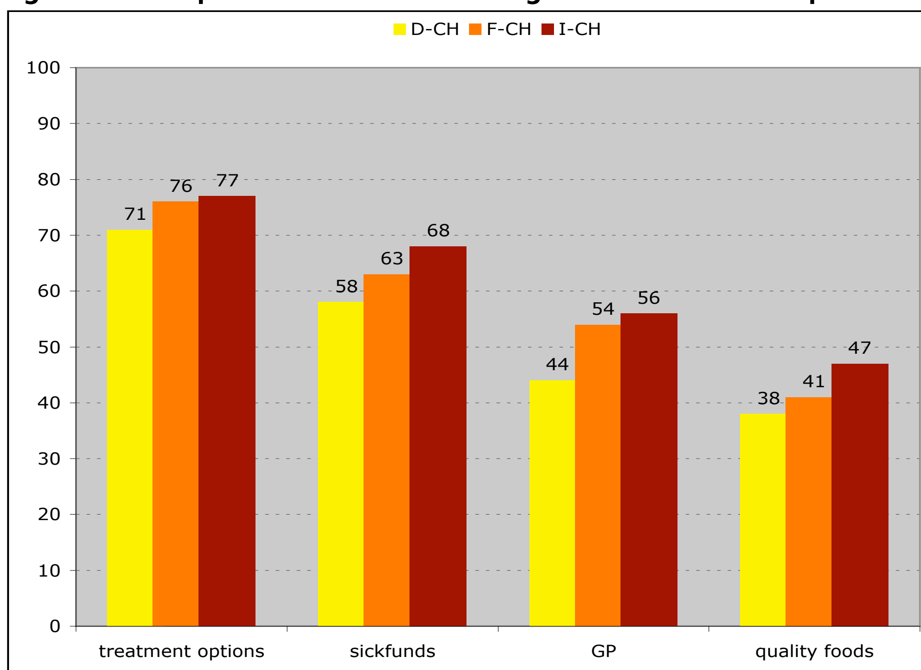
a. Desire for choice yet lack of understandable information

The Swiss adult literacy surveys have revealed differences in basic reading and math competencies among the general population between German-, French-, and Italian-speaking regions [Federal Statistical Office, 2006]. Swiss health surveys have also shown differences in health-related lifestyle behaviors and health status between the three linguistic regions [Federal Statistical Office, 2003]. There are even differences in mortality according to the Swiss National Cohort Project [Bopp et al.,

2006]. As regional differences are significant for both basic competencies and health, we explore health literacy in each of the three linguisitic regions.

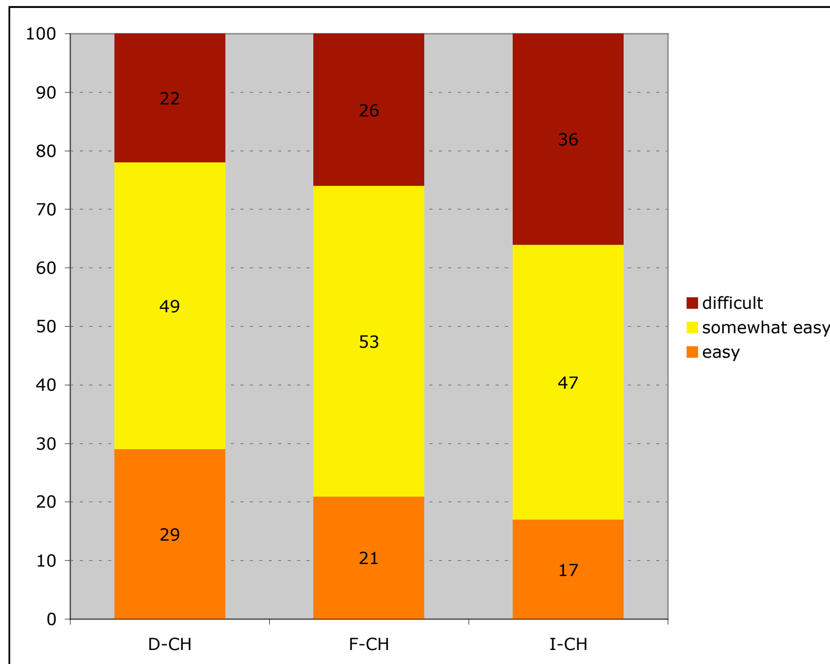
Choice is a mainstay of the consumer market, but is also increasingly possible or necessary in health. Health-related decisions in daily life are complex for many, from choosing a sickfund (D-CH 58%, F-CH 63%, I-CH 68%) to choosing quality foods (D-CH 38%, F-CH 41%, I-CH 47%). Residents in Ticino find all health-related choices significantly more difficult than those in German-speaking Switzerland, with residents in French-speaking Switzerland occupying an intermediate position. Yet despite the complexity, nearly all citizens in all three regions express a strong preference for choice in health matters. Our qualitative research shows that choice constitutes a cornerstone of trust [ISPMZ and IUMSP, 2003]. Nevertheless, only half of the residents in each region say they have enough information to make the best choice for themselves. Therefore, the gap between choice and information exists equally in all three linguistic regions.

Figure 1: Complex decision in choosing between various options



The top five sources of information for health are newspapers/magazines (46%), general practitioners (g.p., 33%), Internet (31%), social circle (31%), and radio/television (29%). While newspapers/magazines are the top source in all three regions, the health information presented in the media is easy to understand only for a minority (D-CH 29%, F-CH 21%, I-CH 17%). This pattern corresponds to the results from the adult literacy surveys, whereby prose literacy is highest in German-speaking Switzerland and lowest in Italian-speaking Switzerland. Internet is now the third most important source of information on health, yet there are stark differences in use between the three regions (D-CH 35%, F-CH 23%, I-CH 28%). The understandability of the information in the Internet is rated similar to that of the media among Internet users: in other words, only one in four finds the information easy to understand.

Figure 2: Information on health in the media is understandable



b. Playing an active role yet insufficient competencies and support

While many more citizens consider the health information acquired from their general practitioners easy to understand (D-CH 65%, F-CH 54%, I-CH 65%)—such information is communicated verbally and personalized—there are still important gaps in communication between patients and their doctors. For instance, less than half of the respondents report that their doctor always explains the pros and cons of various treatment options (D-CH 45%, F-CH 43%, I-CH 29%) or presents various treatment options (D-CH 28%, F-CH 21%, I-CH 12%), despite the fact that the majority wishes to play an active role in medical decision-making (D-CH 86%, F-CH 82%, I-CH 75%). This is a good example that comptencies are not just a matter of individual capacities but also available resources in one's surroundings—i.e., information and support from one's doctor about treatments need to be upscaled for the majority throughout Switzerland, but the gap is particularly critical in Ticino.

Indeed, the active role played by citizens in their own healthcare can have implications in terms of costs, resources, and also health outcomes. We saw that 42% requested an additional service from their g.p. on their own initiative in the past 12 months, but a majority of respondents 64% managed to avoid a g.p. visit altogether through another activity during the same period. There are significant differences between the regions in lifetime figures with residents in German-speaking Switzerland being most likely to having both requested an additional service as well as avoided a g.p. visit and residents in Italian-speaking Ticino being least likely to have done either.

Furthermore, most citizens already take care of minor ailments themselves always or most of the time (D-CH 87%, F-CH 67%, I-CH 80%), and many are very interested in being able to practice more self-care (D-CH 76%, F-CH 45%, I-CH 47%). The findings for self-management among citizens with a long-term condition are very similar, yet many do not possess the necessary disease management skills (e.g., good knowledge about treatments: D-CH 64%, F-CH 74%, I-CH 62%). Of course, given the high prevalence of long-term conditions, citizens may also need to provide care to a loved one. Among those who did so in the past 12 months, only a minority reports possessing good skills for giving the care required (D-CH 30%, F-CH 10%, I-CH 16%). These findings take on additional importance in light of the increasing prevalence of chronic conditions within an aging population.

The findings highlight gaps in health literacy at home, in the marketplace, and in the healthcare system. The fourth key domain where citizens need to exercise health literacy is politics. Contrary to the opinions of many experts and politicians, citizens demonstrate a high degree of cost-consciousness (e.g., agree strongly that choices in service use have a significant impact on costs D-CH 63%, F-CH 44%, I-CH 60%). Despite grassroots democracy, the majority of citizens in all three regions considers public involvement in healthcare policy decisions insufficient (D-CH 65%, F-CH 75%, I-CH 58%).

III. BACKGROUND

a. How the Swiss Health Literacy Survey (HLS·CH) was carried out

While several definitions for health literacy have been forwarded, there were no instruments which specifically measure competencies for health among citizens beyond basic health-related reading. The Future Patient Project at the University of Zurich is a first in operationalizing competencies for health and measuring their component knowledge, attitudes, values, and behavioral skills—in accordance with the OECD model for key competencies—in the general population, which in the Swiss context includes three cultural-linguistic regions and a large migrant population.

Two major bodies of work informed instrument development. Firstly, we reviewed theoretical and empirical work in health literacy and related patient-centered fields of self-management, patient empowerment, patient education, and shared decision-making. Essentially, underlying these concepts are competencies—i.e., cognitive, motivational, and social—geared towards a health-related outcome. Secondly, we consulted theoretical and empirical work in adult literacy and life skills, including domain-specific literacies such as science and ICT (information, communication, technology). On the basis of the review, we identified 30 core competencies for health relevant to all citizens in various settings of everyday life.

Two hundred questions were chosen for the source questionnaire, which was then translated into German, French, and Italian, and pre-tested in a professional CATI lab. The final version of the questionnaire contained 150 questions, corresponding to a 30-minute telephone interview. Between April and mid-May 2006, 1250 interviews were conducted among a representative sample of the resident population 15+ years in German (650), French (300), and Italian (300). The French- and Italian-speaking regions were over-sampled to permit more meaningful inter-regional comparisons as well as specific analyses for each region. In this text, the findings for Switzerland are weighted nationally, and the findings for each linguistic region is weighted regionally to reflect the actual population distribution in each area.

b. Competencies for the information society

The modern information and knowledge society brings with it many new opportunities but also sets ever higher demands for its inhabitants. This is true both at the workplace and in one's private life, as the „active citizen" is called upon to take actions and make decisions as a voter, a consumer, a patient, etc... Therefore, the extent to which citizens possess the necessary competencies to meet the demands of today's information and knowledge society becomes highly relevant in all sectors.

The Organisation for Economic Cooperation and Development (OECD) has helped spearhead efforts to define and measure key competencies for modern societies [Rychen and Hersh Salganik, 2001]. Competencies can be defined most succintly as the interplay between external demands and personal capacities (i.e., knowledge and skills, but also motivation and attitudes). This means, of course, that competencies do not exist in a vacuum, and responsibility does not lie solely with the individual. In fact, the OECD has concluded that competencies are policy sensitive.

The Programme for International Student Assessment (PISA) and the international adult literacy surveys constitute large endeavors to measure basic competencies (e.g., reading and math) in school- and work-age adult populations, respectively. Switzerland has participated in both multi-national assessments [Federal Statistical Office, 2005; Federal Statistical Office, 2006], and one consistent result has been insufficient reading competencies among many teenagers and working-age adults: „800'000 adults have problems with reading." This is bad news for an information and knowledge society.

c. Link between competencies and health

But what do competencies have to do with health? Although few studies to date have gathered good data on both competencies and health outcomes, competencies and education are strongly correlated—yet should not be considered one and the same—and even in Switzerland, the data confirm education as one of the most important social determinants of health. Basically, people with higher education demonstrate healthier behaviors, report less chronic illness, feel healthier, and live longer [Bopp and Minder, 2003; Federal Statistical Office, 2003].

Why is this so? Better employment and higher income explain the health difference only in part, and economists propose better cognitive and decision-making abilities (e.g., better and faster uptake of new information and technologies) as the active ingredient [Cutler and Lleras-Muney, 2006]. In other words, competencies influence health outcomes but also other determinants of health. Given the sheer quantity of new knowledge and innovations on the one hand and high turn-over on the other, competencies may be particularly relevant in the field of health and medicine. In the Swiss Health Literacy Survey (HLS·CH), people with higher education were indeed significantly more likely to use new innovations like the Internet and call-centers for health reasons. There are also important differences for many other competencies, lending support to the hypothesis that health literacy may be an important mediator of the relationship between education and health status [Saha, 2006].

Indeed, the field of health literacy was born out of the efforts of public health researchers to better understand the link between low reading skills and poor health. In North America, most studies have focused on the impact of low reading skills or understanding of health information among patients in the healthcare system. Not only are low reading skills correlated with lower knowledge and skills with respect to the patient's condition, but also poorer prevention behaviors, diagnosis, and prognosis [American Medical Association, 1999; Institute of Medicine, 2004]. Health economists estimate that this kind of low health literacy costs the American healthcare system US$73 billion per year [Friedland et al., 1998] and the Swiss healthcare system CHF 1.5 billion per year [Büro BASS, 2006].

While there is lots of bad news, the good news is that competencies can be taught and learned. Besides numerous examples from the education and employment sectors, research in the health sector among people with chronic illness has shown that skills-building interventions can improve knowledge, attitudes, and skills which in turn lead to better health outcomes and even a reduction in services use [Lorig et al., 1999; Barlow et al., 2005]. Indeed, there is considerable experience in the education and employment sectors not only in defining and measuring competencies but also in devising concrete measures for developing competencies; therefore, a multi-sectorial approach and collaboration would be most meaningful for health literacy.

d. Health literacy as core competencies for health

Although health literacy is a relatively new concept, several working definitions have been forwarded. The narrowest approaches focus on reading health-related materials in health-care settings [e.g., Parker et al., 1995; American Medical Association, 1999]. A broader approach places an emphasis on understanding and using information for decision-making in health matters: „health literacy is the ability to make sound health decisions in the context of everyday life—at home, in the community, at

the workplace, in the healthcare system, the marketplace and the political arena" [Kickbusch et al., 2006]. This definition by Prof. Ilona Kickbusch makes it clear that health literacy is an issue for everyone everywhere. Accordingly, the response must also come from these various sectors.

While these are essential competencies, there are others which could be considered indispensable competencies for health in modern societies. Due to this consideration, the Swiss Health Literacy Survey (HLS·CH) collected data on 30 core competencies in a broadbase approach.

e. Health literacy as a policy priority in Switzerland and the EU

In Switzerland, the Federal Office of Public Health has set an over-arching goal to „promote the health literacy of the inhabitants in Switzerland" [BAG, 2006]. The promotion of health literacy is also mentioned repeatedly as an objective in the „National eHealth Strategy". Health Promotion Switzerland already includes health literacy in its Outcomes Model, and for the new national strategy on prevention and health promotion, health literacy will likely be included as one of the basic pillars. Clearly, health literacy is poised to become a key policy issue in Switzerland.

In the European Union, one of the central objectives of the Commission is to „increase the ability of citizens to take better decisions about their health and consumer interests... by ensuring easy access to clear and reliable information on how to be in good health and about diseases and treatment options" [DG SANCO, 2005]. To monitor this goal, the Commission needs instruments and data for the general population, and as the first such survey in Europe, the Swiss Health Literacy Survey (HLS·CH) may serve as a useful model.

Jen Wang and Margareta Schmid, Institute for Social and Preventive Medicine, University of Zurich, Hirschengraben 84, 8001 Zurich, Switzerland.
www.gesundheitskompetenz.ch jwang@ifpsm.uzh.ch schmid@access.uzh.ch

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