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The Italian Health Literacy Project: Insights from the assessment of health literacy skills in Italy

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ABSTRACT

Inadequate health literacy, namely the problematic individual's ability to navigate the health care system, has been depicted as a silent epidemic affecting a large part of the world population. Inadequate health literacy has been variously found to be a predictor of patient disengagement, inappropriateness of care, increased health care costs, and higher mortality rates. However, to date the evidence on the prevalence of limited health literacy is heterogeneous; moreover, studies dealing with this topic show a pronounced geographical concentration. To contribute in filling these gaps, this paper investigates health literacy skills in Italy. Drawing on the European Health Literacy Survey (HLS-EU), a tool to measure self-perceived levels of health literacy was administered to a representative sample of Italian citizens. A stepwise regression analysis allowed to shed light on the determinants and consequences of limited health literacy. Findings suggested that inadequate health literacy is a prevailing problem in Italy, even though it has been overlooked by both policy makers and health care practitioners. Financial deprivation was found to be a significant predictor of inadequate health literacy. Low health literate patients reported higher hospitalization rates and greater use of health services. As compared with the European Countries, Italy showed some peculiarities in terms of health literacy levels and socio-demographic determinants of health literacy, which provide with intriguing insights for policy making.

1. Introduction

The health literacy concept dates back to early 70s, when it was introduced by Simonds [1] as a crucial social policy issue involving the improvement of the individual's ability to navigate the health care service system. Health literacy could be understood as a multifaceted construct, which is composed of the functional (i.e. literacy and numeracy), interactive (i.e. ability to establish co-creating partnerships with health care providers), and critical (i.e. ability to discriminate between health services available) skills, which are needed to grasp health-related issues and to deal with them properly [2].

Scholars depicted inadequate health literacy as a silent epidemic [3], which is affecting the functioning of health care systems all over the world. In fact, poor health literacy has been variously found to be a predictor of: medication nonadherence [4], inappropriate access to care [5,6], increased health care costs [7], higher mortality rates [8], and inequity [9,10]. From this point of view, inadequate health literacy may predict a misuse of health resources;

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besides, it may compromise the ability of health care systems to meet equity targets in providing health services [11].

To the authors' knowledge, the evidence on the prevalence of limited health literacy is heterogeneous, relying on a wide array of measurement tools. In addition, studies aimed at assessing health literacy skills show an uneven geographical distribution [12], mainly concerning the United States of America. A research project entitled "European Health Literacy Survey" (HLS-EU) was launched in 2011, with the purpose of measuring health literacy levels across 8 European Countries: Austria, Bulgaria, Germany, Greece, Ireland, Netherlands, Poland, and Spain [13]. A report summarizing the main findings of this research project showed that about 47% of respondents reported limited health literacy skills. This study is aimed at expanding the HLS-EU survey, by assessing the levels of health literacy in Italy.

Health literacy has been rarely contemplated as a strategic priority to improve the functioning of the Italian National Health Service. Moreover, health care settings in Italy are usually designed assuming limitless health literacy skills by the side of patients [14]. In light of the consequences which could be attached to inadequate health literacy, the prevalence of limited health-related skills in the Italian population could be stressed as a social alarm. Indeed, limited health literacy is able to impair the functioning of the health care system. From this point of view, it is important to assess the levels of health literacy in Italy, in order to ensure the sustainability of the health care service system.

The following research questions inspired this paper:

R.Q. 1: *What are the estimated levels of health literacy in Italy?*

R.Q. 2: *Is there any distinguishing attribute which characterize the Italian population as compared with its European counterparts in terms of health literacy skills?*

R.Q. 3: *What policy insights could be drawn from the assessment of health literacy in Italy?*

For the purpose of this study, health literacy was understood as *the complex set of individual knowledge, motivation and competences which is needed to access, understand, appraise, and apply health information* [15]. As anticipated, this set of skills is crucial to make judgments and take decisions in everyday life concerning health care, disease prevention, and health promotion. In line with this conceptualization, it was assumed that health literate patients are able to collect, process, understand, and use health-related information properly, as well as to make wise choices in the fields of health protection and promotion. Alternatively, low levels of health literacy were considered to engender the misuse of health resources available and the inappropriate access to care [16], which was conceived as the degree of fit between the patients' abilities and the health care system requirements [17].

The paper is organized as follows. Section 2 depicts the research design and the methods which were used to assess health literacy skills. The findings of the research are described in Section 3, which points out the distribution of the Italian population by health literacy levels. Besides, some insights on the correlates and socio-demographic determinants of limited health literacy are presented. Section 4 discusses the findings of the research, comparing them with the results of the HLS-EU survey. Discussion paves the way for several policy implications, which are included in the concluding section of the paper.

2. Research design and methodology

Drawing on the conceptual model and the measurement tools suggested by the HLS-EU consortium [13], a survey tailored to the Italian health care system was devised and administered to a random representative sample of Italian citizens. The survey consisted of 86 items and required about 30 min to be filled. The items of the survey were organized according to the following layout:

- 47 items were intended at measuring the self-rated health literacy skills of respondents. Particular attention was paid to the individual self-experienced ability to obtain, understand, process, and apply health-related information, considering both functional, interactive, and critical competencies;
- 7 items were aimed at assessing the individual literacy and numeracy skills through an objective tool to measure functional health literacy, called "Newest Vital Signs" (NVS) [18]. The NVS scores were used to check the validity of self-reported health literacy skills;
- 16 items examined the main social determinants of health literacy, including: gender, age, education, employment, and self-assessed social status;
- Lastly, 16 items provided information about every-day life styles and self-reported use of health services.

As suggested by the scientific literature [19], the original version of the questionnaire was first translated from English into Italian by two independent professional translators. The two drafts of the translated survey were compared to identify and resolve disagreements. The translators agreed on a joint draft of the Italian survey, which was back-translated into English by two native English speakers to verify its consistency. The draft of the survey was accepted by the members of the research team and it was tested on a convenient sample of 30 people, who were asked to fill the questionnaire and to disclose their perceived meaning of each item. The results of the pilot test paved the way for several minor revisions, which were agreed by all the members of the research team. The revised draft of the survey was tested again on 30 people. The results of the second test were satisfactory.

The 47 items of the survey measuring self-assessed health literacy skills were formulated as direct questions. The respondents were asked to rate their ability to deal with health-related issues on a 4 points rating scale, where "1" indicated high difficulty and "4" implied high proficiency. The decision of respondents to not answer the question was coded as "5". Socio-demographic variables were formulated either as open questions or as closed questions linked to 10 points Likert scales. Lastly, questions concerning health services utilization and everyday lifestyles were assessed through closed questions, including either 3 or 5 options.