CORRESPONDENCE

Health Literacy in the German Population—Results of a Representative Survey

by Prof. Dr. phil. Doris Schaeffer, Dr. PH Eva-Maria Berens, MSc., and Dominique Vogt, MSc. PH in issue 4/2017

Questionnaire Should not Be Used any Longer

Schaeffer et al. (1) use the instrument that was developed for the Health Literacy Survey at the European level (HLS-EU) in order to measure health literacy. This instrument is not able to assess competencies that are required to make informed decisions. The HLS-EU is based on a paternalistic concept, with the priority goal to improve therapeutic compliance. Furthermore, the HSL-EU is based on subjective estimates of those surveyed regarding their own competencies. The HLS-EU is not valid according to the concept of evidence-based medicine. Two examples may serve to illustrate this:

- Item 6 asks how easy/difficult it is to understand the patient information leaflet that is included. Not even doctors or pharmacists understand these leaflets. Rates of adverse effects are erroneously ascribed to the medication itself (2). According to HLS-EU, a high degree of health literacy would be ascribed to those citizens who report that they find it easy to understand the information on package inserts.
- Item 23 asks how easy or difficult it is to understand why the patient needs screening examinations. The question implies that health screenings are beneficial per se and reflects an uncritical position. A citizen who has weighed up the benefits and risks of such interventions in some detail and makes an informed decision in favor of or against screening examinations would probably tick „very difficult“ and therefore receive a low health literacy rating.

We urgently recommend to no longer use the HLS-EU instrument. DOI: 10.3238/arztebl.2017.0330a

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In Reply:

The statement that the HLS-EU instrument is unsuitable for measuring health literacy is incorrect. Only the initially developed assessment instruments were based on a functional, paternalistic understanding of health literacy that aimed primarily to improve compliance (1, 2). The substantially further developed content of the definition of the HLS-EU considers that health-relevant information should not merely be understood but should be sought out, found, assessed, and applied, all of which requires specific skills. Accordingly, in addition to functional health literacy the HLS-EU-Q47 also take into account interactive and critical health literacy. The HLS-EU-Q47 does not only have high reliability but also good internal and external validity (3).

In contrast to what our correspondents state it is a strength of the instrument that it relies on the subjective assessments of those surveyed; this means it gives an insight into the difficulties that can arise when dealing with health-relevant information.

It is a questionable practice to extract single items from a coordinated catalogue of items. However, the selected examples in particular show how difficult dealing with health information is—even for topics that have been under discussion for many years, such as patient information leaflets in medication packets. The fact that even doctors do not understand package inserts is, furthermore, not an argument against collecting data from citizens' subjective perspectives.

On the contrary, the results of the survey (4) based on the HLS-EU-Q-47 showed how much of the information is still not appropriate for the target audience, nor is it user friendly. The results are important in terms of developing interventions. As they show that ultimately, much of the currently available health relevant information does not reach its target audience for the simple reason—among others—that it does not meet to an appropriate degree the prerequisites for information given and the challenges of information processing. DOI: 10.3238/arztebl.2017.0330b

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Conflict of interest statement

The authors of both contributions declare that no conflict of interest exists.