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### Measuring health literacy among very low literate people: a feasibility study with the HLS-EU Questionnaire

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**Background & Aim:** As health care is becoming more patient-centered, patients are increasingly expected to make health care decisions. Therefore, detecting people with limited health literacy (HL) is crucial. Limited HL is associated with lower levels of education. Consequently, instruments, such as the relatively new HLS-EU-Q47 and its shorter version HLS-EU-Q16, should allow inclusion of low literate people. In particular, because researchers' interests in both HLS-EU-Q47 and HLS-EU-Q16 is expanding because of their underlying conceptual framework and their potential use for both screening and more in-depth investigation of HL and the latter because its easiness to administer. Although HLS-EU-Q47 was subjected to a comprehensibility test, HLS-EU-Q16 was not. Therefore, the goal of this study was to examine suitability of HLS-EU-Q16 for use in a population of people with low literacy.

**Method:** Purposive sampling of adults with low (yearly) income (< €16,965.47, for one person) and limited education (maximum high school), with Dutch language proficiency. Excluding criteria were: psychiatric, neurodegenerative diseases or impairments. To determine suitability (length, comprehension and layout) participants were randomly distributed either HLS-EU-Q16 or a simplified version and were interviewed directly afterwards by one researcher. Qualitative and quantitative analyses were performed on respectively interviews and questionnaires.

**Results:** Thirteen participants completed HLS-EU-Q16 (n = 7) or the simplified version (n = 6). Questions about 'disease prevention' (domain) or 'appraisal' of information (competency) are frequently reported to be incomprehensible. Difficulties are attributed to comprehension (vocabulary, sentence structure) and the decision process (abstraction, distinguishing "appraising" from "applying" information, indecisive on the appropriate response). Non-responses were highest and HL was predominantly scored 'inadequate' for HLS-EU-Q16 questionnaire.

**Conclusions:** HLS-EU-Q16 is a suitable instrument to determine HL in people with limited literacy. However, to facilitate the use and interpretation, some questions would benefit from minor adjustments and from the provision of explanatory, contextual information.