John Dalli

Member of the European Commission, responsible for Health and Consumer Policy

Commissioner Dalli delivers speech at the European Health Literacy Conference

John DALLI, European Commissioner for Health and Consumer Policy, attends the European Health Literacy Conference organised by Maastricht University on behalf of the European Health Literacy Project (HLS-EU)

Brussels, Belgium, 22 November 2011

HEALTH LITERACY EVENT

Museum of Natural Science - Brussels

TUESDAY 22 NOVEMBER 2011, 10:00-10:30 HRS

SPEECH

Honourable Members of Parliament,

Ladies and Gentlemen,

It is a pleasure to be here with you today.

I very much welcome the first-ever pan-European health literacy survey conducted under the leadership of Maastricht University and funded by the European Commission.

The results of this survey provide a sound evidence base to guide national, regional and European approaches to improve health literacy in the coming years.

As you quite rightly state in your project, health literacy encompasses people's capacity to access, understand, appraise, communicate and use health information; to make informed decisions about their own health and healthcare.

In almost every aspect of our lives, we are faced with questions and decisions that impact on our health.

We are indeed confronted with more information than ever before: about healthy living, healthy lifestyles and actions to prevent diseases. There is much more choice in treatment and more information to guide our choices than just a few years ago.

The internet has completely transformed the health information landscape.

According to a recent Eurostat survey, over 1 in 3 Europeans aged 16 to 74 use the Internet to look for health-related information. In many countries, over half the citizens turn to the internet for health information.

Certainly, the internet represents a powerful tool to step up health literacy and patient empowerment.

However, the sheer volume of information we receive can be overwhelming.

It is estimated that one week's worth of The New York Times contains more information than a person was likely to come across in a lifetime in the 18th century.

With the abundance of information available, the relevance, reliability and quality of information becomes an issue of concern.

Distinguishing good health information from bad largely falls to the individual. This is why health literacy is not a luxury, but a necessary skill.

People need trustworthy information sources on which they can rely.

The European Commission strives to provide scientifically solid, trustworthy and unbiased information sources on health at European level.

In this context, the Commission will soon launch an internet-based *wikipedia* tool called "Health in Europe: Information and Data Interface" or "HEIDI" for short.

This innovative tool will serve as a one-stop-shop on European health information and data. It will be updated by public health experts, the research community, civil society and national authorities.

Our aim with this tool is to provide health information in a way that is easy to access, easy to use and easy to understand for everybody.

We know that everybody is interested in learning about their health and healthcare, but not everybody is a health expert. This is why we have endeavoured to provide information that can be easily found and understood without expert knowledge.

People are, for example, increasingly interested in learning more about the medicines they take, and want more of a say in how they are treated.

With the increased use of the internet, it important to ensure that online information on medicines is accurate, clear and reliable.

Last month, the Commission revised proposals for EU legislation to clarify the information that can be supplied to citizens on prescription-only medicines while, at the same time, keeping the current advertising ban on such medicines.

It is important to have legislation that:

- Focuses on the rights, interests and safety of patients;

- Guarantees that the information they receive is unbiased;

- Ensures that information meets the needs and expectations of patients;

- Ensures it is evidence-based, factually correct, not misleading; and fully understandable.

In addition to information on medicines, Europeans need information about their rights, when they need to seek treatment in another EU country.

This is precisely the aim of EU Directive on Patients' Rights in Cross-border Healthcare adopted earlier this year, which clarifies the right for patients to be treated in another EU Member State and be reimbursed for it. It also encourages close pan-European co-operation on eHealth.

This is important as new health technologies open up valuable opportunities: to help keep people in good health; and also to improve health education and help people to manage their own care - for example in the case of chronic diseases or care for the elderly.

Indeed, managing chronic diseases is a major challenge which can only grow bigger as the population grows older.

This is why we need to harness the potential of innovation – and here I mean innovation in the broadest sense, covering not only products and technologies, but also processes.

eHealth and telemedicine have much to offer in this respect.

Evidence shows that increasing the use of telemedicine and telemonitoring can reduce up to 10% of hospitalisations due to chronic heart failure; while improving the quality and safety of care for patients.

This is why devising such innovative approaches to tackling health challenges is a core objective of the European Innovation Partnership for Active and Healthy Ageing.

Its overarching goal is to increase by 2 the average number of years that Europeans live an active and healthy life.

Low health literacy is a particular issue of concern amongst older people. This is why the European Innovation Partnership has singled-out health literacy as one of the areas for enabling innovation in healthy ageing.

Through the Partnership, we want to help empower older people to understand for themselves the real value of medicines, tests and treatments – and take charge, as "co-managers", of their own health.

Health literacy clearly has a major role to play in managing chronic diseases and help operate a shift towards more preventive strategies.

Research shows that people with inadequate health literacy are less knowledgeable about the importance of preventive health measures and are therefore more likely to be admitted to hospital.

This has broad societal implications.

The survey identifies significant gaps in health literacy between social groups, and that this could partly explain health inequalities.

In fact, 37% of the EU population with the lowest educational level report bad or very bad health; compared with less than 4% of Europeans with the highest educational level.

The survey also rightly points to the need for more detailed analysis to explore these differences so that countries can learn from each other to achieve the highest levels of health literacy.

In this respect, the EU is well placed to facilitate the exchange of best practice, knowledge and expertise to help people better understand their health and their treatment.

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Ladies and Gentlemen,

I am delighted that the European Commission has been able to support such an exciting project, and I wish you every success for your future work.

Thank you.