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ILC-UK
11 Tufton Street
London
SW1P 3QB

Tel: +44 (0) 20 7340 0440
www.ilcuk.org.uk

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A brave new world of health...

Just as our health systems are witnessing profound changes and challenges, the preferences and proclivities of the health consumer are also evolving. The health universe is now populated with different and distinct health consumers and this growing schism is particularly pronounced across the generational life course.

As all countries try to reconcile an increasing demand for services with limited resources available to them, the pressure is exacerbated by rising consumer expectations. In an era of rapid demographic change, our ageing societies while invariably a cause of celebration, must also serve as stimuli for sustainable innovation.

The simple fact that the world's population is getting older has repercussions for every facet of society and of policy. It is of particular significance for health policies of today and of the future, as we try to address, within our given geographies, what the impact of ageing will be on overall health outcomes and how to best target our efforts to foster the healthy ageing of our populations.

Therefore there is a pressing need for politicians and policy-makers to not only improve the productivity of health care delivery, but also engender a paradigm shift towards prevention-based approaches rather than an overarching focus on treatment.



And a brave new consumer?

Set against this backdrop of a changing health universe, several key questions emerge –

****How will the health consumer respond?***

****To what extent will the health consumer dictate or demand changes in current or future health service provision?***

If we assume this to be a symbiotic relationship, how individuals seek health information and navigate their way through health systems will become increasingly important.

There has been much debate about a '*new health consumer*'. This mythical beast is presented as being informed yet demanding, capable of nimbly navigating the traditional and emergent sources of health advice and provision and yet also equally responsive to the growing emphasis on personal autonomy and responsibility.

However, we know such reductive classifications do not ring true and this report seeks to unpick and challenge some of the prevailing discourses in this regard. Looking across four European countries (UK, Germany, France and Portugal), we set out to examine just how well different generations are navigating their way through this changing health universe and perhaps most importantly who they really trust.

We surveyed a total of 4,182 individuals across the four countries and conducted focus groups to further test our analysis, our results were also tested against existing literature in this field.

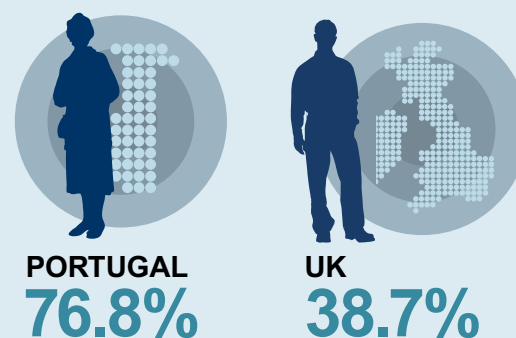


Summary of key findings

Most European countries have made efforts to improve access to healthcare information and provision in recent years and this is borne out to a large extent in our survey findings. However it is evident that levels of health literacy and confidence in the range of health services are by no mean uniform, with pronounced differences between countries and across the generations.

1. Our research shows that in general European citizens are feeling 'optimistic' about their health status. In the UK, Germany and France most people rate their current health status as 'very good' or 'good', however this is not the case for all European citizens with discernible differences across age groups and countries. **In Portugal, for example, 76.8% of the over 65's surveyed are most likely to report their health as 'fair' or 'poor' compared to just 38.7% of the over 65's in the UK.**

Over 65's in 'fair' or 'poor' health



2. European citizens are also in the main feeling relatively confident in their ability to find health information – with the most common response given by our survey members when asked how easy it is to find information about health concerns is that of 'fairly easy'. The mythical beast of the 'savvy' health consumer was also evident with percentages of survey respondents finding it 'very easy' to find health information as high as almost 50% across some specific age groups in the UK and Germany.

However this is clearly not the case for all citizens and it is evident that there remain significant challenges for certain sections of society to find health information, which will invariably influence health access and outcomes. On average, almost a quarter (24.5%) of survey members based in France do not find it particularly easy to search for information on health concerns, while a mean of 18.6% of those surveyed choose this option in Portugal.

A generational divide was also discernible in most countries, **in the UK for example those aged 65 years or over and those aged between 25-34 were most likely to report that it is 'very difficult' to find health information compared to other age groups.**

3. In terms of the most trusted sources of health information, unsurprisingly, healthcare professionals such as doctors and nurses are the most frequently used and trusted sources of health information across all countries and age groups. Nonetheless, a significant minority may not necessarily be turning to health care professionals for health information as one may expect. In the UK for example, only around 7 in 10 people said they would 'definitely' go to the doctor if they found a lump on their neck, or if they wanted information about a long-term illness, while only just over half (51.4%) would go to the doctor for information about staying healthy.



7 in 10 people said they would 'definitely' go to the doctor if they found a lump

4. While alternative sources of information such as pharmacists, medical helplines or the internet are currently less frequent and less trusted sources of information than health care professionals, they may be becoming more important. Young people in all countries are generally more receptive to receiving health information from these sources, and there is support from these age groups for more information from alternative sources. **Around a quarter of younger respondents in the UK would like to receive more information from pharmacists, and around half would like to get more health information over the internet.**

The relationship between usage and trust is also borne out in relation to the internet for younger people.

In both the UK and Germany, trust in web-based health sources is stronger among younger people. A mean of 27.1% and 34.4% of people age 44 or less rate internet health services as 'always/mostly' trustworthy in the UK and Germany respectively. A further 40.4% of respondents in the UK and 41.3% in Germany in this age range say that this source is 'sometimes' trustworthy.

5. There are significant differences between countries in terms of use of and receptiveness to health information from alternative sources, which may partly reflect current health information provision and policy choices. **For instance, higher receptiveness and trustworthiness of medical helplines was observed in the UK,** where there has been significant investment in the NHS Direct helpline.
6. The respective differences of the health systems of our four countries and the consequent impact on health information seeking behaviour was also pronounced in terms of trust expressed in pharmacies. **In Germany for example 74.4% of those age 65 or over stated that this source is 'always/mostly' trustworthy. High levels of trust among the German sample reflect the strong role of community pharmacies in this country setting, their greater usage and thus greater trust.**
7. There are also some (though less dramatic) differences between health information seeking preferences by gender: **Women appear to prefer face-to-face supply channels, such as pharmacists and paid carers (12.8% of women would find paid carers a helpful source for getting more health information from, relative to 10.5% of men). On the other hand, men prefer impersonal health information suppliers, such as the internet, the television or radio (17.8% of men want more health information from this source as compared to 16.3% of women).** This may mean that health information targeted specifically at gender audiences (men's/women's health information) might be most effectively communicated through a different mix of channels.

Health information seeking preferences by gender



WOMEN

Women appear to prefer face-to-face supply channels



MEN

Men prefer impersonal health information suppliers, such as the internet, the television or radio

What do we mean by health seeking behaviour?

In this report we focus on Health Information Seeking Behaviour (HISB) – more broadly speaking this means the processes, activities and sources through which individuals obtain health-related knowledge – along the life trajectory. For the purposes of this report, we adopt the following definition

“The ways in which individuals go about obtaining information, including information about their health, health promotion activities, risks to one’s health, and illness.”

(Lambert and Loiselle, 2007, pp. 1008)

How HISB can make a difference?

Health Information Seeking Behaviour is of vital importance – the ability to understand how individuals navigate around, interact and make decisions about their health in the short and long term is essential in order to develop effective and sustainable policies and innovations that best meet demand.

For politicians, policy makers and health care providers and indeed patients understanding HISB matters – it provides the key to achieving higher levels of self-management, prevention, improved health care navigation and medicine adherence for the health consumer.

Why HISB matters in today’s health universe:

1. The shift in the burden of liability for health concerns in the direction of the patients, or the ‘consumers’, of healthcare. This decentralisation and diffusion away from the core providers of healthcare and towards individuals arguably leaves a shortfall in health services provision for HISB to cover (Johnson and Case, 2012).
2. As healthcare systems become more patient centred – enabling and promoting individuals to identify their own needs and to make choices about how and when they are supported – we will increasingly observe a trend to match ‘personal responsibility with personal services’.
3. A growing desire for health knowledge reflects burgeoning consumer-driven participation in healthcare that is both challenging and changing the traditional patient-practitioner relationship (Kummervold *et al.*, 2008). HISB’s role is enhanced by an appetite for information empowerment among some individuals.
4. There are now an increasing variety of sources from which individuals seek health information, ranging from traditional sources such as the doctor, personal sources such as family and friends and distant/impersonal services such as web based content and online communities. The ability to understand how individuals navigate their way through the array of sources now available is arguably essential in terms of the formation of health service development and delivery.
5. The desire for more information and rising HISB supply channels may confers advantages on individuals in the current climate of personal healthcare management, particularly in terms of chronic conditions, as HISB can contribute to an individual’s ability to cope with and accept the emotional, physical and psychological changes that long-term health concerns may bring about.

Our Approach

While there has been a growth in interest in recent years into how individuals seek health information, significant gaps remain. The aim of our report is to understand how patterns of HISB differ across four European countries and within different age groups.

We consider the usage of and trust in five key sources of health information, these being doctors or nurses; pharmacists, chemists or drug stores; family, friends or colleagues; medical helplines; and online resources.

We assess these elements of HISB using our survey data that includes a sample of 4,182 individuals spread across our four countries, as well as on focus group evidence that draws on qualitative discussions groups of 10 individuals per country, and literature analysis.

In our survey data we ask each participant to rate the extent to which they would use each of the five sources when faced with three separate health scenarios – discovering a lump on the neck, being diagnosed with a chronic illness or when searching for information on staying healthy. We also collect ratings of the amount of trust individuals have in each source. Below is a summary of our main findings for each of our five health information suppliers.

Key findings by theme:

Doctors and Nurses

Studies have consistently shown that doctors and nurses are the first port of call for individuals seeking health information, regardless of the age of the person or the country; our survey results confirm this to be the case.



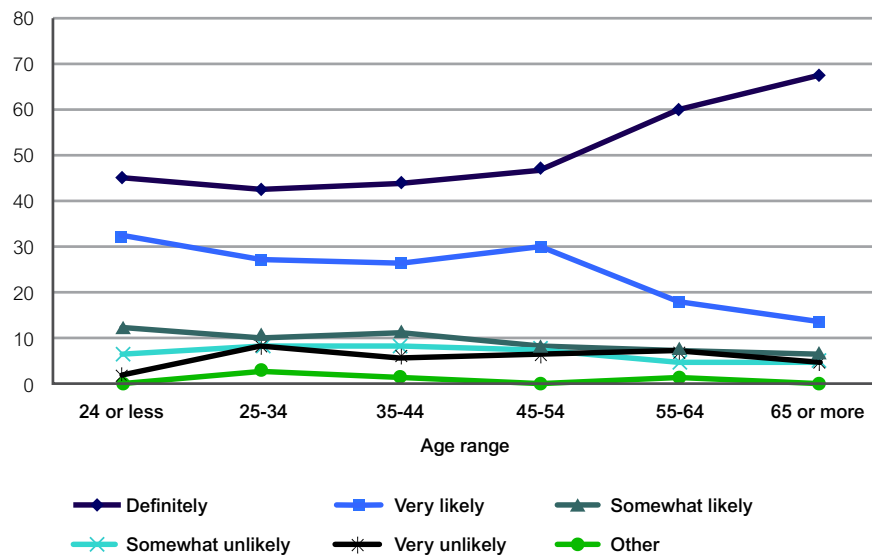
We found that doctors and nurses remain not only the number one source of health information but they are also the most trusted of all information sources: across all age ranges an average of 92.4% of sample members said they are 'always' or 'mostly' trustworthy.

However, when we analysed how people use a doctor for health advice and information and under what circumstances they do so, a somewhat more nuanced pattern emerged. While a high number of respondents would 'definitely' turn to a health professional on finding a lump on their neck – ranging from 80.2% of survey members in France and 79.8% in Portugal, to 70.3% in the UK and 67.5% in Germany – the question remains as to where the other 20-30% of respondents are seeking their advice from for what could be a potentially life threatening illness. This could plausibly be explained by low levels of health literacy amongst certain sections of the population, as a lump on the neck may not immediately register as a pressing health concern to some. An alternative explanation may be linked to a term in the HISB literature known as the 'health knowledge avoider', whereby seeking information invokes stress and/or the threat of illness elicits long term avoidance or denial towards seeking help.

Perhaps even more interestingly with regard to the health and prevention agenda, when information on staying healthy is sought the number of people in the 'definitely' response group is 69% for Portugal, 61% for France, 51% for the UK and 49% for Germany. Such findings indicate that across Europe people generally rely on their GP for immediate help for a new health problem and/or management of existing health conditions, yet GPs do not present themselves as the only or main source of information for healthy living advice. It is also worth noting from the chart below, that people aged 65 or over in the UK are more inclined to use the GP in this respect than those aged 24 or less.

Figure 1: UK: Finding information on staying healthy e.g. on immunisation/stopping smoking –likelihood of going to a doctor or nurse for further information

(% of total within the age range, unweighted sample)



Indeed, with regard to generational shifts in seeking health information and trust in GPs, there is a small but marked tendency for lower levels of trust to be displayed among the younger age groups. Higher levels of usage and trust in doctors/nurses by older people compared to younger people, albeit a marginal difference, is also highlighted from our focus group evidence in all four countries and in existing literature on this subject. Older people tend to not only have higher levels of confidence in GPs, but are also more inclined to show greater deference towards these health care professionals than younger people (Age Concern 1997). This attitude may lead younger age groups to be less inclined to refer solely to doctors and other health professionals as health information sources, and instead they may corroborate advice received from doctors with that from other channels.

Pharmacists, chemists or drug stores

Pharmacists hold differing degrees of presence and influence in the health systems of countries. Variations in the level of coverage and status of pharmacists in primary health care systems across different European countries serves to demonstrate how a health system itself may have influence over HISB and the importance of this health system context was reflected in our survey findings.

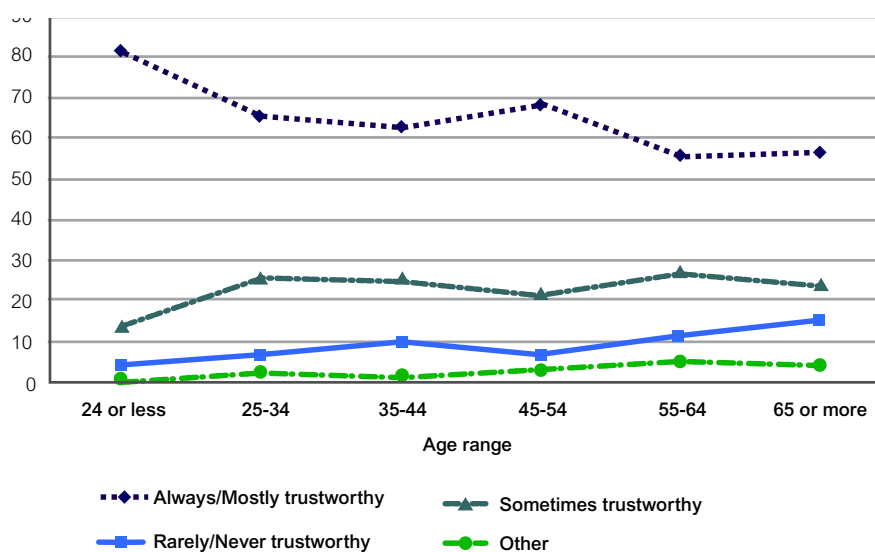
The use of pharmacists in HISB is based on trust: in the UK we find that 81.2% of those aged 24 or below consider pharmacists to be 'always/ mostly' trustworthy. Meanwhile, just 56.7% of people aged 65 or above state that this source is 'always' or 'mostly' trustworthy.

This generational divide in levels of trust may arguably be linked to higher levels of trust in GPs exhibited by the over 65s, compared to younger people. Indeed this may suggest a need for other health information sources such as pharmacists to build trust levels within the older age groups, thereby helping to mitigate a potential over-reliance on GP services, especially in cases where GP provisions are not fully necessary in response to an ailment. Interestingly, while levels of trust may have been lower for those aged 65 or more, pharmacists represent the most helpful source for receiving more health information from in three of the four countries we feature (UK, Germany, and Portugal). This also suggests a growing role for pharmacists as a source of health information and advice.



Figure 2: UK: Trustworthiness of health information provided by a pharmacist, chemist, or drugs store

(% of total within the age range, unweighted sample)



However age is not always the strongest determinant for levels of trust and usage in pharmacists. In Germany, for example, low levels of usage and trust were not as marked for those aged 65 or older: 74.4% of those aged 65+ say that this source is 'always/mostly' trustworthy (163 out of 219 people in this age group).

Our findings of high levels of trust among the German sample reflect the country's strong usage of and therefore greater familiarity with and trust in pharmacy services. Germany is characterised by greater ease of access to community pharmacists, with a higher proportion being present across the country as compared to in other areas of Europe (Taylor *et al.*, 2004).

Family, friends or colleagues

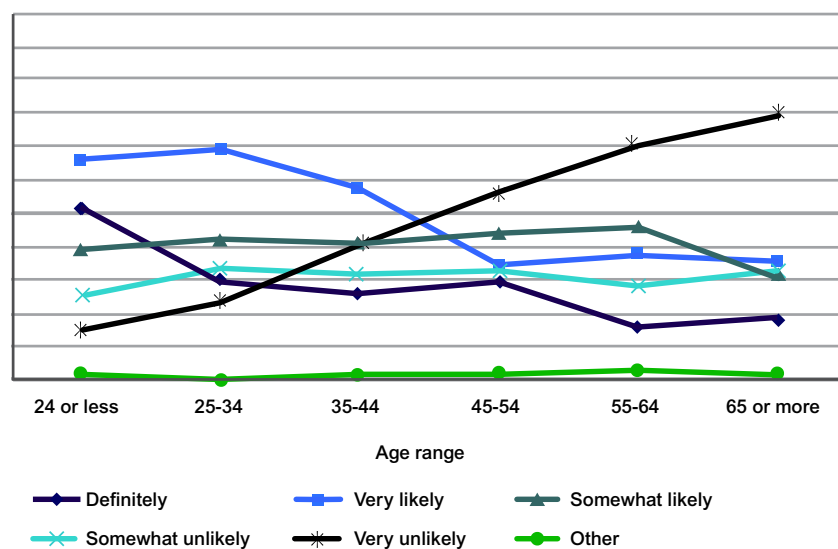
While family, friends or colleagues cannot be considered formal health information providers, their importance and role should not be underestimated. In analysis of the WHO e-health consumer trends surveys of 2005 and 2007, Kummervold *et al.* (2008) find that family and friends are ranked second in importance behind health professionals across seven European countries, with near to 64% of their 14,956 individuals aged between 15-80 years of age relying on close contacts for health-related insights. The current evidence on HISB in this respect and our survey results also point to a generational divide in terms of the extent to which younger versus older age groups use and trust their informal networks.



Once again we see a strong relationship between use and trust, just as above with pharmacies, we see higher reliance on information sources when there are higher levels of trust. In the UK and Germany people aged 24 or below are most likely to turn to family and friends for health advice. This is particularly the case in the event of a person discovering a lump on their neck: 59.0% of people in this age range (69 out of 117 people) in the UK and 65.5% (78 out of 119 people) in Germany say that they are 'definitely' or 'very likely' to go to family members and social networks in this situation. Use of this source is connected to trust in it among younger people: with 48.7% in the UK and 62.2% in Germany of those aged 24 or below rating family and friends as 'always' or 'mostly' trustworthy.

Figure 3: UK: Discovering a lump on the neck: likelihood of going to family, friends or colleagues for further information

(% of total within the age range, unweighted sample)



In contrast, among those aged 65 or more, just 27.0% of people in the UK and 30.6% in Germany are 'definitely' or 'very likely' to seek advice from relatives, friends or colleagues if a lump on their neck is found. In parallel with lower levels of usage, trust in this source within the older age group is also relatively low: 35.7% of UK citizens aged 65+ state that this source is 'always/mostly' trustworthy and 43.8% say so in Germany.

Our findings on family and friends as health information sources correspond with the trajectory of age-related health conditions, whereby younger people may be less likely to experience or have had experience of sudden, chronic, or severe illnesses than older people. Thus, younger individuals may be able to rely to a greater extent on family, friends, colleagues or pharmacists and chemists for a range of health advice, since heeding to this advice does not carry the same risks as for older people who may have underlying and long-term health problems.

Internet

There is a significant body of research on the internet as a source of health information, despite its relatively recent entrance into the health landscape. Our survey findings complement the existing literature in this field, which suggest younger people are more likely to obtain their health information online, with older people being the least likely to do so.



Lower take-up among certain older cohorts may be a consequence of their insufficient IT literacy, thereby implying that the digital divide is limiting service usage for specific groups. We also observed pronounced differences between countries which may be reflective of wider health, economic and social inequalities in a country.

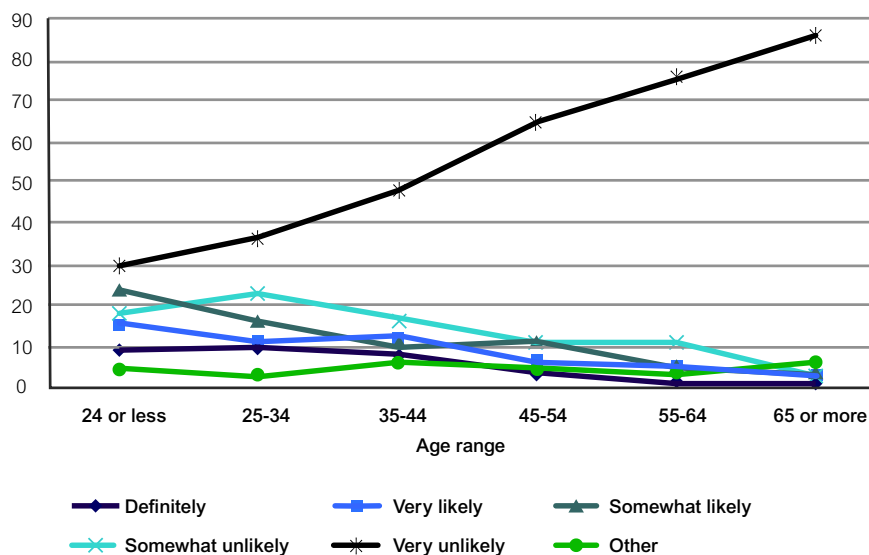
Portugal has the lowest per capita GDP of all of the four countries and, in our survey, had the highest number of non-internet users across all age groups, a finding that is particularly marked among the older age groups. We also examined where our sample members access the internet. Across all four countries the location for internet access is primarily the survey member's home. In Portugal 80.5% of people aged 24 or less gain internet access in this way, relative to just 6.8% of those aged 65 or more.

In terms of the use of the internet for HISB, the association between the age of our sample members and their likelihood of going online for further health information is a negative one under any given

health scenario. There is a clear upward sloping relationship between age and being ‘very unlikely’ to consult the internet for more information on a health state in Germany, France and Portugal. On average, 47.2% of those aged 45 or above in Germany, 67.4% in France, and 75.4% in Portugal are ‘very unlikely’ to seek further advice online when a lump on their neck is discovered.

Figure 4: Portugal: Discovering a lump on the neck: likelihood of going online for further information

(% of total within the age range; unweighted sample)



Once again, we can observe a strong relationship between usage and trust when it comes to the internet. Levels of trust in online health sources are higher among younger age groups particularly based in the UK and in Germany, Among those aged 44 or younger in the UK, an average of 27.1% of respondents consider online provisions as ‘always/mostly’ trustworthy and on average 40.4% say this source is ‘sometimes’ trustworthy. In Germany a mean of 34.4% and 41.3% of people aged 44 or less rate internet health services as ‘always/mostly’ and ‘sometimes’ trustworthy respectively.

In terms of the consequences for future service provision, it is arguably likely that this generational divide in online HISB will close as time evolves and internet access and usage familiarity increases for citizens. However it is clear that challenges remain for the delivery of health care information through this medium, with levels of trust in this source being relatively low compared to that for GPs, for example, even among younger generations.

As was mentioned above, though trust in GPs, pharmacists and related providers is higher relative to trust in the internet among young people in the UK, their preferences for receiving more health information online are stronger than are their interests in getting more health information from pharmacists in person. So it is clear there are opportunities for trusted health care sources such as pharmacies to provide information online, thereby capitalising on the high levels of trust for their professional services but with delivery through a medium that appeals to the younger cohort.

It should also be noted that our survey indicated per country disparities in terms of preferred online health information suppliers. The most popular online tool overall for seeking health information is that of a search engine, with the second most popular method being the use of health websites provided via the government. This was especially pronounced among UK survey participants, which is the main sample member country in which people are more inclined to say they would use this online resource relative to the proportion saying they would not. This popularity may be attributable to recent high level health awareness and information campaigns in the media which may then drive internet traffic to Government websites in particular.

Medical Helplines

There is a lack of clear evidence on the use and impact of medical helplines in the current literature on HISB and how these patterns vary by age across European countries. This omission in the literature is likely influenced by the lack of advancement of medical helplines and their build-up of a public profile across European countries, with much of the available analysis focusing only on NHS Direct in the UK. Our survey results are intended to address some of these gaps and provide new insights into a relatively recent source of health information.

Perhaps unsurprisingly given the younger generation's openness towards different health information sources, young people based in the UK and aged 24 or below are the most likely of all age groups and relative to those in any other country to say that they are 'definitely' or 'very likely' to go to a medical helpline for further information on any particular health issue.

In the event of finding a lump on their neck 12.0% would 'definitely' use this source and 22.2% are 'very likely' to. The comparable figures for being diagnosed with a long-term health condition are 14.5% and 22.2% respectively, and for information on staying healthy they are 12.8% and 19.7% respectively. By comparison, for older people in the UK aged 65 or above, just 6.5% of survey members say that they would 'definitely' consult a medical helpline if a lump on their neck were found, and 9.9% would be 'very likely' to do so. If diagnosed with a long-term illness, the percentages of people in this age group who are 'definitely' or 'very likely' to use a medical helpline are 3.0% and 7.2% respectively. Meanwhile, these figures stand at 3.4% and 7.6% in the 'definitely' and 'very likely' response categories among UK citizens aged 65 or over when information on staying healthy is sought. Thus across all of our health scenarios, medical helpline usage in the UK is lower in the older age range than it is among younger people.

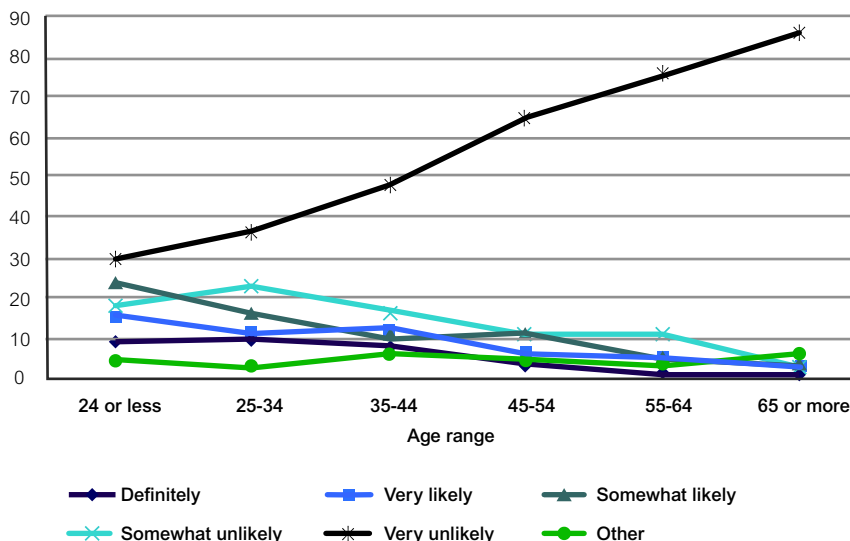
Across all other countries most survey participants say that they are 'very unlikely' to use this source, a response category that is increasing in age and is highest among those aged 65+ and based in Germany or France in particular.

When it comes to the trustworthiness of health information provided via a medical helpline, the UK is a clear country frontrunner, whose survey members rate this source very highly, a finding that correlates with their relatively greater use of this source.

In the UK 66.7% of people aged 24 or less consider a medical helpline to be 'always/mostly' trustworthy as a health information provision. This stands at 56.3% among those aged 25-34, 43.0% among 35-44 year olds, 30.5% for people aged 45-54, and 28.8% for 55-64 year olds.

Figure 5: UK: Trustworthiness of health information provided by a medical helpline

(% of total within the age range, unweighted sample)



While this high level of trust is decreasing in the age of UK survey participants, at any age band the percentage of UK respondents rating a medical helpline as 'always/mostly' trustworthy is consistently above that for any other country, even among the oldest age group.

In Germany, just 16.4% of people aged 65 or older say this source is 'always/mostly' trustworthy and for France and Portugal percentages are even lower, at 14.7% and 8.7% respectively, compared to 20.9% of UK persons aged 65 and over.

Evidence from our focus group discussions also highlighted the lack of familiarity with medical helplines in Germany and France in particular, as well as in Portugal, a factor that also impacts on trust in them. Telephone-based health services were criticised for their impersonal nature, whereby it is difficult to verify who is giving the advice especially if the patient's condition cannot be seen. Where they are used, phone helplines are considered a good service for non-emergency or out of surgery opening hours advice on health concerns.

The comparatively higher levels of trust associated with a medical helpline among UK citizens likely reflects the fact that the principal phone helpline provision is linked to the central public health service of the NHS, a supplier of health information with a reliable and long-standing reputation for service delivery

However despite high levels of trustworthiness placed in a medical helpline among UK survey members, there was little appetite to receive more health information from this source. An average of just 5.4% of people aged 34 or less in the UK would find it helpful to get more health information from this source and in the age range of 55+ an average of 7.2% would (see chart 'Most helpful sources for receiving more health information from' in the section on Pharmacists, chemists and drug stores in full report). A similar low level of demand was evident in all other European countries, In Portugal for example, on average only 6.5% of those aged between 25 and 44 prefer more health content from a phone helpline, while in the age range of 45-64 an average of 5.8% do.

Our findings suggest that, based on health consumer preferences, not only is there potentially limited demand for further health information from medical helplines across Europe, but even in the UK, Medical Helplines such as NHS Direct are not being reached out to and/or being used as a preference for health information by many older people. Practical barriers such as hearing loss may be one explanation, but low levels of trust of this source in our survey also points to a wider problem for older people and once again perhaps an over-reliance and trust in more traditional health information sources such as the GP.

Conclusions

Our report findings confirm that health seeking behaviour is a complex and dynamic phenomenon, not only to understand, but also to respond to at both the individual and the population level.

Variations in HISB activity by the aspects of age and gender may have important implications for the take-up of and extent of participation in preventive behaviours.

Individuals in different age bands and of each gender may require specific approaches by health professionals and health information providers in order to ensure that all persons are equally well targeted and engaged in HISB. This would be both for their own benefit in their role as health care 'consumers', as well as for the benefit of the government-driven preventive health behaviours agenda.

To give an example, our finding that pharmacists and similar suppliers are used and trusted to a greater extent by younger age groups has implications for service delivery. A prospective growth area for pharmacists among younger people may lie in the provision of online health information and services, if a sufficient level of trust and reputation in this can be achieved.

Older age groups instead seem to prefer more personal and professional services through which they can secure a long term and reliable bank of health information. In this case, our results suggest a potentially growing market within older age groups for the face-to-face-contact offered by pharmacists and related sectors, one that may boost future levels of trust in their services.

Next steps and challenges

There are a number of common themes emerging from the literature review, our survey and focus group findings.

Diversity of sources used and multiple source seeking

There is an increasing diversity of information sources being used, particularly by younger age groups. Given the diversity of sources that are being consulted in HISB, and the plurality of the approaches that patients are increasingly taking, there is much to be said about the interactions between different sources of health information.

Internet: supplement or replacement?

There is a great deal of literature examining the impact of the internet both on HISB as a whole, and also the use of other health sources alongside the internet. In the culture of the empowered patient, the internet is adding to the control and understanding gained by the patient about their health and is often used as a supplementary source to other information channels.

Transient information

Patients state concerns over receiving information which is 'transient'; that which is reported orally without any material to be referred back to. Consultations with health professionals as well as television and radio information are discussed as problematic sources (Giacalone *et al.*, 2007; Dutta-Bergman, 2004). The increased availability of online health resources has a role to play here in providing a relatively static source of health information for seekers.

Health 2.0

The rise of Web 2.0 has facilitated growth in a concept known as Health 2.0: the implementation of Web 2.0 tools into health information dissemination. These sites might include online forums to discuss health issues, the ability to share information about different service providers and/or healthcare professionals, as well as pages with health information with an increasing move towards a wiki-style trend of contributions and moderations or amendments made by online communities.

Proxy health seekers

Health information seeking by proxy refers to health information that is sought by a third party on behalf of the patient, and is an approach that offers a means through which the information supplied through certain channels (such as the internet) may become available to relatively more unfamiliar or excluded users (such as older individuals).

Recommendations

Recommendations for European Member States:

- 1. For health care employers and professional bodies -** There is a need for health care professionals to improve their own communication and interpersonal skills to target hard to reach sectors of the population and build trust among certain groups.
GPs, for example, could learn to develop consultation techniques to improve the clarity of their communication with younger people and they could consider how their information provision may need to be adapted and tailored for this group in order to strengthen patient health literacy skills.
- 2. For health information providers:** To improve accessibility and individual choice, we recommend that the location of health care services is flexible to meet peoples' needs and some of the traditional sources of health information provision consider new delivery mechanisms to respond to the requirements of different health consumers. Against a backdrop of reconciling growing demand with limited resources, innovative delivery models for healthcare and a move towards increase patient autonomy and empowerment could yield savings to the public purse.
In the UK for example, trust in pharmacists is particularly high among those aged 24 or under, however their preferences for receiving more health information online are stronger than are their interests in receiving more health information from pharmacists in person. Therefore pharmacies could provide greater health information via the internet, thereby capitalising on the high levels of trust for their profession but altering their service delivery towards a medium that appeals to the younger cohort.
- 3. For health information providers and governments:** To improve access to the internet for vulnerable groups, we recommend increased public access points for the internet and greater information and training.
Across all EU member states, older people for example, are much less likely than younger people to access the internet. Yet increasing amounts of health information is available, sometimes exclusively, online. Governments must invest in tackling digital exclusion and ensuring that online services are accessible and usable to as wide a range of consumers as possible
- 4. For governments and health and social care providers:** There is a clear need for a public information campaign on health literacy and health information seeking behaviour as part of a wider long-term strategy to raise awareness amongst the general population on how to look after their health and adopt a preventative approach to health issues.
We would recommend that any information campaign will: Ensure information is accessible and usable to people of all ages; Ensure provision is not delivered in a discriminatory way; Ensure imagery used when promoting any services does not inadvertently put off usage (e.g. photos of younger people using computers for health information); Recognises the importance of multi-channel communications and recognises the diversity of consumer, targeted information provision using sophisticated consumer segmentation (online and offline) is recommended.
We would also recommend greater evaluation of the impact of information campaigns in the short and long term with a particular emphasis on their efficacy for different risk profiled parts of the population.

Recommendations for European Union Action:

5) We support the aims and ambitions of the joint consensus paper 'Actions for the European Commission to advance health literacy', launched in October 2013. Recommendations included:

*Support a comprehensive mapping exercise to gain an overview of the state-of-the-art, existing initiatives, promising interventions and potential for replication, and scale-up, as well as gaps in the evidence base that will need to be addressed.

*Develop a Commission Communication on health literacy.

*Roll out the European Health Literacy Survey (HLS-EU) by conducting Eurobarometer surveys including all 28 Member States as a means to ensure long-term monitoring of health literacy developments in the EU.

*Establish a collaboration among DGs (SANCO, EMPL, EAC, CONNECT, EDUCATION etc.) on the EU health literacy strategy, based on the principle of "Health in All Policies".

*Support the integration of health literacy as part of capacity-building of health professionals within the EU Health Workforce Action Plan.

*Promote health literacy through means of e-health, internet and social media.



ILC-UK

11 Tufton Street

London

SW1P 3QB

Tel : +44 (0) 20 7340 0440

www.ilcuk.org.uk

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