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Short Summary
Health Literacy of people with migration background in Germany
Results of the HLS-MIG

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HLS MIG
Gesundheitskompetenz von Menschen mit Migrationshintergrund

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Introduction

The present HLS-MIG study provides for the first time detailed data for Germany on the health literacy of people with a migration background. It focuses on the two major immigration groups: People with former Soviet Union and Turkish migration backgrounds. In terms of content and methodology, the study follows the second study on the health literacy of the population in Germany (HLS-GER 2; Schaeffer et al. 2021) and has been supplemented with relevant migration-specific aspects. In addition to general health literacy, digital and navigational health literacy were also examined.

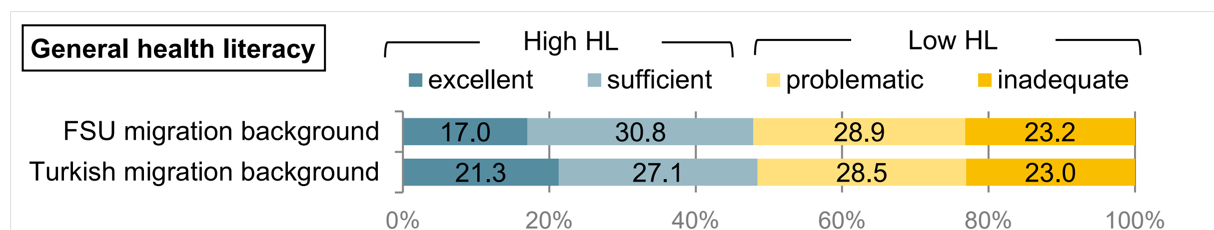
Methods

This study is based on a quantitative cross-sectional survey of migrants with Turkish and former Soviet Union background aged 18 and older residing in Germany. The survey was conducted using paper-assisted oral-personal interviews (PAPI) by the Allensbach Institute for Public Opinion Research in August/September 2020. Participants could choose between a German, Turkish and Russian version of the questionnaire. The sample was drawn using the quota method. A total of 512 people with Turkish and 525 people with former Soviet Union migration background were included in the analyses.

In this study and in the complementary HLS-GER 2 study, health literacy was measured using the HLS_{19}-Q47. Health literacy levels were calculated based on the newly defined sum score of the dichotomized items, which is standardized to the range of 0-100. As cut-off points for the health literacy levels, cutting points 50 – 66.66 – 83.33 were applied. As in the HLS-EU study, the resulting categories are labelled “inadequate”, “problematic” (referred to as “low” health literacy), “adequate” and “excellent” (referred to as “high” health literacy) although they are not directly comparable. The new topics were analyzed using the same approach.

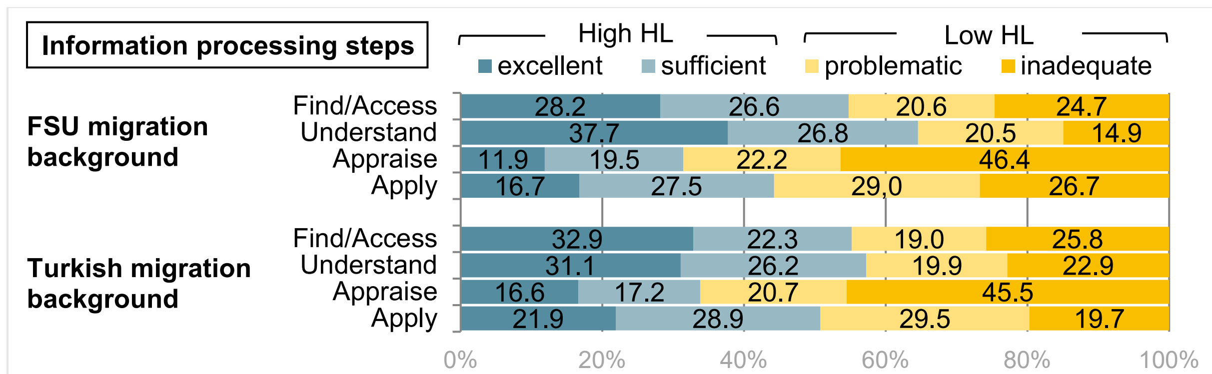
Main results of the HLS-MIG

1. *More than half* of persons with former Soviet Union (FSU) and Turkish migration backgrounds have low general health literacy (HL). Their health literacy does not differ substantial from that of the general population in Germany; in fact, it tends to be slightly better.

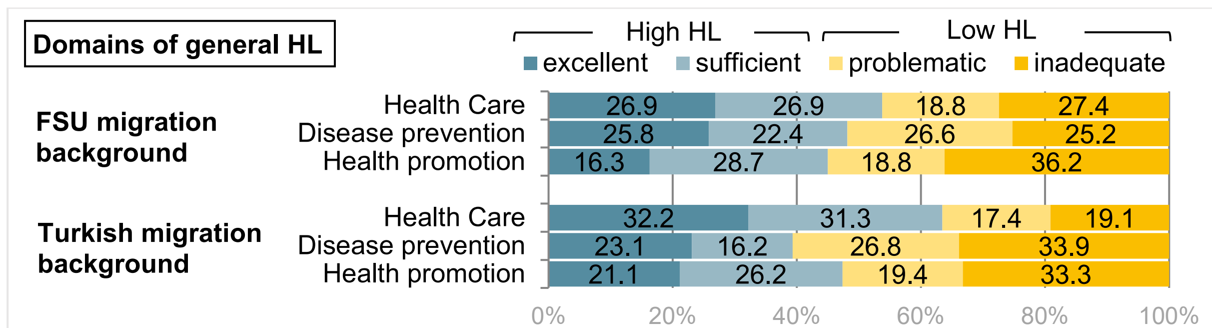


2. Similar to the general population, health literacy is also *unequally distributed* among people with a former Soviet Union and Turkish migration background: In particular, people with a low educational level or low social status, older people or with a chronic illness have lower health literacy, as well first-generation immigrants and/or persons with poor German language skills.

3. Of the *four steps in information processing* (finding/accessing, understanding, appraising, applying), appraising health information is perceived as the most difficult one, which corresponds to the results for the general population. About two-thirds have low health literacy (HL) in appraising health information. However, also applying health information is often perceived as difficult: About half of the respondents have low health literacy. Difficulties include assessing the trustworthiness of information or the possible commercial interests of information providers.



4. In the *three domains*, dealing with information on disease prevention and health promotion is considered to be particularly difficult. Dealing with information on vaccinations or health screenings as well as the organization of health-promoting living conditions pose subjectively large difficulties. Dealing with health information in the domain of health care also confronts people from both ethnic groups with difficulties, for example when it comes to judging the advantages and disadvantages of treatment options, understanding information leaflets or appraising if a second medical opinion is useful.

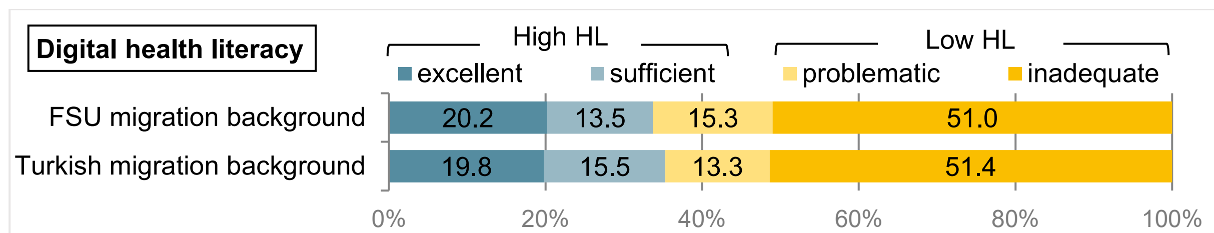


5. The HLS-MIG shows once again that *low health literacy has behavioral consequences*. Like the general population, people in both ethnic groups with low health literacy behave in unhealthier ways (they are less likely to be physically active and less likely to consume fruits and vegetables on a daily basis) and have poorer self-perceived health. They also use the health care system more intensively: they have more contacts with GPs/family doctors, medical specialists, inpatient hospital services and emergency services.

6. Both ethnic groups have a strong *interest in health information*. The most important points of contact and sources of health information include general practitioners and the internet, as well as medical specialists, family and friends. However, the received information is not always well understood: The information provided by health care professionals – especially doctors – and, above all, health insurance companies, pose problems in understanding.

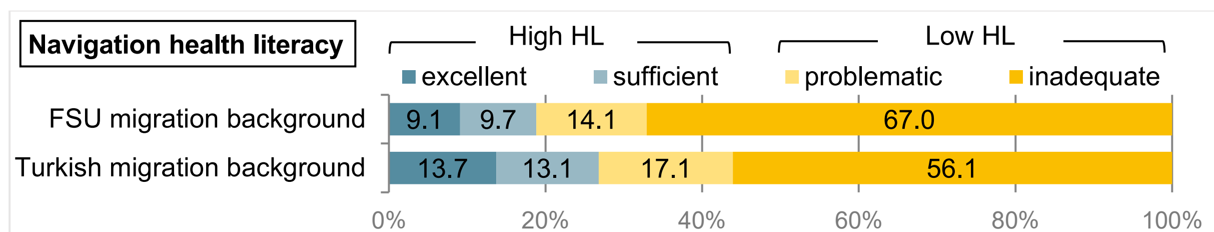
Both groups make intensive use of foreign-language information and obtain a considerable proportion of it from Russian-speaking countries and Turkey. There is a great need for translation services – even among respondents with a good knowledge of German. However, from the respondents' point of view, these are not easy to obtain.

7. *Digital health literacy* is less well developed among people with a former Soviet Union (FSU) and Turkish migration background than general health literacy: more than two-thirds in each group have low digital health literacy; in individual subgroups, the number is even higher. There are major difficulties in appraising the trustworthiness and neutrality of digital health information, among other things. Compared to the health literacy of the general population, their digital health literacy is slightly better.



The user groups of digital health information services are also larger than in the general population. However, apart from websites, only a minority uses digital health information; for example, only about one fifth interact digitally with health professionals.

8. *Navigation health literacy* is the worst pronounced: Three-quarters of those with former Soviet Union and Turkish migration backgrounds have low navigation health literacy. On average, respondents of Turkish origin rate the navigation-related information tasks as easier than the general population. Individual tasks are rated as similarly difficult by both ethnic groups: for example, the appraising of health care reforms and changes in the law, patients' rights or the acquisition of costs by health insurance companies. Navigation health literacy also varies by socio-economic status.



9. Both ethnic groups find it easy to cope with the demands of *communicating with doctors*: fewer than half of them see themselves facing difficulties here. Here, too, there are hardly any differences from the general population. The greatest difficulties, as in the general population, are getting sufficient time to talk to doctors or understanding the terminology used. Not being interrupted during a conversation is rated as more difficult by both groups than by the general population. Unsurprisingly, people with poor German language skills face particular problems in communicating.

10. *A comparison of the two ethnic groups* reveals numerous similarities. General and digital health literacy are similarly pronounced among persons with a former Soviet Union and Turkish background. In both groups, appraising health information poses the greatest difficulties, and it is the same subgroups that are particularly affected by low health literacy. In contrast, there are differences in dealing with information on disease prevention: the group of Turkish origin faces greater difficulties than the former Soviet Union group. Additionally, the proportion of low health literacy in the Turkish group is lower in the domain of health care and navigation health literacy. Furthermore, there are differences in information-seeking behavior.

11. The results of the HLS-MIG underline the *need for social and political action*, because health literacy is low in large parts of the population, including people with a former Soviet Union and Turkish background. In promoting health literacy, it is important to address vulnerable subgroups in particular and to develop target-group-specific interventions for them, taking diversity into account. Besides interventions to strengthen personal health literacy, measures are also needed to facilitate the acquisition of health literacy and the use of health information, including improving the quality of health-related information and enabling a health-literate, user-friendly, diversity-sensitive health system, organizations and professions.

Summary of the key results of the HLS-MIG:

If there are two percentages are listed, the first refers to the sample with former Soviet Union migration background and the second refers to the sample with the Turkish migrant background.

General health literacy

- In both groups with a former Soviet Union and Turkish migration background, about half of the individuals (52.1 % vs. 51.1 %) have low general health literacy.

Vulnerable groups

- Vulnerable groups with high proportions of low health literacy include individuals
    - with a low level of education (68.7 % vs. 64.9 %),
    - with a low social status (69.6 % vs. 75.0 %),
    - aged 65 and over (60.5 % vs. 79.5 %),
    - with chronic illnesses (58.5 % vs. 53.9 %),
    - with poor German language skills (57.6 % vs. 63.8 %),
    - or first-generation immigrants (54.5 % vs. 60.6 %).

Steps of information processing

- Appraising information is most difficult for both migration groups: 65.5 % vs. 68.6 % have low health literacy here. In the application of health information there are 55.7 % vs. 49.2 % with low health literacy.
- Finding and understanding health information are easier: in finding, 45.2 % vs. 44.8 %, and in understanding, 35.4 % vs. 42.8 % have low health literacy.

Domains of health literacy

- In the group with former Soviet Union migration background, the highest percentage of low health literacy is in the domain of health promotion with 55 %; this is followed by the domains of disease prevention with 52.1 % and health care with 46.2 %.
- In the group with Turkish origin, the highest proportion of low health literacy is in the domain of disease prevention with 60.7 %, followed by health promotion with 52.7 % and health care with 36.5 %.

Consequences of low health literacy

- Of those with excellent health literacy, 74.2 % vs. 83.5 % report a (very) good subjective health status; for inadequate health literacy, this is only 44.9 % vs. 43.1 %.
- High health literacy is associated with healthier behavior: 58.0 % and 44.0 % of those with excellent health literacy eat fruits, vegetables, or salads daily; for those with inadequate health literacy, it is 43.3 % vs. 38.5%. Physically active at least 4 times a week are 58.4 % and 54.2 % with excellent and 44.1 % vs. 27.7 % with inadequate health literacy.
- Individuals with low health literacy are more likely to use the health care system. For example, 18.3 % vs. 26.5 % of persons with inadequate health literacy have at least 6 contacts with general practitioners within a year, while this applies to only 4.6 % vs. 8.4 % of persons with excellent health literacy.

Health information behaviour

- Both ethnic groups are very interested in health information: 87.2 % vs. 82.9 % have already searched for health information.
- General practitioners are the most preferred source of information (preferred by around 75 %), followed by the Internet (55.9 % vs. 60.0 %), medical specialists and family (both around 45 % vs. 35 %).
- Around two-thirds of people use health information in Russian, Turkish or another language in addition to German. 57.6 % vs. 33.9 % use information from Russian-speaking countries and Turkey.
- Among people of Turkish origin, there is a great need for translation services for doctor visits or in the hospital.

Digital health literacy

- The proportion of low digital health literacy is 66.3 % in the group with a former Soviet Union background and 64.7 % in the group with a Turkish background.
- Particularly high proportions of low digital health literacy are found among older people aged 65 and over (90.1 % vs. 93.2 %), but also among people with low social status (79.2 % vs. 83 %) or educational level (73.3 % vs. 78.5 %), chronic illnesses (76.6 % vs. 68 %), first generation (68.9 % vs. 72.6 %) or poor German language skills (71.4 % vs. 76.5 %).
- Over 70 % of both groups use health-related websites, but much more than half of both groups do not use health apps, digital devices, or digital interaction for health care. Again, there are differences in sociodemographic subgroups.

Navigation health literacy

- Navigation health literacy is least pronounced in both ethnic groups: low navigation health literacy is shown by 81.1 % in the group with former Soviet Union and 73.2 % in the group with Turkish migration background.
- Particularly high proportions of low navigation health literacy are found among older people aged 65 and over (90.2 % vs. 86.4 %), but also among younger people up to 29 years (74.7 % vs. 68.1 %) and people with low social status (88.4 % vs. 88.6 %) or with a low educational level (81.8 % vs. 80.9 %), as well as with a chronic illness (86.3 % vs. 76.4 %), the first generation (81.9 % vs. 79.4 %) or poor German language skills (87 % vs. 81 %).
- It is particularly difficult for respondents to understand information on health care reforms, to find support options, to learn about patients' rights or to find out which costs are covered by health insurance companies.

Communication with doctors

- The requirements in the area of communication with physicians are considered to be easier.
- Getting enough time to talk to doctors, not being interrupted and understanding terminology or being involved in decisions are perceived as particularly difficult.

Literature

Schaeffer, D., Berens, E.-M., Gille, S., Griese, L., Klinger, J., de Sombre, S., Vogt, D., Hurrelmann, K. (2021). Health Literacy of the Population in Germany Before and During the COVID-19 Pandemic: Results of the Second Health Literacy Survey Germany (HLS-GER 2). Short Summary. Bielefeld: Interdisciplinary Centre for Health Literacy Research, University Bielefeld. https://doi.org/10.4119/unibi/2951271

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