The European Health Literacy Survey

Greece

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1. Introduction

The European Health Literacy Project was developed with the aim to develop a tool that measures health literacy in Europe. Specific steps were carried out (see Table 1) towards the creation of the European Health Literacy Survey (HLS-EU) and results collected during the summer of 2011 providing first-time data on health literacy across eight European countries (Austria, Bulgaria, Germany, Greece, Ireland, the Netherlands, Poland and Spain). This report highlights and discusses the key findings and the main areas of concern for Greece. The HLS-EU project is hosted by Maastricht University under the coordination of Project leader, Professor Helmut Brand. The full description on the HLS-EU study and partners can be found on the site: [http://www.health-literacy.eu](http://www.health-literacy.eu).

### Table 1: Measuring Health Literacy in Europe

In order to develop a tool that measures health literacy in Europe, the steps included the following:

- Literature review of definitions, concepts and existing tools.
- Development of a conceptual model as foundation for the survey.
- Delphi procedure facilitating the questionnaire development
- Focus groups testing the questionnaire in Greece, Ireland and the Netherlands
- Pilot interviews testing the questionnaire in Ireland and the Netherlands
- Stakeholder review to make the final adjustments to the questionnaire
- Translation to local languages
- Official versions confirmed of the questionnaire HLS-EU-Q to be used in the European Health Literacy Survey.

The definition of HLS-EU for health literacy was developed from a review of more than 15 definitions of health literacy found in scientific literature:

*Health literacy is based on general literacy and entails people's knowledge, motivation and competencies to access, understand, appraise, and apply health information to make judgments and take decisions in terms of healthcare, disease prevention and health promotion to maintain and improve quality of life throughout the life course.*

### Primary Partner

The National School of Public Health (NSPH) ἙΣΔΥ in Athens offers higher postgraduate education. Its twelve Departments cover a wide range of areas of study. NSPH falls under both the auspices of the Ministry of Health and the Ministry of Education in Greece. The School also hosts the National AIDS Reference Centre, the National Nutrition Reference Centre and the National Hepatitis Centre.

The NSPH is designated by law as a teaching and research centre in public health and management of health services. Within this context, the NSPH has established a Centre for Balkan Public Health, and Focal Points or Observatories such as the Focal Point for Technology Assessment, the AIDS and Sexuality Observatory, and now the National
Focal Point for A&M. The NSPH’s Department of Sociology has participated since 1990 as the national partner in European projects on sexual behaviour and HIV.

The NSPH is internationally recognised by the WHO and the Association of Universities of Public Health Administration (AUPHA), and is a member of the Association of Schools of Public Health of the European Region (ASPHER).

**The Department of Sociology**

The staff of the Department of Sociology work in two broad areas: *Sociology of health and illness* and *Science, technology and society*. The first area examines the psychosocial and cultural dimensions of health and illness, including:

- Migrants’ health, social exclusion
- The general population and the threat of AIDS
- Young people’s perception of AIDS
- HIV/AIDS in special settings (prisons). Psychological determinants of HIV risk behaviours in prison
- Constraints and modes of adaptation of HIV carriers in everyday life
- Peer education programmes on HIV/AIDS in schools
- Empowerment of people living with HIV/AIDS by using Telematics (Information and Communication Technology)
- New technologies used for public health issues in public health education
- Third age care
- Communities and health

The persons who mainly worked on this project from the National School of public health were: Demosthenes Agrafiotis, Ph.D. (Lead), Elizabeth Ioannidis, Ph.D. (Coordination of Project), and Charalampos Magoulas, Ph.D. (questionnaire issues and translation) in close collaboration with Barbara K. Kondilis, MSW, MPH, consultant to the project.

**Additional Partners:**

Hellenic American University (HAUniv) & Hellenic American Education Center (HAEC) – non-profit private educational institutions (websites: [www.hauniv.us](http://www.hauniv.us) & [www.haec.gr](http://www.haec.gr)) provided a Consultant to the project, B. Kondilis, member of HAUniv faculty, who has been a member of the initial HLS-EU working group since 2007. HAUniv\HAEC has also brought in partners who are members of the National Advisory Board.

The eleven members of the National Advisory Board included health care providers, educational professionals (higher ed), health industry members, affiliates to patient organizations and to health policy makers who worked closely with the main research team in the formulation of the survey questions as well as the definitions and translations of terms into the Greek language, initial review of results, and ongoing media advocacy. The Board members who provided their assistance specifically consisted of healthcare providers (medical doctors); lecturers in public health, health management, health economics, and bioethics; linguists, psychiatrists, and social medicine practitioners from institutions including the Greek Center for the Control of Infectious Diseases, National School of Public Health, Hellenic American Education Center & Hellenic American University, University of Athens, and the University of Thessaloniki.
**Reasons to participate in HLS-EU**

The National School of Public Health partners (D. Agrafiotis, E. Ioannidi, C. Magoulas) in collaboration with the consultant from HAUniv & HAEC (B.K. Kondilis) are able to provide valuable input and intervention for the larger community on the topics related to health literacy. As NSPH falls under the auspices of both the Ministry of Health and the Ministry of Education (responsible for health education and promotion for all schools), one of its missions and objectives is to propose policies for health promotion for both Ministries and implement research concerning the evaluation of preventive actions.

The participant researchers have already published research on health education, health promotion and disease prevention, as well as health literacy (readability, informed consent, health literacy in adolescents, mapping health literacy, etc. [see references]). The Greek team supports and builds on the European network’s expertise on the topic of health literacy.

**2. Survey description**

**The European Health Literacy Survey**

The survey was conducted in July 2011 by TNS in all countries participating in the project, thus Austria, Bulgaria, Germany NRW, Greece, Ireland, the Netherlands, Poland and Spain.

The HLS-EU survey was designed based on the model for health literacy which was designed by the participating countries' workgroup in prior years for this research project. This included reviewing previous work done on patient-centered concepts in several European and North American countries. The Greek team contributed to the workgroup meetings for the development of the HLS-EU tool. The health literacy dimensions of the HLS-EU model are outlined in *Figure 1* below.

**Figure 1: The HLS-EU Model -- Dimensions of Health Literacy**

![Figure 1: The HLS-EU Model -- Dimensions of Health Literacy](image-url)
The final HLS-EU survey utilized for the study consisted of 47 health literacy questions and 39 background questions on health outcomes and socioeconomic determinants, etc. [total 86 questions] including the Nutritional Food Label Showcard (NVS). The survey was carried out by TNS for all countries. The survey for Greece was in the ICAP format by TNS completing a total number of 1,000 interviews. Greece is a country of 10.79 million people where 35% of the population (3.8 million) lives in Athens, Attica (ELSTAT, the Hellenic Statistical Authority, 2011). Data was collected in Metropolitan Athens areas as the composition is representative of the entire country’s population and many national surveys for the country are done this way.

Health Literacy «Εγγραμτοσύνη Υγείας» is a new term for Greece, and defining the concepts for the survey tool was influenced by the EU-Health Literacy model (Figure above) which includes the matrix of three dimensions and 12 sub-dimensions of health literacy as follows (Table 2):

### Table 2: Matrix of sub-dimensions of health literacy based on the HLS-EU conceptual model (Sorensen et al. 2012), used for questionnaire construction

<table>
<thead>
<tr>
<th>Health literacy</th>
<th>Access/obtain information relevant to health</th>
<th>Understand information relevant to health</th>
<th>Process / appraise information relevant to health</th>
<th>Apply / use information relevant to health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cure and care</td>
<td>1) Ability to access information on medical or clinical issues</td>
<td>2) Ability to understand medical information and derive meaning</td>
<td>3) Ability to interpret and evaluate medical information</td>
<td>4) Ability to make informed decisions on medical issues</td>
</tr>
<tr>
<td>Disease prevention</td>
<td>5) Ability to access information on risk factors</td>
<td>6) Ability to understand information on risk factors and derive meaning</td>
<td>7) Ability to interpret and evaluate information on risk factors</td>
<td>8) Ability to judge the relevance of the information on risk factors</td>
</tr>
<tr>
<td>Health promotion</td>
<td>9) Ability to update oneself on health issues</td>
<td>10) Ability to understand health related information and derive meaning</td>
<td>11) Ability to interpret and evaluate information on health related issues</td>
<td>12) Ability to form a reflected opinion on health issues</td>
</tr>
</tbody>
</table>

### 3. Data analysis

Frequencies initially provided by TNS – who also performs the Eurobarometer studies – separately by participating country with several correlations noted. The full data analysis comparing all EU participating countries was performed by the consortium partner from Austria, Professor J. Pelikan and F. Röthlin from Ludwig Boltzmann Institute in Vienna. Any additional analyses by individual country will be done separately by the latter at a future time.

The “Recommendations” section highlights additional goals, future analysis and use of data. Special emphasis was given to the comparative analyses among the participating EU countries regarding key findings in the areas of health literacy relevant to national particularities.
4. Results

The initial HLS-EU survey results were presented at the European Health Literacy Conference 22-23 November 2011 in Brussels, Belgium (see: [www.health-literacy.eu](http://www.health-literacy.eu)) and a published full report will be available in 2012.

**HLS-EU Main Findings**

The total general health literacy distribution shown in Graph A indicates that Greece tends to fall in the middle of the EU sample. Fifty-five percent of the Greek sample fell in the “excellent” and “sufficient” health literacy range while the highest was 71% in the Netherlands sample, and the lowest was 38% in the Bulgarian sample.

**Graph A: General Health Literacy Distribution (for national samples and total sample)**

<table>
<thead>
<tr>
<th>Country</th>
<th>Excellent HL</th>
<th>Sufficient HL</th>
<th>Problematic HL</th>
<th>Inadequate HL</th>
</tr>
</thead>
<tbody>
<tr>
<td>AT</td>
<td>9.9%</td>
<td>33.7%</td>
<td>38.2%</td>
<td>18.2%</td>
</tr>
<tr>
<td>BG</td>
<td>11.3%</td>
<td>26.6%</td>
<td>35.2%</td>
<td>26.9%</td>
</tr>
<tr>
<td>DE*</td>
<td>19.6%</td>
<td>34.1%</td>
<td>35.3%</td>
<td>11.0%</td>
</tr>
<tr>
<td>ES</td>
<td>9.1%</td>
<td>32.6%</td>
<td>50.8%</td>
<td>7.5%</td>
</tr>
<tr>
<td>IE</td>
<td>21.3%</td>
<td>38.7%</td>
<td>29.7%</td>
<td>10.3%</td>
</tr>
<tr>
<td>NL</td>
<td>25.1%</td>
<td>46.3%</td>
<td>26.9%</td>
<td>1.8%</td>
</tr>
<tr>
<td>PL</td>
<td>19.5%</td>
<td>35.9%</td>
<td>34.4%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Total</td>
<td>16.5%</td>
<td>36.0%</td>
<td>35.2%</td>
<td>12.4%</td>
</tr>
</tbody>
</table>

Total EU sample [N=7795]
*only NRW

The tendency for Greece to fall in the middle range was also showcased in the EU health literacy model **dimensions** of health care, disease prevention, and health promotion in the range of “problematic” and “inadequate” health literacy – 43%, 42%, 46% respectively for Greece; 49%, 59%, 70% for Bulgaria (Spain was the highest with 52% “problematic/inadequate” category in the health care dimension, while Bulgaria was the highest in the other two dimensions); lowest was 25%, 26%, 36% respectively for the Netherlands.

**Main Findings for Greece**

For the Greek sample of 1,000 participants, 50.3% were male, 49.7% were female, with an average age of 46 years. Regarding education levels, 32% fell in the Level 0 (Pre-primary education) through Level 2 (Lower secondary or second stage of basic education) range; 40% at Level 3 (upper secondary education), and 28% Level 4 (Post-secondary non-tertiary education) through Level 6 (second stage of tertiary education) range. Regarding living situation: 43% of the sample did not have any children, while 73% of participants shared a household or were living together.

- No significant gender differences found
• Younger age groups generally more confident in all categories

• 76% of the population believes their health to be “good” [see Figure 2]

• 74% of the total population consider it “easy” to find information concerning an illness – lowest scores among: unemployed (65%), retired (58%), having difficulties paying bills “most of the time” (57%), low SES (49%), having “bad” health status (57%), long-term illness (57%), being age 55+ (53%), widowed (50%), and those with the lowest levels of education (36%) -- similar results were noted among these sub-groups in most areas reflective of the level of health literacy.

**Levels of difficulty** – when examining whether individuals considered specific tasks outlined below as “easy” or “difficult” the main findings were as follows:

**“Easy” to do?**

• understand advice given by family/friends (88%) • make health decisions easily from advice they get from family and friends (81%) • understand what the doctor says (87%) [all categories of participants indicated >70% for this task] • get professional help when ill (85%) • understand doctor’s or pharmacist’s instruction on how to take medicine (93%) [See Figure 3] • understand leaflets that come with medicine (75%)

• understand health warnings (85%) • judge health warnings reliability (83%) • judge which everyday behaviors are related to health (92%) • manage mental health problems like stress or depression (67%) • efforts to promote health at work (51%) • understand info in the media to get healthier (80%) • judge housing conditions and health (88%) • make decisions to improve health (75%)

**“Difficult” to do?**

• Judge if media information is reliable (45%) [highest sub-group of 71% correspond to those with lowest level of education who find it “difficult”] and info on health risks from media being reliable (40%) • find out about political changes that may affect health (44%) [this was the highest level of difficulty across the board for most demographic categories and in particular for the vulnerable groups].

![Figure 2](image-url)
Using the Nutritional Informational Food Label Showcard (NVS) the following main result findings for Greece were demonstrated:

**79% stated that it is “easy” to understand information on food packaging**

**Correct/Incorrect answers to questions relating to ice cream container label**

- **Correct Answers** – 71% ‘calories – kcal’, 65% ‘maximum carbs’ [under 45% correct for retirees, homemaker/parent/career], 51% ‘daily calorie intake’, 94% answered correctly to the ‘safe to eat’ question.
- **Incorrect Answers** – relating mainly to the saturated fat question → 57% total answered incorrectly, over 55% of those with low SES, bad health, and long-term illness answered incorrectly.

The NSPH organized two meetings, one on October 10th 2011 and the other on February 17th 2012 and recorded comments, questions, and recommendations related to the results for Greece. The fifty participants in these meetings included community health professionals, and students studying public health. Their comments are integrated in the discussion section below.
5. Discussion & Conclusions

This was the first survey of its type done on the national and European levels providing a baseline of health literacy information. Though more detailed surveys with more precise results for Greece, particularly for functional health literacy, will need to be done at a future time one should not underestimate or undervalue the results of this HLS-EU study as it provides comparative results among the countries involved. In addition the project has established a European network on health literacy in building on other countries’ efforts, know-how, and experience.

The overall study results show a middle-of-the-road health literate Greek citizen in comparison to their EU counterparts. The data indicates that this fairly “health literate” Greek population seems to be confident in the information they receive and understand from their doctor, pharmacist, the media, or other source of social support, and consider themselves able to access the necessary healthcare services. These results could be considered subjective since it involves self-efficacy and communication styles, etc. It should also be noted that the Greek population has a tendency to overvalue their abilities or to present an idealized self-image which does not necessarily correlate with their actual or objectively evaluated abilities. Access and use of electronic media is a fairly new concept for all age and SES levels in Greece, particularly for the older population. The changing landscape of the Greek population includes the changes in disease trends as an individual’s personal health and choices are influenced by the larger society and its political and socio-cultural make-up (Agrafiotis, 2003). This includes not having adequate health information and health education opportunities through schools for young people which builds one’s health literacy over time (Vardavas et.al. 2009).

Notably, a group of dermatologists from the University of Thessaloniki in consulting with the Greek team on the HL project, recently conducted research on Health Literacy related to Dermatological problems (pertaining to health communication issues) based some of their questions on the Greek language EU-Health literacy survey. Specifically, their survey included knowledge-seeking questions, access of medical system questions, causes of skin cancer and a devised functional test with possible skin cancer images that corresponded to questions regarding how to identify and prevent skin cancer, as well as accessing the appropriate medical help. This study's results are pending publication in Greece.

Regarding access to services, recent research suggests that Greek people are accessing healthcare less due to the economic crisis (Kentikelenis et. al., 2011), although other research indicates that in the recent past there was an increase of private healthcare expenditures in Greece since 1995 (Tountas et.al., 2005) despite governmental attempts to minimize the private health industry’s role as most of the people are entitled to free health care given the establishment of the National Health System in 1983 which included legislative restrictions on the private sector (Tountas; Economou, 2010). Before the elections of 2009, the Ministry of Health and Social Solidarity considered a proposal to issue an electronic patient identity card to every insured person so that third-party payer for care could be clearly identified (Economou); this in turn could better track data regarding costs as well as patient access to both healthcare providers and pharmacies.

Consistent with past findings related to demographics and health our study substantiates the fact that those with fewer resources -- whether it be social support (e.g. widowed), monetary, lowest education -- tend not to be as confident in their ability to acquire and act on health information.
Though our study indicated that a large percentage of persons understand health warnings on labels such as cigarette packs, and believe themselves capable of reading and understanding food labels, the actual behaviors (smoking and drinking) and the accuracy of interpreting the ice-cream label test given seem to be counter-intuitive. Data indicate that one in two adults smoke (45% males, 32% females) in Greece with the majority of smokers in the 25-35 age group (60% men, 38% women) [Sources: WHO & Hellenic Ministry of Health & Welfare], added to the fact that the largest smoking ban took effect in the Fall of 2010 is recent proof that a lot needs to be done in changing a culture’s civic literacy long-term. This is also the case of informed consent (IC) in Greece where there is a strong communication relationship with the physician but it is unclear as to how the patient comprehends the IC process and the provision of information regarding treatment options (Falagas, et.al., 2009) which may in turn affect how the patient “acts” on the health information given.

Sources of health information -- whether on-line or not -- need to be better examined so as to see which age groups prefer which materials altogether and of course what they better relate to depending on their education level and life experience (civic and scientific literacy which is part of health literacy). Health material such as pamphlets may not always be available to the general public and not necessarily written in simple language for persons to understand (Kondilis, 2010), and if pamphlets are available, particular age groups such as adolescents in Greece may not even read them (Vardavas, 2009).

The family and the physician are consulted most often for health information (Vardavas) and the HLS_EU study findings seem to suggest the communication among provider-patient to be strong in Greece. Though the number of pharmacists has stabilized over the past decade and is comparable to other European nations (Economou), Greece has the largest number of pharmacies per capita in Europe – approximately one pharmacy per 1,000 people in Greece – and this may be a possible reason why the number of persons surveyed indicated that it is “easy” to understand their pharmacist’s instructions was high, though further research related to this area is needed. Building on the strength of social support, individuals draw on their family and friends for advice. From the Homeric days through the classical period and Byzantine period right up to the country’s gaining its independence in the 19th century the family appears to be a main variable in a well-functioning “Hellenic” or Greek society (Patterson, 1998). Furthermore the family role is one of strong social support without boundaries (Koniordos, et.al. 2006).

In terms of the “acting on health information given” one can look at the studies on informed consent (IC) in Greece where most seem satisfied with their communication and relationship with the respective surgeon, though the IC process also involves how IC is communicated with the patient, enough time spent by the physician to inform the patient, and how the patient comprehends the process and the provision of information regarding possible treatment options (Falagas, et.al., 2009) more than half of the study sample reported spending more than 10 minutes on the consent process with the respective surgeon and in particular the way that doctors (surgeons) communicate IC, how the patient comprehends the process and the provision of information regarding possible treatment options (Falagas, et.al., 2009).

It is difficult to make assumptions on individual perceptions of “what” they know (or think they know) based on one or two examples of functional literacy which is a limitation of this study. More detailed analysis of the data needs to be done, specifically tests of functional literacy -- similar to the ice cream label questions of this survey, or asking about the instructions to a drug (medical inserts), testing health knowledge directly, etc. -- to determine the actual levels of health literacy for Greece. Additionally, it is difficult to predict the impact that this survey will have on Greek society (or even in the EU) since at
this point in time the country has other priorities. Not much attention is likely to be
g geared in the health literacy direction unless we convince policy makers of the
importance of improving this area, emphasizing that if more resources are allocated, the
outcome will be more money saved. No connection between policy-making and research
is guaranteed right now and generally hard to do in Greece. Any measurement provides
a single tendency and not a straightforward correlation between the survey and the
population’s health literacy since there are multiple factors involved; thus, it is difficult to
prove stable causal relationships.

During the launch of the European Health Literacy Survey results in Brussels, November
2011, John Dalli, the European Commissioner for Health and Consumers emphasized
the importance of health literacy in the context of the EU initiatives including the EU2020
strategy priorities in contributing to growth and productivity, overcoming health
inequalities and the more active role of citizens and patients in their health.

The Greek audience who met at the NSPH in October of 2011 and February of 2012
and reviewed the results for Greece provided commentary and recommendations
related to their own experiences and their own scientific knowledge related to the topic.
The comments, questions that came up from the total 50 participants from private and
public organizations, professionals and students of public health, functioned as a focus
group perspective and immediate reaction from the community. Several “literacies”
brought up were similar to those described by Zarcadoolas, Pleasant, and Greer (2006).
The following points were made:

- Questions arose about the method of population sampling, though TNS opinion
  is considered a credible agency for data collection in Europe.
- Demographic correlation possibilities to be explored in further statistical
  analyses. One example is that psychological factors due to spouse/partner death
  or divorce for the 55+ age group may be the reason for lower health literacy
  results for this group.
- Generational differences due to accessing the system for support (child-parent or
  middle-age adult and aging parent), not having internet access or even
  experience with computers and media (computer literacy or civic literacy), and
  the religious/personal beliefs (cultural literacy) of a person relating to health are
  factors of health literacy that need further exploration.
- A further comment concerning the generational differences relates to the support
  system of the Greek family where the children look after their ageing parents. In
  this setting it is understandable that the younger age groups have higher literacy
  of the health system as they are the ones who have to know how to work through
  the system and not the older ones who rely on their children.
- The importance of basic literacy (fundamental literacy) in helping build overall
  health literacy. Special emphasis on school health, beginning with pre-school
  through high school in building on knowledge of science (scientific literacy) and
  civics (civic literacy) with the long-term goal of improving the population’s overall
  health literacy.
- More detail needed on functional literacy or further studies on how health
  information is processed by individuals.
- Discussion as to how to better inform the Greek Ministry of Health and the
  Ministry of Education on this topic, and continued work on media advocacy.
- Build on the HLS-EU meeting in Brussels and seeing whether further research on
  health literacy will follow in Greece.
The HLS-EU survey has almost a diagnostic element in looking at the initial areas and the nature of health literacy in Greece though past research on aspects of health literacy have been done (Kondilis, Vardavas). This was an opportunity to test the theoretical model designed by the HLS-EU working group to the Greek population. This type of survey (length, type of questions, content) is one of the first of its kind on the national level and it was an opportunity to test the feasibility and efficiency of this type of instrument in the Greek socio-cultural context. This survey allowed us to uncover the strong relation between health status and socio-economic status and health literacy as this area will be extremely problematic in the next years as also substantiated by recent research for Greece (Kentikenelis). So we can expect that it will be a challenge for the nation to maintain a level of health literacy in the face of potentially declining health status levels.

Though the HLS-EU study gives only a snapshot of health literacy for the Greek population, the results can be helpful to both Greece and to the other European countries involved in determining which areas need further attention and build on current strengths in a current society full of challenges. The most important part of the overall analyses is the comparison among countries highlighting key findings in the areas of health literacy which is relevant to the national particularities and policy building.

6. Recommendations

- More detailed studies needed in the future on functional literacy and how individuals in Greece access and process health information from various sources.

- Technical data side – the valorization study will provide us with more concrete information of how to perform a similar or follow-up study among the respective countries involved and for future use by other nations.

- Cross-country analyses need to be carefully done and give consideration of local policies and politics. Results could lead to either positive or negative effects for the country’s population in terms of how the outcomes are portrayed. Consider further research and clear dissemination of the process of data analysis for use by other countries wishing to do a similar study or compare and discuss similar types of research.

- Results be utilized for media advocacy and tracking any changes within the country’s structure and policy changes within the next couple of years. Again, given the current societal challenges, it is difficult to prove correlation-causation and may lead to a fallacy.

- Given the current economic and financial uncertainties in the EU and abroad it is necessary to conceive a special kind of strategy for Health Literacy in order to use this instrument and the study results in assessing and promoting current efforts in the maintenance or improvement of health status levels.

7. Acknowledgements

Special thanks to the HLS-EU Consortium members, the Greek HL National Advisory Board Members and the health professionals who participated in our meetings concerning the development of the survey tool and critical review of the results. Thanks
to all individuals and institutions who allowed us to take their photos for the purpose of the poster that was showcased in the European Health Literacy Conference in Brussels.

8. Contact information

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