

## Health Literacy in the EU's Beating Cancer Plan

This paper highlights AIM's very first reaction on the initiatives mentioned by the European Commission Europe's Beating Cancer Plan regarding health literacy. AIM looks forward to the implementation roadmap which will hopefully provide more information on the concrete actions planned and their scope. In the meantime, AIM highlights the following series of aspects, which should not be neglected when discussing the improvement of health literacy levels.

### **The complexity of Health Literacy: much more than information.**

Updating and boosting the European Code Against Cancer is the main initiative foreseen by the EU Cancer Plan in order to "(...) improve health literacy on cancer risks and determinants". The Plan foresees to "(...) make at least 80% of the population aware of the Code by 2025".

Currently, the Code consists in a list of recommendations that need to be followed. While the Code is a good guideline for health literate organisations to adapt communications in more stimulating and positive way towards target audience, the question remains whether such a list will be efficient in achieving behaviour change.

In addition, raising levels of literacy requires way more than simply making people aware of risks. Providing trustful and understandable information is only the first building block. Other blocks concern skills, motivation, and trust:

- **Information:** Information should be made easily understandable and comprehensible for each target group. It should be reliable, based on scientific evidence, and properly targeted. Personalised information has a greater impact. It is worth highlighting that health literacy is a community issue, thus the importance of providing context-specific information which takes groups and cultures into account.
- **Skills:** People need to be provided with the necessary skills to be able to understand that information. The synergistic nature of literacy should be taken into account: health, digital, science, civic (e.g. how to communicate with each other about health), numeric (e.g. how to interpret infectious rates).
- **Motivation:** Another key aspect is indeed to actually realize the adoption of healthier behaviours. The power of social learning can here be exploited, as peer to peer communication<sup>1</sup> has the advantage of increasing likeability and relatability.

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<sup>1</sup> Influencers are also highly credible and having them convey messages leads to acceptance by the audience. They should be used for more efficient communication for public health, especially when it comes to younger generations.

- Trust: Building trust in governments, healthcare professionals, or organisations conveying the message is probably one of the most important blocks. Here again, transparency and behavioural science can help building that confidence.

AIM hopes that the implementation phase of the Cancer Plan will not limit itself to a simplistic understanding of health literacy. For actions to achieve a greater impact, AIM recommends that the European Commission and Member States take the above-mentioned aspects into account, properly targeting messages, improving skills, and building trust on top of providing evidence-based information. AIM also encourages the European Commission to boost research in behavioural science and efficient communication through social media to make the most of their potential for public health.

### **Beyond Cancer Risks**

The Cancer Plan mostly covers the issue of literacy of the wider population when it comes to raising awareness on the determinants of health. It does mention the project “Health Literacy for Cancer Prevention and Care” with a focus on disadvantaged groups. Yet, AIM believes there is a missed opportunity for a greater focus on a much needed and broader empowerment of patients, which would allow them to collaborate with healthcare professionals in their care if wished.

Indeed, the importance of literacy is evident in the context of the shift towards people-centred health systems. Patients need the skills not only to adopt healthy behaviours but also to become partners and actors in their own care pathways. Empowered patients, who are able to take part in such a shared decision-making process, improve both outcomes and quality of life.

AIM and its members, who are committed to and active in improving the literacy of their affiliates, hope that those aspects will be included in the implementation roadmap and that enough attention will be devoted to improving the literacy of patients beyond improving their knowledge on risk factors.

### **An App alone is not the solution.**

The Cancer Plan announces an EU Mobile App for Cancer Prevention. While conveying a consistent message across the EU is indeed beneficial, the App itself will not be the solution. It might contribute to spread trustful information, but it will not empower populations to adopt healthier lifestyles, which is the wisest goal to pursue. In addition, Apps are often negligent of context and as already mentioned, it is vital to provide personalised and context-specific messages to different target groups in order to achieve a greater impact.

While AIM welcomes the creation of such an App, AIM hopes that not all efforts regarding literacy will be put solely on its development. AIM encourages the European Commission to devote specific attention to the empowerment more specifically of vulnerable groups in order to truly contribute to tackle inequities, to the creation of health literate organisations (health and social services)<sup>2</sup> and to the improvement of health care professionals’ communication skills and to the affirmation of their commitment to act.

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<sup>2</sup> A [report of the Belgian Health Care Centre](#) (KCE) Emphasizes the importance of health literate organizations and the criteria to be a health literate organization.

## **Beyond health: the importance of Digital Literacy**

The EU Cancer Plan has a great focus on research, innovation, and digitalisation. While that 'digital component' of the plan is strong and covers all the pillars, from prevention and early detection to diagnosis, treatment and care, including research and data sharing, the plan makes no mention of digital literacy. Yet, making the most of developments such as the European Health Data Space, Electronic Health Reports, or the European Cancer Patient Digital Centre (to cite but a few) for patients will require to provide both patients and healthcare professionals with the necessary skills to manage and share health data in a safe and effective way.

In relation to prevention and more precisely empowerment, digital health, social media, apps and wearables create a whole new universe of tools and contexts which require specific skills to navigate.

For those reasons, AIM believes the implementation of the Cancer Plan should ensure that levels of digital literacy are improved for both patients (including vulnerable groups and all ages) and professionals. AIM believes that the EU has a role to play in the development of a basic understanding of digital literacy and in issuing guidelines for Member States, both for public at large but also with specific attention to healthcare professionals. All professionals having access to health data should be required to acquire a certain level of digital literacy.

## **Mutuals as key partners**

The Cancer plan mentions "promoting cooperation between health and social services and the community" as one of its key aspects. AIM members, as health mutuals, are and should be promoted as essential links to translate the priorities of the cancer plan towards their members –the EU population at large - and to help increase health literacy.

Mutuals themselves or their associations know the needs of specific target groups and work with the appropriate methodology to reach them. Mutuals issuing information about health, health promotion and healthcare that is easy to find and understand for all types of public or for specific target populations. They empower their members by offering health education activities, lifelong education, trainings, workshops, etc. As improving accessibility to care does not necessarily enhance the health literacy of the general public, mutuals also simplify their own administrative systems, raise awareness and train their staff, while advocating at federal level for a more user-friendly health system (e.g.: automation of access to rights).