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European Union

Comparative Report

HEALTH LITERACY SURVEY ANALYSIS

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Introduction

Health literacy is one of the key challenges facing public health systems in the 21st century. This term refers not only *to people's ability to read and understand health information, but also to be able to find, critically evaluate and use it to make informed decisions about their own health, disease prevention and use of health services*. Health literacy is a **bridge between knowledge and behavior**: it connects science-based information with the healthy choices an individual makes in their daily lives.

In the framework of the FRAME project, BISI (Bureau for Integration and Social Innovation, Bulgaria) and POT Project Italy conducted national-level surveys aimed at assessing the current state of health literacy among adult populations, with a particular focus on exposure to misinformation and the ability to navigate health information.

The FRAME Health project, funded under the Erasmus+ programme, address a growing challenge across Europe: the widespread availability of health information—especially in digital environments—combined with limited skills among citizens to critically evaluate sources and apply information effectively in real-life situations. This so-called “infodemic” creates risks for individual and public health, including delayed medical action, reduced participation in preventive measures, and increased vulnerability to misleading or false content.

Within this context, the surveys conducted in Italy (52 respondents) and Bulgaria (50 respondents) provide a comparative overview of how adults interact with healthcare systems, where they obtain health information, and how effectively they translate knowledge into action.

The findings from both countries reveal a consistent pattern: despite relatively high levels of formal education, significant gaps persist in **practical health literacy**, particularly in prevention, critical evaluation of information, and the ability to respond appropriately in real-life health situations.

The report from Bulgaria can be read at <https://b-isi.eu/?p=2709> .

The report from Italy can be read at <https://www.potproject.it/framehealt>

RELATIONSHIP WITH THE HEALTH CARE SYSTEM

The survey results in both countries indicate a predominantly **reactive approach to healthcare**, where medical services are accessed mainly in response to symptoms rather than for preventive purposes.

In Italy, the majority of respondents consult a doctor only when unwell (46.2%) or in emergency situations (34.6%), with a very small proportion engaging in regular check-ups (7.7%).

Similarly, in Bulgaria, 66% of respondents visit a doctor only when ill, while 16% attend regular check-ups and a smaller share seek care only in emergencies.

These findings suggest that preventive healthcare remains underutilized in both contexts, despite its availability. While Bulgaria shows slightly higher engagement in regular check-ups, both countries demonstrate **a systemic gap between access to services and proactive health management**.

SOURCES OF HEALTH INFORMATION

Healthcare professionals remain the primary and most trusted source of information in both countries. In Italy, 61.5% of respondents rely on doctors and nurses, while in Bulgaria this share is even higher at 70%.

However, important differences emerge in secondary sources. Bulgarian respondents report significantly higher reliance on the internet (42%) and on family and friends (30%), compared to Italy (25% and 11.5% respectively).

This indicates that while trust in medical professionals is strong in both countries, Bulgaria operates within a more diversified and informal information ecosystem, increasing both access to information and exposure to misinformation. Italy, by contrast, shows a more institution-centered model of trust, with lower reliance on informal networks.

KNOWLEDGE AND ABILITY TO RESPOND

Both surveys reveal **significant limitations in practical health knowledge and emergency response capacity**.

In Italy, only 23.1% of respondents report good knowledge of stroke symptoms, and only half would immediately call emergency services.

In Bulgaria, 36% report confidence in recognizing stroke symptoms, but overall uncertainty remains high, and only slightly more than half would take immediate action.

These results indicate that, in both countries, knowledge is often partial and not sufficiently operational, which may lead to delayed responses in critical situations. Bulgaria demonstrates

slightly higher levels of recognition, but both contexts show a need for stronger emphasis on action-oriented health education.

AWARENESS OF CHECK-UPS AND THE ROLE OF SOCIAL SUPPORT

The ability to navigate preventive care varies between the two countries but remains limited overall.

In Italy, only 9.6% of respondents feel very confident in knowing which check-ups to undertake, while a large proportion report low confidence and reliance on external guidance.

In Bulgaria, confidence levels are higher, with 34% reporting strong confidence and 32% moderate confidence, although a significant share still depends on external support.

In both countries, **social support plays a central role**. A majority of respondents report receiving help from family members, friends, or healthcare professionals in understanding health information.

This highlights a shared characteristic: **health literacy is not purely individual but socially mediated**. While this can strengthen understanding, it also introduces risks when inaccurate information circulates within these networks.

ATTITUDES TOWARD VACCINATION

Vaccination emerges as one of the most sensitive and revealing indicators of health literacy, trust, and susceptibility to misinformation in both Italy and Bulgaria. The survey results in the two countries point to significant levels of hesitancy and conditional acceptance, rather than fully internalized preventive behavior.

In Italy, while 65.4% of respondents express a generally positive attitude toward vaccines, this support is largely dependent on medical recommendation: 55.8% vaccinate only if advised by a doctor, and only a small proportion (9.6%) take a proactive approach by vaccinating regularly on their own initiative. At the same time, a considerable share of respondents (34.6%) express doubts, skepticism, or refusal toward vaccines.

In Bulgaria, attitudes are even more polarized. Approximately half of respondents accept vaccination (50% following a doctor's recommendation and 16% consistently), while the remaining half express varying degrees of hesitancy, avoidance, or distrust (18% hesitant, 6% avoid vaccines, and 10% do not believe in them).

In both countries, **vaccination decisions are strongly influenced by doctors**. This confirms the central role of healthcare providers as trusted intermediaries, but also indicates a lack of autonomous decision-making capacity among citizens.

The high levels of hesitancy—particularly in Bulgaria—reflect the influence of misinformation, especially during and after the COVID-19 pandemic. Concerns about side effects, distrust in institutions, and exposure to contradictory messages continue to shape attitudes.

Vaccine hesitancy is not primarily driven by lack of awareness of vaccines, but by a combination of **fear, uncertainty, and social influence**. In both countries, decisions are often mediated by family, peers, and personal experiences rather than solely by scientific evidence.

MISINFORMATION AND VERIFICATION CAPACITY

Exposure to health misinformation is widespread in both countries.

In Italy, over 90% of respondents report encountering false or misleading health information, while in Bulgaria a similarly high proportion report frequent exposure.

In terms of verification practices, both populations rely primarily on health professionals.

However, differences emerge:

- In Italy, verification is predominantly relational, with reliance on doctors and trusted individuals, and minimal use of official sources.
- In Bulgaria, while doctors remain the main reference (74%), a notable share also consults official materials (34%), indicating slightly more diversified verification behavior.

Despite this, both contexts demonstrate limited use of independent critical evaluation strategies, reinforcing vulnerability to misinformation.

LIFESTYLE

The surveys indicate that health information can lead to positive behavioral change, but not consistently across all individuals.

In Italy, 55.8% report successful lifestyle changes following health advice, while others struggle or remain resistant. In Bulgaria, 66% report successful changes, suggesting a slightly higher responsiveness to health guidance.

In both countries, approximately one third of respondents either struggle to change or fail to maintain new habits. This indicates that while initial motivation may be present, long-term adherence is more difficult and requires continuous support.

Overall, lifestyle-related results demonstrate that **information alone is not sufficient to drive sustainable behavioral change**. Effective health literacy interventions must go beyond awareness-raising and focus on:

- strengthening practical skills and routines,
- enhancing motivation and self-efficacy,
- and providing ongoing support mechanisms.

Promoting healthy lifestyles therefore requires a shift from one-time advice toward continuous, supportive engagement, enabling individuals to translate knowledge into long-term habits.

BARRIERS TO UNDERSTANDING AND LEARNING PREFERENCES

The survey results from both Italy and Bulgaria highlight that, despite relatively high levels of formal education, many adults encounter **significant barriers in understanding health information**, which directly affects their ability to make informed decisions and adopt preventive behaviors.

In Italy, the most frequently reported difficulty is the use of **overly technical and complex medical language** (44.2%), followed by uncertainty about identifying reliable sources (21.2%). While a portion of respondents report no difficulties, this may reflect an overestimation of their comprehension abilities.

Similarly, in Bulgaria, respondents identify two main barriers: **complex terminology (40%)** and difficulty in determining which sources to trust (30%). A smaller share report no barriers or mention language-related issues.

These findings point to two structural challenges common to both contexts:

- **Linguistic barriers**, where medical information is not sufficiently adapted to non-specialist audiences
- **Epistemic uncertainty**, where individuals lack the skills to assess the reliability of different information sources

Beyond understanding barriers, the surveys also provide insight into preferred learning formats, which are critical for designing effective interventions.

In Italy, respondents clearly favor:

- Face-to-face interaction with experts (65.4%)
- Illustrated and easy-to-read materials (36.5%)
- Small group discussions (25%)

In Bulgaria, preferences follow a similar pattern:

- Face-to-face conversations (40%)
- Simple, visual brochures (30%)
- Less preference for group-based or purely digital formats

The consistency across both countries suggests that interactive and visual approaches are significantly more effective than text-heavy or purely digital communication. Learning is perceived as more accessible and trustworthy when it is:

- Dialogical, allowing for questions and clarification;
- Visual, reducing reliance on complex terminology;
- Contextualized, adapted to everyday situations.

Another important finding is the role of social mediation in understanding health information. In both countries, a large proportion of respondents report receiving help from family members, friends, or healthcare professionals. This indicates that comprehension is often a shared process rather than an individual one, reinforcing the importance of community-based learning approaches.

Overall, the results demonstrate that **improving health literacy requires not only simplifying content but also rethinking how information is delivered**. Effective strategies should:

- Use clear, non-technical language
- Prioritize visual and practical formats
- Encourage face-to-face and community-based learning
- Strengthen individuals' ability to critically evaluate sources

Addressing these barriers is essential to ensure that health information is not only accessible, but also understood, trusted, and applied in practice.

CONCLUSIONS AND RECOMMENDATIONS

The comparative analysis of survey results from Italy and Bulgaria reveals a consistent pattern of **moderate but uneven health literacy**, characterized by a gap between access to information and the ability to apply it effectively in practice.

In both countries, healthcare engagement remains largely **reactive**, preventive behaviors are insufficiently embedded, and exposure to misinformation is widespread. While trust in healthcare professionals remains strong, individuals often **lack the confidence, critical skills, and autonomy** needed to navigate health information independently. At the same time, **social networks play a crucial dual role**—as sources of support but also as potential channels for misinformation.

These findings point to the need for a **comprehensive and integrated approach to health literacy development**.

Key recommendations include:

- prioritizing **practical, action-oriented education** that focuses on real-life skills (e.g. recognizing symptoms, responding to emergencies, planning preventive care);
- simplifying communication through **clear language and visual tools**;
- strengthening **critical thinking and source evaluation skills**, particularly in digital environments; and leveraging the central role of healthcare professionals by supporting them in **patient-centered communication practices**.

In addition, interventions should adopt a **community-based approach**, engaging families, local networks, and health mediators as active partners in information dissemination. Finally, promoting **sustained behavior change** requires moving beyond one-time information campaigns toward continuous support mechanisms that reinforce healthy habits over time.