Dear Readers,

n 2020, EWMA published the document Evidence for Person-Centred Wound Care in Chronic Wound Care.¹ Among the recommendations were to consider the individual's ability and willingness to engage in education and to recognise the context in which this is provided. This month, EWMA publishes the latest document on lifestyle factors and their influence on wound healing, with a specific focus on smoking, alcohol misuse, illicit drug use, poor nutrition, mobility, sleep and stress and on how these factors influence wound healing or the risk of wounding. Common to both of these documents and a topic which needs further exploration in the field of wound care is health literacy.

Health literacy is the knowledge, motivation and competence to access, understand, appraise and apply health information to make judgments and decisions in everyday life concerning health care, disease prevention and health promotion to maintain or improve quality of life throughout the course of life. The European Health Literacy Survey (HLS-EU) reports that across Europe, there are specific subgroups where the proportion of people with limited health literacy considerably exceeds the average (47.6%) observed for the overall sample. This holds true for people with poor health status, high use of health care services, low socio-economic status, lower education and older age. The highest proportion of limited health literacy was observed for people who reported a self-assessed health status of 'very bad' (78.1%) or 'bad' (71.8%), for those with more than one long-term illness (61%) and those reporting six or more doctor visits in the last 12 months (58.9%). Therefore, worse health and thus higher demands for health services seem to be accompanied by lower levels of health literacy. We know that those affected by chronic wounds have high levels of chronic illness and have high number of clinical visits due to ongoing prevention and treatment regimes. While attention to patient factors rather than wound factors that affect healing is growing, information about the status of health literacy among this group is scarce.

Limited health literacy represents an important challenge for health policies and practices across Europe but to a different degree for different countries.³ The social gradient in health literacy must be taken into account when developing public health strategies to improve health equity in Europe.³

Our challenge, therefore, in promoting a person-centred approach to wound care and supporting and empowering individuals in making lifestyle choices or changes in the context of wound care is to understand the levels of health literacy in this population. Through a recognition of limited health literacy, we can refocus our services, including education, to meet the needs of the individual with the goal of improving patient and wound outcomes.

Prof Georgina Gethin Editor

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