Methods: This study explored the metric properties of the tool in a new European setting among a convenience sample of 300 healthcare users in a state General Hospital, including the construct and known-group validity by social position and health-related behaviours.

Results: While factor analysis did not reveal the 12 theoretical subscales, there was a meaningful 3-factor structure (52.1% variance): "access to information", "prevention and health promotion" and "user-provider interaction". The postulated four cognitive skills (access, understand, appraise, apply) were evident within each domain (healthcare, prevention, health promotion), and vice versa. Overall, HL was problematic in 50.7% of participants with a steep gradient by social position. Alcohol consumption and physical activity were associated with HL, but not being overweight (mean BMI 26.8, SD: 5.2) or smoking (45.6% current or past smokers), which were generally prevalent.

Conclusions: HLS-EU-Q47 supports at least partly the theoretical construct of HL. The social gradient supports the criterion validity of the tool and highlights an important aspect of health inequality.

Key messages: HLS-EU-Q47 is a valid measure of perceived health literacy

There was a steep gradient in low health literacy by social position

Abstract #: 113

Social gradient in health literacy among primary healthcare users in Cyprus

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Background: From a notion concentrated on the ability to understand health information, health literacy (HL) has become a broad concept, considered a critical determinant of community health. The HLS-EU-measures perceived HL based on a theoretical model of the concept.