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Health literacy in Latvia: A public health challenge shaped by socio-economic inequality

Latvia faces a serious health literacy challenge: many adults struggle to access, understand, evaluate, and apply health information in everyday decisions. The weakest domain is health promotion, suggesting that many people find it especially difficult to use information that helps maintain and improve health before illness occurs. Health literacy is unequally distributed across society: people with lower income and lower perceived social status are at greater risk of inadequate health literacy. Education shows a weaker and less consistent association than expected. The findings show that health literacy is not only a separate competence, but also one of the pathways through which socio-economic inequality translates into unequal health outcomes. Improving health literacy should therefore be treated as both public health and equity priority. Recommended actions include targeted support for socio-economically disadvantaged groups and systematic integration of health literacy approaches into health communication and education.

Health literacy matters because modern health systems require people to access, understand, appraise, and apply health-related information. In everyday life, this means being able to find trustworthy advice, interpret instructions, assess risks and benefits, and make decisions about treatment, prevention, and health-promoting behaviours.

International evidence shows that low health literacy is associated with poorer health outcomes, weaker prevention, less effective use of health services, and higher pressure on health care systems (Berkman et al., 2011; Zheng et al., 2018). In Latvia, evidence on population health literacy is scarce. To date, the closest population-level estimate of general health literacy in Latvia comes from a 2022 pilot study, which reported that 79% of the population had below-average health literacy (Gatulytė et al., 2022) – one of the lowest observed health literacy levels among the research done in EU (Sørensen et al., 2015).

This brief examines evidence on health literacy in Latvia and discusses why it matters for public health and health equity. Drawing on a population survey, it highlights key patterns in health literacy, shows how these are linked to socio-economic inequalities, and proposes policy directions for making health information easier to access, understand, and use.

Evidence base

The analysis is based on survey data from the project "Health Literacy Study in Latvia: Levels, Burdens and Interventions", funded by the Latvian Council of Science. The sample is representative of the Latvian population with respect to age, gender, nationality, and place of residence, and includes 2,007 respondents aged 18-75. Data was collected in November 2025.

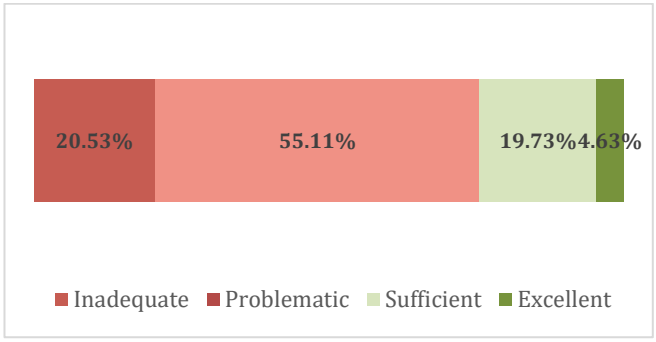
The survey contained 89 questions in five sections covering demographic characteristics, socio-economic situation, self-reported health status and behaviour, health literacy, and health resource utilisation. Health literacy is measured with the HLS-EU-Q47 questionnaire, a validated instrument used in Europe to assess and compare health literacy levels across countries (Pelikan et al., 2019). The instrument yields a health literacy index on a 0-50 scale. According to the original methodology, the index values are classified into four levels: inadequate (0–25), problematic (>25–33), sufficient (>33–42), and excellent (>42–50) (Pelikan et al., 2019).

Low health literacy is widespread

Health literacy levels in Latvia are concerning. The average health literacy index score is 29.78, with most respondents clustered near the cut-off point between problematic and sufficient health literacy. Overall, 75.64% of respondents have limited health literacy: 20.53% fall into the inadequate category and 55.11% into the problematic category. Only 19.73% demonstrate sufficient health literacy, and 4.63% excellent health literacy.

These results are close to the earlier Latvian pilot study, where limited health literacy was estimated at 79% (Gatulyte et al., 2022). Latvian results compare unfavourably with European evidence, where inadequate and problematic health literacy levels were substantially lower – the average across the surveyed European countries is approximately 12% inadequate and 35%

Figure 1: Overall levels of health literacy in Latvia.



Source: Author's calculations based on the Health Literacy Study in Latvia survey, 2026.

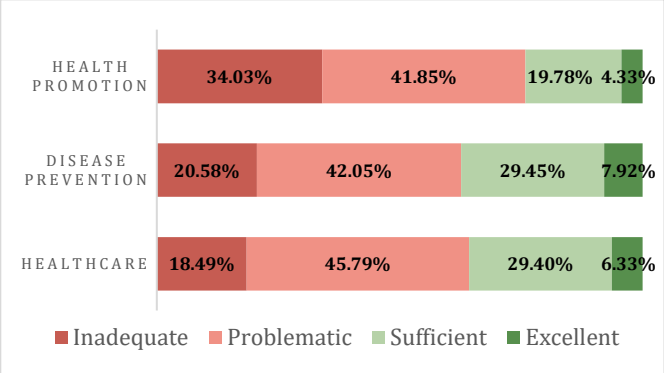
problematic health literacy (Pelikan et al, 2014), with the highest levels of insufficient health literacy reported at about 60% in Bulgaria and Spain.

Where the difficulties are the greatest

Across the three health literacy domains (health promotion, disease prevention, and healthcare), the most pronounced difficulties appear in health promotion. In this domain, 34.03% of respondents report inadequate health literacy, and 41.85% problematic health literacy. This suggests that people find it especially difficult to engage with information about behaviours that improve or maintain health, such as nutrition, physical activity, and other health-promoting practices.

Disease prevention and healthcare show comparatively similar patterns, although disease prevention has a slightly higher share of excellent health literacy than healthcare. This may indicate that respondents are somewhat more confident in using information about preventive behaviours than in using information related to illness or medical treatment.

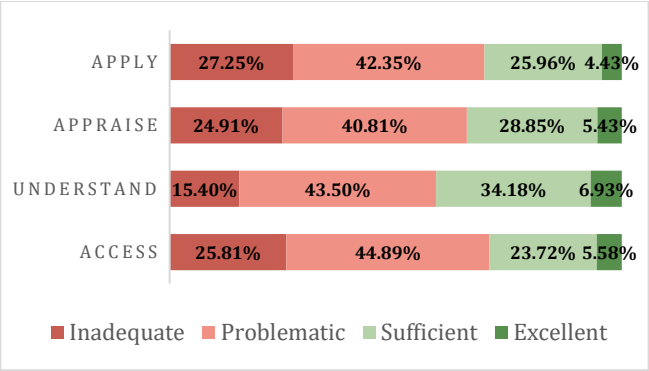
Figure 2: Health literacy by domain.



Source: Author's calculations based on the Health Literacy Study in Latvia survey, 2026.

The competency-level (access, understand, appraise, apply) results are also important for policy. The Latvian population reports the greatest difficulty in applying health information, with 27.25% showing inadequate health literacy skills. Accessing health information is another weak point, with 25.81% showing inadequate and 44.89% problematic skills. Understanding information is the strongest competency, with the highest shares of sufficient and excellent health literacy among the four competencies.

Figure 3: Health literacy by competency.



Source: Author's calculations based on the Health Literacy Study in Latvia survey, 2026.

Socio-economic inequality shapes health literacy

Examining a wide set of potential determinants of health literacy – including age, sex, place of residence, ethnicity, language proficiency, partnership status, household size, education, labour status, income, and self-assessed social status – bivariate analysis identifies income, social status, and English proficiency as positively associated with health literacy, while age is negatively associated with health literacy.

Multivariate analysis further shows that income and social status are the most consistent and statistically significant determinants. Social status emerges as the strongest predictor, and income as the second. These findings indicate that the ability to process and use health information is unequally distributed across social and economic groups.

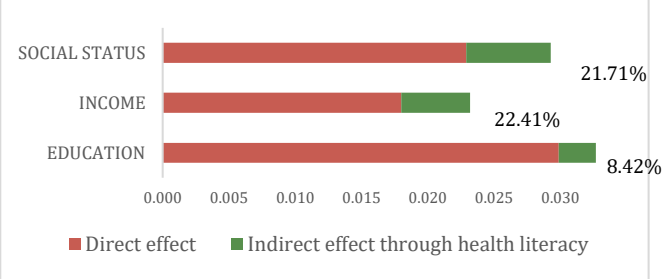
Education does not show the statistically significant relationship that is commonly observed in international literature (Pelikan et al., 2014).

Language proficiency is consistently associated with health literacy. Latvian, Russian, and English proficiency are all statistically significant determinants, with English proficiency showing the strongest association. Language skills shape the ability to engage with health information for all age groups, but English proficiency may be linked with younger cohorts and with other skills, such as digital skills, that were not directly measured in the study.

Health literacy is a pathway into health inequality

Apart from assessing health literacy levels, it is also important to examine whether health literacy serves as a pathway through which socio-economic status influences health, as noted by Berete et al. (2024). The mediation analysis evaluates education, income, and social status in relation to self-assessed health status.

Figure 4: Results from the mediation analysis: decomposing the total effect of socio-economic factors on self-reported health into direct effects and indirect effects mediated by health literacy.



Source: Author's calculations based on the Health Literacy Study in Latvia survey, 2026.

Note: The x-axis, and therefore the bar length, shows the total effect of each socio-economic factor on self-reported health. Percentages on the right indicate the share of the association mediated by health literacy. The mediated effect is statistically significant at the 0.1% and 5% levels for income and social status, respectively, but reaches significance only at the 10% level for education.

Health literacy is found to be a partial mediator for all three socio-economic status indicators used (education, income and self-attributed social status). It accounts for 8.42% of the association between education and health status, 22.41% of the association between income and health status, and 21.71% of the association between social status and health status. The mediating effects are strongest

for income and social status, reinforcing the conclusion that health literacy is closely connected to socio-economic inequalities, while level of education is not as strongly related.

What the findings imply

In Latvia, health literacy, the ability to navigate health information and make informed health decisions, should be a public health concern. Limited health literacy is widespread and affects three out of four individuals in the population. It resonates with the current performance of Latvia in terms of different key health indicators – life expectancy lags the OECD average by 5.5 years (OECD, 2025), preventable and treatable mortalities both remain very high, and the self-rated health status is low.

The weakest competencies are in accessing and applying health information, making them the areas that need immediate action. Without adequate access to information, other stages of information processing lose their relevance. The apply-information competency area shows the highest level of inadequate and the lowest level of excellent health literacy, meaning the respondents have trouble using health information in their everyday life.

Further, health literacy is socially patterned, affecting especially lower-income and lower social status individuals, and partly mediates the link between socio-economic status and health status.

Hence, improving health literacy is relevant both for individual behaviour change and for reducing health inequalities. Policies that make health information easier to find, easier to assess, and easier to use may be especially important for lower-income and lower-status groups, who face the greatest risk of limited health literacy.

Policy recommendations

The evidence points to a need for targeted interventions to improve health literacy in Latvia. The following policy interventions are proposed as priorities for policy development.

1. Shift from providing information to making information usable

Because access and application are among the weakest competencies, health communication should be redesigned around practical usability. It should be evaluated if there are sufficient and accessible public health materials. Information should help people understand what to do next, not only describe risks or services. General practitioners (family doctors) may play key role in the information management. Opportunities for the use of Artificial intelligence in information flow and easy-to-understand, short, animated videos should be developed.

2. Target socio-economically vulnerable groups

Income and social status are the strongest determinants of health literacy. Interventions should therefore prioritise people with lower income and lower social status. This could include community-based counselling, support through primary care, cooperation with municipalities and social services, and tailored outreach in settings where vulnerable groups already receive services.

3. Strengthen health literacy through targeted education and lifelong learning

The weak role of formal education in the Latvian data indicates that formal schooling alone does not

currently translate into higher health literacy. Policy efforts should therefore prioritise targeted skill development across the life course, rather than relying on general educational attainment. Strengthening health literacy within school curricula remains important, but equal emphasis is needed on adult learning and community-based programmes that build practical competencies: locating reliable information, critically evaluating health claims, navigating digital health tools, and applying health advice in everyday contexts. Enhancing English-language proficiency—particularly written comprehension among adults—may further expand access to high-quality health information beyond Latvian-language sources, supporting more equitable engagement with health guidance.

Conclusion

Health literacy in Latvia remains a significant public health concern. Limited competencies are widespread, with many individuals struggling particularly to access and apply health information – difficulties that are closely linked to poorer health outcomes and patterned by socio-economic inequalities. Strengthening health literacy should therefore be viewed as an integral component of broader strategies to improve population health. This need is especially pronounced among socio-economically vulnerable groups, who consistently demonstrate lower health literacy levels and, consequently, worse health outcomes.

Acknowledgements

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References

Berete, F., Gisle, L., Demarest, S., Charafeddine, R., Olivier Bruyère, Van, S., & Van. (2024). Does health literacy mediate the relationship between socioeconomic status and health related outcomes in the Belgian adult population? *BMC Public Health*, *24*(1).

Berkman, N. D., Sheridan, S. L., Donahue, K. E., Halpern, D. J., & Crotty, K. (2011). Low Health Literacy and Health Outcomes: An Updated Systematic Review. Annals of Internal Medicine, 155(2), 97–107.

Gatulytė, I., Verdiņa, V., Vārpiņa, Z., & Lublóy, Á. (2022). Level of health literacy in Latvia and Lithuania: a population-based study. *Archives of Public Health*, *80*(1).

OECD (2025). Latvia: Country Health Profile 2025 | European Observatory on Health Systems and Policies. OBS.

Pelikan, J., Ganahl, K., Van Den Broucke, S., & Sørensen, K. (2019). Measuring health literacy in Europe: Introducing the European Health Literacy Survey Questionnaire (HLS-EU-Q). In International handbook of health literacy (pp. 115-138). Bristol University Press and Policy Press.

Sørensen, K., Pelikan, J. M., Röthlin, F., Ganahl, K., Slonska, Z., Doyle, G., Fullam, J., Kondilis, B., Agrafiotis, D., Uiters, E., Falcon, M., Mensing, M., Tchamov, K., Broucke, S. van den, & Brand, H. (2015). Health literacy in Europe: comparative results of the European health literacy survey (HLS-EU). *The European Journal of Public Health*, *25*(6), 1053–1058.

Zheng, M., Jin, H., Shi, N., Duan, C., Wang, D., Yu, X., & Li, X. (2018). The relationship between health literacy and quality of life: a systematic review and meta-analysis. Health and Quality of Life Outcomes, 16(1), 201.

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