The Epposi Barometer:

Consumer Perceptions of Self Care in Europe

Quantitative Study 2013
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Key Messages

- Self care can make a substantial contribution to reducing health and fiscal pressures facing Europe, whilst delivering improved health and quality of life. However, greater self care needs more informed consumers, better communication skills in healthcare professionals and innovative approaches from industry, policy-makers and health insurers. There should be greater emphasis on shared care and shared responsibility, prevention, lifestyle management and consumer involvement, which requires establishment of partnerships where the common goals are shared.

- Nine out of ten consumers view self care as a vital part of the management and prevention of both minor ailments and chronic conditions and diseases. However, although consumers are willing to practice self care, and agree it should be their responsibility, only two out of ten feel very confident in managing their own health.

- Health literacy is vitally important in helping consumers to self care. Greater knowledge and skills lead to higher confidence and willingness to take responsibility for personal health. Citizens gather their information on self care from a variety of sources. However, healthcare professionals play a key role, especially where knowledge of self care is low.

- Most consumers prefer a visit to their family doctor as the first step in health problems, followed by lifestyle changes, then self-medication.

- For the majority of respondents, their GPs is the primary source of information for minor ailments, followed by those seeking advice from pharmacists and specialists.

- The vast majority of consumers find lifestyle changes important in the management and prevention of their conditions and diseases, including minor ailments. Self-improvement, responsibility and increased independence and control of one’s life are the three most influential factors of consumers’ decision to practice lifestyle changes.

- The main barriers to lifestyle changes are personal income, the nature of the condition or disease and access to information.

- Consumers see self-medication as important. Despite this, there is a small majority of respondents who do not currently self-medicate (52%). Quality of information and personal knowledge about benefits and risks of self-medication, type of conditions and diseases and trust in ability to self-medicate are the key factors in the decisions to self-medicate.
The concept of self care is gaining wider acceptance in Europe. The WHO defines self care as ‘personal health maintenance’ to improve or restore health or to treat or prevent diseases. It covers regular exercise, good mental health, diet, self-medication, good hygiene and avoiding health hazards. It also covers managing minor ailments, long-term illnesses and personal health after discharge from specialist care. Specifically, individuals practice self care, whilst experts and professionals support self care.

This coincides with growing self-interest in personal health and well-being and easier access to health information. The increasing use of government campaigns to target smoking, obesity and alcohol consumption show that the role of the individual in improving health is recognised. Given the growing burden of chronic diseases on healthcare systems, this is a positive development. However, realising the full benefits of this change in attitudes requires policy support. Self care must be part of everyday life and a culture of prevention should be second nature. Yet there is no real consensus of the basic principles, benefits and risks of self care, and little knowledge of whether citizens are ready to undertake greater responsibility for their health.

The Epossi Self Care Barometer identifies consumer perception of self care in 10 selected EU countries. The study summarises what consumers understand by the concept of self care, its importance, benefits and what they see as the barriers to uptake. It explores their confidence to take responsibility for personal health and the role of healthcare professionals.

The study also reveals the factors that most influence consumer behaviour.

The Epossi Self Care Barometer makes a valuable contribution to the existing limited evidence on the understanding and practice of self care. It will raise awareness of the huge potential value of self care in reducing pressure on healthcare systems. The study will also help all stakeholders make informed policy choices that recognise and encourage the growing appetite for self care and making products and services affordable and accessible to all.
1. Objectives and Methodology

1.1. Why self care?

The concept of self care has gained wider acceptance in Europe. This comes at a time when a tidal wave of chronic diseases, many of which are lifestyle-related, is placing increasing pressure on healthcare systems. Existing approaches, where citizens are passive recipients of healthcare, are no longer sustainable. Citizens must now play an active role in managing their own health, making daily choices on exercise, diet, and self-medication. This sits well with a growing trend for consumer empowerment, with increasing access to information on almost every aspect of health. However, there needs to be a more fundamental change in attitudes towards health promotion and disease prevention, with self care playing a major role.

There is growing evidence that self care provides benefits for individuals, society and government through:

- Improving general health and quality of life
- Preventing illness
- Better management and control of existing conditions and diseases
- Happier citizens, leading more productive lives
- Better use of healthcare resources, such as GPs and hospital services
- Greater sustainability of social service.

However, self care is not a uniformly-held or understood concept. Instead, it is a spectrum of individual behaviours, daily decisions on personal health maintenance and self-medication. It also concerns effective collaboration with healthcare professionals, to equip consumers with the choices, skills and tools necessary to make their own healthcare decisions.

1.2. Why did Epposi launch the Self Care Barometer?  

There are increasing numbers of stakeholders active in the area of self care in Europe, but a lack of insight on consumer perceptions and attitudes and the benefits it can bring. Epposi, as a unique independent multi-stakeholder healthcare think-tank, saw significant value in determining European base lines on these issues, with the intention of understanding how they develop over time. Such data will provide independent evidence to policymakers, healthcare actors and the wider public on the challenges and opportunities of self care. The Barometer will also increase awareness of the public appetite for greater self care in the future.

The overall objective of the Barometer was to explore the understanding of self care in Europe. In addition, it sought insights to some previously under-addressed issues or unanswered questions:

- How do consumers perceive their health?
- What do consumers understand by self care?
- If consumers practice self-care (such as self-medication or lifestyle changes), what do they perceive as the benefits?
- If they do not, what are the challenges and barriers?
- What role do healthcare professionals play in self care?

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1 For more detailed information on the questions asked in the survey, please contact the Epposi Secretariat.
2 The study defined healthcare professionals as general practitioners, specialist, nurses and pharmacists.
Where do consumers find their information about self care?

How do consumers perceive their own capabilities, knowledge and skills for self care?

By collecting data on these questions, the report makes a valuable addition to existing knowledge. Moreover, it identifies the differences between different regions and countries in Europe.

1.3. Methodology

As set out in the objectives, the survey examined areas of consumers’ perceptions on self-care in terms of their knowledge, skills and capacities, reliance on healthcare advice and actual practice of lifestyle changes and self-medication. The first phase gathered multi-stakeholder knowledge and expertise of self care, while the second collected primary data in 10 EU countries.

Cluster 1: Definition and scope of self care

A reference panel provided expert guidance on the definition and scope of self care. The panel agreed on a definition based on three pillars, consisting of:

- Self-medication
- Capacity, skills and knowledge for self care
- Health maintenance (diet, exercise, hygiene, proper sleep, stress free environment, good relationships with carers)

This provided the basis for the questionnaire design, developed collaboratively with EpPsoi stakeholders.

Cluster 2: Primary data collection in 10 EU countries

Data collection was via a quantitative study conducted during the summer of 2013 by TNS Research, using an online questionnaire available in 10 EU languages. The questionnaire consisted of multiple choice questions and statements, including rating and agreement scales. This provided primary quantitative data on consumer perceptions and attitudes to the EpPsoi definition of self care.

The study sample consisted of 1901 respondents from 10 selected EU countries: Denmark, Finland, France, Germany, Italy, Netherlands, Poland, Scotland, Slovakia and Spain. Countries were chosen to achieve a geographical spread and to reflect differences in healthcare systems.

The audience included healthy citizens, to examine the importance of self care in prevention and citizens with predefined chronic conditions and diseases and minor ailments to illustrate the importance of the self care concept in those scenarios.

Primary data were analysed via a number of approaches: exploratory analysis of data frequency, extent and preferences by group and all questions as variable, exploration of demographic data, cross-table and cluster analysis.

Research limitations such as limited sampling and respondent availability, absence of interviewer and possible cooperation problems are taken into account. Further research using this data should also provide more detailed analysis of gender and socio-economic factors linked to responses, including educational level or income.
2. Understanding of self care in Europe

This chapter examines what respondents understand by self care and to what extent it reflects the Epposi stakeholder definition (see Section 1.3):

2.1 Key findings

- The majority of respondents understand self care in line with the WHO/Epposi definition; personal health maintenance; good diet, good hygiene and avoiding health hazards; exercise and good mental health. These findings are consistent across all countries.
- To a lesser extent, self care is seen as treatment or self-medication in response to symptoms.
- Viewing self care as a partnership of individuals and healthcare professionals is relatively low.
- The lowest proportion of respondents recognises self care as a learned behaviour where cultural standards are transmitted inter-generationally.

2.2 Consumer understanding of self care

Consumers were asked what self care means for them by identifying their top three preferences from twelve available choices.

- 55% understand self care as good diet, practicing good hygiene and avoiding health hazards.
- 37.5% see self care as exercising to maintain physical wellness and good mental health.
- 33.1% see self care as personal health maintenance.

This is in line with the WHO and Epposi definitions of self care and is common across all four European regions. The most striking result is the very low percentage (9%) of respondents that consciously view self care as a partnership with healthcare professionals. This is important, because healthcare professionals need to play a pivotal role in effective self care — indeed, the Barometer results indicate the extent to which consumers rely on advice from healthcare professionals.

Self care as a learned behaviour where standards are transmitted inter-generationally also scores very low (4.4%). However, Eastern countries are higher, with almost 8% of respondents associating self care as being a learned behaviour. This can be explained by the very strong role of family in Eastern European societies.
3. Consumers’ perception of self care in Europe

The survey asked respondents how they perceive the importance and benefits of self care in managing and preventing their conditions and diseases, including minor ailments. It also asked whether respondents feel responsible for their own health and if they feel confident in doing so.

3.1 Key findings

- Nine out of ten respondents see self care as a vital part of the management and prevention of chronic conditions and diseases, including minor ailments.
- Most respondents view improved health and quality of life, prevention and management of their conditions and diseases as the benefits of self care, followed by greater independence, productivity and individual satisfaction.
- Consumers are willing to take care of their own health and the majority agree that it is their responsibility to do so. The highest score for this is in Northern countries.
- However, less than one in five respondents feel very confident to take care of their own health, ranging from 17% in Northern countries to 11% in the Eastern countries.
- Health literacy is pivotal. Better knowledge, skills and capacities for self care are closely linked to confidence and willingness to undertake responsibility for their own health.
- The findings confirm the diversity of available information sources for self care but healthcare professionals still play a fundamental role. The lower the perceived knowledge, skills and capacities for self care, the higher the dependence on healthcare professionals for information.

3.2 Importance of self care in Europe

A large majority (88.2%) see self care as important. This is consistent across all countries surveyed. The results show that European consumers see self care as an important part of their everyday lives. We can assume consumers are increasingly active in managing their own health.

Figure 1: Importance of self-care in European regions (in %)

Source: Epposi Self Care Barometer, 2013
3.3 Consumers perceived benefits of self care

There is a growing recognition that promoting self care brings benefits for individuals, society and policymakers. These include improved health outcomes and quality of life, increased productivity, and reducing the burden on health and welfare services. This aligns with consumer perceptions of the perceived benefits of self care in all 10 countries surveyed (Figure 2). However, it should be noted that 15% of respondents do not see any benefits.

In general, we can conclude that consumers clearly understand the benefits of self care.

![Figure 2: Consumers perceived benefits of self-care (in %)](image)

Source: Epposi Self Care Barometer, 2013

3.4 Consumers’ views of responsibility for health

There is broad policymaker agreement that if healthcare delivery is to remain sustainable, then individuals need to take greater responsibility for their health. However, do consumers share this view? The study indicates that consumers recognise this responsibility. Nearly 80% agree when asked, “It is my responsibility to take care of my own health and I am keen to take care of my own health” (Figure 3).

Results show that consumers accept that it is their responsibility to manage their own health and are willing to do so. This underlines the potential of self care for reducing pressures on social systems.

![Figure 3: Consumers’ perception of responsibility for health (in %)](image)

Source: Epposi Self Care Barometer, 2013
3.5 Confidence and health literacy

It is not appropriate to expect consumers to take on greater responsibility for their health and well-being without guidance and leadership. This requires encouragement and support, as well as the confidence from essential knowledge, skills and tools.

Results show that only 15% of respondents feel very confident to take care of their own health (Figure 4). However, combining those respondents who were confident or very confident provides a two-thirds majority.

Figure 4: Consumers’ perception of confidence to take care of their own health (in %)

![Figure 4: Consumers’ perception of confidence to take care of their own health](source)

The findings support the argument that encouraging individuals to take responsibility for care should be matched by support for enhancing their skills and knowledge, and thus building their confidence. Increased health literacy, across the population, is therefore critical in enabling people to make the correct decisions, reducing inequalities in health outcomes and encouraging citizens to take a more active role in their health. People with higher health literacy levels have healthier behaviour; better adherence to treatment, report less chronic illness, feel healthier, and live longer.

Results indicate that around 63% of consumers perceive they have knowledge of self care, although only 9% claim to have very good knowledge.

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5 Bopp M, Minder CE 2003
Consumer perception of skills and capacities are slightly different. Around half of the respondents see their skills as neutral, with 17% believing they do not have good skills and capacities for self care. Half of those surveyed in Northern countries perceive their skills and capacities as very good. By contrast, Eastern countries have the lowest perception of their skills and capacities (Figure 6).

This confirms the clear link between consumer knowledge and confidence in their skills. Greater knowledge in Northern countries results in better skills and capacities to understand and practice self care. Unsurprisingly, Northern countries also score highest for feeling able to manage their own health. This suggests that better knowledge, skills and capacities for self care are vital if consumers are to have the confidence and willingness to take the responsibility for their own health. However, Southern countries indicate a willingness to improve knowledge, skills and capacities for self care.
In summary, those countries that score the lowest for knowledge, skills and capacities for self care express the highest interest in improving. The main challenges to building knowledge and skills for self care were income (23%), the nature of the condition and/or disease (20%) and access to information about one’s conditions and diseases (11%). Interestingly, there are only minor differences in the consumers’ perception of these barriers across selected countries.

3.6 Sources of information on self care

Healthcare professionals are the primary source of information for self care. Within this group, GPs are foremost, followed by pharmacists, nurses and nutritionists. The next important source of information is the media, including internet, newspapers, magazines and social networking sites.

However, Figure 7 demonstrates considerable differences between countries. In Southern countries, 66% prefer to consult healthcare professionals for information on self care, predominantly GPs (44%) and pharmacists (20%). This is double the rate of Northern countries, which uses media as the primary source of information.

Results illustrate the diversity of sources of information on self care and the role of healthcare professionals. The lower the level of knowledge, skills and capacities the more likely consumers are to turn to healthcare professionals as the primary source of information.

3.7 Trust

In addition to responsibility, confidence, knowledge and skills, trust is fundamental to successful self care. Respondents were asked for their views on the importance of trust on their interest and willingness to manage their own health. Nearly half of the respondents indicated that they trust their knowledge in taking care of their own health. However, one third of consumers do trust their knowledge.

Figure 7: Sources of information about Self care per region (in %)

<table>
<thead>
<tr>
<th>Region</th>
<th>Healthcare professionals</th>
<th>Social media</th>
<th>Word of mouth</th>
<th>Health and wellness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern countries</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Eastern countries</td>
<td>16</td>
<td>9</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Western countries</td>
<td>37</td>
<td>24</td>
<td>32</td>
<td>16</td>
</tr>
<tr>
<td>Northern countries</td>
<td>34</td>
<td>52</td>
<td>47</td>
<td>66</td>
</tr>
</tbody>
</table>

Source: Epposi Self Care Barometer, 2013
4. Health behaviours of consumers

In line with the WHO and Epossi definition of self care, we asked respondents what actions they take most often to take care of their own health and what are the influencing factors of such health behaviours.

4.1 Key findings

- To take care of their health, consumers prefer to visit their doctor followed by lifestyle changes and self-medication. Northern countries are the only exception, where consumers prefer to make some lifestyle changes before visiting their doctor.
- Access and quality of services and the communication skills of healthcare professionals are the three greatest influences on consumer behaviour. A supportive environment, access to community services or customs and beliefs also play a lesser role. There are no major differences between countries.
4.2 Factors influencing consumers’ health behaviours

When asking consumers which single action they prefer to take care of their own health, visiting the GP scores the highest, followed by lifestyle changes and self-medication.

What factors most influence consumer behaviour? Why do they choose to visit the doctor first, rather than to make lifestyle choices?

The three most influential factors are the ability to access healthcare services (77%), the quality of those services (76%) and communication skills of healthcare professionals (75%).

Figure 9: “What one action, if any, do you most prefer to take care of your own health” (in %)

Source: Epposi Self Care Barometer, 2013

5. How do consumers perceive the role of healthcare professionals?

Any move towards increasing self care needs a cultural change in the relationships between healthcare professionals and their patients and between the various healthcare professionals. In particular, GPs and pharmacists will need to share the clinical management of patients.

Respondents were asked how they perceive the role of healthcare professionals in the prevention and management of their conditions and diseases, including minor ailments. They were also asked to what extent they rely on healthcare professionals for advice and what influences their behaviour.

5.1. Key findings

- Consumers find healthcare professionals extremely important in taking care of their health
- There is no direct link between the perceived confidence of consumers to take care of their own health and the frequency of their GP visits
- For a majority of respondents, their GP is the primary source of information for minor ailments, followed by those seeking advice from pharmacists and specialists.
- The vast majority of consumers are reliant on healthcare advice. However, there are major discrepancies, particularly between Northern and Eastern countries.
The most influential factors for reliance on healthcare advice are access and quality of healthcare services and communication skills of healthcare professionals. This is consistent with the findings on the factors influencing consumers’ behaviours.

### 5.2. Consumers’ perception of the role of healthcare professionals

Self care increases consumer choice of healthcare professionals such as GPs, pharmacists, nutritionists, nurses, psychologists, physiotherapists and dieticians. Nearly 90% of respondents say they find healthcare professionals important or very important in taking care of their own health (Figure 11).

**Figure 11:** Consumers´perception on the importance of healthcare professionals in taking care of their own health per country (in %)

<table>
<thead>
<tr>
<th>Country</th>
<th>Important</th>
<th>Neutral</th>
<th>Not important</th>
</tr>
</thead>
<tbody>
<tr>
<td>SP</td>
<td>92</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>SK</td>
<td>87</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>SC</td>
<td>87</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td>PL</td>
<td>90</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>NL</td>
<td>81</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>IT</td>
<td>93</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>FR</td>
<td>84</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>FI</td>
<td>71</td>
<td>26</td>
<td>18</td>
</tr>
<tr>
<td>DK</td>
<td>84</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>DE</td>
<td>82</td>
<td>13</td>
<td>4</td>
</tr>
</tbody>
</table>

Source: Epposi Self Care Barometer, 2013

Around half of the respondents visit healthcare professionals once every six months or less, while 47% visit once every 2-3 months or more. However, only 8% of consumers in Eastern countries visit their doctor once every 2-3 months- a quarter of the rate in Western countries.

**Figure 12:** Frequency of consumers´visit of healthcare professionals per region (in %)

<table>
<thead>
<tr>
<th>Region</th>
<th>Weekly</th>
<th>Once every 2-3 months</th>
<th>Several times a month</th>
<th>Once a month</th>
<th>Once every 6 months</th>
<th>Once a year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern</td>
<td>14</td>
<td>23</td>
<td>30</td>
<td>18</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Western</td>
<td>9</td>
<td>12</td>
<td>24</td>
<td>35</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Eastern</td>
<td>20</td>
<td>27</td>
<td>32</td>
<td>8</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Southern</td>
<td>10</td>
<td>11</td>
<td>24</td>
<td>29</td>
<td>9</td>
<td>4</td>
</tr>
</tbody>
</table>

Source: Epposi Self Care Barometer, 2013
The percentage of consumers in the Eastern countries who visit doctors once every 2-3 months or more is among the lowest in Europe. This suggests that there is no direct link between perceived confidence in managing health and the frequency of visits to healthcare professionals. By contrast, in Western countries where levels of knowledge and skills for self care are relatively high, more consumers visit every 2-3 months. A lack of willingness to improve knowledge and skills seems to be associated with greater frequency of visiting healthcare professionals.

Interestingly, GPs remain the first option for minor ailments, despite the fact that not all ailments require the attention of a GP. This is important, since minor ailments impact on GPs’ workload. There is a need for more use of appropriate alternatives for these, including pharmacists and nurses.

**Figure 13:** Healthcare professionals consulted for minor ailments per region (in %)

Source: Epposi Self Care Barometer, 2013
5.3. Factors influencing consumer reliance on healthcare advice

Consumers are dependent on healthcare advice - almost 70% of respondents say they are reliant or very reliant on healthcare advice in the prevention and management of their conditions and diseases, including minor ailments. However, there is a gap between Northern (46%) and Eastern countries (87%) (Figure 15). It seems that the more knowledgeable and skilful the consumer, the less their reliance on direct or repeated advice from healthcare professionals.

It is important to note that a significant proportion (65%) of consumers claim they feel confident to manage their own health without repeated healthcare advice. Around 60% claim that they only need to hear healthcare advice once to remember and act upon it.

The largest difference between the four regions is on income and reimbursement. Almost 80% of consumers in Eastern and Southern regions find that income influences their dependency on healthcare advice, compared with around 55% in Northern and Western countries. The gap is wider still when reimbursement of a prescribed or recommended medicines or treatment is considered. Twice as many consumers in the Eastern, Southern and Western countries find reimbursement influential in their reliance on healthcare advice compared to Northern countries.

In summary, healthcare professionals continue to play a pivotal role in helping consumers to prevent and manage their conditions and diseases, including minor ailments. It is important to understand that self care involves both greater individual responsibility and a cultural shift in healthcare professionals from being care providers, with citizens as passive recipients. There must be a greater emphasis on shared care, prevention and healthy lifestyle, as well as self care of minor ailments and the self-management and potentially self-medication of long-term conditions and diseases, recognising the potential for patients to be experts in their own care.
6. The reality of self care: Are we there yet?

Respondents were asked for their views on the importance of lifestyle changes and self-medication. We also wanted to know whether consumers adopted lifestyle changes and self-medication, and what they saw as the potential benefits and barriers.

6.1. Key findings

- The vast majority of consumers find lifestyle changes extremely important in the management and prevention of their conditions and diseases.
- Self-image, responsibility and increased independence and control are the three most influential factors in consumers’ decision to make lifestyle changes.
- Consumers make lifestyle changes to improve health outcomes and immune system, reduce stress and weight.
- Consumers see self-medication as an important part of managing health. Despite this, a small majority of consumers do not currently self-medicate (52%).
- A significant proportion of consumers view healthcare professionals, namely pharmacists and GPs, as the primary source of information on non-prescription medication.
- Consumers typically buy non-prescription medication in pharmacies, followed by the internet, supermarkets and health food stores.
- Most consumers consider quality of information and personal knowledge on the benefits and risks of self-medication, the nature of the conditions and diseases and trust in their own ability to self-medicate as the key factors in their decisions to self-medicate.

6.2. Consumers’ perception of lifestyle changes

The vast majority of consumers find lifestyle changes extremely important in the management and prevention of their conditions and diseases, including minor ailments. This is consistent across all countries surveyed. Proper sleep, diet, good hygiene, physical activity, a low-stress environment and good relationships with caregivers are seen as the most important lifestyle changes.

![Figure 15: Consumers’ perception of the importance of lifestyle changes per region (in %)](image)

Source: Epposi Self Care Barometer, 2013
The majority of respondents practice positive lifestyle choices daily, with weekly at 11%. Consumers most frequently practice good hygiene, followed by improved eating habits and proper sleep.

**Figure 16: Consumers’ perception of the importance of lifestyle changes (in %)**

<table>
<thead>
<tr>
<th>Good relationships with caregivers</th>
<th>Daily</th>
<th>Weekly</th>
<th>Several times a month</th>
<th>Once a month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress free environment</td>
<td>18</td>
<td>11</td>
<td>22</td>
<td>12</td>
</tr>
<tr>
<td>Proper sleep</td>
<td>34</td>
<td>22</td>
<td>16</td>
<td>7</td>
</tr>
<tr>
<td>Physical activity</td>
<td>52</td>
<td>22</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>Eating habits</td>
<td>78</td>
<td>33</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>Good hygiene</td>
<td>51</td>
<td>22</td>
<td>11</td>
<td>6</td>
</tr>
</tbody>
</table>

Source: Epposi Self Care Barometer, 2013

Respondents who did not currently practice lifestyle changes were asked if they were willing to do so. Nearly 40% were willing, with 43% neutral. Twice as many consumers in Northern countries are willing to make lifestyle changes, compared to Southern and Eastern countries.

**Figure 17: Willingness to make lifestyle choices per region (in %)**

<table>
<thead>
<tr>
<th>Region</th>
<th>Willing</th>
<th>Neutral</th>
<th>Not willing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern countries</td>
<td>20</td>
<td>60</td>
<td>20</td>
</tr>
<tr>
<td>Eastern countries</td>
<td>33</td>
<td>67</td>
<td>0</td>
</tr>
<tr>
<td>Western countries</td>
<td>40</td>
<td>42</td>
<td>17</td>
</tr>
<tr>
<td>Northern countries</td>
<td>67</td>
<td>0</td>
<td>33</td>
</tr>
</tbody>
</table>

Source: Epposi Self Care Barometer, 2013

The factors that most influence consumers’ decision to make lifestyle changes are self-motivation (77%), responsibility (74%), increased independence and control over their lives (74%). In contrast, the barriers to practicing lifestyle changes were income (23%), self-motivation, sense of responsibility and confidence (14%). Eastern countries consider income as the main challenge, while Northern countries see it as self-motivation and responsibility.

The benefits that consumers expect from lifestyle changes are improved health outcomes, immune system and reduced stress and weight. Other perceived benefits are reducing metabolic risk factors, better sleeping habits and decreased incidence of minor alignments.
Consumers’ views of self-medication

A majority of consumers perceive self-medication as important in the prevention and management of their conditions and diseases. However, self-medication is seen as less important than lifestyle changes and use is not consistent across surveyed countries (Figure 18). Eastern countries find self-medication more important than Western and Northern countries.

The findings also confirm that a large majority – around 80% - who do not currently self-medicate are willing to do so. Around 32% would do so if recommended by their doctor; 24% if recommended by a pharmacist, while 18% are willing to do so without a healthcare professional’s recommendation. Almost 75% of consumers acknowledge that they self-medicate at least once a month.

Figure 19: Consumers’ willingness to self-medicate per region (in %)

Source: Epposi Self Care Barometer, 2013

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6 For the purpose of the Epposi Self Care Barometer, self-medication is understood as the selection and use of medicines by individuals to treat self-diagnosed illness or symptoms. Treatments include non-prescription medication, herbal and traditional products, supplements and vitamins.
The top three influential factors (77%) in choosing to self-medicate are:
- Quality of information and personal knowledge about benefits and risks of self-medication
- Type of conditions and/or diseases
- Trust in ability to self-medicate

The following statements scored highest (77%) as perceived benefits of self-medication:
- “Non-prescription medications are available immediately when I need something urgently”
- “Self-medication is effective as long as the product does what it claims”
- “I can choose the self-medication that I have experience with and is most suitable for me”

Most consumers consider pharmacists (38%) and GPs (27%) as primary sources of information on non-prescription medication, followed by the internet (18%). Pharmacists and GPs are the leading source of information in the South, while the North scores highest for the internet.

7. Concluding remarks

Increasing use of self care offers benefits for individuals, society and government. It will improve well-being, increase quality of life and productivity, and reduce the burden on healthcare and welfare services. There is also the potential for much more. Consumers already find self care important, and most are willing to take greater responsibility for their own health. Many already practice self care via lifestyle changes and to a lesser extent self-medication.

Yet only 20% of consumers feel very confident in managing their own health. This points to a pivotal role for health literacy to provide the knowledge, capacities and skills to practice self care. There is a clear link between health literacy and the confidence and willingness to take responsibility for health.
This is underlined by a heavy reliance on healthcare professionals. Significant numbers choose to visit their doctor before making lifestyle changes or self-medicating. Consumers see healthcare professionals as pivotal in the prevention and management of their health and as the primary source of information on self care, self-medication and the treatment of minor ailments.

Despite a good understanding and knowledge of how to practice self care, consumers perceive barriers to realising the benefits. Consumers will need guidance and leadership if they are to take on greater responsibility for their health and well-being. This requires encouragement, support, and the essential knowledge, skills and tools to undertake the task.

Achieving greater levels of self care will require change in how healthcare professionals relate to their patients and to other healthcare professionals—pharmacists in particular. They must share clinical management of patients, particularly for ailments that do not need the attention of a GP.

8. Recommendations

New policies are needed to define the role of healthcare professionals in self care. There must be greater emphasis on shared care, prevention, lifestyle management and consumer involvement. Skills training will be vital in driving the cultural shift from professionals as care providers and patients as passive recipients.

Government must make self care integral to health policy, with stakeholders working to develop affordable, practical and sustainable solutions. These should include greater investment in health promotion and disease prevention. Governments should also seek improved partnerships with stakeholders such as the pharmaceutical industry and health insurers to improve outcomes by sharing data and resources.

New policies that underpin self care are needed to clarify industry’s role in this shift towards increased personal responsibility. Access to non-prescription medicines (based on evidence demonstrating safety and efficacy, whereby a broader range of medicines may be appropriate for non-prescription use) complementary and alternative therapies should be made easier. At the same time, industry must continue to provide timely access to high quality medicines that are safe, efficacious and affordable.

Health insurers and state healthcare providers will also have a key role to play, helping to integrate incentives for self care. As healthcare costs escalate, individuals and families need to be encouraged to practice prevention, appropriate self-medication, and the adoption of healthy alternatives in order to prevent longer term and costly interventions.
ABOUT EPPOSI

Mission and Goals

Founded in 1994, Epposi is an independent, not-for-profit, partnership-based and multi-stakeholder think tank based in Brussels, Belgium.

Our goal is to work at the “cutting edge” of European health policy-making, providing members and the wider public with high quality independent research, capacity-building, knowledge exchange and dissemination with the aim of bridging the gap between innovation and improved public health outcomes. In order to fulfil our mission and build on our established, unique, citizen-centric and multi-constituency approach, Epposi enables consensus-driven, equally-weighted outcomes between the different stakeholder groups of its membership: patients’ organisations, science and industry.

Epposi is open to members from EU-facing umbrella patients’ organisations, commercial enterprises and their related trade bodies, research institutes, professional and business federations. Associate membership is open on nomination to NGOs representing a broad range of civil society interests, foundations and international organisations that support the Epposi ethos and are active in human healthcare.

For more information about Epposi please visit www.epposi.org