OBJECTIVES: in publicly funded health systems such as the United Kingdom (UK) and Israel, patients do not always receive cost-effectiveness analysis (CEA) of health care in a timely manner. Therefore, we analyzed weights according to the difference in expected age of death (4.2 good for patients with lower costs, 5.0 bad for patients with higher costs), 2) cost to the NHS (drug/procedure tariff), 3) cost to patient (drug/procedure tariff), and 4) access to cost to patient (flat cost for all options). Differences in treatment choices were explored using ANOVA. Significant differences within each scenario were explored using a t-test. RESULTS: A significant number of respondents switched choice to the cheapest intervention when mean costs to the system (p<0.05) or themselves (p<0.01) were considered. No significant differences were observed for other health conditions, for all three health conditions, presenting flat access costs increased the likelihood (p<0.01) of respondents choosing the treatment option known to have the highest mean. CONCLUSIONS: Cost information influences treatment decisions. We find that awareness of cost to the system or to oneself encouraged the choice of lower priced treatment options, whereas flat access charges increased the choice of treatment known to be more expensive. Provision of cost information may therefore be important for informed decision making, and could also be a policy tool to generate cost savings for the health system.

PHI71

HEALTH LITERACY AND SELF-REPORTED HEALTH STATUS USING THE EQ-5D: AN EXPLORATORY ANALYSIS

Rey-Arias 1, Augusto-Si 1, Irazola V, Garay OU, Gianneo O, Morales M. 1Institute of Clinical Effectiveness and Health Policy (IECS), Buenos Aires, Argentina, 2Evaluations & HTA Department, Institute of Clinical Effectiveness and Health Policy (IECS) and Professor of Public Health, University of Buenos Aires, Buenos Aires, Argentina, 3Institute for Clinical Effectiveness and Health Policy, Buenos Aires, Argentina, 4Fondo Nacional de Recursos, Montevideo, Uruguay

OBJECTIVES: To describe health literacy (HL) in Uruguayan general population and children and young adults and to assess HL in relation to other health indicators. ASSESS: As part of an ongoing study to assess HL in Uruguay, we conducted an EQ-5D valuation study, we included the Short Assessment of Health Literacy–Spanish questionnaire (SAHL-S), a previously validated instrument that evaluates HL through 18 items combining word recognition and comprehension. Low HL is defined by identifying ≤14 correct items. We included participants with valid SAHL-S responses, complete sociodemographic characteristics, self-reported health status with the EQ-5D, and report of previous experience with illness. Thus, we performed a secondary analysis of data from the first phase of the study. Results: The self-reported health status and explores the independent association between EQ visual analogue scale (VAS) score and HL using standard linear regression. RESULTS: Of 773 participants 60.2% were women (mean age 42.02 years; SD: 15.51). VAS mean was 79.34 (DS: 16.39). 52.9% participants had at least one limitation in any of the EQ-5D domains, 75.9% had experience with illness and 51.5% in caring others. Educational attainment (EA) distribution was 17.2% up to primary, 52.3% up to secondary and 30.5% up to tertiary or higher education. Low HL was present in 39.8% of the population. In bivariate analysis aging and low HL were associated with poorer VAS scores (coef -0.276; p<0.001; coef -0.028; p=0.012). Higher VAS scores were observed with higher EA (coef 2.383; p=0.001). Multiple regression shows HL is related to VAS independently of age, but this association loses its statistical significance becoming borderline after adjusting for EA and experience in caring others (coef -1.93; p=0.06). HL can only develop in a formal education and acquired knowledge related to health. This is the first study that describes HL in Uruguay, and shows that is associated with self-reported health. Further studies are needed to explore the potential value added to standard educational level measurement.

PHI72

ASSESSING THE TRANSLATABILITY OF THE TERM "FRUSTRATED" IN TURKISH

McGowen S, Angun C, Talbert M, Brandt RA, Gawlik M 1Corporate Translations, Inc., Chicago, IL, USA, 2Corporate Translations Inc., Odunpazary, Eskiyahir, Turkey, 3Corporate Translations Inc., Chicago, IL, USA, 4Corporate Translations, Inc., East Hartford, CT, USA

OBJECTIVES: The objective of this study was to assess the translatability of "frustrated," a term commonly used to describe a range of emotions in Clinical Outcomes Assessments (COA). "Frustrated" includes many constructs, such as "disagreement," "anger" and "upset." Previous studies have shown that terms including multiple constructs in English, such as “bother,” are not sufficiently translatable across all languages. METHODS: Back-translations of questionnaires containing the word “frustrated” were analyzed to assess the translatability of the term. The following related constructs were also included in analysis: “discouraged,” “angered,” “disappointed” and “upset.” Data collection forms resulting from cognitive debriefing were also analyzed to determine the potential translations. RESULTS: The translated “frustrated” in Turkish, Greek, “disillusioned” in Hungarian, “irritated” in Japanese and “disappointed” in Korean. Out of 245 subjects, 13% took issue with “frustrated,” indicating that it was not understood or not appropriate for their languages. Analyses of related constructs showed “frustrated” was translated “discouraged” and “disappointed” with limited use. Data collection forms translated with no issues in all 12 languages available for analysis. “Upset” was found to be equally problematic, and thus rejected as a recommended construct. CONCLUSIONS: “Frustrated” is not recommended for use and intended for international data pooling. Similar to the findings of previous studies, more spe...