



# Expert Panel on Health Literacy: Process and Key Conclusions

Presentation by Irving Rootman, Co-Chair, Expert Panel on Health Literacy

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# Background

- Recommendation at Second Canadian Conference on Literacy and Health, 2004
- Funding provided by Canadian Council on Learning Health and Learning Knowledge Centre, 2006
- Organized and Managed by CPHA, 2006-2008

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# Members

- **Heather Armson**, University of Calgary
- **Patricia Ashie**, Learners' Network, MCL
- **Bruce Beairsto**, Richmond School District
- **Monique Bégin**, University of Ottawa
- **Cindy Blackstock**, First Nations Child & Family Caring Society of Canada
- **Doris Gillis**, St. Francis Xavier University
- **Deborah Gordon-El-Bihbety**, Research Canada (Co-Chair)
- **T. Scott Murray**, Data Angel
- **Iraj Poureslami**, UBC
- **Lise Renaud**, Université du Québec à Montréal
- **Irving Rootman**, University of Victoria (Co-Chair)
- **Linda Shohet**, The Centre for Literacy of Quebec
- **Ellen Szita**, Learners' Network, MCM
- **Lewis Williams**, University of Saskatchewan

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# Terms of Reference

- Define the scope of the problem
- Identify barriers to creating a health literate public
- Assess the effectiveness of existing interventions
- Develop recommendations

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# Process

- Agreed on definitions
- Collected information
- Examined information
- Drafted report
- Reviewed draft
- Revised report
- Finalized report

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# Definitions

- *Literacy* is the ability to understand and use reading, writing, speaking and other forms of communication as ways to participate in society and achieve one's goals and potential.
- *Health literacy* is the ability to access, understand, evaluate and communicate information as a way to promote, maintain and improve health in a variety of settings across the life-course.

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# Information Collection Activities

- literature review
- focus groups with adult learners
- environmental scan of interventions
- interviews with experts
- e-mail questionnaire sent to policy-makers, advocates and professionals
- consultations with broad range of stakeholders
- original analysis of IALSS data

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## Key Conclusions regarding Scope of Problem

- Large numbers of Canadians appear to have lower levels of literacy and health literacy than are needed
- Levels of literacy and health literacy vary from jurisdiction to jurisdiction and in population subgroups
- Both literacy and health literacy are related to health outcomes

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## Key Conclusions regarding Scope of Problem (Cont.)

- There is a lack of systematic information on financial burden and costs of low literacy and health literacy. However, there is some evidence that lower health literacy appears to be related to higher health care costs
- The increasing complexity of the healthcare system and the deluge of health information now available put high demands on people for literacy and health literacy skills

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## Key Conclusions regarding Barriers to Health Literacy

- There are many individual and system barriers to creating a health literate public in Canada
- There are many plausible ideas for addressing barriers

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- **Individual** Barriers include:
  - Declines associated with aging
  - Low levels of formal education
  - lack of knowledge and skills about health
  - Mother tongue other than English or French
  - Living with disabilities that affect proficiency in health literacy
  - social stigma

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- **System barriers include:**

- Challenges in implementing quality school health and physical education programs
- Lack of affordable Second Language programs and community-based literacy upgrading programs
- Inadequate workplace training and education
- Confusing or conflicting health information from the media and the Internet
- Complex health systems
- Demanding self-care regimes for chronic diseases
- Lack of awareness and knowledge about health literacy among health and literacy professionals

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# Key Conclusions regarding Effectiveness of Interventions

- There are few rigorous evaluations
- Few rigorous evaluations of interventions to improve health literacy
- Simplifying reading material is most widespread initiative...yet no evidence that it improves health outcomes
- Although multimedia presentations may improve knowledge of both the literate and the less literate, they do not appear to change health-related behaviours
- Community development is a promising avenue as is participatory research
- Healthcare system change to facilitate use by those less literate is key
- There are many potentially valuable initiatives throughout Canada

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## Key conclusions regarding Policies and Programs

- Policies and programs are needed
- Attention should be directed to population groups with lower levels of literacy and health literacy
- All levels of government need to be involved
- Mechanisms are needed to rigorously evaluate initiatives

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## Key conclusions regarding Policies and Programs (Cont.)

- Health literacy policies and programs need to be coordinated with policies and programs in related areas
- Encouraging reading practice in daily life through policies and programs may be productive
- Research is needed

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## Recommendation

- *That a comprehensive, coordinated, cooperative and integrated Pan-Canadian Strategy on Health Literacy be developed, funded and implemented to improve the level of health literacy in Canada, and the extent to which people receive the support they need to cope with the health literacy demands they encounter*

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# Goals of the Strategy

1. To improve literacy and health literacy in Canada
2. To reduce inequities in literacy and health literacy in Canada
3. To enhance the capacities of systems that provide health information and services to do so effectively for people with all levels of literacy and health literacy

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# Promising Approaches :

- Develop and undertake a **coordinated multi-media campaign** to increase awareness of the issue of health literacy in Canada among the public and specific audiences
- **Integrate health literacy** into curricula from primary and secondary education through to adult education and seek resources for doing so from governments, the private sector and foundations
- **Set population-specific targets for health literacy, monitor and report progress**
- Make health literacy a **mandatory component of service provider curricula, professional continuing education, and professional registration and certification**

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# Promising Approaches (Cont.)

- **Develop policies** on use of plain/clear language and visual symbols in health communications, **guidelines and prototypes** including accreditation standards for health communications and interactions, and **undertake assessments/audits** of accessibility of service provision systems and institutions as well as **health services accreditation**.
- **Develop pertinent funding streams** to address health literacy research and programming
- Develop mechanisms to **coordinate federal, provincial and territorial and Aboriginal governments policy and program delivery** to promote health literacy across the life span

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# Promising Approaches (Cont.):

- Develop mechanisms to **evaluate health literacy interventions, allocate adequate funding, and disseminate the findings**
- Establish a multi-stakeholder **Pan-Canadian Council on Health Literacy** at arms length from government to monitor and assess progress, facilitate partnerships between organizations and provide strategic direction
- Develop a **parallel process** to the one undertaken in producing this report by **Aboriginal organizations and people**

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# Next Steps

The Canadian Public Health Association (CPHA) in partnership with the Canadian Council on Learning (CCL) and the Public Health Agency of Canada (PHAC) undertake the following actions immediately following the release of the Expert Panel report:

1. Disseminate the report and related materials to politicians, practitioners, researchers and the general public to raise awareness of the size and nature of the issue of health literacy in Canada.
2. Initiate consultations with governments, voluntary organizations, educational institutions, research funding organizations, community groups and others to develop a plan for establishing a Pan-Canadian Strategy for Health Literacy.
3. Seek the resources required for the implementation of the plan.

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