

# Moving Health Literacy from Research to Practice in Canada

Sandra Vamos, Ed.D.

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## ABSTRACT

*Whereas health literacy has been featured in health policy documents in the United States, the European Union, the United Kingdom, and Hong Kong, health literacy is a relatively new concept in health research and practice in Canada. This paper explores various initiatives for putting health literacy research into practice across Canada.*

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## Introduction

Over the past decade, there has been considerable interest and momentum in the area of health literacy to help shape better health outcomes in Canada. Health literacy is a concept, a process, an outcome, and a public health goal. A recent Canadian Council on Learning report provided a country-wide snapshot of health literacy, estimating that 60% of adult Canadians (aged 16 and over) and 88% of seniors (aged 65 and over) possess low health literacy rates (Murray, Rudd, Kirsch, Yamamoto, & Grenier, 2007). Rootman and Gordon-El-Bihbey (2008) noted that “low health literacy is a serious and costly problem that will likely grow as the population ages and the incidence of chronic disease increases” (p. 41). This paper will explore various initiatives that will help move health literacy from research into practice across Canada.

## Context of Health Literacy in Canada

Similar to the United States’ groundbreaking report by the Institute of Medicine (IOM) entitled *Health Literacy: A Prescription to End Confusion* (Nielsen-Bohman, Panzer, & Kindig, 2004), a Canadian report entitled *A Vision for a Health Literate Canada* was released in 2008 by the first Canadian Expert Panel on Health Literacy (Rootman & Gordon-El-Bihbey, 2008). This report consolidated existing research on health literacy and highlighted initiatives and approaches within Canada. The report shows that while there are many promising practices in Canada, further efforts could still be strengthened to enhance health literacy levels.

Just as research suggests that levels of health literacy vary significantly from jurisdictions across Canada and among population groups, so does the response to these health literacy levels leading to improvements in public health. Currently, there are many stakeholders in Canada representing different fields and sectors who are working independently to a large extent in advancing health literacy. This

paper is not meant to provide an exhaustive list of all individuals and groups involved in health literacy initiatives in Canada. It is meant to provide a context for health literacy research moving into practice across Canada.

The Canadian Public Health Association (CPHA) is a national, non-government organization representing public health in Canada, with links to the international public health community. The CPHA has designed an online health literacy portal, which provides easy access to information, resources, and tools for users about health literacy in Canada and abroad (visit the website for details at <http://www.cpha.ca/en/portals/h-l.aspx>).

Another visible stakeholder is the Canadian Council on Learning (CCL), which was established in 2004. CCL formally served as a national, non-government network representing Canada’s learning communities. There were five knowledge centres monitoring research and knowledge dissemination and exchange. The Health and Learning Centre based in British Columbia and Yukon served a national network linking health literacy work in the Canadian context. Although CCL (2009) no longer funds knowledge centres, the public can still access the online health literacy portal, which contains past health literacy reports, background papers, and conference materials.

The establishment of a Health Literacy Council Canada (HLCC) has recently been proposed as a means to create greater collaboration and action in Canada on health literacy. This effort is intended to bring together the interested groups of organizations and individual leaders who have been working to advance the health literacy agenda in the hopes of working more effectively. The HLCC will consist of representatives from governments at all levels, civil society, Aboriginal organizations, and academia representing diverse interests with a common commitment to addressing health literacy.

Whereas pockets of work have existed around the country, the Canadian Expert Panel on Health Literacy is considered an influential initiative itself, which has been instrumental to inform and advance a series of health literacy initiatives and efforts. In order to address the issue of low health literacy faced by Canadians and reduce health disparities, the Expert Panel on Health Literacy called for programs, research, and policies (Rootman & Gordon-El-Bihbety, 2008).

### **The Canadian Expert Panel on Health Literacy**

In 2006, 14 expert delegates were selected to form the Canadian Expert Panel on Health Literacy, the Panel was co-chaired initially by Dr. Irving Rootman and Dr. Elinor Wilson and subsequently by Dr. Rootman and Ms. Deborah Gordon-El-Bihbety when Dr. Wilson changed jobs and resigned from the panel. Health literacy was defined by the Panel as the “degree to which people are able to access, understand, evaluate and communicate information to engage with the demands of different health contexts in order to promote and maintain good health across the life-course” (Rootman & Gordon-El-Bihbety, 2008, p. 11). The Panel also provided a vision statement to create a health literate Canada:

All people in Canada have the capacity, opportunities and support they need to obtain and use health information effectively, to act as informed partners in caring of themselves, their families and communities and to manage interactions in a variety of settings that affect health and well-being. (Rootman & Gordon-El-Bihbety, 2008, p. 23)

There are two points to extract from this vision. Firstly, the vision implies that it is a matter of people improving their own skills. Secondly, it is a matter of practitioners, organizations, and institutions providing the opportunities and support that providers need to either improve their own skills and/or to help people access, comprehend, evaluate, and communicate the health information that they obtain or receive to enhance health literacy levels.

The Expert Panel recommended a Pan-Canadian Strategy on Health Literacy to improve literacy and health literacy skills; reduce inequities in opportunities for developing literacy and health literacy skills; and enhance the capacities of systems that provide health information and services for all people in Canada (Rootman & Gordon-El-Bihbety, 2008). The health literacy strategy is defined by the Panel as a comprehensive, coordinated, cooperative and integrated Pan-Canada approach requiring a

range of stakeholder collaboration including governments at all levels, the health and education systems, non-governmental organizations, academia, professional organizations, media, employers, communities, families, and all Canadians.

As part of their Pan-Canadian Health Literacy Strategy, the Expert Panel suggested nine key components to guide national recommendations (Rootman, 2007; Vamos, 2010):

- Improve Health Literacy in Canada
- Increase Public Awareness
- Change Professional Education
- Improve Health Communication
- Move to Integrated Interventions
- Do the Research
- Ensure Program Funding and Evaluation
- Develop Capacity
- Implement the Strategy

There is an urgent need for capacity to implement these nine components as shown in Table 1. For the purposes of this paper, three of the nine components will be addressed to illustrate how they may be useful to translate research into practice. A provincial example will be used to demonstrate the implementation of such components.

### **Provincial Context: British Columbia**

British Columbia is a hub for research on health literacy. British Columbia leads the country in creating a collaborative environment to build a shared vision for health literacy in the province. British Columbia is home to leading researchers and practitioners in this field, many of whom are internationally recognized, such as Dr. Irving Rootman and Dr. Jim Frankish. Many British Columbia initiatives have the potential for informing health literacy research and practice across the country.

The British Columbia Health Literacy Strategy (2009) is first of its kind in the country and is a provincial initiative for informing health literacy research and practice throughout Canada. This initiative engages stakeholders and coordinates research and action on health literacy. Its partners include the provincial Ministries of Education and Health Services. This is a provincial effort to invite the learning, health, community, and private sectors to promote health literacy. This effort seeks an innovative means to leverage capacity to sustain momentum and maximize results over the longer term, because it has been recognized that without the inclusion of health literacy and the support at a national level, disease prevention and control

remains ineffective (Rootman & Gordon-El-Bihbety, 2008).

The following section will describe initiatives that have integrated components of the Pan-Canadian Health Literacy Strategy.

*Component: Increase Public Awareness*

- *Sub-component: Develop and undertake a coordinated multi-media campaign targeting the public and specific audiences e.g. health service providers, educators*

October is health literacy month in Canada. Using the countdown to health literacy month and a range of events to build awareness of health literacy as a determinant of health, initiatives and collaborations were supported among British Columbia's Health Authorities (Clough, 2010). Building a coordinated partnership team was a goal from the onset between provincial and regional health authorities (Provincial Health Services Health Authority and Vancouver Coastal Health Authority) and partners (British Columbia Mental Health & Addictions) to publicize community events and using different media to deliver messages supporting health literacy action in British Columbia. Specifically, knowing the audiences and collaborations among partners with stronger communication links allowed for the development of strategies and sharing of health literacy research, activities, tools, and processes.

*Component: Move to Integrated Interventions*

- *Sub-component: Make use of existing models where they have been identified*

British Columbia has the ability to play a facilitative and supportive role in enabling a pan-Canadian action. The British Columbia Health Literacy Strategy has three main goals as follows:

- The British Columbia population has increased skills to better access, understand, communicate and evaluate health information in order to make informed decisions about their health;
- The British Columbia Health system has structures and expertise to support members of the public with different levels of health literacy; and
- Stakeholders from different fields and sectors are working collaboratively in an innovative and articulated manner.

These goals and associated outcomes parallel the components of the Pan-Canadian Strategy and have potential for informing health literacy research and practice across the country. The B.C. model and

affiliated work is considered an exemplar. The provincial coordinated approach involves health care providers, community literacy groups, advocates for vulnerable populations, immigrant groups, literacy and health promoting agencies, and government, among others (British Columbia Health Literacy Roundtable Planning Committee, 2010). This model can be piloted and rolled out across the country. Other provinces and territories may look into activities and initiatives on health literacy that are happening in British Columbia as a nexus, where it has already created a provincial momentum at the local grassroots level. These visible supporters forming the British Columbia Health Literacy Roundtable Planning Committee with provincial partners have stimulated collaboration with the pockets of stakeholder interest across Canada. Although British Columbia leads the country in creating a collaborative environment to build a shared vision for health literacy, it should be noted that British Columbia can also learn from various innovations happening from other areas of the country. The result is an expression and strong desire to bring Canada's rich expertise in health literacy into action from coast to coast.

This momentum will support and inform the development of the pan-Canadian strategy and the integration of health literacy models and initiatives of other provinces. At the end of the day, health professionals (who provide health information and services) and informed Canadians (who consume health information and services) are fundamental to public health education, promotion, and prevention (Windsor, Clark, Body, & Goodman, 2004).

*Do the Research*

- *Sub-component: Apply a health literacy lens to all pertinent research*
- *Sub-component: Undertake focused investigation of health literacy for priority groups, including Aboriginal persons, seniors, school-aged youth, Francophones and persons with disabilities.*

Dr. Jim Frankish is currently the Director of the University of British Columbia Centre for Population Health Promotion Research and a Professor in the School of Population & Public Health (Medicine), and the College for Interdisciplinary Studies. Dr. Frankish is a world-renowned researcher in the health field and one of the country's top subject experts in health literacy who, with colleagues from several universities in British Columbia has been conducting health literacy research with priority groups including seniors, school-aged youth, street youth, and multi-cultural groups. The research on seniors and school-aged groups has focused on conceptualizing and

developing ways to measure health literacy. The definition of health literacy that was developed contained some unique elements including the ability to “assess” health information, explicit recognition of the importance of “context” in relation to health literacy, and a “lifecourse” perspective (Kwan, Frankish, & Rootman, 2006). It was adapted by the Canadian Expert Panel for its use in its work. The research also resulted in the development of conceptual frameworks for addressing health literacy among adults (Kwan et al., 2006) and school-aged children (Wharf-Higgins, Begorary, & MacDonald, 2009) as well as measures appropriate for seniors (Kwan et al., 2006) and school-aged children (Wu et al., 2010).

In terms of street youth, Dr. Frankish and colleagues worked with, health science students, medical students, and street youth to develop an educational program on health suited to the needs of street youth. The Youth Wellness Project (YWP) is a collaborative initiative involving UBC students and a grassroots coalition of street-involved youth called Vancouver Youth Visions Coalition (VYVC). These groups participate as equal partners to provide health literacy workshops for street involved youth residing in the inner city of Vancouver, BC.

With regard to the multicultural population, one of Dr. Frankish’s colleagues, Dr. Iraj Poureslami worked with other colleagues from different universities in British Columbia and from the local community to develop and evaluate the use of culturally appropriate video clips in promoting health literacy among different ethnic groups (Poureslami et al., 2007a, 2007b, 2010).

### **Moving the Health Literacy Research Agenda Forward in Canada**

A growing number of local, provincial, state, national, and international health literacy initiatives have increasingly included health literacy as an important topic in their scientific inquiry, such as discussed in the 19<sup>th</sup> and 20<sup>th</sup> International Union for Health Promotion and Education (IUHPE) World Conferences (Global Health Promotion, 2011). Achieving the common goal of health education, promotion, and prevention to raise health literacy rates requires a collaborative, dynamic exchange among multiple groups including researchers, practitioners, allied health professionals, and policy-makers.

To move the health literacy agenda forward, it is important to have a locus for research, coordination, and information sharing. Establishing a system for knowledge dissemination, exchange, and translation that takes advantage of strategic partnerships and technologies is essential. Most importantly, Canada needs to ensure greater collaboration to advance the health literacy agenda within rural communities, and all provinces and territories. In other words, analyzing and synthesizing researching findings, repackaging or reformatting information for a target audience into practical formats, and the exchange of such information through effective interventions and programs are key public health processes. Ultimately, building an intervention research program that will inform local, regional, national, and international research organizations is a crucial means to put research and effective interventions into practice.

### **Summary**

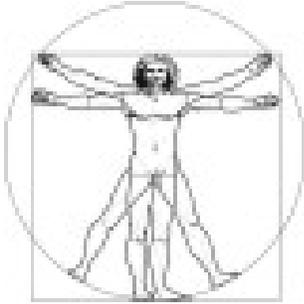
Health literacy plays a fundamental role in chronic disease self-management as well as individual’s day-to-day functioning. Integrating efforts through a health literacy approach will allow for synchronized endeavours to address the complex health needs of all Canadians. This paper has explored various initiatives that will help put health literacy research into practice across Canada. Research and work in the field of health literacy is on the rise as the development of recommendations, strategies and programs aimed at raising awareness, education, and skills are being produced at a rapid rate (CCL, 2007). Efforts to effectively (and efficiently) translate these recommendations into practice to address health literacy are an ongoing challenge. Contextualizing the work of the Canadian Expert Panel on Health Literacy will help stakeholders better understand the potential settings and mechanisms for implementing specific health literacy actions. Furthermore, outlining the nine components of a pan-Canadian Health Literacy Strategy offers insight into the Expert Panels’ approach towards their vision of a health-literate Canada. It is hoped that offering provincial examples may help guide the translation of research into practice.

**Table 1. The Components of the Pan-Canadian Health Literacy Strategy**

<b>1. Improve Health Literacy in Canada</b>
<ul style="list-style-type: none"> <li>1.1 Set targets for population literacy and health literacy</li> <li>1.2 Develop benchmarks for measuring progress</li> <li>1.3 Provide resources to primary, secondary and adult education to teach health literacy</li> <li>1.4 Respond to expectations for patient self-management of chronic disease</li> <li>1.5 Reduce individual and systemic barriers to health literacy</li> <li>1.6 Monitor and regularly report on progress</li> </ul>
<b>2. Increase Public Awareness</b>
<ul style="list-style-type: none"> <li>2.1 Develop and undertake a coordinated multi-media campaign targeting the public and specific audiences e.g. health service providers, educators</li> <li>2.2 Engage the corporate sector in promoting health literacy</li> <li>2.3 Engage policy and decision makers in promoting health literacy</li> <li>2.4 Align the Health Literacy Strategy with other national strategies</li> <li>2.5 Integrate health literacy into curricula from primary and secondary education through to adult education</li> </ul>
<b>3. Change professional education</b>
<ul style="list-style-type: none"> <li>3.1 Make health literacy a mandatory component of service provider curricula and professional continuing education</li> <li>3.2 Make proficiency in health literacy a requirement for professional registration and certification</li> <li>3.3 Investigate alternative service delivery structures for patient communications (i.e., use of nurse practitioners etc.)</li> </ul>
<b>4. Improve Health Communication</b>
<ul style="list-style-type: none"> <li>4.1 Develop policy on use of plain/clear language and visual symbols in health communications</li> <li>4.2 Develop guidelines and prototypes for health communications and interactions, including the use of multi-media formats</li> <li>4.3 Undertake assessments/audits of accessibility of service provision systems and institutions</li> <li>4.4 Ensure access for people who lack fluency in English or French</li> <li>4.5 Promote Tele-health models</li> </ul>
<b>5. Move to Integrated Models</b>
<ul style="list-style-type: none"> <li>5.1 Engage the Public Health Agency of Canada and provincial/territorial public health agencies to provide leadership</li> <li>5.2 Develop pertinent funding streams to address health literacy research and programming</li> <li>5.3 Facilitate inter-sectoral and inter-agency communication and collaborations</li> <li>5.4 Coordinate federal and provincial policy and program delivery to promote health literacy across the life span</li> <li>5.5 Make use of existing models where they have been identified</li> </ul>
<b>6. Do the Research</b>
<ul style="list-style-type: none"> <li>6.1 Apply a health literacy lens to all pertinent research</li> <li>6.2 Develop a coordinated funding strategy across relevant funding agencies to support interdisciplinary health literacy research</li> <li>6.3 Undertake focused investigation of health literacy for priority groups, including Aboriginal persons, seniors, school-aged youth, Francophones and persons with disabilities</li> </ul>
<b>7. Ensure Program Funding and Evaluation</b>
<ul style="list-style-type: none"> <li>7.1 Develop a targeted and sustained funding stream for health literacy research and programming that is integrated across existing funding agencies</li> <li>7.2 Move Canada beyond the 'pilot project' syndrome through sustained program funding</li> <li>7.3 Make program evaluation a requirement of program funding</li> <li>7.4 Develop a mechanism to promote and disseminate validated health literacy interventions and evidence-based programs and practices</li> </ul>
<b>8. Develop Capacity</b>
<ul style="list-style-type: none"> <li>8.1 Provide long-term funding for program sustainability</li> <li>8.2 Establish a national clearinghouse on health literacy information</li> <li>8.3 Support the development of locally appropriate and adequate community supports and networks</li> <li>8.4 Promote appropriate skills and knowledge on the part of providers of services in health, education, community and social service sectors</li> </ul>
<b>9. Implement the Strategy</b>
<ul style="list-style-type: none"> <li>9.1 Bring all the key stakeholders (federal, provincial, territorial, municipal) to the table and on-board and identify the unique function of the group as the experts on the subject</li> <li>9.2 Engage these stakeholders in setting the agenda and determining the structure and mandate of the Strategy</li> <li>9.3 Establish a National Council on Health Literacy at arm's length from government and outside of the health portfolio</li> </ul>

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#### **ABOUT THE AUTHOR**

Sandra Vamos ([sandra.vamos@phac-aspc.gc.ca](mailto:sandra.vamos@phac-aspc.gc.ca)) is with Centre for Chronic Disease Prevention and Control, Public Health Agency of Canada, Vancouver, BC, Canada. An earlier version of this paper was presented at the 4<sup>th</sup> International Consortium for Interdisciplinary Education about Health and the Environment, Cologne, Germany, December 2010. Copyright 2011 by *Umwelt und Gesundheit Online* and the Gesellschaft für Umwelt, Gesundheit und Kommunikation.