



Health Literacy

Roundtable BC 2010

Outcome Summary Report

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Planning Committee



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Introduction

The 2010 Health Literacy Roundtable was held June 11, 2010. A total of 54 people attended representing 34 organizations (Appendix C). The Roundtable focused on collaboration and knowledge sharing with a focus on gaining broad support for a health literacy strategy and a model to sustain health literacy actions in BC.

The Roundtable was designed around four core processes that included:

1. Setting an overall context for health literacy including an update on current research, theory and practice and an overview of the process in BC that led to the development of a draft strategy and the 2010 Roundtable;
2. Assessing the three goals set out in the strategy with a view toward identifying ways to implement the goals and evaluate outcomes;
3. Strategies for moving forward in relation to program development and community engagement; and
4. Defining the core functions and priorities in designing a model to support engagement including sustainability of the model.

The Roundtable was designed to address the different needs and expectations of participants from the perspectives of research, policy and program development and population health issues as well as practical, applied tactics and ideas around communications and sustainability.

Discussions generated a number of key areas for consideration as well as areas currently in development including:

- Addressing health literacy among formal and informal care givers (Note: a health literacy module is in development for physicians that may be applicable to other health care professionals)
- The need to diversify and broaden the number of sectors, industries and organizations engaged in health literacy to support long-term sustainability
- The need for interdisciplinary, multi-agency and cross-sector collaboration
- The relationship between health literacy and patient safety
- The relationship between health literacy and population health
- The cost of low health literacy to the individual, society, business (employers) and the health system
- Establishing health literacy as part of the health care system accreditation process



Summary Comments

Summary comments provided at the close of the 2010 Health Literacy Roundtable included the following key points:

- Health literacy is the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.
- Literacy is the central currency for everything we do in society.
- Basic health literacy is fundamental to the success of each interaction between health care professionals and patients — every preventative action, every prescription, every treatment, every recovery and to ongoing health management. It is central to the success of the national health agenda.
- Underlying the ability to understand health are the basic literacy skills. These need to be identified to understand how they affect health literacy.
- Two decades of research indicate that today's health information continues to be presented in a way that is not usable by the average adult.
- A significant majority of adults have difficulty using the everyday health information that is routinely available in our health care facilities, retail outlets, media, communities and community agencies.
- The skills of health professionals, the media, government and private sector agencies in providing audiences appropriate health information are equally important as an individual's skills.
- The interactions between laypersons and professionals influence the health literacy of individuals and society.
- Self-care is an area that needs to be addressed and supported in a much more substantial way and health literacy is central to the success of self-care strategies and programs. People cannot effectively engage in self-care without good health literacy skills.
- A concerted, sustained effort to address health literacy will take a significant commitment of resources.
- A broad collaborative approach including shared leadership and responsibilities is central to developing a sustainable strategy. No one sector can own responsibility.



Proceedings, Discussion and Findings

The 2010 Health Literacy Roundtable incorporated four core components:

- 1. Knowledge Sharing and Context:** The day began with setting an overall context for health literacy: What we know; what we have learned about effectively applying what we know; and what we need to do sustain meaningful change and progress.
- 2. Vision:** A draft Vision Statement was presented to provide a starting point toward developing a shared vision that will provide the foundation for a health literacy strategy for B.C.
- 3. Strategy:** A draft BC Health Literacy Strategic Plan was introduced and discussed with an objective to achieve consensus on the key elements of a shared strategy.
- 4. Actions/Tactics:** Small working groups and plenary discussion provided an opportunity to explore specific actions and ideas around program development, community actions and initiatives and an organizational model to help sustain health literacy actions.



Defining Health Literacy

The following definition was presented and discussed.

Definition

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.¹

Comment on Definition:

The Definition Statement as presented to the Roundtable was broadly supported as a good working definition that will help frame thinking and actions across all sectors.

¹ Adopted from: *A Vision for a Health Literate Canada: A Report of the Expert Panel on Health Literacy*, by Irving Rootman and Deborah-Gordon-El-Bihety (Pg. 11)



A Vision for Health Literacy

The following Vision Statement was presented and discussed.

Vision

All people in British Columbia have the capacity, opportunities and support they need to obtain and use health information effectively, to act as informed partners in caring for themselves, their families and communities, and to manage interactions in a variety of settings that affect health and well-being.²

Comment on Vision:

There is strong support for the Vision Statement as presented to the Roundtable however it was suggested that the Vision needs to incorporate or better reflect the concepts of health promotion and lifelong learning.

² Adopted from: *A Vision for a Health Literate Canada: A Report of the Expert Panel on Health Literacy*, by Irving Rootman and Deborah-Gordon-El-Bihety (Pg. 23)



Addressing the Goals

Small working groups discussed specific aspects of each of the three Goals in the draft strategy and provided the following observations.

Goal 1

The BC population has increased skills to better access, understand, communicate and evaluate health information in order to make informed decisions about their health.

Anticipated Outcomes:

- BC population has increased awareness of health literacy and its link to improved health outcomes
- BC population has increased health literacy (especially populations with lower literacy skills)
- Knowledge about the BC health literacy situation is compiled and shared, identifying gaps and populations with greatest needs

Implementation – Goal 1

A key discussion point revolved around ways to effectively identify the underlying health literacy skills people need and then to design ways to address these needs so that people are actually helped in improving them while they are increasing their health literacy (understanding health).

A marketing/promotion strategy (including social marketing) is needed to build general awareness around health literacy to spread a greater understanding of what is meant by health literacy and its importance in a societal context. Understanding the cost of low health literacy needs to be further explored and explained to promote interest and engagement in initiating and sustaining action.

Collaboration among all groups and sectors is critical to building engagement, developing a sustainable diversified funding model and to foster ongoing conversations that will lead to change. At the same time, to change behaviours, there needs to be a commitment to providing opportunities for individuals, service providers, caregivers and supporting organizations to develop their literacy skills and knowledge.

Different cultures have different approaches, awareness and understanding of health literacy and these need to be considered and well understood in the context of developing policies, programs or services for diverse cultural populations.

It was also noted that putting material into plain language may require some understanding of medical terminology and possibly the medical condition described in health materials.

A primary challenge and area of concern is identifying who is best positioned to take on a principal leadership role in health literacy. Identifying organizations that are actively involved in health literacy from a policy, program and service delivery level is an important starting point in defining a collaborative approach that can leverage the capacity, skills, resources and expertise across all sectors.

Identifying and gathering relevant data and making this available through a shared, accessible information repository is an important step toward sharing knowledge and avoiding duplication related to research and program and policy development.

Shifting the focus to one of 'lifelong learning' requires embedding health literacy into educational curricula from K-12. A process also needs to be incorporated into the education and health systems to ensure that educators and practitioners understand the importance of integrating health literacy into their professional practice. The same is true for other social serving agencies and professional bodies.

Within this context there is a need to identify and establish a core set of health literacy competencies and incorporate these in various sectors to create a shared level of awareness, knowledge and practice.

There is a shared view that health literacy needs to be seen in a broader context beyond reading ability. There are other considerations that impact the ability to understand, such as a person's emotional state, their cultural context and their immediate personal and family health needs and issues.

The idea of 'literacy partnerships' relates to using existing systems and opportunities through a community-based process designed to build bridges of awareness and understanding between sectors and among organizations and individuals to contribute to a shared pool of knowledge.

An appropriate allocation of resources is critical to success. While no one organization or sector is seen as carrying a lead responsibility, it is widely recognized that a centralized coordinating role needs to be identified and properly resourced in order to develop and facilitate a strategic, collaborative approach.

From a communications perspective the use of new tactics such as social media in a community-based, non-politicized context is key to raising awareness. At the same time it is important to understand and reflect the differing needs of each population by measuring the level of knowledge and applying appropriate communications techniques.

There needs to be a shared understanding that health access is negotiated at an individual level.

Success Indicators – Goal 1

There continues to be a need for new tools to measure the impact and effectiveness of a health literate society/population including more research to develop, gather and analyze data, particularly in relation to better understanding specific populations and assessing the effectiveness of specific initiatives.

Ways of determining effectiveness include:

- Undertaking a benchmark public survey to assess health literacy levels
- Undertaking a benchmark providers survey to assess awareness and application of health literacy initiatives (including health, education, community/social service providers/agencies)
- Designing a shared evaluation framework to compare outcomes across sectors and populations
- Establishing core research measures to contribute to a common knowledge-base and shared research standards
- Establishing shared quality improvement measures
- Achieving success in obtaining grant funding through organizations such as the Canadian Institutes for Health Research
- A shared strategy (consistency) for approaching unique target populations
- Establishing adoption of health literacy curricula within the health and education sector
- Establishing a shared resource strategy (e.g. comprehensive web-based resource depository) and assessing the uptake of shared tools and resources
- Engagement of providers (all sectors) in health literacy initiatives and contributions to research and knowledge sharing

Goal 2

The BC Health system has structures and expertise to support members of the public with different levels of health literacy.

Anticipated Outcomes:

- A focus on health literacy is embedded in curricula developed and used in training health and other related practitioners
- Health practitioners have improved understanding, skills and resources to support the public's access to information and services
- A focus on health literacy is embedded in the health system
- Materials and resources are patient and general public friendly, produced in plain language and in a variety of formats

Implementation – Goal 2

Health literacy needs to be seen as a primary determinant of health and health outcomes.

Mechanisms and resources need to be developed to ensure health providers understand the importance of health literacy education and are able to develop the knowledge and skills to teach and inform others.

At the same time, there is an understanding that health literacy education needs to go beyond the health system and be integrated across all sectors. An important consideration is one of cost, both from the context of what it will cost to address health literacy in a comprehensive, multi-sector and multi-disciplinary way and what low health literacy costs society. In essence, a broad cultural shift needs to occur to gain the level of engagement necessary to establish health literacy as a societal priority.

Community service organizations are also key resources and provide invaluable linkages to broader segments of society and distinct populations who may be in greatest need of support thereby reinforcing the importance of a broad collaborative approach.

A wide range of ideas was discussed around specific tactics to better inform and educate key sectors and populations including:

- A series of educational videos for physicians and educators
- The development of a range of low-cost information materials (including developing an inventory of available resources)
- Inter-professional learning strategies
- Practice guidelines
- Policy frameworks around health literacy awareness

Other ideas included providing continuing education credits for health practitioners, tools to help practitioners design navigation friendly practices and audits to assess health literacy standards to enable practitioners to see where quality improvement measures may be needed.

A focus needs to be applied toward embedding health literacy in the health care system and developing core competencies to ensure long-term support.

Part of the change process must include recognizing that different cultures have different health care practices. There is also a concern of the burden put on individuals and families who struggle with low health literacy. This burden is best addressed through a comprehensive approach that includes, resources, tools, education, knowledge sharing and ongoing support from all sectors and at all levels.

The message about health literacy needs to be very compelling to convince various professions to incorporate health literacy into their curriculum while not diluting the importance of the message.

Baseline data should be gathered using the Canadian Community Health Survey (CCHS) and other existing vehicles.

Success Indicators – Goal 2

Core standards needs to be developed to assess the effectiveness of initiatives, resources, programs, services and policy. Assessment also needs to include identifying the benefits in terms of individual and family health, population health and impacts on the health system. Ensuring continuity, integrity and consistency in evaluating actions across all sectors is critical to gaining and retaining the kind of support needed.

Identified success indicators include:

- Incorporation of health literacy as an accreditation standard within the health system
- Development of audit tools (beginning with an assessment of existing tools)
- Offerings and opportunities in professional organizations for developing core competencies in health literacy
- Development of education/academic based curricula
- Signs of a culture shift within professions (e.g. health literacy becomes built into normal practice and teach-back opportunities are identified and applied)
- New comers have an increased understanding of how the health system works through a holistic approach to give them a strong start
- Development and use of cross-cultural 'health brokers' who help people understand and navigate the system

Goal 3

Stakeholders from different fields and sectors are working collaboratively in an innovative and articulated manner.

Anticipated Outcomes:

- Stakeholders across fields (health, literacy, human services, etc.) sectors (government, non-government) and public increase their awareness of the significance, impact and cost/benefits of health literacy
- The Health Literacy Strategy becomes widely adopted in BC
- Network of networks for health literacy established and operating effectively

Implementation – Goal 3

A strong, committed collaborative approach is required to ensure the engagement of all key sectors and fields to ensure the greatest impact on awareness of the importance of health literacy and ultimately on broad-scale adoption of strategies, tactics, policies and standards.

The development and adoption of Key Result Areas (KRA's) like those applied in the health care system to assess performance and outcomes, would provide a common foundation for building a unified strategy to address health literacy. KRA's could become the standard benchmarks that would help influence and govern the design of health literacy initiatives and serve as a useful tool for comparative analysis across sectors.

The development of a 'communications hub' would help to coordinate dissemination of information and resources and gain efficiencies and effectiveness through centralized management and access to resources.

All stakeholders should be encouraged to create and implement a health literacy component to their communications mechanisms (e.g. using a health literacy lens through which all communication is viewed) and adopting this as a standard practice.

Set clear goals for what collaborative practice would look like including developing and incorporating clear measures to assess process and outcome effectiveness.

Identify and establish an authoritative voice or entity to help direct practices across all sectors. A best practice/evidence-based approach including developing a best practice check list for implementing change (e.g. document development, program delivery, policy analysis, research etc.)

All stakeholders need to be galvanized through the development of common goals that clearly address: why health literacy is important; how it can be effectively

addressed; health outcomes and costs (including implementation and sustainability costs as well as the cost of inaction).

There needs to be explicit inclusion of the private sector to ensure sustainability and implementation of change. This supports the widely shared view that leadership and responsibility needs to include all sectors including public, private, community and the individual.

The food and labour sectors are seen as key contributors to a health literate society. For example, employers are integral partners in ensuring a health literate workforce and should be encouraged to incorporate health literacy in workplace health initiatives. A framework for workplace health literacy surveys should be developed and their application encouraged to better understand the needs of BC's workforce.

A comprehensive, consistent and sustainable communications strategy is needed to reach targeted audiences and create buy-in and engagement among the various stakeholders. Part of this strategy should include the identification of 'champions' – individuals who have a high degree of recognition, credibility, integrity and authority to promote the concepts of health literacy.

Note. While 'champions' should be identified from both the public and private sectors it is important to ensure they are neutral individuals who are not perceived as seeking commercial gain in promoting health literacy.

We need to learn from what others have done (e.g. U.K.) and incorporate the best ideas and practices. This also contributes to the idea of a comprehensive shared knowledge bank or central resource.

Librarians and journalists are key to reaching the broader population. Specific strategies should be developed to inform and educate these professionals on health literacy.

Other ideas for increasing awareness include:

- Hosting web forums for ongoing education
- Disseminating articles, studies and other resources
- Identifying grass roots strategies to mobilize change
- Embedding health literacy into professional practice
- Collecting data and disseminating data (quantitative/qualitative)
- Capturing, reporting and celebrating success
- Targeting promotional campaigns to key populations

Success Indicators – Goal 3

One of the keys to accomplishing change is to ensure that effectiveness measures are embedded in all plans and new programs designed to address health literacy. This will ensure that new initiatives are effectively evaluated as well as contribute to a shared body of evidence that will benefit future actions and support sustainability.

Identified success indicators include:

- A groundswell of support that compels government to create measures that are outcome focused
- Development of a measurement framework that is shared and applied across sectors with specific measurable outcomes (e.g. 4 out of 5 BC residents are able to achieve a defined level of health literacy)
- Polls and surveys to establish benchmark awareness indicators among the BC population
- Development of a multi-sector supported province-wide promotional campaign
- An increase in coverage of health literacy by the news media identified through a media monitoring plan
- Development of a clear business case that identifies the benefits to individual sectors (both public and private sector) in incorporating health literacy initiatives (return on investment)
- Development of a 'Health Literacy Glossary' to ensure a common understanding of terminology that is shared among all sectors
- Increased participation at future health literacy events such as roundtables, symposia, conferences etc.
- Increasing interest among all sectors in becoming involved in a health literacy council or network
- Financial support among all sectors to support health literacy initiatives including research, new programs, communications and promotion and a coordinating body (e.g. council, network etc.)



Discussion on Strategy and Actions

Small working groups convened to discuss the overarching draft BC Health Literacy Strategic Plan as well as action ideas in the areas of program development and community-based actions.

Strategic Plan – Working Group

The group supported the goals articulated in the draft strategic plan, but recommended that the language in some of the goals be simplified to reflect the core principle of providing information in clear, plain language.

It was also recommended that a logic model be developed.

Note: A logic model sets out how an intervention (such as a project, a program, or a policy) is understood or intended to produce particular results such as addressing: inputs, activities, outputs, and outcomes.

Goals should be prioritized (weighted) and their inter-connectedness identified to ensure a more systemic approach. Within this context it is important not to put the onus on the individual but rather approach it as a broadly shared responsibility that involves all sectors, professions and industry with a shared focus on supporting the individual.

The group cited the need for a specific strategy to educate health professionals about health literacy and to get accredited institutions involved.

The importance of culture and age need to be clearly identified as part of the broader conversation on health literacy. The strategy group also recommended developing a common glossary that is widely shared and applied across all sectors.

A specific strategy needs to be developed focusing on engaging multiple partners and stakeholders from the public, private and volunteer sectors to begin to develop a better understanding and awareness of the benefits of health literacy relative to their interests. This in turn will lead to greater advocacy and champions.

A preventative educational approach needs to include consideration of language, literacy, culture, age and socio-economic issues.

Program Development – Working Group

The group recommended the concept of a Centre of Excellence for Health Literacy to provide a focus and enhanced credibility in the area of health literacy as well as providing continuity around research, programs and policies and enabling broader, easier access to resources.

There is a need to provide a definition of what is meant by a program versus a project or initiative. While longer-term population health outcomes are a core goal, the development of ideas that can provide quick results will help to maintain momentum, interest and engagement among various stakeholders.

The programs group also identified the need to review existing programs and resources to assess where health literacy can be incorporated.

Another idea brought forward was to develop a 'health literacy first aid' strategy to enable a quick response to key issues and areas of priority as these are identified.

The concept of a 'health literacy centre' to provide a clearing house for resources could act as a stimulus for new initiatives and would help maintain a focus on the importance of health literacy while also improving access and coordination.

Community – Working Group

The group presented the need for a definition of what is meant by community as there are many types of community that have differing needs and issues (e.g. geographic, demographic, language-based, cultural etc.).

Understanding the needs of specific communities and the organizations within community that provide support is central to achieving success and engagement by ensuring actions that are relevant. Many structures and institutions within the community context can tend to be less formal and therefore require a different approach.

At the same time, the group noted that working with community requires looking at more broad-based issues, building effective relationships and adopting a community capacity building approach.

There are also 'virtual communities'. A working definition of virtual community is:

A social network of individuals who interact through specific media, potentially crossing geographical and political boundaries in order to pursue mutual interests or goals. One of the most pervasive types of virtual community includes social networking which consists of various online communities.

How do we impact literacy at the community level?

- Meet each community where they are at
- Understand their learning needs and be able to monitor changes over time
- Embed health literacy in all areas and at all levels (further work needs to be done to better understand how this can be done)
- Identify and understand what the various entry points are for people into the health and social systems and who the key leaders and agencies are who can become allies and partners
- Identify ways to reach the general public through where they live and work and strategies that will engage people
- Design broad based and targeted approaches to maximize reach and impact
- Create sustainability within the community (capacity building) and enable and empower the community to take on leadership
- Identify funding models and sources and demonstrate why funding is necessary and build in research and evaluation processes to identify cost-benefits
- Recognize diversity and use a broad inclusion approach

How do we enable community to do this work?

- Build relationships and ask for input on an ongoing basis
- Build awareness and invest in capacity building for long term sustainability
- Identify and establish sustainable funding
- Help communities design health literacy as a lifelong planning and learning process including ways for people to tell their own stories
- Develop information and communication networks to ensure continuous knowledge of what is going on at the community level including changing needs and issues
- Identify guest presenters/speakers who can speak to community groups, schools, professional bodies and employers
- Develop a training/orientation module for front line workers across all sectors



A Governance Model for Health Literacy

To provide a context for discussion on governance, several models were described in terms of structure and mandate. These included both international and provincial examples.

A more detailed overview of the BC mental health literacy network was discussed including coordination, collaborative planning, shared priority setting and the support and funding structure.

Three working groups discussed ideas around terms-of-reference, sustainability and communications.

Terms-of-Reference – Working Group

The working group identified the need to consider a secretariat function and a model that will encourage broad engagement with a core leadership group to provide a focus on cooperation and opportunities for collaboration.

Two ideas were discussed:

1. The designation of a new governing body. This could comprise one representative from each participating agency or group supported by funding contributions from each network partner.
 - a. The governing body could meet on a quarterly basis to share ideas and collaborate on new initiatives with an annual meeting to set priorities for the coming year and deal with bigger issues related to sustainability, structure, process and outcomes.
2. Alternatively, building on an existing structure as a host coordinating agency could enable leveraging its resources and expertise.
 - a. Supplementary funding could be provided by participating agencies to support a coordinator and secretariat function of the host agency.

While specifics of a structure were not identified the group noted a number of key functions (terms-of-reference) in considering a governance or coordinating body including:

- A body that can become the 'face' of health literacy
- Identifying, collecting and sharing information on projects, tools, resources and research through a central depository
- Developing and overseeing a promotional/marketing/communications strategy
- Providing support and leadership development for other groups and individuals including acting as a hub to coordinate activities and connect other groups through a linked 'network of networks' approach
- Establishing and supporting a 'community of practice' approach and ensuring inclusion of those who are part of a network and identifying opportunities for professional development
- The body could also coordinate data gathering to support improvement and monitor progress and change as a way to ensure relevance and accountability to gain sustainable funding support

Sustainability – Working Group

There is agreement that sustainability of a governance model or leadership council is dependant on the type of model developed. There is also recognition of the need for core, sustainable funding to support a coordinator and administrative support functions (e.g. the BC Mental Health and Addiction model).

Identifying funding sources and budget requirements with a view toward longer-term funding reliability was seen as important in ensuring a level of stability. It was also acknowledged that it takes resources to get resources

Other key sustainability aspects and needs identified by the group included:

- Recording and reporting on successes as a way of maintaining and generating interest and demonstrating value (e.g. business case, return-on-investment)
- Developing an inventory of existing free resources to improve knowledge sharing and access at minimal cost
- Looking at results at a community level and from different perspectives to ensure community engagement
- Continuing with efforts to find sponsors to sustain collaborative initiatives like the roundtable on health literacy
- Identification of specific components that fall under the umbrella of a broader model are critical to potential funding agencies/sources being able to see targeted initiatives
- Data gathering systems and capability for improving practices and change processes are needed to demonstrate accountability and outcomes in order to attract funding support

Communications – Working Group

There is agreement that communications is critical to supporting a sustainable model and in attracting the necessary funding for health literacy initiatives across all sectors. Communications, marketing and promotion are key functions of a central coordinator position in a centralized body (leadership council or governance structure).

An important early initiative should be the development of a communications strategy to assist dissemination of ideas and maintain momentum gained through the roundtable. A communications strategy needs to identify different cultural needs and values and ensure that messaging is appropriate to the audience.

An important message is related to the need to look at health literacy as an asset as opposed to a problem and as a value-added investment as opposed to a new cost.

In the immediate term, there is agreement that the 2010 Health Literacy Roundtable outcome summary report should go to all roundtable participants with encouragement to distribute the report widely among the participant's own networks and contacts.

Broad dissemination is a valuable first step in expanding the network by using existing networks and contacts to share ideas and gain interest and involvement. It is also felt that a feedback process needs to be developed in conjunction with the release of the roundtable report to encourage an ongoing two-way dialogue.

Other communications ideas brought forward include:

- Identifying target audiences, channels and messages
- Identifying vehicles such as face-to-face strategies, publications, networks, online communities (list serves), social online media, newsletters, emails etc.
- Leveraging existing opportunities such as roundtable participants and their connected networks as information disseminators
- Promoting health literacy as a solution and an asset so people can see and understand its value to society, individuals and to health and social systems

APPENDIX A
BC HEALTH LITERACY STRATEGIC PLAN
(Following is the Strategic Plan as presented at:
2010 Health Literacy Roundtable)



BC Health Literacy Strategic Plan
For Discussion at the 2010 Health Literacy Roundtable
June 11, 2010

[BC HEALTH LITERACY STRATEGIC PLAN – FOR DISCUSSION](#)

INTRODUCTION

DEFINITION AND RATIONALE

VISION

GOALS AND OUTCOMES

PRINCIPLES FOR WORKING TOGETHER

MONITORING AND REPORTING

RESOURCES

Introduction

The Health and Literacy Institute organized by the Centre for Literacy and Bow Valley College in Calgary in October 2008³ brought together people from across Canada and the United States who were interested in examining how to design health literacy curricula for health care providers. BC participants who attended the sessions realized then that the province was ideally positioned to lead the way in Canada by bringing together people from different sectors to collaboratively develop a provincial health literacy strategy (Health Literacy Strategy).

Over the next few months, the group⁴ met to plan and convene the first BC Health Literacy Roundtable at Douglas College. On March 27, 2009, 34 individuals from a variety of organizations met to initiate discussion on the need for a Health Literacy Strategy for BC, identify existing strengths and actions and build on these as a foundation for the future, identify concrete steps to move the health literacy agenda forward, and seek consensus on next steps to maintain momentum and commitment.⁵

The Roundtable participants agreed that a strategic process was an important stage that would precede the development of a strategic plan. There was also strong support for the concept of a 'network of networks' approach to map and connect the various activities taking place and the organizations involved in the area of health literacy, as part of a longer range coordinated knowledge exchange and integrated process.

It became clear that there was enough interest and energy to collaboratively design a Health Literacy Strategy for the province. Fourteen Roundtable participants volunteered to continue in a coordinating capacity to maintain the momentum achieved during the day's discussion by articulating the strategy and bringing it back to the larger group for further discussion.

Since that time, the coordinating committee has continued to meet and work on developing a Health Literacy Strategy for BC, resulting in this draft strategic plan for improving health literacy in BC. Reviewing this draft will be the next step in the conversation that is planned for the 2nd BC Health Literacy Roundtable, to take place on June 11 2010 at Douglas College.⁶

This document starts with a definition and articulation of the rationale for focusing on health literacy. The next section presents a vision, goals and structures for the strategy. The third section looks at the principles and values of the collaborative work of designing and implementing a Health Literacy Strategy. The fourth section explores issues related to monitoring and reporting.

³ For more information on the Calgary Institute go to: <http://www.centreforliteracy.gc.ca/whatsnew/Healthlitinst/HLinstIndex.htm>

⁴ Representatives from several organizations were involved in planning and coordinating the roundtable, including: Public Health Agency of Canada, Douglas College, Public Health Association of BC, Health and Learning Knowledge Centre of the Canadian Council on Learning, BC Academic Health Council, BC Ministry of Health Services, BC Mental Health and Addictions Services, and Providence Health Care

⁵ For a report of the 1st BC Health Literacy Roundtable go to: <http://www.douglas.bc.ca/visitors/health-community-partnership-centre/health-promotion/health-literacy.html>

⁶ For information on the 2nd BC Health Literacy Roundtable go to: <http://www.douglas.bc.ca/visitors/health-community-partnership-centre/health-promotion/health-literacy/events.html>



Definition and Rationale

Health literacy definitions can emphasize different perspectives of the issue: a focus on the consumer, patient, or client; a focus on the provider; or a focus on the system. We propose to use the definition put forward by the Canadian Expert Panel that defined Health Literacy as:

*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.*⁷



Why is Health Literacy Important?

Lower health literacy is associated with poorer health outcomes, worse health status, less health knowledge, and worse disease control.⁸ It is estimated that 3-5% of total health care costs are due to limited health literacy.⁹ This translates into \$680 million each year in British Columbia.

Health is no longer viewed as primarily the business of the health care delivery system. Individuals are increasingly encouraged and expected to become health-literate, by understanding how to prevent injury and disease, knowing how to administer medications, and be actively involved in self-education and self-care. However, according to *the Canadian Council on Learning*¹⁰ an estimated 1.4 million working aged British Columbians, or 50%, lack the minimum level of health literacy needed to effectively manage their health information needs. Recent research is building a clearer picture of the wide-ranging impacts associated with health literacy.

Research reveals inequities in levels of health, and these inequities are not due to chance alone. In fact, “health tends to be unevenly distributed among social groups within the population on a gradient corresponding to socioeconomic status.”¹¹ This implies a strong correlation between health outcomes and other societal factors, and suggests that other sectors such as education, social services and business have roles to play in relation to health.

⁷ *A Vision for a Health Literate Canada: A Report of the Expert Panel on Health Literacy*, by Irving Rootman and Deborah Gordon-El-Bihbety, page 11.

⁸ Agency Health Care Quality and Research (2004) *Literacy and Health Outcomes*. Available at <http://www.ahrq.gov/clinic/epcsums/litsum.htm>

⁹ Eichler, K. et al. (2009) *The Costs of Limited Health Literacy: a Systematic Review*. International Journal of Public Health 54:313-324.

¹⁰ Personal correspondence from Marc Lachance to Irving Rootman.

¹¹ *Summary of Health Inequities in British Columbia: Discussion Paper*, BC Healthy Living Alliance, Nov. 2008, p. 8.

The four factors most strongly related to health literacy among the working age population in Canada are: literacy practices at home, educational attainment, parents' education, and being foreign-born, each of which reflect an individual's access to opportunities for learning at various life stages. This evidence suggests that improving health literacy will not only improve the health of individual citizens, but will also result in positive social and economic outcomes.

At the same time, it is recognized that the health of our citizens has far-reaching implications for our economy, the viability of our health care system, and the social fabric of our communities. Therefore, we as a society have a stake in the collective health of our population.

The purpose of the 2010 Health Literacy Roundtable is to bring together stakeholders from various sectors to review and provide feedback on the draft strategy for improving the health literacy of BC's population.

A coordinated approach involving health care providers, community literacy groups, advocates for vulnerable populations, immigrant groups, literacy and health promoting agencies, and government, among others, will lay the foundation for building health literacy in all corners of the province.



Vision

All people in British Columbia have the capacity, opportunities and support they need to obtain and use health information effectively, to act as informed partners in caring for themselves, their families and communities, and to manage interactions in a variety of settings that affect health and well-being.¹²

¹² Adapted from *A Vision for a Health Literate Canada: A Report of the Expert Panel on Health Literacy*, by Irving Rootman and Deborah Gordon-El-Bihbety, page 23.



Goals and Outcomes

Goal 1: The BC population has increased skills to better access, understand, communicate and evaluate health information in order to make informed decisions about their health.

Anticipated Outcomes:

- BC population has increased awareness of health literacy and its link to improved health outcomes
- BC population has increased health literacy (especially populations with lower literacy skills)
- Knowledge about the BC health literacy situation is compiled and shared, identifying gaps and populations with greatest needs

Goal 2: The BC Health system has structures and expertise to support members of the public with different levels of health literacy.

Anticipated Outcomes:

- A focus on health literacy is embedded in curricula developed and used in training health and other related practitioners
- Health practitioners have improved understanding, skills and resources to support the public's access to information and services
- A focus on health literacy is embedded in health system
- Materials and resources are patient and general public friendly, produced in plain language and in a variety of formats

Goal 3: Stakeholders from different fields and sectors are working collaboratively in an innovative and articulated manner.

Anticipated Outcomes:

- Stakeholders across fields (health, literacy, human services, etc.) sectors (government, non-government) and public increase their awareness of the significance, impact and cost/benefits of health literacy
- The Health Literacy Strategy becomes widely adopted in BC
- Network of networks for health literacy established and operating effectively

To achieve the above outcomes we propose that adoption and implementation of the Health Literacy Strategy be guided and supported by the following structure:

A coordinating committee with representation from government, the health system, voluntary organizations, higher education institutions and the public will be established.



Principles for Working Together

A core set of underlying values and principles will support the Health Literacy Strategy, and organizations can incorporate these shared values and principles into their own processes, policies and actions, while maintaining the value of diverse approaches.

These principles include:

- All activities are undertaken in the spirit of mutual respect
- Responsibility for the Health Literacy Strategy is shared by all (this includes funding, implementation, and measurement)
- Input from different sectors and fields is valued
- Collaboration across sectors on initiatives is encouraged
- Work already done by patients, practitioners, systems, researchers, volunteer associations and policy-makers is considered
- New work is aligned with goals and outcomes of the Health Literacy Strategy.



Monitoring and Reporting

A monitoring framework will consist of evidence-based measures that provide a clear indication of progress in meeting the goals and objectives of the Health Literacy Strategy. The International Adult Literacy Skills Survey, for example, can provide information on progress for some measures. The content of the monitoring framework will be dependent upon the kinds of activities undertaken to support the strategy.

The monitoring framework will feed into a communication plan, with reporting to all stakeholders, including health and human services sectors, government, non-government organizations and public. This extensive communication plan will be developed by the Coordinating Committee and launched within six months following adoption of the Health Literacy Strategy.



Resources

Success of the Health Literacy Strategy is dependent upon adoption by the stakeholders and adequate resources. Therefore, any work to be undertaken will identify potential funding resources (if needed), and human resources to carry out the work. It is anticipated however, that funding and support in kind will come from a variety of sources.

**APPENDIX B
2010 HEALTH LITERACY ROUNDTABLE PROGRAM**



**PROGRAM OVERVIEW
FRIDAY, JUNE 11, 2010**

REGISTRATION	8:30 – 9:00 A.M.
WELCOME/INTRODUCTIONS	- Hazel Postma, VP External Relations, Douglas College - Tanya Howes, Communications Manager, MAXIMUS Canada
PROGRAM OVERVIEW	Andrew Hume, Facilitator/Coordinator
SETTING THE CONTEXT	Irving Rootman, Chair, Roundtable Planning Committee
PROCESS OVERVIEW	Marina Niks, Roundtable Planning Committee
DRAFT STRATEGY REVIEW	Eve Gaudet/Carolina Ashe, Roundtable Planning Committee

BREAK

STRATEGY WORKING GROUPS	Small working groups
WORKING GROUP REPORTS	All

LUNCH

GUEST SPEAKER (LUNCH)	Penny Lane, MAXIMUS Inc. Director, Center for Health Literacy
VISION/STRATEGY/ACTION	Small Working Groups
WORKING GROUP REPORTS	All
PROCESS MODEL DISCUSSION	All

BREAK

PROCESS MODEL WORKING GROUPS	Small Working Groups
WORKING GROUP REPORTS	All
WRAP-UP SUMMARY & SYNTHESIS	Trevor Hancock, Medical Consultant (Health Promotion), BC Ministry of Health Services
CONCLUSION	Irving Rootman
ADJOURN	4:00 P.M.

APPENDIX C
2010 HEALTH LITERACY ROUNDTABLE
LIST OF PARTICIPATING AGENCIES



BC Ministry of Education
BC Ministry of Advanced Education and Labour Market Development
BC Ministry of Health Services
BC Ministry of Healthy Living and Sport
University of Victoria
Vancouver Coastal Health
BC Women's Hospital / BC Children's Hospital
BC Mental Health and Addictions Services
Fraser Health Authority
Douglas College
Public Health Agency of Canada
2010 Legacies Now
Providence Health Care
Réso Santé Colombie-Britannique
Vancouver Community College
Canadian Mental Health Association, BC Division
BC Coalition of People with Disabilities
MAXIMUS Canada
Andrew Hume and Associates (Roundtable Coordinator / Facilitator)
Vancouver Community College
BC Medical Association
UBC, Faculty of Pharmaceutical Sciences
HealthLink BC
Centre for Healthy Aging at Providence
COSCO
MAXIMUS Canada
University of British Columbia
Alberta Health Services
Downtown East Education Centre
Vancouver Island University
Affiliation of Multicultural Societies and Service Agencies of BC (AMSSA)
Public Health Association of BC
Impact BC
Literacy BC
BC Patient Safety and Quality Council

APPENDIX D
2010 HEALTH LITERACY ROUNDTABLE
PLANNING COMMITTEE



Carolina Ashe, Ministry of Education
Leslie Clough, BC Women's Hospital – BC Children's Hospital
Connie Coniglio, BC Mental Health and Addiction Services
Cristina Crack, Fraser Health Authority
Mary Beth Fry, Public Health Agency of Canada
Leona Gadsby, 2010 Legacies Now
Eve Gaudet, Ministry of Education
Tanya Howes, MAXIMUS Canada
Penny Lane, MAXIMUS Inc.
Kelly McQuillen, Ministry of Health Services
Marina Niks, Douglas College
Joy Page, Douglas College
Irving Rootman, Public Health Association of BC (Planning Committee Chair)
Diana Twiss, Literacy BC
Lori Walker, 2010 Legacies Now
Andrew Wray, BC Patient Safety and Quality Council

Andrew Hume, Andrew Hume and Associates Ltd. (Coordinator/Facilitator)

Special thanks to:

Julie Olson, Centre for Health and Community Partnerships, Douglas College

Student Volunteers: Bachelor of Science Nursing Program, Douglas College

Aida Herrera
Stella Jiang
Jerika Sta Maria
Ravi Uppal

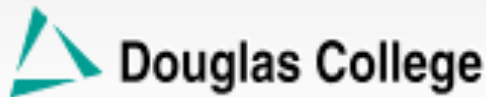
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ROUNDTABLE BC: HEALTH LITERACY OUTCOME SUMMARY REPORT
June, 2010

APPENDIX E
2010 HEALTH LITERACY ROUNDTABLE
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