

**Report on Workshop at PHABC Conference**  
“An Intersectoral Approach for Improving Health Literacy for Canadians”  
November 5, 2013

**Purposes of Workshop**

To inform workshop participants about a Discussion Paper on Health Literacy entitled “An Intersectoral Approach for Improving Health Literacy for Canadians” and discuss how the ideas in the paper might be implemented in British Columbia and Canada. The discussion was also intended to explore mechanisms for moving things forward especially as it relates to the situation in BC.

**Organizers and Facilitators of Workshop:**

Irving Rootman, Sandra Vamos & Wayne Mitic who were the authors of the Discussion Paper released in 2012 and posted on the PHABC website  
[\[http://www.phabc.org/userfiles/file/IntersectoralApproachforHealthLiteracy-FINAL.pdf\]](http://www.phabc.org/userfiles/file/IntersectoralApproachforHealthLiteracy-FINAL.pdf).

**Participants**

About 20 people attending the PHABC Conference on “Health in All Policies: Taking Intersectoral Action for Equitable & Sustainable Health.” They were a mix of public health practitioners, students (public health and gerontology), health promotion and literacy experts.



**Program:**

The following was the agenda for the workshop:

- 2:45-2:50: Introduction to workshop
- 2:50- 3:05: Presentation on Health Literacy and Intersectoral Approach
- 3:05-3:15: Update on Developments since release of the Discussion Paper
- 3:15-3:20: Instructions on Table Discussions
- 3:20-3:45: Table Discussions
- 3:45-4:15: Reports back and Plenary Discussions

**Introduction:**

Irving Rootman introduced the workshop program by stating the purposes and outlining the program. He then introduced Wayne Mitic the first author of the Discussion Paper and Sandra Vamos who was the third author.

### **Presentation on Health Literacy and Intersectoral Approach:**

Wayne Mitic made a presentation on Health Literacy and the Discussion Paper that covered what is health literacy (The degree to which people are able to access, understand, appraise and communicate information to engage with the demands of different health contexts in order to promote and maintain good health across the life-course"); why health literacy is important (affects peoples ability to navigate the health care system, share personal and health information with providers, engage in self-care and chronic disease management, adopt health promoting behaviours, act on health related news and announcements); why is there a concern about health literacy now (complexity of health information; high proportion of people with low health literacy in population, impacts on health status; cost); the Vision, Mission, Goals, and Principles in the Discussion Paper; Values, Settings and Components of the approach to health literacy proposed in the paper. He then presented a Logic Model summarizing all of these elements and a statement of the tenets underlying the plan. The content of his slides can be found on the PHABC website at [www.phabc.org](http://www.phabc.org).

### **Update on developments since release of paper:**

Sandra Vamos then followed with a brief update of developments since the release of the paper. She reported that: Very little has been done to implement the plan; there has been a lack of 'national' awareness and use of the Discussion Paper to date; absence of Federal support and leadership; a lack of provincial and territorial awareness and interest. However the paper has been commented on favorably and cited by 'international' leaders in the health literacy field and helped PHAC to develop some work plans and projects. She also provided two project examples undertaken by PHAC related to the suggestions in the Discussion Paper. See slides at [www.phabc.org](http://www.phabc.org).

Irving Rootman then described the BC Health Literacy Network hosted by PHABC, which is a self-organizing "network of networks" interested in health literacy in B.C. that has been operating for three years and was formed as a result of two Roundtables on Health Literacy. The structure consists of a Steering Committee, representing the member networks and organizations and meets monthly by teleconference, and a larger Advisory Committee that meets periodically. Among the activities organized by the Network are: a summer school on health literacy; think tanks, workshops, and community of practice meetings. The Network operates mainly through "contributions in kind" from the member networks and organizations. Currently, three Working Groups are active on the following topics: Health Care Professionals; Partners; and Provider and Public Engagement. The Working Groups have produced reports that will be reviewed in a webinar at the end of November to develop an operational plan for the next two years. See slides at [www.phabc.org](http://www.phabc.org).

### **Instructions on table discussions:**

Irving Rootman asked workshop participants to join one of three tables related to the three components noted in the Discussion Paper: 1. Developing Knowledge; 2. Raising Awareness and Building Capacity; and 3. Building Infrastructure and Partnerships, which align in part with the topics considered by the Working Groups. Each table was asked to answer the following two questions: 1. What are the three most important things for the B.C. Health Literacy Network to do over the next two years? 2. How can these priorities be effectively and practically addressed?

Each table was assigned a chair and recorder as follows: 1. Trevor Hancock (Chair) and Sarah Wu (Recorder); 2. Meredith Woermke (Chair) and Tasha Lorenzen Ewing (Recorder); 3. Paola Ardiles (Chair) Valerie Baiton (Recorder). The tables were given 25 minutes to answer the questions.

### **Reports Back and Plenary Discussions:**

#### **Table Discussion Group 1: Developing Knowledge**

Possible institutions/organizations to engage in health literacy research

- University of Victoria
- University of British Columbia
- Non-profit agencies, ie. Patients as Partners, Patients Voices Network

Possible funders

- Michael Smith Foundation
- Health Authorities
- BC Ministry of Health

Key individual players

- Arlene Patton – ADM for Population of Public Health
  - via Warren O’Brian & Matt Herman (report to Arlene)
- Kelly McQuillen – another ADM
  - Via Sylvia Robinson – Director of Public Health, Primary Care & Caryl Harper – Patients as Partners

Create a forum to bring these stakeholders to discuss and identify health literacy research agenda in BC



### **Table Discussion Group 2: Raising Awareness and Building Capacity**

- Increase awareness of health literacy concept and terminology
- Provide training opportunities to make the spread of knowledge more simple and uniform
- Should contact organizations and survey their knowledge and awareness of health literacy
- It is difficult to communicate until we clarify what the common language should be around health literacy
  - Need to move towards a common vision to get rid of the confusion that surrounds health literacy
  - Since health literacy is multi-/inter-sectoral, we have to get everyone on the same page
- Concern: people from different professions and working amongst various organizations are interpreting the definition of 'health literacy' in dissimilar ways, which makes synchronized work difficult and overall goals are not met
  - This conflict can halt the expansion of health literacy awareness or expansion
- Focusing on a common vision rather than the specific definition will help to push the overall understanding and message of health literacy
- Question: what are we funding when we fund health literacy?

- We can still increase health literacy awareness and get conversation started amongst stakeholders (engage them and get support) without a definite definition
- Question: what is health literacy trying to teach? What aspects of health it is addressing?
- Question: how does the health literacy approach differ from the health programs/initiatives that are already out there ex. Sun safety, cancer screening, smoking cessation etc...
- Health literacy is very complex, so it is difficult to simply share or explain and spread the knowledge
  - Health literacy is not just a checklist

Key point: We need to be able to define and articulate what health literacy is in a concise way in order to increase the awareness more easily and have more people able to understand and accept what it is.

### **Table Discussion Group 3: Building Infrastructure and Partnerships**

1. The group felt that on this topic there was more work being done in regard to building partnerships but not enough done to facilitate infrastructure, however ideas were generated on how to increase partnerships:

- Connect academia with health authorities
- Connect with community partners, support networks
- Include public and private education, for example, introduce topic at a high school level such as in their current Health and Career Program.
- Connect at the University level

2. In order to accomplish a more substantial infrastructure, the group felt that building on grass roots and connections through partnerships could help facilitate the establishment of infrastructure.

3. There are many "silos" regarding health literacy that need to be brought together (food literacy, physical literacy, etc.), therefore viewing health literacy as an umbrella for all the silos.

4. In order to build infrastructure we need increased resources such as time dedication, paid facilitators, places to host.

5. Infrastructure was lacking often due to bureaucracy.

6. Infrastructure lacking at the health authority level.

## **Plenary Discussion**

The following priorities and actions for the BC Health Literacy Network to consider that emerged from the working groups and discussion were:

1. **Identify health literacy research agenda for BC:** Create a forum to bring stakeholders (Funders, Government, Researchers, Frontline workers, Information users, Health Literacy Networks) together to discuss and develop a research agenda. Could be a Workshop or Roundtable.
2. **Define and articulate what health literacy is in a concise way:** Survey knowledge and awareness of health literacy in stakeholder organizations; focus on developing a common vision; get conversation started amongst stakeholders.
3. **Focus on building infrastructure:** Build on grass roots and connections; increase resources such as time dedication, paid facilitators, places to host.
4. **Continue to develop partnerships:** Connect academia with health authorities; Connect with community partners, support networks; include public and private education; connect at university level.

Irv Rootman thanked presenters, facilitators, recorders and participants for their valuable input, which will be considered by the BC Health Literacy Network in a Webinar to be held later in November.

Irving Rootman  
November 12, 2013