



BC Health Literacy Strategic Plan June 11, 2010

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Introduction

The Health and Literacy Institute organized by the Centre for Literacy and Bow Valley College in Calgary in October 2008¹ 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 group² 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.³

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.⁴

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.

¹ For more information on the Calgary Institute go to: <http://www.centreforliteracy.qc.ca/whatsnew/Healthlitinst/HLinstIndex.htm>

² 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

³ 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>

⁴ 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.*⁵



Why is Health Literacy Important?

Lower health literacy is associated with poorer health outcomes, worse health status, less health knowledge, and worse disease control.⁶ It is estimated that 3-5% of total health care costs are due to limited health literacy.⁷ 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*⁸ 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.”⁹ 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.

⁵ *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.

⁶ Agency Health Care Quality and Research (2004) *Literacy and Health Outcomes*. Available at <http://www.ahrq.gov/clinic/epcsums/litsum.htm>

⁷ Eichler, K. et al. (2009) *The Costs of Limited Health Literacy: a Systematic Review*. International Journal of Public Health 54:313-324.

⁸ Personal correspondence from Marc Lachance to Irving Rootman.

⁹ *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.¹⁰

¹⁰ 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.