

EXAMPLES OF HEALTH LITERACY IN PRACTICE



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EXAMPLES OF HEALTH LITERACY IN PRACTICE

Summary

Health literacy is an essential life skill. Each day Canadians are asked to make health-related decisions that call for the application of health literacy skills. For example, a mother may need to decide whether to take her son to the doctor for treatment of an injury. A daughter may need to assist her senior parent to take the correct amount of prescribed medication. Yet the majority of the adult Canadian population is lacking the health literacy skills needed to promote, maintain and improve their health and the health of their families. More than 60% of adult Canadians over the age of 18 years, including 88% of seniors, are affected by low levels of health literacy and this impacts their ability to make informed health decisions.¹

The most commonly used definition in Canada states that health literacy is “the ability to access, comprehend, evaluate, and communicate information as a way to promote, maintain and improve health in a variety of settings across the life-course.”¹ According to the Intersectoral Approach to Improving Health Literacy for Canadians, a health literate individual is able to: 1) understand and carry out instructions for self-care, including administering complex daily medical regimens, 2) plan and achieve the lifestyle adjustments required for improved health, 3) make informed positive health-related decisions, 4) know how and when to access health care, 5) share health promoting activities with others, and 6) address health issues in the community and society.²

There are many reasons why the need to address health literacy is even more critical today than ever. There are increasing demands in society to access health information in new ways, such as via the internet, and this can create challenges for patients navigating the health care system. Increasing rates of chronic diseases in the Canadian population require individuals to manage their own care more than before. Low levels of health literacy are related to poorer health outcomes and to increased health care costs. As large numbers of Canadians are affected by low levels of health literacy, it is everyone’s concern.²

In 2011, the Public Health Agency of Canada (Agency) worked with the University of British Columbia Centre for Health Promotion Research to identify examples of noteworthy health literacy initiatives in Canada. Peer nominated examples were collected, covering established target populations, settings, and health topics. In 2014, the Agency worked with Canadian Public Health Association to identify a subset of the examples for inclusion in the *Examples of Health Literacy in Practice* resource for web-based distribution.

Initiatives featured in the *Examples of Health Literacy in Practice* were selected based on the following criteria:

- Ability to connect to the four domains identified in the chosen health literacy definition (access, comprehend, evaluate and communicate);
- Degree to which the initiative promotes increasing degrees of autonomy and personal and social empowerment: functional, interactive or critical skills;³
- Relevance of the example to practitioners and policy makers working in a health literacy context;

¹Rootman, I. & Gordon-El-Bihbey, D. (2008). *A vision for a health literate Canada: Report of the expert panel on health literacy*. Ottawa, ON: Canadian Public Health Association. http://www.cpha.ca/uploads/portals/h-l/report_e.pdf

²Mitic, W., & Rootman, I. (2012). *An intersectoral approach to improving health literacy for Canadians: A discussion paper*. Victoria, BC: Public Health Association of British Columbia. <http://www.phabc.org/userfiles/file/IntersectoralApproachforHealthLiteracy-FINAL.pdf>

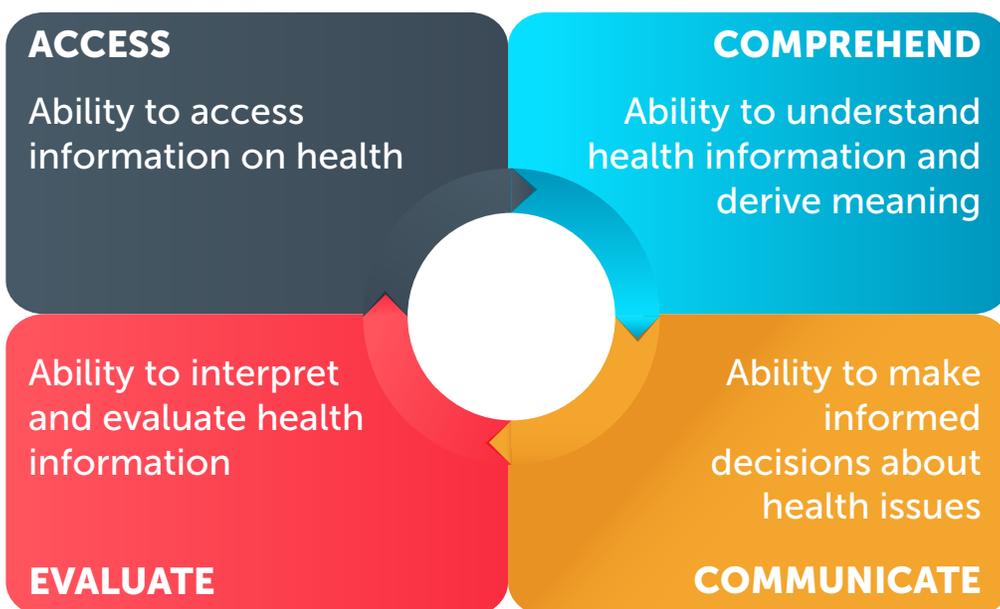
³Nutbeam, D. (2000). Health Literacy as a public health goal: a challenge for contemporary health education and communication strategies in the 21st century. *Health Promotion International*. Oxford University Press: V15, No.3. Pp 259-267. <http://heapro.oxfordjournals.org/content/15/3/259.full.pdf+html>

- Potential for the practical application of the initiative to a variety of settings;
- Extent to which content could be easily adapted by others wishing to implement a similar initiative;
- Overall fit with the range of examples selected to capture various target populations, settings and health topics while representing a cross section of provinces and territories.

The examples selected demonstrate a range of ways that health literacy can be addressed in various target populations, locations and settings and include smaller local initiatives as well as province-wide initiatives. A variety of approaches to delivering health literacy information are featured including courses and workshops; patient-provider communication; prevention and treatment; peer navigation; information development and dissemination; and community development. The examples highlight the fact that health literacy awareness is necessary for both those who access and those who provide health information, programs and services.

Each of the eight examples includes a summary linking the initiative to the four health literacy domains identified in the Canadian definition (access, comprehend, evaluate and communicate). For the purposes of the *Examples of Health Literacy in Practice* resource, we are featuring the health literacy domains in the following way.

LINKS TO HEALTH LITERACY



Where possible, evaluation details are provided. Lessons learned were included in addition to contact information. The *Examples of Health Literacy in Practice* resource is intended to enhance health literacy awareness. This concise, user-friendly resource can serve as a guide for health literacy practitioners or policy makers who wish to develop and implement health literacy initiatives. Together, these examples offer a brief snapshot of the unique and growing field of health literacy in Canada.

BRITISH COLUMBIA - HEALTH LITERACY IN COMMUNITIES PROTOTYPE COLLABORATIVE

Lead Organization: Impact BC

Key Partners: British Columbia Ministry of Health Services; Decoda Literacy Solutions; British Columbia Medical Association

Target Population: General public, as served by health care professionals

Setting(s): Healthcare - doctor's offices, community clinics; community - English as a Second Language learning classes

Type of Initiative: Communication - patients and health care providers

Location: Urban, rural; provincial
Date: Launched in 2009 for an eight month period

DESCRIPTION:

The British Columbia Health Literacy in Communities Prototype Collaborative was launched as an intersectoral partnership to bring four teams together to improve how health care professionals and patients access, understand, communicate and evaluate health information. The primary objective of the program was to explore which tools and resources would work best to improve health literacy in the delivery of programs and office practices. Each team was comprised of healthcare staff (doctors, nurses, medical and office assistants), quality improvement support staff from regional health authorities, and literacy practitioners and learners. Faculty members were recruited from the sponsoring agencies as well as the Canadian Council on Learning, the British Columbia Medical Association, health authorities and Douglas College. Teams also included immigrant and First Nation's participants. The project took place in three urban settings and one remote community in British Columbia. Project activities were implemented in doctor's offices, literacy projects and English as a Second Language programs.

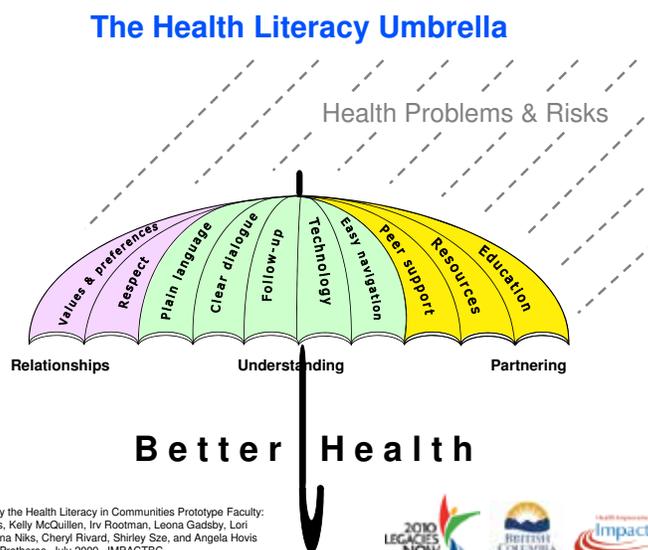
APPROACH TO IMPLEMENTATION:

The teams used a 'collaborative learning methodology' of shared learning and discovery. This involved monthly teleconference meetings, email and web conferencing to share learnings. During the 'learning period' teams were provided with preparation materials and met four times in Vancouver.

A faculty team created a 'change package' of initiatives to implement which included a measurement strategy for testing results. The package contained three key strategies for improving health literacy: 1) building better relationships by focusing on values, preferences, respect; 2) increasing understanding of health information by using plain language, culturally relevant materials, improving access to technology and navigation in health care settings; and 3) enhancing partnerships by focusing on peer support, community resources, and education.

During the 'action period', examples of initiatives that were implemented included:

- Matching a practicing physician with a literacy learner to produce user-friendly signage in a hospital
- Forming a partnership between a nurse and a local First Nations group to produce a



video for health care practitioners explaining the local culture and promoting cultural competence

- Setting up a computer with plain language websites in a doctor's office reception area
- Creating a video to help literacy learners navigate their way to the doctor's office
- Using a teach-back strategy to ensure patients understood the concepts of diabetes self-management and control
- Promoting decision-making and the ability to critically assess information by encouraging patients to ask clarifying questions such as "Have you experienced any side effects that you think may be related to these medications?"
- Using prompt cards to help literacy learners ask questions and seek clarification when information from their physicians was not understood

LESSONS LEARNED:

- Use integrated teams to address health literacy issues. Community agencies and health care systems can work together to support better health for everyone.
- Use an action oriented approach to implementing a health literacy strategy. In this project the Plan, Do, Study, Act (PDSA) cycle allowed teams to try and test initiatives to improve their programs.

- Ensure adequate time for project preparation in order to allow teams to understand the scope and nature of the project and expectations of participants.

MEASURING PROGRESS:

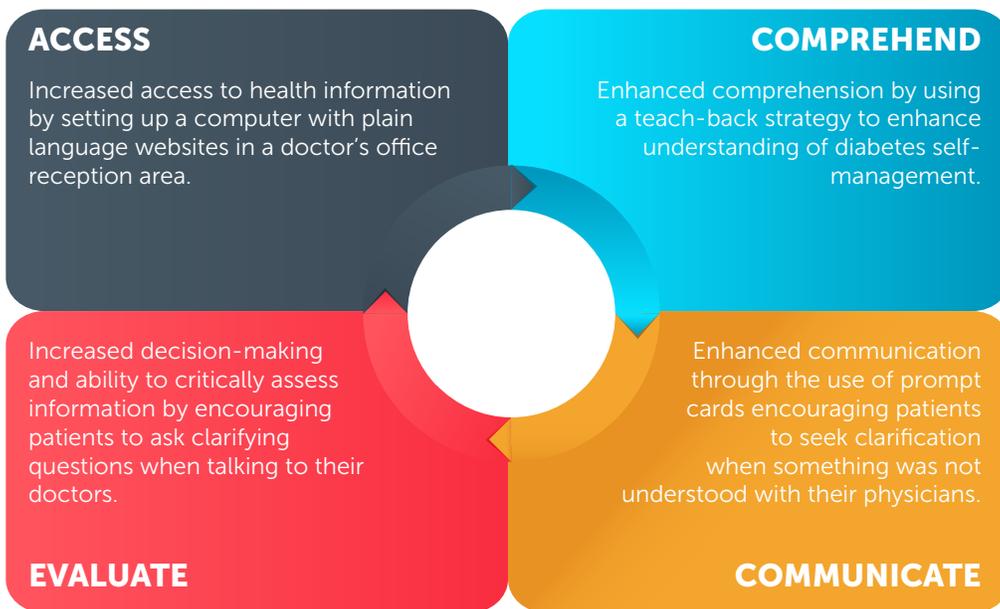
Evaluation of the changes implemented to programs and office practices was embedded in the project. Teams engaged in a Plan-Do-Study-Act (PDSA) approach. The PDSA approach involves developing a plan to test the change in the program (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act).

All four teams tested program changes by gathering data via surveys and questionnaires as well as pre and post tests related to each of the three key strategies. Faculty members tracked successful changes and modified program materials accordingly. One team was able to show improvement in measures of patient understanding in relation to diabetes self-management. Overall, the project raised awareness of health literacy in British Columbia and the possibility that two sectors, primary health care and adult literacy, could work together on health literacy initiatives.

CONTACT:

 www.patientsaspartners.ca/resources

LINKS TO HEALTH LITERACY



Lead Organization: Manitoba Institute of Patient Safety (MIPS)

Key Partners: Regional Health Authorities of Manitoba; Various provincial community networks; Senior's community groups

Target Population: Seniors, children, youth, Aboriginals, new Canadians, English as a Second Language students, health care providers, consumers of disability and mental health services

Setting(s): Community, healthcare (hospital, clinic, nursing station, pharmacy)

Type of Initiative: Communication - patients and health care providers

Location: Urban, rural, remote; provincial

Date: Launched in 2007 and ongoing

DESCRIPTION:

To address barriers to low health literacy and patient safety, the Manitoba Institute of Patient Safety (MIPS) developed the It's Safe to Ask program and a complementary province-wide public awareness campaign. It's Safe to Ask is a health literacy initiative that encourages people to ask their doctor, nurse, or pharmacist three key questions at every visit:

- 1) What is my health problem?
- 2) What do I need to do?
- 3) Why do I need to do this?

The program recognizes that both patients and providers have a role to play in improving communication, enhancing patient health literacy, and improving health outcomes. Patients need to be able to request the health information they need and health providers need to be able to share information in ways that allow patients to understand and act. The program is based on the Ask Me 3 resource developed by the Partnership for Clear Communication Program in the United States and has been endorsed by the College of Physicians and Surgeons of Manitoba, the

Manitoba Medical Association, the College of Registered Nurses of Manitoba, the Manitoba Pharmaceutical Association and a variety of other organizations.

APPROACH TO IMPLEMENTATION:

Public Awareness Campaign: Information is delivered in a range of languages through a dedicated website (www.safetoask.ca) and educational materials are sent to health care providers across the province to support their role in the initiative. The program is advertised using billboards, transit signage, radio commercials, newspaper ads, digital ads, brochures and posters.

Patient Safety Resources: Practical information, tips and resources are provided for patients, family members, caregivers and professionals to facilitate clear communication, enable positive and informative patient-provider interactions, and reduce medication errors. A variety of approaches are used to share information including audio broadcasts, animated videos and workshops encouraging patients and providers to discuss the three simple questions. The MIPS website provides a Leader's Guide which can be used to lead 60-90 minute small group sessions on select topics of interest in public places like libraries, churches, community halls or doctor's offices.

The Self-Advocacy for Everyone (SAFE) toolkit can be ordered free-of-charge from MIPS



and used by individuals who want to be more engaged in their healthcare. The toolkit can also be used by organizations to create a structured program. Trained volunteers give presentations during health fairs, local community events and chronic disease support group meetings to promote the SAFE toolkit and encourage people to visit the MIPS website. The program encourages patients to complete, carry and show their up-to-date It's Safe to Ask medication card at all times.

LESSONS LEARNED:

- Use three simple, easy-to-understand action steps to help the audience focus on what they need to know and do to improve health literacy, patient safety, patient-provider communication and health outcomes.
- Reinforce health messages in a variety of ways and outlets such as presentations, media, bus ads, and digital ads to build public support, uptake and awareness of the program.

- Develop ongoing support through community and professional partnerships as this is essential to the success and maintenance of the program.
- Build and maintain a trained volunteer base and support volunteers through ongoing training sessions.

MEASURING PROGRESS:

A pilot test was held in six It's Safe To Ask sites in 2006 before its 2007 launch, followed by a formal evaluation. The evaluation utilized qualitative and quantitative methodologies including key informant interviews, focus groups with patient and providers, randomized telephone surveys, mail-in surveys, and program documentation such as the number of sites of program implementation and the number of website hits.

CONTACT:

 www.safetoask.ca / www.mips.ca

 admin@mips.ca

LINKS TO HEALTH LITERACY



NORTHEASTERN NEW BRUNSWICK - HEALTH CAPSULES INITIATIVE

Lead Organization: Bathurst Healthy Community Network (BHCN)

Key Partners: Nursing Department, Université de Moncton, Campus de Shippagan; Acadie-Bathurst Regional Health Authority; Bathurst-Chaleur Literacy Committee

Target Population: Francophone

Setting(s): Community, workplace

Type of Initiative: Information development and dissemination

Location: Regional - urban, rural, remote

Date: Launched in 2006 for one year; Website still active

DESCRIPTION:

The **Health Capsules Initiative** involved the development and delivery of radio and television broadcasts or 'capsules' of health information in northeastern New Brunswick. Local community members, including health professionals and community workers, delivered the sessions using an informal tone and simple language as well as the colloquial expressions and accents of the local Francophone population. Low literacy and health literacy levels affect this population's ability to access health care services and to understand complex health information. The primary goal of this initiative was to empower individuals by providing them with clear, relevant health information. Inviting community members to share their recommended approaches to improving their health or to stay healthy or was key to the success of this initiative.

APPROACH TO IMPLEMENTATION:

Assessment: Information from population research, surveys, and studies focusing on the needs of Acadian and Francophone seniors and the health profile of regional residents informed this initiative. Interviews were conducted with



85 community members to validate health literacy needs and identify new ones. Thirteen focus groups were conducted with community members of all ages to identify topics for the broadcasts.

Recruitment: An invitation was sent out to health professionals, community workers and members of the Francophone community. Over 60 members of the community agreed to lend their voices to the broadcasts and to share health information and tips for the production of the health capsules.

Capsules: A total of 100 capsules were broadcast on the three regional radio stations. A range of topics were explored including information on breastfeeding, suicide prevention and anger management. The following year, thirteen short television programs were recorded on the Francophone community television station. A community advisory committee reviewed each recorded capsule prior to the broadcast.



LESSONS LEARNED:

- Use practical information tailored to the audience. In this initiative, each capsule was designed to address the needs that had been expressed in the context of the focus groups. This approach ensured participation and relevance to the target group.
- Build on the strengths of community members to develop and implement effective community-based health promotion activities. In this initiative, the approach selected to communicate information built on the things community members were already doing to stay healthy or to improve their health.
- Feature the vocabulary, expressions and accent used by the local population. This enhanced listener comprehension and identification with the health information.

MEASURING PROGRESS:

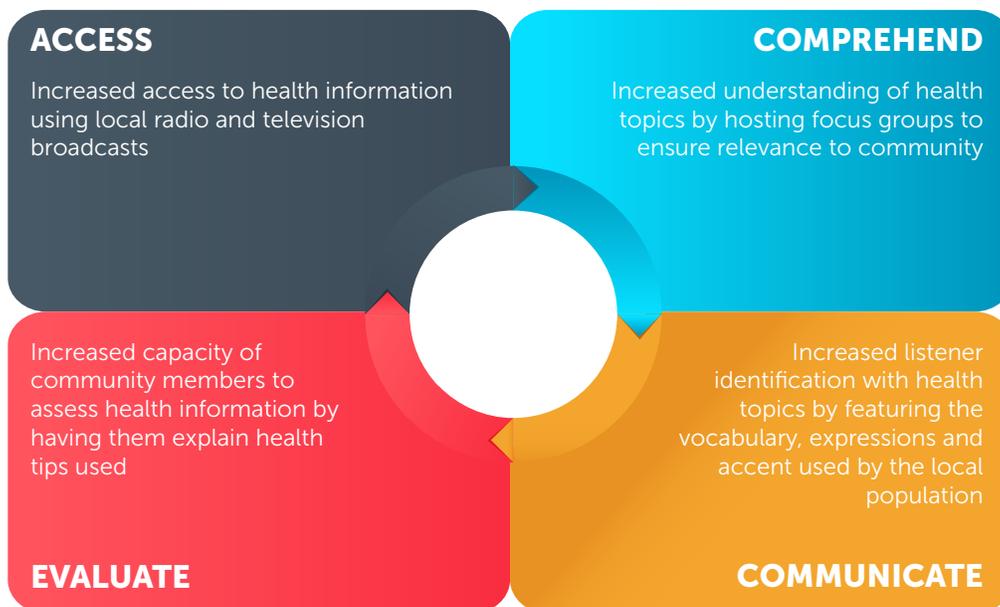
A face-to-face questionnaire was administered with community members in the fall of 2007, a year after the radio broadcasts and in the midst of the television broadcasts. A total of 77 individuals responded. Notable results included a very high level of awareness of the health capsules (97%), with 41% of participants having tried at least one of the health tips. Participants also increased awareness of their ability to play an active role in maintaining their health with 77% indicating an increase in health awareness and 22% indicating a newfound awareness.

CONTACT:

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LINKS TO HEALTH LITERACY



NEWFOUNDLAND AND LABRADOR - PEER NAVIGATION FOR WOMEN'S CANCERS PROJECT

Lead Organization: Newfoundland and Labrador Lupin Partnership (NLLP)

Key Partners: Labrador Grenfell Health; Canadian Breast Cancer Foundation Atlantic Region; Eastern Health; Canadian Cancer Society; Young Adult Cancer Canada; Women's Institute

Target Population: All women, Aboriginal communities

Setting(s): Community

Type of Initiative: Peer navigation

Location: Provincial: rural and remote communities

Date: Launched in 2007 and ongoing

*"The peer volunteers are not disease specific experts, but information and support experts."
- Volunteer*

DESCRIPTION:

The Newfoundland and Labrador Lupin Partnership (NLLP) is a province-wide volunteer network that collaborates to ensure accessibility of health information, support and education for women diagnosed with breast cancer. The Peer Navigation for Women's Cancers Project was developed to extend the work of the NLLP beyond breast cancer, to include information and support for women and their families affected by all women's cancers (including, cervical, uterine and ovarian cancers). Given that much of the population of Newfoundland and Labrador live in rural and isolated communities, many women do not have access to relevant, timely information about cancer treatment and resources. This project provided an opportunity to update cancer resources and increase the availability of health information across the province through the use of community volunteers called peer navigators. Rural and Aboriginal communities were targeted in this project and linkages were sought with regional health authorities,

the Canadian Cancer Society, the Women's Institute and women living with cancer.

APPROACH TO IMPLEMENTATION:

Development of Training Resources: To produce updated resources and create a peer navigator train-the trainer manual, the project team hired an education and research consultant to provide advice and guidance. They also consulted with Cancer Care Manitoba and reviewed other relevant training models. The project team solicited input on design and culturally appropriate content from primary health care professionals and this also informed the development of a facilitator's guide.

Peer Navigation Recruitment and Training:

20 women leaders were recruited along with community facilitators to deliver the train-the trainer workshops. A total of 54 peer navigators were trained to link with women in their communities to provide resource materials, support and referrals to services on women's cancers.

Public Education and Information

Dissemination: Training materials were developed, potential partners identified, and public sessions on the peer navigator program and training resources were hosted. Community leaders who attended the train-the-trainer session also extended invitations to other women and organizations.

LESSONS LEARNED:

- Ensure sustainable funding to accommodate program needs for ongoing training and updated resource development. This is critical for a volunteer driven initiative.
- Set clear roles and responsibilities for volunteers. In this project, the peer navigator role was daunting to some at the start and volunteers needed assurance that they would

have ongoing support through the peer network.

- Ensure meaningful engagement by recruiting participants from the communities to be engaged. In this project, more representation of Aboriginal, Nunatsiavut and Métis women in the peer navigator training and in the resource development process would have contributed to greater linguistic and cultural sensitivity of the material and training.



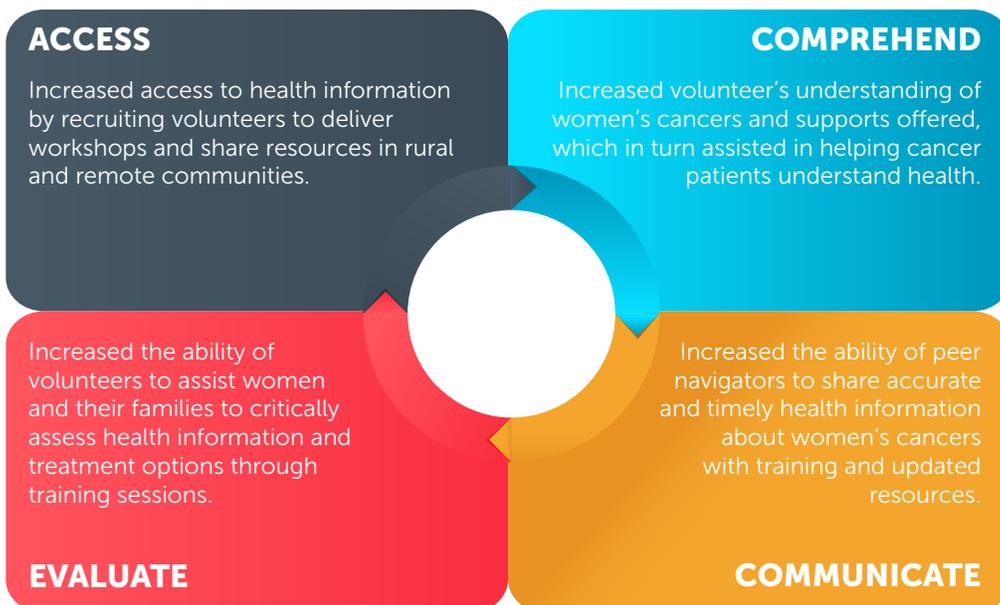
MEASURING PROGRESS:

The evaluation plan was initiated early in the project and was client-centered and participatory in nature focusing on both process and outcomes. Data was gathered using interviews (with project coordinators, project consultants), focus groups (with Regional Co-Chairs), an on-line survey (with members of the Lupin Partnership), document review (using posters, letters of invitation), and participant exit surveys (with participants of peer navigator train-the-trainer workshops and participants of peer navigation community workshops). Overall the objectives of the project were achieved. These included strengthening and extending the capacity of the NLLP to serve as a provincial volunteer network (particularly in rural and remote areas of the province) and producing new and updated resources that expanded information on women's cancers.

CONTACT:

 lupinpartnership@gmail.com

LINKS TO HEALTH LITERACY



NUNAVUT - HEALTH CAREERS CAMPS AND WORKSHOPS

NUNAVUT

Lead Organization: Actua

Key Partners: Nunavut Arctic College;
Nunavut Department of Health and Social Services

Target Population: Children aged 8-12

Setting(s): Communities, including tours of health care facilities

Type of Initiative: Course/workshop – one week in summer

Location: Remote territory

Date: 2010 to 2012

DESCRIPTION:

The *Nunavut Health Careers Camps and Workshops* consisted of three camps to introduce children (with up to 20 participants in each camp) to health and wellness concepts, health care careers, and traditional Inuit teachings. The camps were free-of-charge and were designed to provide an understanding of the importance of healthy living in Inuit youth. In Nunavut, there are many challenges that affect health and access to health care with 85% of the territory's population living in isolated communities. The majority of Nunavummiut speak Inuktitut or Inuinnaqtun and have relatively low levels of English literacy, yet health staff are mostly non-Inuit, English speaking, and short-term residents.

In 2010 the Nunavut Department of Health and Social Services engaged Actua to develop and deliver Health Careers Camps and Workshops for Inuit youth in three communities in Nunavut. Actua is a Canadian national charity that delivers customized science, engineering and technology programming.

APPROACH TO IMPLEMENTATION:

The program had three key objectives: 1) to provide an understanding and appreciation for the importance of healthy living and

overall wellbeing; 2) to promote awareness of health science career opportunities; and 3) to inspire and encourage Inuit youth to pursue health science careers. Actua collaborated with local organizations and community members to customize camps to incorporate youth strengths and needs. Instructors were trained to convey health information in easy to understand and fun ways, and to act as role models for youth. The program took place during the summer months and example activities included:

Health Career Workshops: Hands-on health science workshops with interactive activities focusing on nutrition and body-mechanics such as testing for iron content using breakfast cereal and magnets.

Health Care Camps: Organized by trained Actua instructors and customized to the local culture with four core program areas:

1. Health science activities such as using laboratory equipment, suturing and blood typing; individual reflection exercises and team building exercises such as role playing a health care professional in a health setting
2. Health facility tours including visits to hospitals and health and wellness centres
3. Community-led cultural activities such as dissecting a fish or seal, Inuit throat singing, traditional Inuit games, drum dancing, and story-telling
4. Health career open houses organized for family and friends at the end of each camp to share information about what was learned and the significance to the local culture and heritage

Completion certificates provided at the end of the program promoted a sense of belonging and accomplishment.

LESSONS LEARNED:

- Visit each community during the development phase to establish partnerships. In this project, developing partnerships with Inuit community representatives willing to share their traditional knowledge helped to ensure that the learning activities developed for youth were applicable to their daily lives, local culture and heritage.
- Invite local community members to participate to ensure cultural relevance. In this project, Elders and Inuit volunteers led locally significant cultural activities relating to wellness and this contributed to successful implementation of the camps.
- Simulate real-life professional experiences through role playing with participants. In this project, role playing included team-building games and participants wore t-shirts resembling medical scrubs with a stethoscope.
- Engage learners at an early stage as this is an optimal time to shift youth attitudes and behaviours. For this project, students in grades six and seven appeared to be ideal because they were able to use sophisticated lab equipment and there was the opportunity to demonstrate the value in pursuing science at higher levels.

MEASURING PROGRESS:

Feedback from the camps and workshops was collected from participants, parents and community members using pre and post surveys. Participants were asked to indicate their level of agreement with questions relating to the three key objectives of the program.

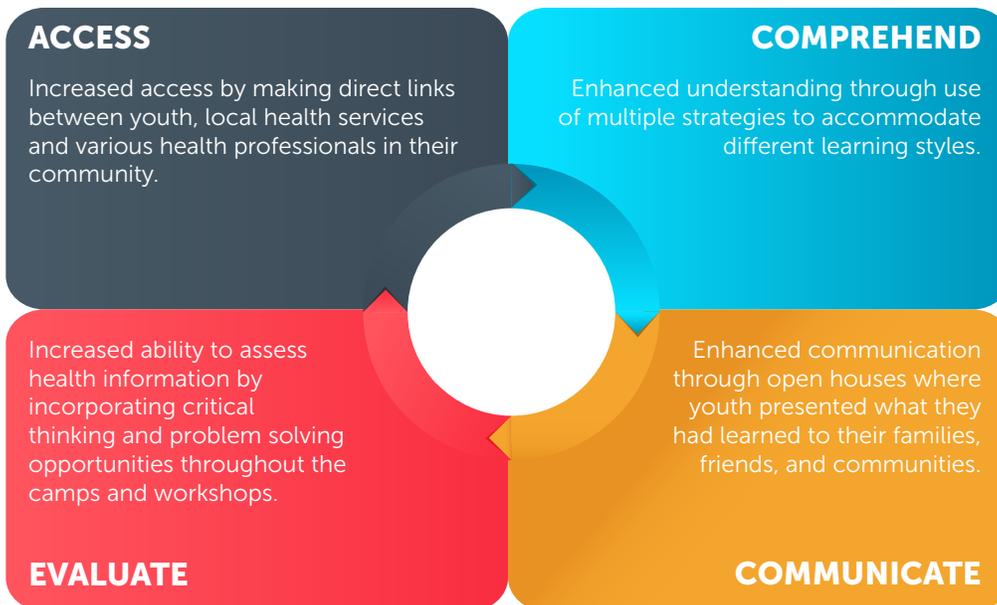
A total of 47 youth were surveyed. The percentage of youth who responded at the 4 or 5 level (strongly agree) to the statement: *"I know a lot about taking care of myself and being healthy"* increased from 65% (pre-camp response) to 95% (post-camp response). Pre-camp, 28% of campers responded (strongly agree) to the statement: *"I can think of at least three health science careers that I know about."* Post-camp 89% of campers strongly agreed to the statement: *"At camp I learned about health science careers that I did not know about before."*

CONTACT:

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LINKS TO HEALTH LITERACY



ONTARIO - HEALTHY SMILES ONTARIO PROGRAM IN BRANT COUNTY

ONTARIO

Lead Organization: Brant County Health Unit

Key Partners: Grand River Community Health Centre; Local Dental Providers; Local Food Bank

Target Population: Low-income children aged 0-17; Aboriginal families

Setting(s): Multiple community settings; health units

Type of Initiative: Prevention and treatment program

Location: Provincial: Urban

Date: Launched in 2010 and ongoing

DESCRIPTION:

To address the needs and importance of providing oral health care to low income children, the Ontario Ministry of Health and Long-Term Care devoted funds to support the development and implementation of the Healthy Smiles Ontario (HSO) program as part of the Ontario Poverty Reduction Strategy. The HSO program provides multi-level oral health preventative and early treatment strategies and services to children age 17 years and younger among eligible families who do not have any form of dental coverage. There are 36 local public health units across Ontario that are leading the program in collaboration with local partners.



In Brant County the program is implemented through the local Health Unit and with external partners such as dental providers' offices, schools, community health centres, libraries; food banks, the Ontario Early Years Centre, the Children's Aid Society, a youth mental health centre, a women's shelter, and the Good Food Box Program.

APPROACH TO IMPLEMENTATION:

Oral Health Prevention and Treatment: A central tenet of the program is to promote positive oral health behaviours at an early age to reduce the consequences associated with poor oral health among the most vulnerable populations. Interventions are focused on target priority populations which are known to have high levels of oral health needs but seldom access preventive care. Recruitment for the program is done through a mail-out to high-risk neighbourhoods, community organizations and local newspapers. Once a child's eligibility is confirmed with the Brant County Health Unit, the family is given a client card and the range of free dental service options available in the community are outlined.

Some of the program activities are delivered universally through the HSO program such as the provision of oral health information, resources and supplies including toothbrushes and toothpaste. Skill building appointments and workshops are offered to increase oral health knowledge of parents or caregivers, and to encourage the establishment of positive oral health practices such as the use of sippy cups, promoting consistent sleeping behaviours, and preventing injuries that contribute to poor oral health.

Other activities are unique to the dental programs offered at local health units, such as dental screenings, assessments, clinical service

delivery to schools and oral health outreach, teaching and referrals. One day professional development workshops are offered to dental and health care providers and flowcharts have been developed to increase their awareness of the referral process.

LESSONS LEARNED:

- Maximize the availability and uptake of oral health information through the use of diverse partners, multiple settings and various delivery approaches.
- Provide support to dental and health care professionals in their role as both recipients and providers of health literacy information when addressing oral health inequities and overall health.
- Continue to explore opportunities to increase access to oral health care. In this example, provincial funding increased access to oral health care for high risk families.

MEASURING PROGRESS:

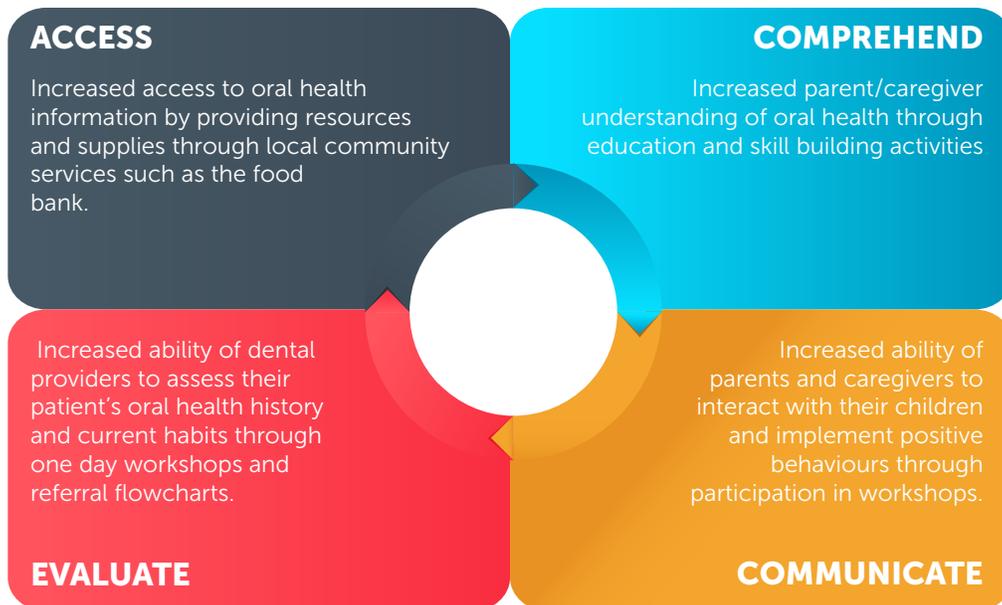
The evaluation design utilizes quantitative and qualitative methodologies and various sources of data, including surveys, key informant interviews, focus groups, and re-imburement claims. Evaluative feedback informs the implementation phase and provides accountability to activities and outcomes. Continuing community engagement activities will ensure the program is accepted, tailored, and meets the needs of the community.



CONTACT:

 www.bchu.org (Information can be found under the “Health Topics” menu and then under the “Dental” sub-menu)

LINKS TO HEALTH LITERACY



SASKATCHEWAN - ABORIGINAL GRANDMOTHERS CARING FOR GRANDCHILDREN SUPPORT NETWORK PROGRAM

Lead Organization: University of Regina
Lifelong Learning Centre

Key Partners: First Nations University of
Canada; Regina Qu'Appelle Health Region

Target Population: Aboriginal grandmothers,
grandchildren and other family members

Setting(s): Meetings at university campus;
multiple community settings

Type of Initiative: Community development
– Aboriginal: social support, information

Location: Urban; Municipal - Regina,
Saskatchewan

Date: Launched in 2003 and ongoing

*"I like the sharing the best about the talking
circles ... when other people tell their stories I
remember that happened to me and realize that
I am not the only one in the whole entire world.
And it confirms your feelings and experiences."
- Grandmother*

DESCRIPTION:

The Aboriginal Grandmothers Caring for Grandchildren Support Network is a network of Aboriginal women caring for children and extended family members who are in a unique position to contribute to the advancement of health and wellbeing in their communities. The network provides a safe and supportive environment in which the participants can gain knowledge about healthy lifestyles and share their personal experiences of being caregivers. The program serves to bridge gaps in health knowledge by bringing in guest speakers to present culturally-relevant health information through traditional teachings. The network uses therapeutic talking circles as a way for participants to share experiences and gain new knowledge on healthy aging and healthy living.

Participants meet at the Lifelong Learning Centre located in the old University of Regina Campus which is close to two areas of the city where many Aboriginal community members live.

APPROACH TO IMPLEMENTATION:

Support Network Meetings: The participants come together during monthly meetings to discuss their strategies, successes and concerns about health and wellbeing. Meetings incorporate a variety of approaches to sharing information. A more formal approach involves a traditional talking circle where a sacred object (such as a feather or rock) is passed from grandmother to grandmother. The one holding the object speaks without interruption by others, creating a respectful and safe environment for all. Teachings are based on the four domains of the traditional Medicine Wheel and the alignment with aspects of human behaviour: mental, emotional, physical and spiritual.

Participants learn about community resources and local guest speakers are invited to make presentations. Referrals are made to health and social services when required. Free transportation is provided to meetings and events and on-site childcare is provided to



enable the grandmothers to participate in the program.

Network Activities: In addition to monthly group meetings, the network participates in health advocacy activities in order to apply their new learnings and work toward their goal of making the world a healthier place for their grandchildren. Activities have included: tours of the First Nations University of Canada Medicinal Plant Garden, tours of Medicine Wheels near Regina, celebrations of Family Fun Day and International Women’s Day. The network has also made recommendations to the Saskatchewan Child Welfare Review Panel, attended meetings with the Saskatchewan Advocate for Children and Youth and meetings with staff from the Ministry of Social Services.

LESSONS LEARNED:

- Share information using culturally appropriate practices. In this project this involves the incorporation of Medicine Wheel teachings to enhance the success of the project.
- Share information on how participants can advocate on behalf of their own health and the health of their families. In this project, the opportunity to develop additional skills helps to boost participant confidence and reduce stress in caring for grandchildren.

- Create opportunities for participants to form social bonds. In this project, the connection with other participants helps the grandmothers to gain confidence and find strength through shared experiences.

MEASURING PROGRESS:

A formal evaluation of this program has not taken place. However, verbal feedback is sought by Lifelong Learning Centre staff on a monthly basis to ensure the program activities continue to meet the needs of the participants.

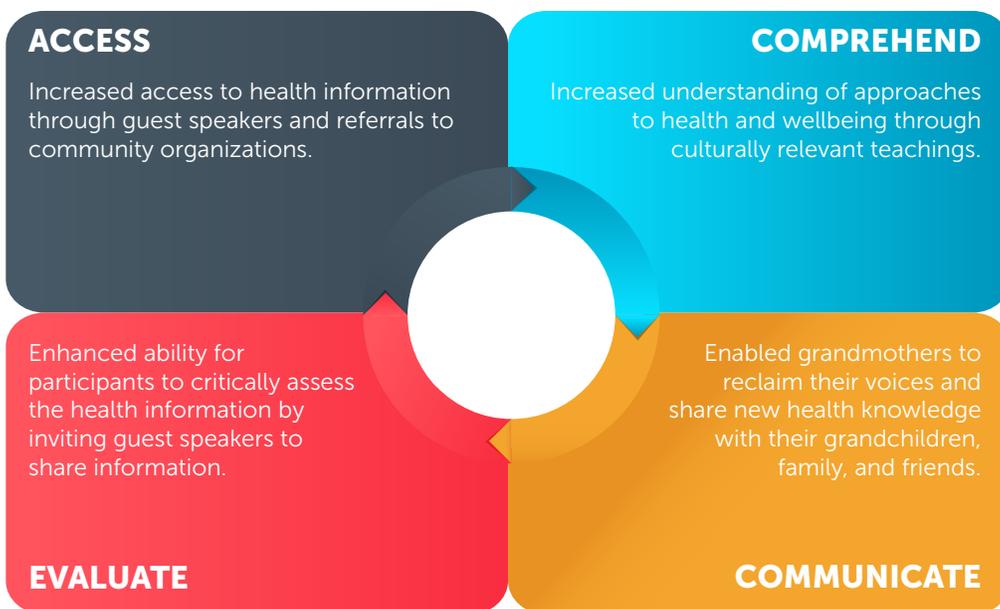


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LINKS TO HEALTH LITERACY



YUKON - CHAMPAGNE-AISHIHIK FIRST NATIONS DIABETES INITIATIVE

Lead Organization: Champagne and Aishihik First Nations Government (CAFN)

Key Partners: Whitehorse General Hospital; Canada Games Centre; Lia Fox, Fitness Instructor

Target Population: Champagne and Aishihik First Nations

Setting(s): Various community locations

Type of Initiative: Prevention education; resource development

Location: Remote; Southwest Yukon and Northwest British Columbia

Date: Launched in 2009 and ongoing

Diabetes is a key public health concern for Aboriginal people. Aboriginal peoples' risk of developing Type 2 diabetes is three to five times higher than non-Aboriginal Canadians.

- Health Canada

DESCRIPTION:

The **Champagne and Aishihik Diabetes Initiative** was created to provide community-based and culturally appropriate activities to increase diabetes knowledge, encourage healthier lifestyles and to prevent diabetes in Champagne and Aishihik First Nations (CAFN) communities. The initiative also aims to enhance early detection and screening for complications of diabetes and to provide CAFN residents living with diabetes tools to self-manage and treat their diabetes.

The CAFN community is located in the Southwest Yukon Territory (YT) and Northwest British Columbia, with the main administrative center located in Haines Junction, YT. CAFN residents are unable to access the same range of health resources available in larger urban centres including physicians, specialists and

hospitals. As a result, there is limited access to information on prevention and treatment of diabetes. In this initiative, facilitators travel to the remote communities to provide the services to community members.

APPROACH TO IMPLEMENTATION:

A range of culturally relevant diabetes prevention and education activities are offered by community health providers and volunteers to facilitate healthy living among CAFN residents. The programs are offered in familiar and comfortable settings and target individuals across the lifespan. Project activities address health risks and barriers, and include health promotion activities such as: the development of a self-assessment pamphlet for diabetes screening, a diabetes information kit and diabetes presentations during community suppers and workshops. Fitness activities are offered such as walking programs, youth fitness events, yoga classes and weight loss groups. Nutrition programs focus on cooking with traditional foods, prenatal health, lessons in nutrition label reading, grocery store tours, and meal planning.

A local recreation facility offers monthly passes at discounted prices to individuals diagnosed with diabetes in order to encourage participation in a range of physical activities and classes during the cold winter months. Participants are encouraged to keep a journal and one-on-one support is offered to adults living with diabetes or at high risk of developing diabetes who do not typically participate in group activities.

LESSONS LEARNED:

- Use a variety of settings and approaches to reach as much of the target population as possible. In this example, the community suppers were very successful, as community members would come for healthy food, and also receive information about diabetes.

- Encourage program participants to increase diabetes awareness and prevention by sharing information with friends and family.
- Anticipate potential issues and address the barriers to reaching the target population. In this example, the biggest obstacle was the expensive cost for facilitators to travel to the various northern satellite communities for the presentations and to cover the cost for rural participants to reach the sessions.

MEASURING PROGRESS:

There were both formal and informal opportunities for participants to evaluate their experience and express their views about the project. Needs assessments, interviews and focus groups were conducted. Information tracked included: the number of people participating in project activities such as workshops, presentations, community dinners,

and fitness programs. Participation in one-on-one health consultations and journaling was also tracked. The project monitored changes in the ability of participants to access health or social services over the course of the project. Project activities resulted in greater access to diabetes prevention and self-management resources for the target populations reached. CAFN staff reported that positive lifestyle changes were made by participants over the course of the initiative. For example, it was noted that there was an increase in community members exercising on a more regular basis. Project activities also resulted in greater access to early detection and screening for diabetes.

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LINKS TO HEALTH LITERACY



REFLECTIONS

The *Examples of Health Literacy in Practice resource* provides a snapshot of the substantial and varied range of work taking place to address health literacy in Canada. This resource provides information on some of the approaches that can inform health literacy activities, programs and policies.

A synthesis of the lessons learned from the examples suggests that some general factors are associated with noteworthy health literacy efforts:

- ✓ Establishment of intersectoral partnerships
- ✓ Highly trained teams, volunteers, peer-navigators, and advocates
- ✓ Presence of strategic leadership and/or a champion-based model
- ✓ Use of evidence-base, theory, and/or data to inform the work
- ✓ Existence of activities in multiple settings using different delivery mechanisms
- ✓ Simple, easy-to-understand action steps
- ✓ Significance to daily life, local culture, and heritage
- ✓ Opportunities to use technology, social media, and/or media outlets

The *Examples of Health Literacy in Practice resource* can be used to enhance health literacy awareness, build health literacy capacity, and inform work within community and health organizations. For health literacy practitioners or policy makers wanting to develop a health literacy initiative, the examples can provide useful ideas for implementation, resources or possible partners.

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