Health literacy policies: National examples from Canada

Sandra Vamos, Irving Rootman, Linda Shohet and Lorie Donelle

Introduction

Canada is recognised as an international leader in the evolving field of health literacy. Drawing from many disciplines, health literacy efforts in Canada in large measure have been anchored in health promotion and education perspectives as opposed to being driven by the medical system. The Canadian health literacy path has been informed by noteworthy international landmark policy documents, such as the Ottawa Charter for health promotion, and by international adult literacy surveys (Statistics Canada, 2007, 2013), while leaving its own trail of significant reports and resources.

In Canada, health literacy is viewed as a determinant of health, public health issue and essential resource to promote and maintain good health across the life course. There are many pockets of innovative health literacy initiatives, activities and networks across the nation. Much of this work has been embedded in daily practice led by experts, local champions, universities, non-governmental organisations (NGOs) and associations. Yet many efforts tend to be project-based without being absorbed into practice, reinforcing the need for ‘policy to underpin practice’ (Shohet and Renaud, 2006). While promising national-level policy statements have been proposed, none is currently endorsed by policy-makers at any level of government to advance action.

In 2008, Canada’s Expert Panel on health literacy produced A vision for a health literate Canada report, with a vision statement that: ‘All people in Canada have the capacity, opportunities and support they need to obtain and use health information effectively, to act as informed partners in caring for themselves, their families and communities, and to manage interactions in a variety of settings that affect health and well-being’ (Rootman and Gordon-El-Bihbety, 2008, p 23). This report recommended a pan-Canadian strategy for health literacy with policies, programmes and research to increase levels of health literacy and reduce health disparities. To date, there is still no official health literacy strategy in place. Nevertheless, many efforts have been guided by the Expert Panel’s vision for a health literate Canada using a social justice lens, that ‘All people in Canada can access, understand, evaluate and use health information and services that can
guide them and others in making informed decisions to enhance their health and well-being’ (Rootman and Gordon-El-Bihbety, 2008, p 23). Building on that report and vision, *An intersectoral approach for improving health literacy for Canadians* (Action Plan) was released in 2012 (Mitic and Rootman, 2012). While there is visible interest to continue to advance health literacy by many individuals, communities, institutions and organisations, government policies are needed to engage all players in a sustained intersectoral effort to realise this vision.

This chapter traces the pathway that has shaped Canada’s vision and actions for better health and learning outcomes, highlighting the development of Canada’s National Action Plan as an approach to promote health literacy and inform best practice and policy across provinces/territories. The chapter offers an update of the Action Plan’s application across the country in different settings considering its relevance, potential, reach and shortcomings. It begins with a discussion of the concept of health literacy using a Canadian lens, followed by a snapshot of key developments in the health literacy movement in Canada. It outlines the relevance and role of the two key national milestone documents mentioned above, and analyses the relationship between the release of these documents, their respective policy recommendations and best practice examples. It also considers how future best practices building on progress to date can inform new perspectives and advance policy. The chapter concludes with a discussion of the need for practice and policy ‘champions’ to provide the needed public support and political will. Potential strategic directions are proposed identifying opportunities for government to act as a facilitator to advance a health literacy agenda in Canada.

**Canadian context**

*The meaning of health literacy in Canada*

In the Canadian context, health literacy applies to all individuals, providers and systems. The Expert Panel 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’ (Rootman and Gordon-El-Bihbety, 2008, p 11). This implies that health literacy is the result of a complex interaction considering the various settings that individuals are in, the range of demands that might be imposed on them, the supports and systems available and the shared responsibility across the life course.

*Health literacy is a health equity issue*

As in other countries, many Canadians adults have low health literacy levels. The 2003 International Adult Literacy and Skills Survey (IALSS) included a subset of 193 questions on health literacy that has provided the data on Canadians used by researchers ever since. The first major reports based on those findings were two
reports from the Canadian Council on Learning (CCL), stating that about 60 per cent of Canadian adults (ages 16 and older) and 88 per cent of seniors (over 65 years) lack the capacity to obtain, understand and act on health information and services and make appropriate health decisions on their own (CCL, 2007, 2008). Data showed that lower levels of health literacy are disproportionately distributed across segments of Canadian society such as seniors, Aboriginal people, immigrants, those with lower levels of education, those with lower English and French proficiency and those who are unemployed (CCL, 2008; Rootman and Gordon-El-Bihbety, 2008). Given these findings regarding vulnerable groups, it is important for Canadians to continue to address the links between health literacy and health equity (Hoffman-Goetz et al, 2014). Health literacy is recognised as a determinant of health, closely related to other determinants such as literacy, education, income and culture. The Expert Panel report was the first landmark report in Canada that called for a pan-Canadian strategy for health literacy as an important step towards reducing health disparities (Rootman and Gordon-El-Bihbety, 2008).

**Health literacy is an asset**

Interest in the evolving concept of health literacy around the globe has developed from three main perspectives: (1) healthcare; (2) health promotion; and (3) education (Vamos and Rootman, 2013). In Canada, where health literacy is viewed as an asset and anchored in the broader health promotion and education contexts, it means understanding the conditions that determine health, knowing how to change them and adjusting practices accordingly (Abel, 2008).

Today, the skill demands placed by society and the Canadian public health and healthcare system on individuals are very high. Both consumers and patients need to know more and do more to become partners in their own health. This means a wide range of health-literate professionals (for example, doctors, nurses, pharmacists, dentists, teachers) will need to communicate complex health issues and lifestyle instructions in user-friendly ways (Vamos, 2014). We know health-literate individuals have fewer emergency department visits, increased health knowledge and skills to make healthier lifestyle choices, manage chronic diseases better, communicate better with their health providers and participate more in health education and health promotion activities (Mitic and Rootman, 2012). We also know that health-literate providers, organisations and systems have greater effectiveness in caring for and supporting patients/clients. However, Canada as a federation of 13 provinces and territories with clearly defined federal/provincial jurisdictions, has 13 different healthcare and education systems that add to the complexity when considering the diverse individual and system factors shaping health literacy.

`Education for health literacy’ is important

The education perspective is prominent in the Canadian pathway to health literacy and stems from researchers advocating the link between health and
education (Vamos and Rootman, 2013). Health literacy is a ‘key outcome of health education’ and ‘significantly broadens the scope and content of health education and communication’, both of which are critical operational strategies in health promotion (Nutbeam, 2000, p 264). Building health literacy skills starts in early life, and participation in lifelong learning, both formal and informal, is one of the strongest predictors of health literacy among older adults (Wister et al, 2010; WHO, 2013).

Early childhood education, K-12 schools (pre-school; kindergarten to Grade 12), colleges/universities, community agencies, non-governmental and government organisations all play a role in building and applying skills throughout the life course. To improve health literacy in Canada, those working in the field advocate the need to improve the knowledge, capacity and skills of all who receive health-related information and skills, programmes and services, and of all who provide them. Milestone documents such as the Expert Panel report and Action Plan identify the important role of the education sector in the joint effort to improve a nation’s health literacy. The Calgary Charter on health literacy (Center for Literacy, 2011), created at a meeting in Alberta by a group of individuals from Canada, the US, and UK, identified core principles to underpin health literacy curricula ranging from K–12 to adult education. More recently, the Okanagan Charter: An international charter for universities and colleges, created in British Columbia as a call to action for all higher education institutions, further supports this notion (Okanagan Charter, 2015).

Unfortunately, there are a limited number of health literacy course offerings in university health-related degree programmes in Canada (Vamos and Yeung, 2016). The recent work of Vamos and Yeung is a unique Canadian example as it aligns with these Charters and Canada’s two milestone reports that promote education for health literacy, focusing on higher education. In 2013, one of the authors of this chapter, Vamos, developed and currently teaches the first core undergraduate health literacy course titled ‘Health Literacy and Systems Navigation’ in the School of Public Health & Social Policy at the University of Victoria in British Columbia (Vamos and Yeung, 2016). This innovative course aims to help learners explore practices, tools and policies guiding health literacy efforts for diverse people across settings and the life course. It was recently adapted and used as a blueprint for a proposed introductory online European health literacy course for two German universities (Vamos et al, 2016). As another first, one of the authors, Donelle, co-authored a book titled Health literacy in Canada: A primer for students (Hoffman–Goetz et al, 2014), a timely resource to educate and inform students and practitioners using a Canadian perspective on health literacy with strong links to social justice and health equity. Two years earlier, a third author, Shohet, developed the first accredited online continuing education course for physicians for the Canadian Medical Association through Memorial University’s MDCME (Medical Doctor Continuing Medical Education; website developed by Memorial University of Newfoundland’s Faculty of Medicine which has partnered with the College of Family Physicians of Canada), highlighting the
importance of health literacy in practice. It was well-received and re-accredited twice until funding stopped.

**A glimpse into history**

The Canadian path to health literacy began in 1986 when the Federal Government declared literacy a national priority. This was stimulated by the mass media raising concerns about the consequences of low literacy for Canadians, followed by surveys to determine the extent of low literacy in the population by the Southam Press in 1987 and Statistics Canada in 1989. The Federal Government responded by establishing the National Literacy Secretariat to fund initiatives across the country to address the issue of low literacy. The concerns and evidence also stimulated Trevor Hancock, a leader in health promotion and President of the Ontario Public Health Association (OPHA) at that time, to suggest that the Association initiate a project on the connection between literacy and health. This project, conducted in partnership with Frontier College – Canada’s oldest literacy organisation – ran from 1989 to 1993.

The first OPHA report made the case that literacy and health was an important issue that needed to be addressed by public health and health promotion in Canada (Perrin, 1990). This conclusion was supported by a study that explored the relationship between literacy and health, examined what was being done to enable people with limited literacy skills to live healthier lives, and suggested the following potential solutions: (1) reducing inequities by teaching people to read; (2) increasing awareness in the health community; (3) working with communities needing health and literacy services; (4) providing health information in non-written form; and (5) simplifying written information (Perrin, 1990). The second OPHA project report documented the increasing collaboration between literacy workers, health service providers and learners across the country on issues related to literacy and health, some of which had been stimulated by the first report and the Perrin study (Breen, 1993).

In 1993, the first International Adult Literacy Survey (IALS) was conducted. Canada was a major player. Statistics Canada collaborated with the Organisation for Economic Co-operation and Development (OECD) and its US counterpart to refine the American methodology, and Canada had the largest population among participating countries (Center for Literacy, 2013). The impetus from that survey, and the OPHA/Frontier College project, led the Canadian Public Health Association (CPHA) to establish the National Literacy and Health Program funded by the National Literacy Secretariat. The CPHA programme involved collaboration with 27 national partners to try to improve health services for people with lower levels of literacy. The programme was intended as a resource for health professionals and students affiliated with partner organisations across Canada. It promoted and supported the use/creation of plain language material, planned and coordinated research projects, provided health professionals with resources to help them serve people with low literacy skills, provided a plain language service.
and offered plain language and clear verbal communication workshops. Working with its partners, it also organised two national conferences on literacy and health, which was the way the issue had been framed throughout the 1990s and still is used in the “Literacy” community.

The concept of health literacy was introduced at the first Canadian Conference on Literacy and Health in 2000 in a workshop by Rima Rudd (Harvard University), Scott Murray (Statistics Canada) and Irving Rootman (University of Toronto Centre for Health Promotion). Rootman presented a framework for health literacy (see Figure 29.1) based on a 1998 report (Perrin, 1998), and integrated ideas from health promotion (WHO, 1986) and population health (Federal, Provincial and Territorial Advisory Committee on Population Health, 1994). As seen in Figure 29.1, it included ‘policy’ as an action, as well as ‘ageing’ and ‘early child development’, which suggests a life course approach to health literacy.

The IALSS pushed the health literacy agenda forward. The second of the OECD surveys, IALSS, included a subset of 193 questions on health literacy under five headings: health promotion, protection, prevention, healthcare maintenance, and system navigation. IALSS had a population sample of 23,000 Canadians. Although the data were not immediately available, the categories of study helped frame ongoing investigations and energised the sector. CPHA organised a second conference in 2004 that recommended establishing an Expert Panel similar to the US Institute of Medicine Expert Committee. By the time the Panel was set up in 2008, data from the IALSS were available and critical analysis by the CCL (2007) provided strong evidence to underpin the Panel’s work.

Reaching two key pan-Canadian milestones

The Expert Panel report

The Expert Panel report called for a pan-Canadian strategy for health literacy and the development of policies, programmes and research to improve low health literacy levels as an important step toward reducing health disparities in Canada (Rootman and Gordon-El-Bihbety, 2008). It recommended that the Federal Government, including the Public Health Agency of Canada (PHAC) and Health Canada (HC), provide leadership to support the recommended actions and approaches. The Panel affirmed that ‘a lack of awareness and understanding of the concept of health literacy’ was impeding Canada’s efforts to effectively promote and maintain public health (Rootman and Gordon-El-Bihbety, 2008, p 13). They reported that a survey of nearly 700 professionals and policy-makers found: (1) almost 30 per cent were unaware of the term ‘health literacy’; (2) almost 60 per cent indicated the staff in their organisations did not know where to find resources to support health literacy efforts; and (3) only 7 per cent indicated that their organisations had policies on health literacy in place (Rootman and Gordon-El-Bihbety, 2008). This landmark report presented a call to action for
Figure 29.1: Framework for health literacy

General literacy
- Reading ability
- Numeracy
- Listening and speaking ability
- Comprehension ability
- Negotiation skills
- Critical thinking and judgement

Health literacy
- Ability to find, understand and communicate health information
- Ability to assess health information

Other literacy
- Scientific, computer, cultural, media etc.

Effects of literacy
- Direct (e.g., Medication use, safety practices)
- Indirect
- Use of services
- Lifestyles
- Income
- Work environment
- Health status
- Quality of life
- Stress level

Sources: Rootman and Ronson (2005)
research, strategies, practices and policies needed to improve the health literacy and wellbeing of all Canadians.

The Action Plan

In 2009, the Centre for Chronic Disease Prevention and Control (CCDPC) at the PHAC invited Sandra Vamos as their first Senior Advisor of Health Education & Health Literacy to lead a national health literacy programme of research and practice. Building on the work of the Expert Panel, Vamos, in collaboration with others, proposed a health literacy Action Plan as a strategic approach encouraging stakeholders from different sectors to become involved to advance the national health literacy agenda.

Vamos created and led an internal PHAC Health Literacy Advisory Group, and Vamos and Rootman co-created and co-led an external National Health Literacy Advisory Group to gather multisector stakeholder input on a draft national action plan document. The initial draft document was prepared by Mitic in consultation with Vamos and Rootman. The final document, titled *An intersectoral approach for improving health literacy for Canadians* (Action Plan), was the culmination of feedback and advice from the multisector advisory groups from two national health literacy think tanks and one international workshop of health literacy experts, academics, policy-makers and practitioners (Mitic and Rootman, 2012). All meetings co-chaired by Vamos and Rootman were convened by the Public Health Association of British Columbia, supported by the PHAC.

The purpose of the Action Plan was three-fold: (1) to identify priorities and organise them into a comprehensive framework for improving health literacy in Canada; (2) to recommend a set of actions (that is, sample activities) at the national, provincial/territorial/local levels to improve health literacy among all Canadians; and (3) to facilitate conversations among stakeholders about health literacy and encourage cross-sectoral work around health literacy initiatives. Five key partners/settings were identified: governments; health sector; education sector; workplaces and businesses; and community organisations. Three action areas for the development of a comprehensive approach for improving health literacy were also identified: develop knowledge; raise awareness and build capacity; and build infrastructure and partnerships. The Action Plan included sample activities for all components and partners. Figure 29.2 depicts the logic model for the Action Plan.

The Action Plan has still not been endorsed by policy-makers at any level of government. It is important to note that due to federal budgets cuts, the National Literacy Secretariat that had funded early health literacy initiatives was replaced in 2007 by a new entity that saw literacy as a labour market issue. The CCL, that had supported a national centre of expertise, was closed in 2010. Finally, the health literacy arm of the PHAC, responsible for supporting the development of the Action Plan, was eliminated in 2012, terminating the federal health literacy position and unit that had been funding efforts associated with the Action Plan.
agenda. Table 29.1 provides an overview of pan-Canadian milestones in the health literacy movement. A discussion follows on the application of the Action Plan since its release.

**Table 29.1: Milestones in the development of health literacy in Canada**

<table>
<thead>
<tr>
<th>Year</th>
<th>Canadian milestone</th>
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</thead>
<tbody>
<tr>
<td>1989</td>
<td>Ontario Public Health Association Project on literacy and health</td>
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<tr>
<td>1994</td>
<td>International Adult Literacy Survey (IALS)</td>
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<tr>
<td>1994</td>
<td>Canadian Public Health Association Literacy and Health Program</td>
</tr>
<tr>
<td>2000</td>
<td>First National Conference on literacy and health</td>
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<tr>
<td>2003</td>
<td>International Adult Literacy and Skills Survey (IALSS)</td>
</tr>
<tr>
<td>2004</td>
<td>Second National Conference on literacy and health</td>
</tr>
<tr>
<td>2006</td>
<td>Canadian Council on Learning Research and Projects</td>
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<tr>
<td>2008</td>
<td><em>A vision for a health literate Canada: Report of the Expert Panel on health literacy</em></td>
</tr>
<tr>
<td>2008</td>
<td>Calgary Charter on health literacy</td>
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<tr>
<td>2011</td>
<td><em>British Columbia Health Literacy Strategy</em></td>
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<tr>
<td>2011</td>
<td>Online health literacy continuing medical education course for doctors</td>
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<tr>
<td>2012</td>
<td><em>Intersectoral Approach For Improve Health Literacy for Canadians</em></td>
</tr>
<tr>
<td>2013</td>
<td>Online core health literacy course for public health students</td>
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<tr>
<td>2014</td>
<td><em>Health Literacy in Canada book</em></td>
</tr>
</tbody>
</table>

**Application and implications of the Action Plan**

*Two steps forward ... one step back*

The Expert Panel report was a catalyst for Federal Government interest and funding for health literacy efforts for a few years, leading to the development of pockets of completed good work aligned with the Action Plan. However, these efforts are not all necessarily evident to others, particularly those new to the field. As noted, PHAC supported the development of the Action Plan with its three-pronged approach. Within this context, one specific federal project undertaken to inform the development and implementation of future health literacy activities was the Health Literacy Scan Project (Scan Project). The goal was to lay a foundation of shared knowledge as a prerequisite for PHAC to move forward on a vision and national plan to enhance the health literacy of all Canadians. The Scan Project led by Jim Frankish (University of British Columbia) and his research team worked with the PHAC lead. It was also informed by representatives from the Canadian Health Portfolio and community health literacy experts.

The Scan Project undertook three related environmental scans of available information and perspectives of key informants. Each scan addressed the questions of “what examples exist of noteworthy health-literacy activities at a national level in Canada, and a set of comparable countries, and what have been the successes, areas of innovation and challenges of those activities?” (Frankish et al,
Figure 29.2: Logic model for the intersectoral approach to improving health literacy for Canadians

**Vision**
A Health Literate Canada in which all people in Canada can access, understand, evaluate and use health information and services that can guide them and others in making informed decisions to enhance their health and well-being.

**Mission**
To develop, implement and evaluate an approach that will support, coordinate and build health literacy capacity of the general public, and people and systems that deliver health information and services in Canada.

<table>
<thead>
<tr>
<th>Situation</th>
<th>Inputs</th>
<th>Partners</th>
<th>Example activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rapid change in health status profile – increasing prevalence of chronic diseases and injuries</td>
<td>Monetary resources</td>
<td>Governments</td>
<td>• Review laws and policies</td>
</tr>
<tr>
<td>Many Canadians have limited health literacy knowledge and skills</td>
<td>Human resources</td>
<td>Health services</td>
<td>• HL education and training programme for policy-makers</td>
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<tr>
<td>Limited information exists on HL initiatives being developed and implemented</td>
<td>Material resources</td>
<td></td>
<td>• Public awareness-raising campaigns</td>
</tr>
<tr>
<td>Limited cooperation and coordination across sectors</td>
<td>Partnership resources</td>
<td>Education sector</td>
<td>• Develop infrastructure in government to support HL initiatives and partnerships</td>
</tr>
<tr>
<td>Lack of a national health literacy plan</td>
<td>Core components</td>
<td>Workplaces and businesses</td>
<td>• Become familiar with community literacy resources and refer clients to them</td>
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<td></td>
<td></td>
<td></td>
<td>• ↑ health providers’ HL skills through continuing education</td>
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<td></td>
<td></td>
<td></td>
<td>• Create patient-friendly environments</td>
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<td></td>
<td></td>
<td>Communities</td>
<td>• Identify and address gaps in the HL knowledge base</td>
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<td></td>
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<td></td>
<td>• Mandate standardised health education from K-12</td>
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<td></td>
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<td></td>
<td>• Determine HL needs and capacities of employees</td>
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<td></td>
<td></td>
<td></td>
<td>• Provide info and services that are culturally and linguistically appropriate</td>
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<tr>
<td></td>
<td>Values:</td>
<td></td>
<td>• Determine HL levels of general public and special populations</td>
</tr>
<tr>
<td></td>
<td>• Rights</td>
<td></td>
<td>• Work with media to ↑ accurate health info</td>
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<tr>
<td></td>
<td>• Lifelong learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Partnerships</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Evidence-informed</td>
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</tr>
<tr>
<td></td>
<td>• Integrity</td>
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</tr>
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<td></td>
<td>• Accountability</td>
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Source: Mitic and Rootman (2012, p 56)
Figure 29.2: Logic model for the intersectoral approach to improving health literacy for Canadians (continued)

Goals: To improve health literacy abilities of all Canadians by:
• developing a sound knowledge base that provides access to the existing and most recent information as well as evidence on effective ways to improve health literacy
• raising the awareness and increasing the capacity of all Canadians to improve health literacy levels
• building the infrastructure and identifying the partnerships necessary to develop a coordinated approach to advancing health literacy initiatives

<table>
<thead>
<tr>
<th>Outputs</th>
<th>Short-/medium-term outcomes</th>
<th>Longer-term outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report on HL assets, needs, gaps and capacities</td>
<td>Policy makers more aware of HL issues</td>
<td>Decreased prevalence of chronic diseases and injuries</td>
</tr>
<tr>
<td>Health literate policies put in place to influence health and other systems</td>
<td>Increased visibility of the importance of HL in contributing to a healthy population</td>
<td>Improved health and quality of life</td>
</tr>
<tr>
<td>Best practices and core competencies identified</td>
<td>Improved health literacy knowledge, skills and competencies among general public, government and professionals</td>
<td>Decreased health care costs due to preventable disease, disability and death</td>
</tr>
<tr>
<td>Town hall meetings occur</td>
<td>Health literate policies put in place to influence health and other systems</td>
<td></td>
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<tr>
<td>HL Council and Centre in place</td>
<td>All public school systems providing health education (K-12)</td>
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<tr>
<td>Module training packages developed and training provided in different sectors</td>
<td>Multiple HL resources available to public (eg, website)</td>
<td></td>
</tr>
<tr>
<td>All public school systems providing health education (K-12)</td>
<td>Intersectoral collaboration and planning committees in place</td>
<td></td>
</tr>
<tr>
<td>Context and environmental factors</td>
<td>Monitoring and evaluation</td>
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</tr>
</tbody>
</table>

Source: Mitic and Rootman (2012, p 56)
The results included a coded summary of initiatives related to health literacy (for example, actions, policies) using the Action Plan categories. Results were presented to PHAC designed to foster dialogue on the appropriate role of the federal sector in addressing needs, resources, skills, capacities and challenges to move forward on health literacy. They were intended to identify potential opportunities for training and capacity and useful examples of ongoing work from different jurisdictions. It was hoped that the information would be of value and interest to PHAC, other decision leaders, NGOs, practitioners and communities in Canada to inform policy and practice and beyond (Frankish et al, 2012). Unfortunately, similar to other federally funded health literacy work, this work was never published or disseminated to the public by government.

Following the 2012 PHAC health literacy cut, national literacy organisations, several of which supported health literacy initiatives, saw their federal core funding gradually reduced and ended in 2014, forcing further closures. Consequently, many important completed pieces of work and promising pilot projects aligned and driven by the Action Plan were shelved. Many players are not aware of the extent and range of past good work; the implication is that the work of tireless champions may not be used and built on. This increases the likelihood of duplicating past efforts due to a lack of awareness, knowledge uptake and transfer.

Nevertheless, Canada has great expertise spread across the country, although it is not currently formally connected; no national organisation has taken the lead. Of a number of model programmes highlighted several years ago by the PHAC, only a few remain in place after funding ended. Yet there are new initiatives of promise. Looking at the many health literacy research projects and practices currently underway or in place, it is clear that they could fit into the Action Plan (that is, the three-pronged approach and five sectors). Similar to the Scan Project findings, most ongoing efforts continue to neglect the ‘Building partnerships and infrastructure’ category and target ‘specific’ skills that support health literacy. Some selected current initiatives are categorised below, according to the Action Plan.

**Knowledge development**

Some research continues to be supported through the Canadian Institute for Health Research (CIHR) and Canadian Institute for Health Information (CIHI). Their databases show many projects in both medical and social science disciplines in which health literacy is a component. The range is broad, from studies on the impact of health literacy on specific diseases to cultural or digital dimensions of health literacy. The research seems to be concentrated in provinces where there has been historical engagement in health literacy promotion and practice, such as British Columbia and Ontario, and where there have been strong individual and institutional champions over the years, suggesting the importance of networks and peer support.
Building capacity and raising awareness

Aside from the core health literacy course in public health curricula mentioned earlier, little formal training has been integrated into core medical curricula. Regarding continuing education in health literacy for health professionals, the PHAC online health literacy module for public health practitioners developed in 2012 is no longer being offered by PHAC as they no longer support the delivery of the Skills Online modules, through which this module was offered. Moreover, accreditation for the Canadian Medical Association online training option for physicians and nurses has not been maintained due to lack of funding.

Countless practices in community and healthcare settings are more difficult to document, but a rapid scan of the country shows health literacy resources being offered in adult literacy and immigrant settlement organisations, and in hospitals and medical offices. For examples in the medical sector, the Canadian Pediatric Society promotes integrating literacy into early childhood paediatric practice through a website based on health literacy principles to support the practice (see www.cps.ca/issues-questions/literacy). Montreal Children’s Hospital has sustained a model paediatric intervention called Lire/Imagine/Read that combines multilingual guidance on early literacy for families with training in health literacy for physicians and other healthcare professionals (see www.thechildren.com/search/site/Lire/Imagine/Read). The challenge is that there is currently little connection among the many practices.

However, technology offers ways to share through webinars and blogs that are beginning to be used more frequently. Patient educators networks have taken a lead. For example, the Canadian Health Literacy and Patient Education Network (CHLPEN) is a listserv created to share information and queries (see www.symplur.com/healthcare-hashtags/chlpen/). CHLPEN is supported by the University Health Network (UHN) in Ontario. UHN, through CHLPEN, has partnered with the Ontario Ministry of Health and Long-Term Care (MOHLTC) to organise a series of health literacy webinars in 2016-17 and to host a Symposium in May 2018, the first gathering on health literacy in several years. CHLPEN and similar networks have the potential to offer a virtual space to connect players studying and practicing health literacy into a community of practice.

Building partnerships and infrastructure

In British Columbia, a Health Literacy Network (BCHLN) established in 2011 continues to be active. The BCHLN is a unique dynamic network of networks of community literacy, education, librarian, seniors organisations, health authorities and public health partners that engage practitioners and researchers in initiatives around specific health issues. It depends on a core of committed expert individuals, working as volunteers, and a long history of engagement. They offer a possible model of using community–university–government networks
to support embedded practice and carry out small-scale research and education while looking for sustainable funding.

These examples give us hope that policy may eventually develop from recognition within governments that the groundwork for a coherent health literacy approach has already been laid. The expertise developed over more than two decades is still vibrant and can be tapped to renew the vision for health literacy in Canada that was put forward a decade ago.

### Strategic directions: the role of governments

While Canada’s historical path of health literacy has been anchored in broad health promotion and education perspectives, tides may be changing due to our current government’s targeted focus on healthcare. It is critical that we do not regress to silos as a result of political agendas, but rather create alliances between sectors. The Action Plan is useful to remind us that health literacy is a crucial component of the determinants of health, and to encourage collective actions across sectors to improve the wellbeing of all Canadians.

We can learn from several key factors that influence and limit the advancement of the promising intersectoral health literacy work of individuals, groups and organisations (Frankish et al, 2012). The primary limiting factors are funding and leadership. The lack of understanding of Canada’s definition of health literacy and a formal policy or mandate to incorporate health literacy work into programmes and initiatives limit the ‘type’ and ‘scope’ of work being done. In many cases, health literacy is an ‘add-on’ to existing projects. Dollars are not available to carry out system-wide, multi-year programmes. Coordination of new initiatives across governments and agencies are especially challenging given the wide range of activities related to and needed to address health literacy, coupled with the often limited capacity and number of trained people to do and measure this work. Improved communication and partnerships are needed among groups to build on existing skills and valuable work, to improve human capacity and to reduce duplication of health literacy resources, thereby using limited funds as effectively as possible (Frankish et al, 2012). Framing health literacy as a national priority should include a formal funding vehicle for health literacy initiatives.

### What governments are doing

There is no current formal government policy on health literacy at either federal or provincial/territorial levels. However, there are initiatives that incorporate health literacy inside government departments. For example, Health Canada, recognising that health literacy is vital to providing nutrition guidance to all Canadians, has conducted internal studies on what users found challenging to understand in past programmes, and is applying a health literacy lens in developing products for Canada’s Food Guide. Another encouraging recent development is a health literacy initiative by the Ontario MOHLTC that includes conducting
a public opinion provincial survey on health literacy, starting a webinars series for the sector, and working to connect, where possible, with practitioners and researchers in the field.

Presently, Canadian governments are seeking ways to transform ‘healthcare’ with an ageing population, a high prevalence of chronic disease, a strained healthcare workforce, multiple and competing economic priorities and evolving technologies for communicating health information and services. While challenging, these circumstances also create the opportunity to re-imagine how we can provide Canadians with the right care, at the right time, in the right place. In preparing for ‘health system’ transformation, notwithstanding our current healthcare context, the compelling evidence in this chapter creates an obligation on the part of the Canadian government(s) to re-visit the existing Action Plan.

The federal/provincial/territorial Ministries of Health and specifically the PHAC have an opportunity to demonstrate leadership and innovation in health system transformation in raising awareness of the impact of health literacy on the health of Canadians, and on both the education and healthcare systems working with other sectors, as proposed by the Action Plan.

**Opportunities and responsibilities**

Continued and sustained support of health literacy research in Canada is fundamental to inform best practices among healthcare providers/organisations, and to address the diversity of health literacy skills among Canadians to ensure equitable access to information and services in support of the current government focus on healthcare needs. Key healthcare and system indicators collected by Statistics Canada and CIHI are used by decision-makers to identify priority health issues, and for healthcare planning and resource allocation. An important policy initiative would mandate the systematic assessment of Canadians’ health literacy as another key health status/system indicator.

There are multiple exemplars related to raising awareness about health literacy and building capacity. Endorsing and advocating for the Action Plan by policy-makers would facilitate conversations among educators, practitioners, researchers and policy-makers to enhance the work accomplished by the many isolated initiatives that exist across the country. The Action Plan offers an opportunity to take a wider focus and to coordinate existing and new knowledge.

Opportunities also exist for strategic policy in creating infrastructure and partnerships. As noted, important collaborations already exist among the health and education sectors and with the various national/provincial/territorial healthcare provider associations (for example, the Canadian Medical Association, Canadian Nurses Association) to integrate health literacy skills into health professional education and continuing education. A review and revision of elementary/secondary school curricula are needed to formally integrate health literacy in the areas of multiple literacies (for example, health literacy, digital literacy, media literacy) as prerequisite to equitable access to health information, services and
supports. To help do this the Ministries of Education could mandate ‘education for health literacy’ whereby standardised health education classes are required in all schools from preschool to Year 12 integrating health literacy principles across curricula. As in other countries, mandated health education coursework and degrees should be offered and required for all health education teachers enrolled in teacher education programmes. These recommendations suggest tackling capacity building issues within and between the health and education systems.

Innovative occupational health services might consider a health policy that recognises literacy (for example, basic, health, digital) education as part of health promotion programming in the workplace. Models exist in partnerships among community organisations (for example, literacy groups, immigration/refugee groups) that address the learning needs of older adults and new Canadians by integrating multiple literacies, including health, into community-based literacy curricula/programmes.

**Conclusion**

Over the past 30 years, Canada has made progress toward becoming health literate. The journey continues with ongoing interest and contributions across a continuum of discipline, background and expertise, ranging from tireless individual champions to those new to the field. Health promotion and health education frames health literacy as a resource for life. We know health literacy is a major health and education investment, yet separate systems continue to compete. While governments and policies can set important preconditions as enablers to move a health literacy agenda forward, people must still be empowered to participate in their health and learning and support the health and learning of others. The Action Plan remains our national call to action to close divides, underpin policy and help make the vision for a health-literate Canada a reality.

**Postscript**

Please note: As this book went to press, there were a couple of encouraging developments in Canada related to Literacy and Health and Health Literacy. The first was a national forum on ‘Literacy and Health’ supported by the Public Health Agency of Canada organized by Frontier College and supplemented in Vancouver by a session on ‘Health Literacy’ in partnership with the BC Health Literacy Network. Another positive development was the formation of a national network on Adult Literacy with involvement of some Canadian leaders in health literacy. Thus, it appears as if government, the NGO sector and academia in Canada are beginning to work together again at the national level to improve the literacy levels of Canadians.
Health literacy policies: National examples from Canada

References
Ontario Public Health Association and Frontier College (1989) *Literacy and Health Project Phase one: Making the world a healthier and safe place for people who can’t read*, Toronto, ON: Ontario Public Health Association and Frontier College.


