



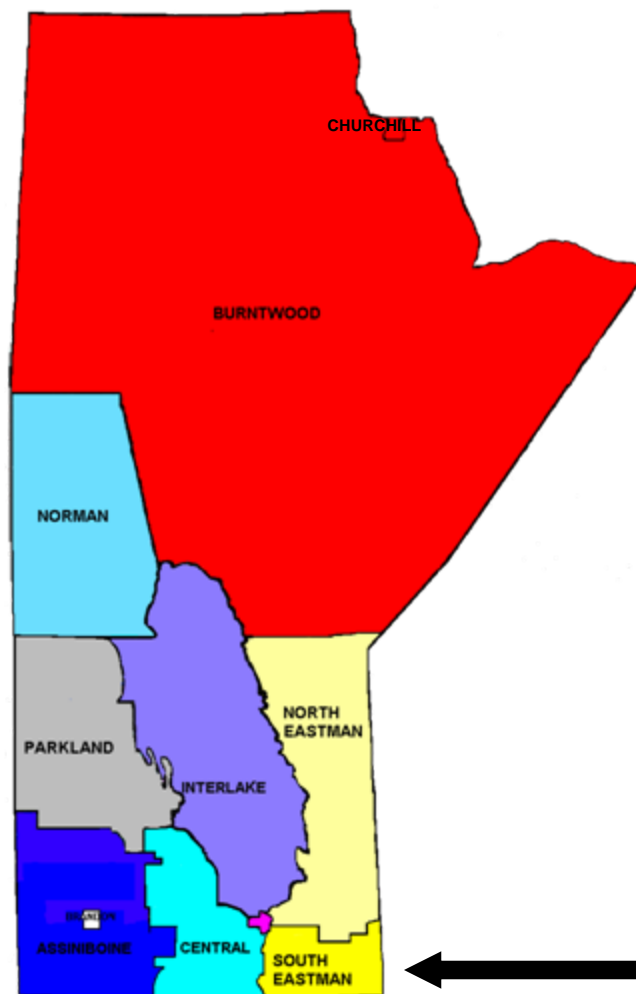
# Community Literacy & Health



## The South Eastman Experience

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# South Eastman

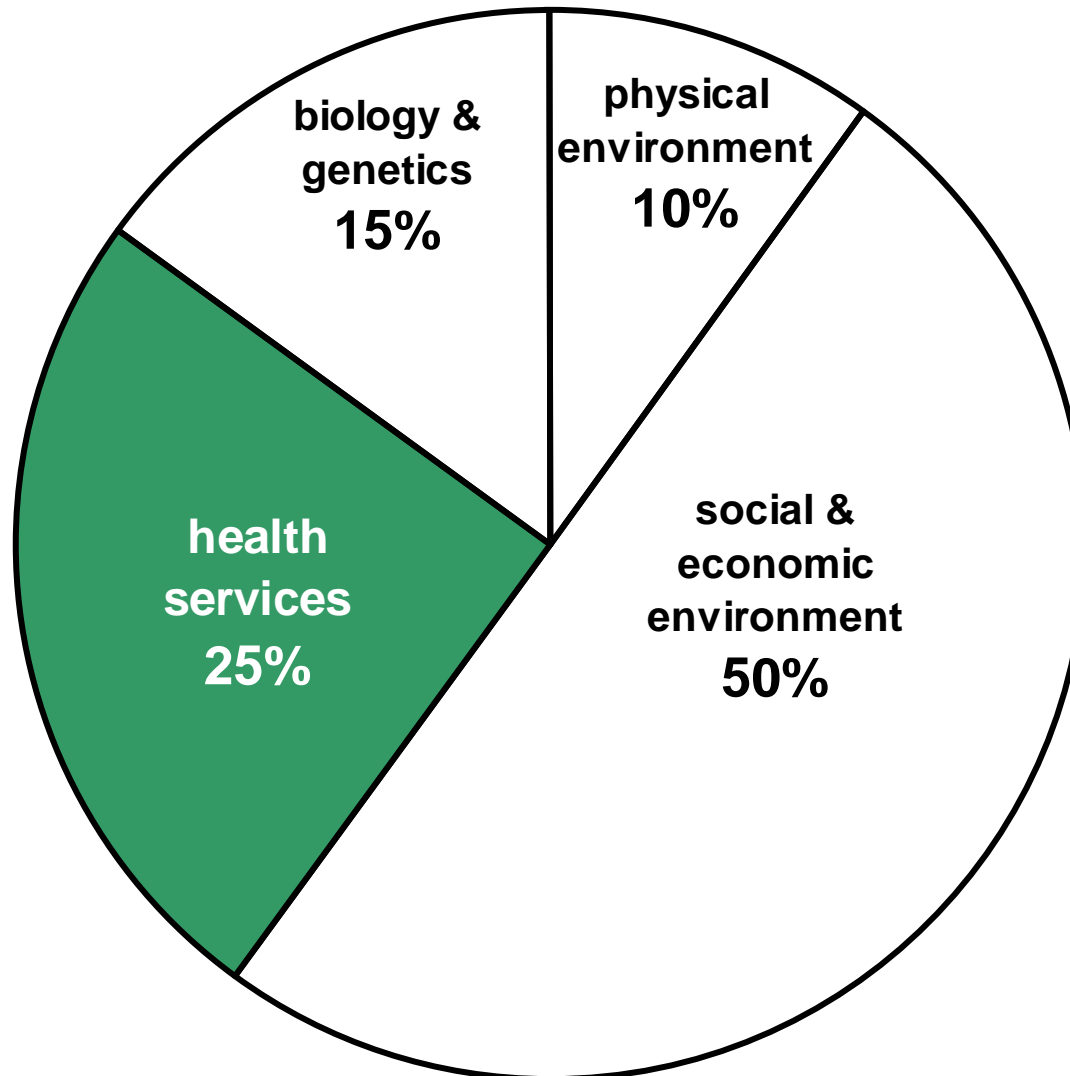


# Population Health Approach

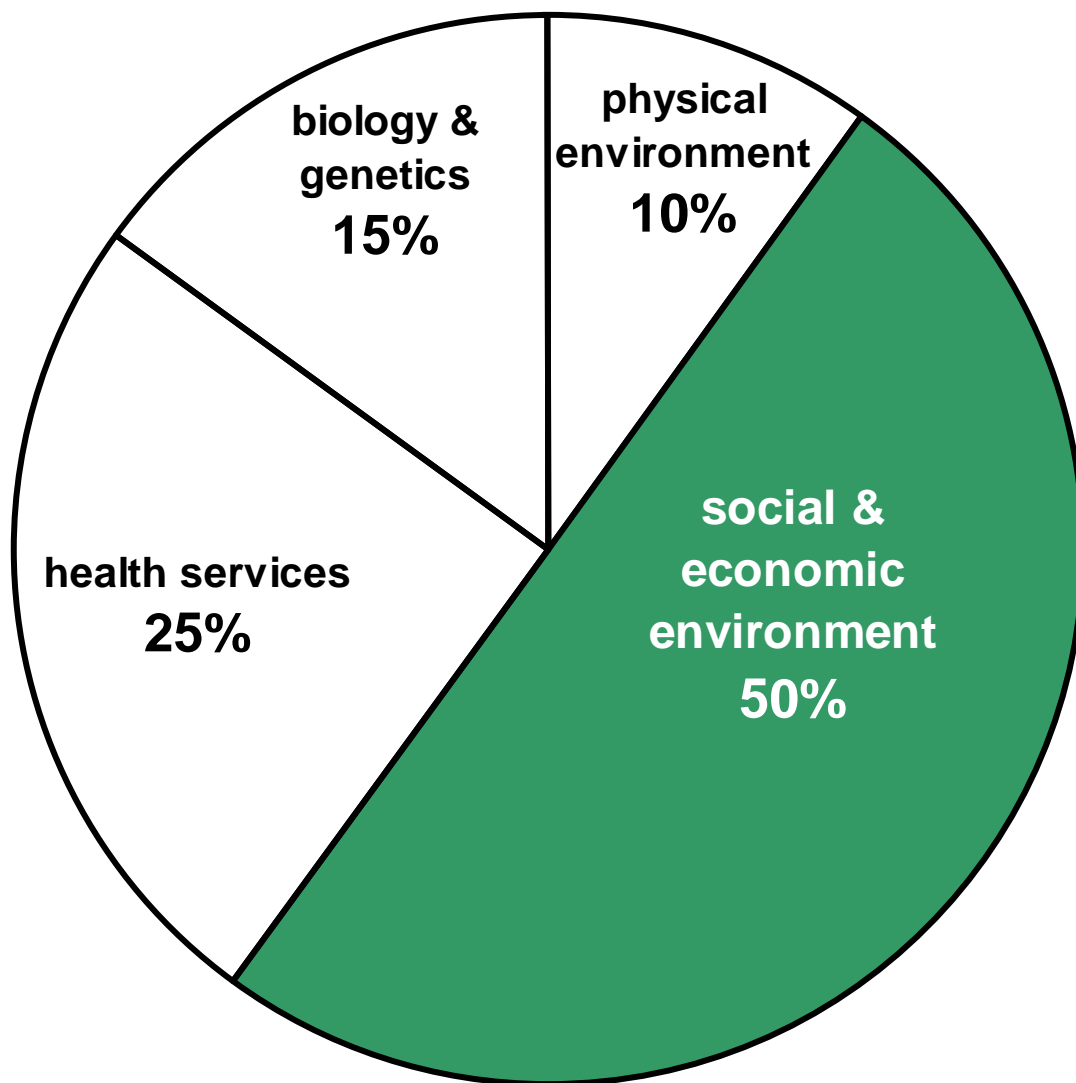
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- RHAs are mandated to improve the health of their service populations
- However, the most powerful influences on population health lie beyond the health care system

# Health is more than health care



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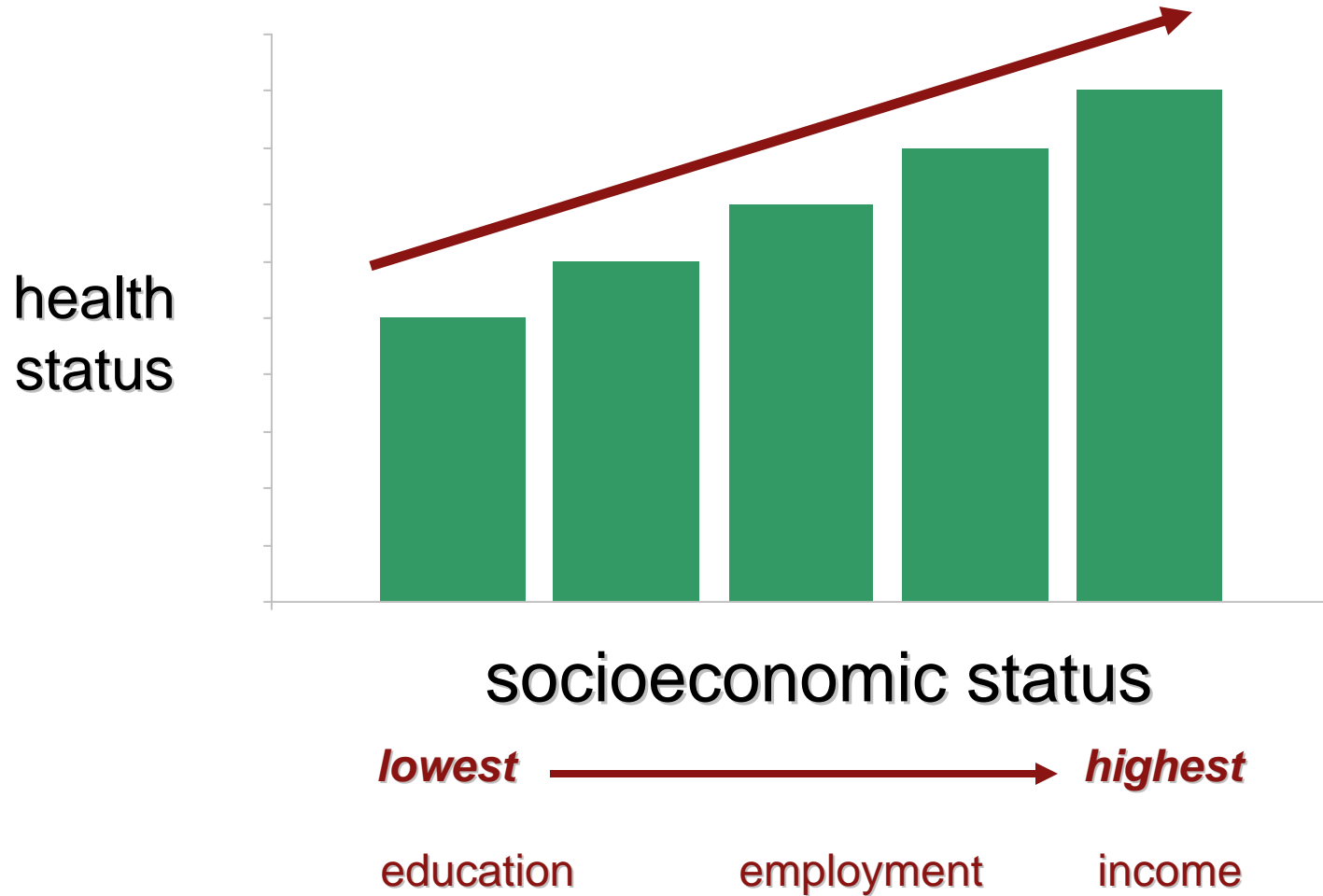


# Literacy

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- Literacy is a major concern to health planners as a mediator of population health
- Health status, socioeconomic status, & literacy are strongly interconnected
  - Health status is linked to SES
  - SES is linked to literacy
  - Literacy is linked to health status

# Population Health & SES



# SES & Literacy



Early brain development & learning

Readiness for school learning



Progress through higher grades

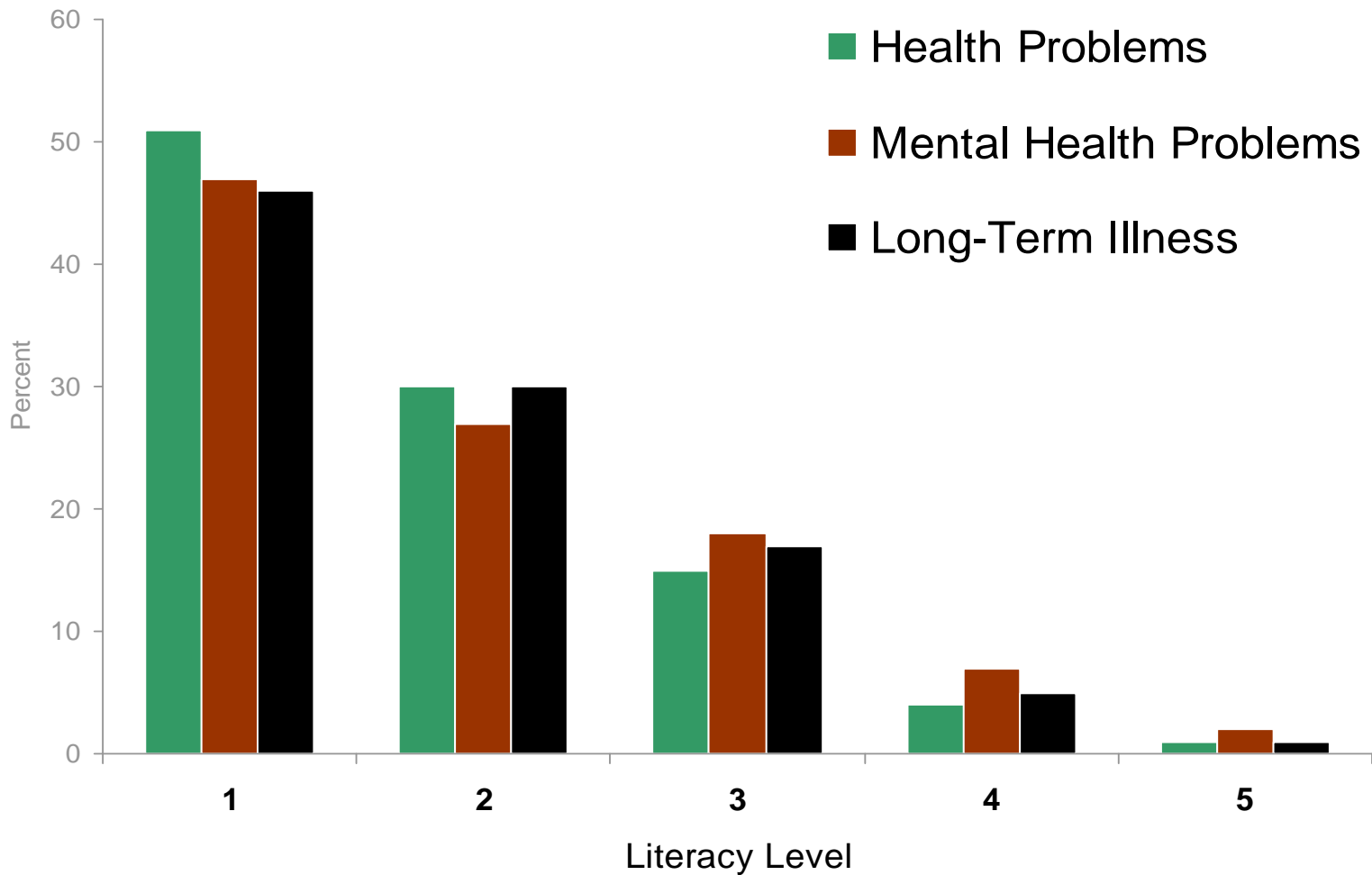
Educational attainment

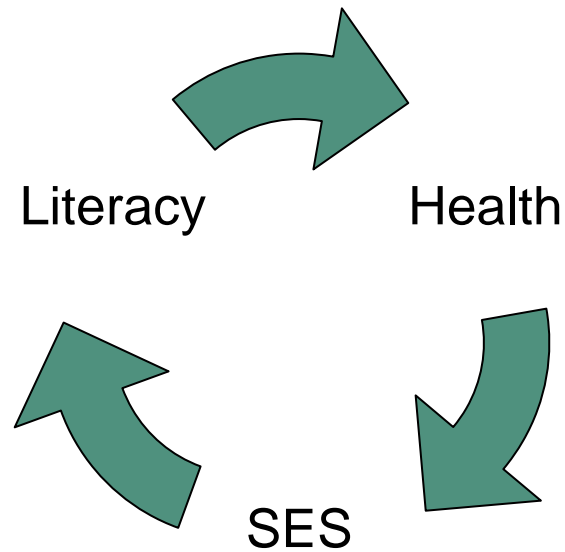


Job prospects & earning capacity

Job control, job satisfaction, work stress

# Literacy & Health





- Health sector alone cannot achieve major health gains
- Similarly, no single sector “owns” literacy
  - education, business, economic development, local government, social services, health
- Literacy & health cross all lines – influencing the literacy cycle calls for the collaborative efforts of the entire community

# Literacy & Population Health

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- Motivated South Eastman RHA to:
  - Help families & communities understand the links between literacy & health
  - Engage, motivate, & support families & communities to take action

# Actions

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- Developed a research-based PowerPoint presentation, *Community Literacy & Health*, to focus discussions (2003)
- Data from:
  - Population health/literacy literature
  - Local research
    - Demographic & socioeconomic data re South Eastman communities
    - Early child development data from South Eastman's participation in the national research project, *Understanding the Early Years*

# Actions

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- Engaged community
- Hosted cross-sectoral stakeholder workshops
  - 80+ participants representing school divisions, local governments, business, local groups & agencies, RHA
  - Participants shared information, knowledge, experiences, & ideas, identified community priorities, & initiated a working group to follow up
- Shared information widely
  - School boards, parent groups, community groups, local governments

# Actions

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- Conducted a qualitative research study, *Population Health & Community Literacy*, based on broad community consultations
  - Study findings published as part of South Eastman's *Community Health Assessment Report 2003/04* – wide community distribution

# Impacts

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- Improved awareness & knowledge – RHA Board/staff & regional stakeholders
- Supported introduction of early years learning & family support programs by the RHA & partnership programs with school divisions
- Supported development of school division literacy programming

# Impacts

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- Catalyst & support for local initiatives: parent/child preschool programs, child care programs, family resource centres, regional adult education centre
- Supported families: early learning booklet & DVD, family literacy resource guide, *Baby Steps* bags (newborn), *Little Learner* bags (kindergarten), French language library resources
- South Eastman Community Literacy Network established

# Evaluation

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- 5 years later, the work is ongoing & integrated into regional service systems
  - RHA early years programming & family resources; ongoing community health assessment process tracks population & health data
  - Regional parent/child coalition monitors research & supports family-centred community programs & resources
  - EDI (piloted by *UEY*) routinely used by schools province-wide
  - School- & community-based literacy initiatives have expanded, including activities of the literacy network

# Lessons Learned

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- The population health paradigm is a valid & ready point of entry to literacy
- The RHA not only has information but, in rural regions, is generally the only organization with the mandate, scope, & ability to initiate region-wide discussions
- Hard data, particularly local data, provide powerful motivation
- Mobilization requires not only information but committed support
- Community partnerships are key to effecting change



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*South Eastman Health/Santé Sud-Est. Inc.*