Tackling the global burden of NCDs through improved Health Literacy: A few thoughts

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Perspective

• Canadian family physician practicing in an interdisciplinary model
• Academic tasked with leveraging scholarship to address adverse social determinants of health
• Director of an international network of primary care champions committed to integrated, comprehensive people-centered care
From report of the second conference:

- Wish to build the business case for Health Literacy
- Impetus to use digital technology
- Develop NCD programs and policies
- Improve quality and impact of new NCD intervention
- Make Health systems more health literacy responsive
- Build health literacy across the life course
- Build capacity to enhance health literacy in health workforce, policy makers, researchers and institutions
- Engage in research and innovation
What Health Workforce should we reach for?

- Focus on robust PHC
- Highly skilled, robust expertise (Generalism)
- Well-trained to work in teams
- Across a range of integrated PHC scopes
- Anchored in the community
- With built-in ability to “stretch” expertise
- Give ourselves the tools to adapt composition of PHC sector as needs evolve
To advance Health Literacy to address NCDs..
Micro level (Interface with person)

- Put patient at the center of all health-related efforts
- Leverage relationship, build trust with well-trained health providers (PHC)
- Use interactions across the full scope of providers and leverage continuity and comprehensiveness
Ensure we empower and not blame individuals and communities.

• Don’t expect people to make efforts to be healthier if the health system does not do its part to support improved health outcomes (access to medication, treatment, rehabilitation).
Meso-level (Regional or District)

• **Engage the community** and individuals in defining and disseminating health literacy strategies.

• Use formal and informal networks.

• Anchor efforts in **community-relevant activities** rather than exclusively through health system (ie use schools, work places, cultural activities, etc.)

• Ensure health literacy resonates with a **comprehensive and integrated approach** rather than causing fragmentation across conditions.
Without fragmentation...

• Consider addressing common concurrent conditions:
  • Mental health and addiction
  • Chronic pain and impaired mobility
  • Metabolic conditions and cardiovascular disease
Macro level

- Drive training of a workforce equipped to address multiple concurrent chronic conditions (PHC)
- Create enabling environments that allow for application of health literacy
- **Address social determinants of health, particularly low education and poverty and their determinants.**