Literacy & Health in Pharmacy

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Conflicts of Interest

• None to disclose
Learning Objectives

1. Define and describe “Health Literacy”
2. List factors that influence public health literacy
3. Identify those who are affected by low health literacy
4. Recognize the consequences of limited public health literacy
5. Recognize the role of public health literacy in the pharmacy
6. Apply lessons learned to improve health literacy and ensure patient safety in your pharmacy practice
True or False?

- Literacy is the capacity to use printed and written material to function in society, attain goals, perfect knowledge and reach one’s potential. **TRUE**

- The level of literacy an individual has impacts their health, socio-economic status and employment opportunities. **TRUE**

- 20% of Canadians have reading difficulties. **FALSE**

- The level of education of a parent/caregiver influences their child’s success in school. **TRUE**

- Having access to books from a young age does not have an impact on the ability of a child to learn to read. **FALSE**
“Children who do not read well by the end of grade 3 are at risk of dropping out of school or failing to graduate which tends to lead to chronic unemployment or low income jobs in adulthood”

-Canadian Education Statistics Council
1. What is Literacy?

2. Why is it important to have strong literacy skills?

3. What issues might keep people from having strong literacy skills?
Literacy Defined

“the ability to identify, understand, interpret, create, communicate, compute and use printed and written materials associated with varying contexts.

Literacy involves a continuum of learning to enable an individual to achieve his or her goals, to develop his or her knowledge and potential, and to participate fully in the wider society.”

~ UNESCO
Literacy Levels Defined

Level 0: Very poor literacy skills, brief text on familiar topics

Level 1: Poor literacy skills, simple forms, basic vocabulary
• An individual at this level may, for example, be unable to determine from a package label the correct amount of medicine to give a child.

Level 2: A capacity to deal only with simple, clear material involving uncomplicated tasks, make low-level inferences
• People at this level may develop everyday coping skills, but their poor literacy makes it hard to conquer challenges such as learning new job skills.

Level 3: Adequate to cope with the demands of everyday life and work in an advanced society, dense or lengthy texts, multiple pages
• It roughly denotes the skill level required for successful high-school completion and college entry.

Levels 4 and 5: Strong skills, complex, lengthy text; evaluate evidence
• An individual at these levels can process information of a complex and demanding nature.
Literacy Levels - 2012
Canadian Adults 16 to 65

37.6
13.9
12.7
32
3.8

48.5% are below level 3
PIACC – Programme for the International Assessment of Adult Competencies

Literacy Levels - 2012
Canadian Recent Immigrants Adults 16 to 65

- 27.7% are below level 3

62.9% are below level 3
Literacy Levels - 2012
Indigenous Adults 16 to 65

- 0 & 1: 32%
- 2: 36%
- 3: 8%
- 4 & 5: 24%

60% are below level 3
Numeracy Levels - 2012
Indigenous Adults 16 to 65

- 0 & 1: 24%
- 2: 6%
- 3: 35%
- 4 & 5: 35%

70% below level 3
Types of Literacy

Prose Literacy
- The knowledge and skills needed to perform prose tasks, (i.e., to search, comprehend, and use continuous texts). Examples include editorials, news stories, brochures, and instructional materials.

Document Literacy
- The knowledge and skills needed to perform document tasks, (i.e., to search, comprehend, and use non-continuous texts in various formats). Examples include job applications, payroll forms, recognizance/probation orders, maps, tables, and drug or food labels.

Quantitative Literacy
- The knowledge and skills required to, perform computations using numbers embedded in printed materials. Examples include balancing a checkbook, figuring out a tip, completing an order form or determining the amount.
A Day in the Life of Literacy

• Take a few minutes to think about all the things you’ve done and the places you’ve been that have required you to use your literacy skills in the last 24 hours:
  • Reading
  • Writing
  • Numeracy
Literacy in your life...everyday

• Read the alarm clock
• Stopped to get & pay for Timmy's
• Set the microwave
• Read the newspaper
• Checked the weather on-line
• Set the house alarm
• Read the street names & road signs
• Opened & read email
• Responded to emails
• Wrote/typed important dates / meetings into day planner/phone
• Read Menu at lunch time

• Counted money to pay for lunch
• Read food labels while shopping
• Compared prices
• Paid rent; paid bills on-line
• Calculated a tip
• Checked Facebook, Twitter, Linked In
• Used a recipe
• Read the weather warning on the news.
• Bought a bus pass; took the bus
• Drove your car
• Went to the gas station
Literacy & Poverty

- People with low literacy skills have fewer choices when it comes to jobs, education, and housing.
- Children from poor & disadvantaged families are at higher risk of low literacy.
- Inequalities in literacy are related to inequalities in income, occupational status, and access to job training programs.
- Information most needed by lower income people is often not accessible.

~ Movement for Canadian Literacy
Literacy & Health

- Low literacy has a negative effect on all aspects of health including: life expectancy, accidents, and diseases (e.g. diabetes, cardiovascular disease and cancer).

- People with low literacy skills may have trouble reading and understanding health information (*prescriptions, food safety tips, baby formula directions, device usage*), filling out forms and may not be aware of services available to them.

- Individuals with low literacy skills also tend to smoke more, have poorer nutrition, and exercise less.

- **60%** of adult Canadians **DO NOT** have the necessary skills to manage their health adequately.

- Low health literacy has a major impact on health and patient safety.
Literacy & Health (cont’d)

• Asthmatics with low health literacy have a poorer understanding of how to manage their disease.
  – This results in more exacerbations and hospitalizations.
  – This concept also applies to disease states such as diabetes, COPD, heart failure and many other conditions.

• Literacy levels of mothers have a direct impact on their children’s growth and cognitive development.
  – Mother’s time spent in formal education is directly proportional to her children’s improved immunization status, better nutrition and increased performance on cognitive tests.
Social Determinants of Health

In the report, “What Makes Us Sick”, from the Canadian Medical Association’s health care transformation initiative, the following factors play a role in determining how healthy we are:

- Income
- Work
- Nutrition & Food Security
- Early Childhood Development
- Education
- Quality of Housing
- Culture

“In a nutshell, we heard that the biggest barrier to good health is poverty.”
Health Literacy Defined

“The patient’s ability to find, understand, evaluate and communicate healthcare information to make decisions about their healthcare.”

~ Manitoba Institute for Patient Safety
Health Literacy and Pharmacy

• Individuals with low literacy levels are more likely to misinterpret medication instructions.
  – Even those with literacy levels 3 and 4 have a 1-in-3 chance of misinterpreting instructions.

• Pharmacists must create a relaxed environment while counseling patients to ensure those with low health literacy understand how to use their prescription medication(s) and attain their treatment goals.
Case 1

A patient (64, overweight, male) comes into the pharmacy where you are working.

He presents a new prescription for:

The patient has come from the medical clinic and was told he has diabetes. He is shocked to hear this news.

He has seen the doctor a few times in the past months; once about his blurry vision, another time they “did some tests or something”.

The patient is retired, lives a sedentary life, has a poor diet and low level of health literacy.

Questions:

1. How can you explain the patient’s current medical condition to him in a way that he will understand?

2. What verbiage will you use and what will you avoid?

3. How can you stress the importance of adhering to his medication regimen and improving his overall lifestyle?

4. How can you get this patient more involved in his own treatment?
Who is affected by Low Health Literacy?

• Those with the lowest health literacy in Canada may include:
  – Aboriginal population
  – Recent immigrants
  – Those with lower levels of education
  – Seniors
  – Those with low English or French proficiency
  – Persons receiving social assistance

• Education, language, culture, access to resources, and age are all factors that affect a person's health literacy skills.

• Low Health Literacy is everywhere and can affect anyone, not only seniors, low-income or low-education patients.
Literacy & Health in Manitoba...
The Impact of Low Health Literacy

- Those with low literacy have trouble understanding medication instructions, appointment reminder forms, informed consent, discharge instructions, and health education materials.

- This leads to a lack of adherence, improper medication use, missed appointments, and poor self-management of chronic diseases.

- Inappropriate use of medication can lead to: adverse drug reactions, higher risk of injuries and falls (seniors), and increased rates of emergency room attendance.

- The cost of low health literacy adds an extra 3-5% to the total health care cost per year in Canada.
  - This amounts to an extra $8 billion/year.
The Impact of Low Health Literacy

- Only 1-in-8 adults (12%) age 65+ have literacy levels 4 and 5.
  - This is particularly significant since seniors are more likely to have chronic health problems, use more medication, and face a higher level of health information demands.
  - Almost half of seniors accept prescriptions without asking any questions about side effects, dosage, when to take the medication or the availability of alternatives.

- As the number of different medications and doses increase, the more difficult it is to follow a medication regime and achieve treatment goals.

- Low health literacy leads to:
  - Low child immunization rates
  - High levels of disease (gonorrhea, Hep C, addictions)
  - Shorter life expectancy
The Impact of Low Health Literacy (cont’d)

• Canadians with the lowest health-literacy skills are 2.5x more likely to report being in **fair or poor health**.

• The simple act of reading every day is associated with improved health-literacy scores: **38% higher** for those aged **16-65** and **52% higher** for those **66+ years** of age.

Example…

• **Public health nurse**: “Jill, I see you are taking birth control pills. Tell me how you are taking them.”

• Jill: “Well, some days I take three; some days I don’t take any. On weekends I usually take more.”

• **Public health nurse**: “How did your doctor tell you to take them?”

• Jill: “He said these pills were to keep me from getting pregnant when I have sex, so I take them anytime I have sex.”
Identifying Low Health Literacy

- People often hide their low health literacy due to embarrassment.
  - Limited health literacy and poor understanding often goes undetected by health care providers.

- Indications that patients may have limited health literacy include:
  - Incompletely filled out forms
  - Frequently missed appointments
  - Poor medication adherence
  - Inability to identify the name, purpose or timing of a medication
  - Not asking any questions
  - Excuses such as:
    - “I forgot my glasses at home, can you read the form aloud?”
    - “I will take the material home to read.”

- Appearance isn’t everything – People who are well presented may still have low health literacy.
Case 2

- An elderly man approaches the pharmacy counter on a busy afternoon.
- He requests a refill for one of his medications, but can not recall the name of it.
- He states, “the computer system should tell you which one I am due for”.
- He informs you he has high blood pressure and a few other conditions, but does not know much about them.
- He has been prescribed several medications, none of which he can name.
- He has never tried compliance packaging, as he feels it is only for those mentally or physical handicapped.

Questions:

1. How can you encourage this patient to become more involved and aware of his medical conditions?
2. What resources are available to this patient?
What can Pharmacists do?

Be a Health Literacy Hero!
How to be a Health Literacy Hero?

• Understand Health Literacy.

• Be able to identify Low Health Literacy.

• Know the levels of Health Literacy in your community or practice area.

• Use vocabulary that will help patients understand health information.
  – Plain, clear language
  – Speak slowly
  – Visual aids (pictures, symbols)

• Provide a private, comfortable environment.

• Review any written materials/handouts with the patient.

• Ask appropriate, open ended questions.
Health Literacy Hero (cont’d)

• Use health-promotion and disease-prevention initiatives to address the health-literacy needs of the public.
  – E.g. Healthy-eating programs could include instructions on how to read food labels and shop for groceries more effectively.

• Encourage patients to bring someone with them to their medical appointments and to the pharmacy.

• Limit the length and number of forms patients are asked to fill out.
  – Offer confidential assistance in filling out forms.

• It’s Safe to Ask, Teach-Back and Pictograms.
Health Literacy Hero? (cont’d)

- Educate all patients about potential side effects, important food restrictions and the availability of alternate non-drug therapies.

- Encourage your patients to take an active role in managing their medications. Help them develop a list of their meds that can be carried with them at all times and encourage them to share it with their other health care providers.

- Promote independence and self-esteem in your patients.
Medication Safety

Learn to be Safe – Medication Safety.
A Guide for Pharmacists

The guide is for pharmacists and other healthcare providers to plan and deliver effective presentations, discussion groups, or workshops aimed at talking with patients and their families on ways to improve medication safety. Medication incidents are a leading type of patient safety incident and can result in patient harm, disability and death. This guide can help you to:

- deliver key medication safety messages to the public
- promote patient and family engagement
- promote community connections with healthcare providers
It’s Safe to Ask

- Communication tool developed by MIPS
- Encourages patients to request the information they need in order to become active participants in their care.
- Encourages patients and health care providers to discuss 3 key questions:
  1. What is my health problem?
  2. What do I need to do?
  3. Why do I need to do this?
It’s Safe to Ask (cont’d)

• Example:
  1. “Jill, you have told me that you are having sex but you don't want to get pregnant.
  2. To keep from getting pregnant, you must take one birth control pill every single day at the same time.
  3. If you don't take the pills this way, you may get pregnant.”

• It’s Safe to Ask will:
  – Promote stronger patient-practitioner communication.
  – Lead to more informed patients.
  – Increase awareness about the importance of communication.
  – Contribute to reduced patient harm.

• A well-informed patient:
  – Asks questions,
  – Tries to understand, and
  – Ensures adequate response and action by themselves, their families and their health care providers.
It’s Safe to Ask Medication Card

- A tool for people to record medications; Pharmacists can be in touch with Manitoba Institute for Patient Safety to get cards
- This should be suggested to all patients who are on multiple medications, not only those who may have low literacy
- Regular meds, PRN meds, vitamins, herbal and natural products should be included
- Benefits include:
  - Patient’s increased knowledge about own medications
  - Proper usage of medications
  - Provides emergency responders with essential information to treat patients in an emergency situation
  - Provides Pharmacists with consistent medication history needed for proper medication reconciliation.
It's Safe to Ask About Your Medications
Vous pouvez poser des questions au sujet de vos médicaments

Share your medication list with your doctor, nurse and pharmacist. Carry this card with you at all times!
Communiquez votre liste de médicaments à votre médecin, à vos infirmières et à votre pharmacien. Portez cette carte avec vous en tout temps!

Name/Nom:
Address/Adresse:
Birth Date (dd/mm/yyyy)/Date de naissance (jj/mm/aaa)
Sex/Sexe:
M _ F
Manitoba Health Registration #/N° d'identification personnelle
(Personal Health ID # or identification number/Numéro d'identification)
Medical Plan #: Autre nom et N° d'assurance santé (eg. Blue Cross)

Family Doctor's Name/Nom du médecin de famille:
Phone/N° de téléphone:
Emergency Contact/Nom contact en cas d'urgence:
Phone/N° de téléphone:
Second Emergency Contact/Nom contact en cas d'urgence:
Phone/N° de téléphone:
Pharmacy Name/Nom de pharmacie:
Pharmacy phone number/N° de téléphone
(pharmacie):

Medical History (illnesses, surgeries)/Antécédents médicaux (maladies, opérations): ☐ arterial bleed/bleed arterial
☐ high blood pressure/hypertension
☐ heart disease/insuffisance cardiaque
☐ breathing problems/problèmes respiratoires
☐ other medical problems (list below)/autres problèmes médicaux (indicates précis)

My allergies or bad reactions to medications/Allergies ou réactions indésirables aux médicaments:

List all medicines that you take. Include herbal medicine and vitamins.
Indiquez tous les médicaments que vous prenez, y compris les plantes médicinales et les vitamines.

Update your list. Cross out old medications. Add new ones!
Mettez à jour votre liste. Croisez les médicaments anciens. Ajoutez les nouveaux médicaments!

<table>
<thead>
<tr>
<th>Medication name</th>
<th>N° du médicament</th>
<th>Strength</th>
<th>Puisance</th>
<th>How much</th>
<th>Quantité</th>
<th>How often and when</th>
<th>Fréquence et quand</th>
<th>Date/Date</th>
<th>Start/Debut</th>
<th>Stop/Fin</th>
<th>Reason for taking</th>
<th>Motif de l'administration</th>
<th>Who prescribed</th>
<th>Qui a prescrit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: My drug</td>
<td>Exemple : mon médicament</td>
<td>20 mg/tablet</td>
<td>1 comprimé</td>
<td>2 times a day &amp; breakfast &amp; dinner</td>
<td>2 fois par jour et petit déjeuner et au déjeuner</td>
<td>May 1, 2008</td>
<td>1er mai 2008</td>
<td>Blood pressure</td>
<td>haute pression</td>
<td>Dr. Jones</td>
<td>Dr. Tremblay</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For additional copies, go to www.safeask.ca
Pour obtenir d'autres exemplaires, visitez le site www.safeask.ca

E.R.I.K.
T.I.S.U.
Teach-Back Method

• 40-80% of the medical information patients receive is forgotten immediately; nearly half retained is incorrect.

• Teach-Back Method is a way for pharmacists to confirm patient understanding and decide if more explanation is necessary.

• Should be used by all pharmacy staff members to ensure clear communication with patients.

• Clarify information if a patient does not understand; have them teach-back to you until you are confident in their comprehension.
Teach-Back Method (cont’d)

• Ask the patient (or family member) to explain in their own words (not repeat back what you said) what they need to know or do.
  – E.g. “What will you tell your spouse or child about your condition?”
  – E.g. “So what are you going to do when you get home?”
  – E.g. “We covered a lot today about your diabetes, and I want to make sure that I explained things clearly. So let’s review what we discussed. What are three strategies that will help you control your diabetes?”

• Make this method part of your regular patient counseling routine.
Pictograms

- The International Pharmaceutical Federation (FIP) has created clear and easy-to-understand prescription labels using **Pictograms**.

- Pictograms are meant to enhance the understanding of written and/or verbal health information for medications, *not* replace them.
Pictograms (cont’d)

- Allow health care professionals to communicate medication instructions to people who:
  - Do not share a common language
    - New immigrants, tourists, foreign pharmacists
  - Are at literacy levels 1-2
  - Are cognitively impaired
  - Have difficulty seeing/reading

- Software is available for health care professionals to create descriptive medication labels at: http://www.fip.org/pictograms.

- Various formats of medication pictograms are available.
Medication information sheet for one medication:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Lansoprazole</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason</td>
<td>heartburn</td>
</tr>
<tr>
<td>Route</td>
<td>take 1 capsule by mouth</td>
</tr>
<tr>
<td>Frequency</td>
<td>in the morning</td>
</tr>
<tr>
<td>How to take</td>
<td>keep out of reach of babies</td>
</tr>
<tr>
<td>Side effects</td>
<td>headache</td>
</tr>
</tbody>
</table>
A story board of a medication:
Case 3

- A patient approaches you at the pharmacy on a Saturday afternoon.
- The patient is a young woman who does not speak English.
- The patient is alone and does not have anyone to translate.
- The patient presents you with a prescription for:

   **Azithromycin**
   
   500mg day 1, then 250mg days 2-5

**Questions**

1. How do you counsel the patient on this medication?
2. How can you ensure the patient understands your instructions?
3. How can you offer a follow up with this patient?
The Benefits of Improved Health Literacy

- Clear communication between pharmacy staff and patient results in safer health outcomes.
- Greater patient safety at home, in the community and in the hospital.
- Adverse events decrease when patients are knowledgeable about their medications.
- Compliance improves when patients understand why they have been prescribed a particular medication.
- Long-term behaviour change.
Additional Resources for Pharmacy Staff

• MIPS A Guide for Pharmacists
  – A guide for pharmacists and other healthcare providers aimed at talking with patients on ways to improve medication safety (www.mips.ca)

• University of Michigan’s Plain Language Medical Dictionary
  – A tool that translates words and phrases into plain language.
  – Also available as an Apple® app
  – http://www.lib.umich.edu/plain-language-dictionary

• Medicine Plus How to Write Easy-to-Read Health Materials
  – Guidelines on who to create easy-to-read materials
How hard is it to access and understand health information?
Your child is 7 years old and weighs 60 lbs. How many 80 mg tablets of Tempra can you administer to your child in a 24 hour period?

---

### Pediatric Dosage Chart

<table>
<thead>
<tr>
<th>Age</th>
<th>Approximate Weight Range</th>
<th>Drops</th>
<th>Syrup</th>
<th>Chewables 80 mg</th>
<th>Chewables 160 mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>† Under 3 mo</td>
<td>Under 13 lb</td>
<td>½ dropper</td>
<td>¼ tsp</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>† 3 to 9 mo</td>
<td>13-20 lb</td>
<td>1 dropper</td>
<td>½ tsp</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>† 10 to 24 mo</td>
<td>21-26 lb</td>
<td>1 ½ droppers</td>
<td>¾ tsp</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>2 to 3 yr</td>
<td>27-35 lb</td>
<td>2 droppers</td>
<td>1 tsp</td>
<td>2 tablets</td>
<td>—</td>
</tr>
<tr>
<td>4 to 5 yr</td>
<td>36-43 lb</td>
<td>3 droppers</td>
<td>1 ½ tsp</td>
<td>3 tablets</td>
<td>1 ½ tablets</td>
</tr>
<tr>
<td>6 to 8 yr</td>
<td>44-62 lb</td>
<td>—</td>
<td>2 tsp</td>
<td>4 tablets</td>
<td>2 tablets</td>
</tr>
<tr>
<td>9 to 10 yr</td>
<td>63-79 lb</td>
<td>—</td>
<td>2 ½ tsp</td>
<td>5 tablets</td>
<td>2 ½ tablets</td>
</tr>
<tr>
<td>11 yr</td>
<td>80-89 lb</td>
<td>—</td>
<td>3 tsp</td>
<td>6 tablets</td>
<td>3 tablets</td>
</tr>
<tr>
<td>12 yr and older</td>
<td>90 lb &amp; over</td>
<td>—</td>
<td>3-4 tsp</td>
<td>6-8 tablets</td>
<td>3-4 tablets</td>
</tr>
</tbody>
</table>

† Consult with physician before administering to children under the age of 2 years.

Dosage may be given every 4 hours as needed but not more than 5 times daily.

How Supplied:

- **Drops:** Each 0.8 ml dropper contains 80 mg (1.23 grains) acetaminophen.
- **Syrup:** Each 5 ml teaspoon contains 160 mg (2.46 grains) acetaminophen.
- **Chewables:** Regular tablets contain 80 mg (1.23 grains) acetaminophen each. Double-strength tablets contain 160 mg (2.46 grains) acetaminophen each.

* If child is significantly under- or overweight, dosage may need to be adjusted accordingly.

The weight categories in this chart are designed to approximate effective dose ranges of 10-15 milligrams per kilogram. (Current Pediatric Diagnosis and Treatment. 8th ed. CH Kempe and HK Silver, ed. Lange Medical Publications; 1984, p. 1079.)

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If you are currently suffering from an adverse reaction to drugs or health products, contact your health professional or local health authorities.
“If you are currently suffering from an adverse reaction to drugs or health products, contact your health professional or local health authorities.”

1 sentence, 22 words

Need a university education to understand this information.
Flesch Kincaid Readability Test

“If medicine makes you sick call a doctor.”

Grade 9 reading level

“Call a doctor if you are sick.”

Grade 4 reading level

“Get help if you are sick.”

Grade 1 reading level

http://www.readabilityformulas.com/free-readability-formula-tests.php
Clear Language

• Break up a long message
• Use plenty of white space around your message
• Use pictures or graphics to show what you mean
• Use one sentence for each idea
• Use large print that’s easy to read
• Use the active voice, where the subject does the action
• Use informal, personal language
• Think of your learner and write for him/her
As you progress through your pharmacy career, how will you keep health literacy in mind?

What can you do in your practice to be mindful of the literacy needs of your patients?

How can you ensure everyone you come in contact with understands their medications, associated side effects and treatment goals?
What i'm about to tell you is gonna change your life forever. Are you really sure you want to know it?
Resources for Patients
Since 1899, **Frontier College** has been reaching out to Canadians in their communities and responding to their learning needs.
Frontier College

• We work with individuals and communities to identify strengths, interests & needs.

• We take learning, education, & programs to where people are and make it relevant to life experience; **NOT** a “one-size-fits-all” approach.

• We provide innovative programming to address the education gap between Aboriginal and non-Aboriginal students.

• We develop programs that build workforce skills to allow individuals & communities to participate in economic development opportunities.

• Literacy Programs offered in Winnipeg:
  – Beat the Street
  – Homework Clubs & Reading Circles
  – Summer Literacy Camps
  – One-to-one Tutoring (Children & Adults)
  – Summer Literacy Camps
  – Workshops & Professional Development training

“Every Place is a Learning Place”
Manitoba Institute for Patient Safety: Resources for Patients

- S.A.F.E. (Self Advocacy For Everyone) Toolkit
  - Resources, tools and information to help patients become more involved in their healthcare

- Patient Advocate Form
  - For people who wish to have someone speak and act on their behalf
Literacy Partners of Manitoba

- Committed to supporting learners and practitioners in their efforts to improve literacy and essential skills in MB.
- Provides a unified voice for literacy awareness in MB.
- Hosts literacy events and fundraisers including: Family Literacy Day, I Love to Read Month, International Adult Learner Week and International Literacy Day.
- Offer bursaries to support learners and practitioners.

“Literacy unlocks the door to learning throughout life, is essential to development and health, and opens the way for democratic participation and active citizenship.”
Additional Resources (Smart Phones)

- **voice dream**
  - Application which converts Text-to-Speech

- Made for iPhone Hearing Aids by Apple
  - Utilize Bluetooth technology to pair hearing aids to any iOS device
Thank you!

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