

Literacy and Healthy Development: Making connections

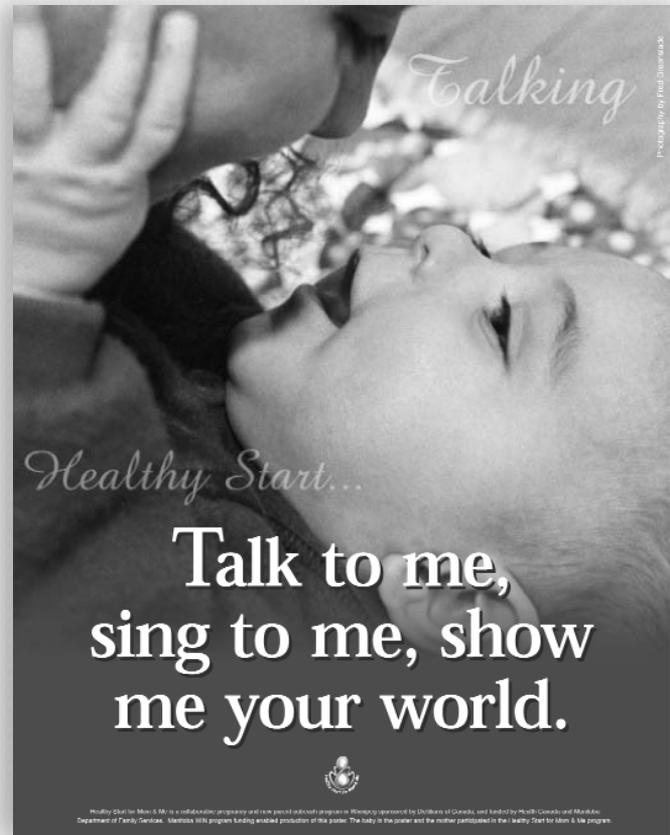
by **Pamela Nuttall Nason**
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Literacy is related in multiple and complex ways to healthy development. Consequently it has become of serious concern for Health Canada. As its Population Health web site notes, "Literacy is an important factor in its own right, and closely related to practically all the major determinants of health" (Health Canada). The effects of literacy on health are both direct and indirect; whether the health issue is safely administering medications and infant formulas or being able to secure food and housing, literacy is involved.

Health Canada CAPC/CPNP survey

It is not surprising, then, to find a great deal of ongoing literacy education and support in Health Canada's programs for healthy child development. Often this kind of assistance is deeply embedded in health education, child development and parenting programs. Sometimes it takes the form of specific literacy programs directed to prospective parents, parents and young children. To capture the richness and diversity of this literacy work, Health Canada's National Projects Fund invested in a survey of Community Action Program for Children (CAPC) and Canada Prenatal Nutrition Program (CPNP) projects across Canada in the fall of 2003. One hundred and twelve projects (approximately 20 per cent) responded to the English survey. A parallel study was conducted in French.

The anglophone results provided the basis for a resource, *Language, Literacy and Healthy Development: The work of CAPC and CPNP projects* (Nason and Whitty). In this document, the work and words of those on the front lines are foregrounded to



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acknowledge the thoughtful nature of current practice and provide concrete guidance to practitioners across Canada.

Predictably the survey identified regional, provincial and local differences, as well as some differences resulting from the different contexts afforded for literacy education and support by the two programs. Canada Prenatal Nutrition Program (CPNP) focuses on maternal nutrition and healthy prenatal and neonatal development, and the Community Action Program for Children (CAPC) targets preschool children and their families. Despite these differences, there were remarkable similarities in the approaches taken by practitioners. It is these similarities, reflective of contemporary theories of literacy as social practice and learner-sensitive education, upon which we will concentrate here.

Literacy as embedded practice

In discussing the ways in which literacy is embedded in everyday life, Denny Taylor, a leading authority in family literacy, notes that: "Literacy is not usually the focus of attention. The primary focus is on the accomplishment of the task in which literacy plays a part" (Taylor).

Such is the case in many of the programs and supports offered by CAPC and CPNP projects. The

primary focus of attention may be shopping for nutritious food, understanding prenatal development, singing to babies or learning new parenting skills, but language and literacy invariably play a part. Sometimes the part that literacy plays is obvious. For example, it's clear that accurately reading ingredients on product labels is important for healthy eating, essential for pregnant women, and life-saving when pregnant women have diabetes.

Sometimes the literacy connection is more subtle and less direct, but no less important. For example, programs that help forge bonds between parents and their newborns help cultivate the relationship that is essential for early language development.

Gail Wylie, project director of the CPNP project Healthy Start for Mom and Me, recognized the integral part that literacy plays in the work of health educators. "Literacy education and support?" she said, "It's in everything we do!" Others were not so explicit, but all implicitly recognized the relationship between health education and literacy, citing many instances where they adapted program materials to match the languages and literacies of program participants, or supported families in negotiating the print required to access health information and services. They reported using a range of multimedia and multilingual texts—such as the Canada Food Guide in eight different languages—to communicate vital health messages. They cited an impressive range of practices to ensure the readability of print materials for their participants. These included mediation and adaptation of texts for participants who had difficulty reading English, and translation and interpretation for new Canadians.

A learner-sensitive approach

A learner-sensitive approach requires that practitioners seek to understand and respond to learners' expressed needs. CAPC and CPNP personnel reported using a wide variety of strategies to find out precisely what kind of support their participants require. Focus groups, suggestion boxes and involving participants in program planning were frequently cited. In addition, having an empathic disposition and paying careful attention to participants' questions enables practitioners to offer appropriate literacy support in the context of

everyday activities. In the words of Lorraine Makus of Anna's House:

One thing that really worked well for us was to do a grocery store tour with our immigrant women... imagine going to a grocery store and seeing many unfamiliar foods and not being able to read the labels. Our participants had many questions and we tried to explain some of the more common foods that they might encounter, as well as discussing what good prices were—since they are used to different currencies and prices.

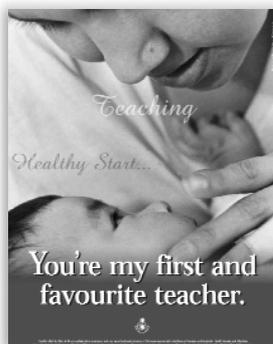
Some practitioners reported how they structure group activities so that participants who struggle with reading and writing can be included without embarrassment:

In circles we offer people the opportunity to read aloud but never pick people out to read. When questions are asked to be put onto paper, we ask the participants to use pictures and/or words, but never say, "If you are uncomfortable writing..."

Barb Desjardins (In A Good Way program)

Practitioners also described how difficult it can be to attract and engage participants for whom healthy child development and literacy may not be priorities.

Successful solutions demonstrate how important it is to thoughtfully consider the realities of family life. For example, working with partners to schedule programs for parents and children in the same time slot works for the Point Cares, Niagara Brighter Futures Program: We run a supper club where participants make and eat at the library and take home the leftovers. While the supper club is running, the library offers homework help for the children of the parents who are cooking. Cheryl Booth



The central place of healthy eating

Practitioners talked about cooking programs and community kitchens as a way to attract participants and deliver literacy lessons in conjunction with information on nutrition, models for healthful living and community

support. Like Barton and Hamilton, practitioners recognize the complex literacy practices inherent in discussing, choosing, following, sharing and transposing recipes. Working with multicultural and multilingual populations enriches the experience, with staff and families expanding their culinary repertoires and cultural sensitivities. As well, participants develop oral language, sight vocabulary and purposeful reading.

Many projects create pictorial recipes to help participants with limited reading skills read recipes.

Others use resources such as the *Joy of Life Recipe Book for Healthy women and Babies* developed by the Egg Marketing Agency, Canada Prenatal Nutrition Program and le Foundation OLO in Montreal. Food also features in many of the literacy programs offered for young children and their families. However, while recognizing benefits of communal cooking and eating, and the importance of feeding the body as well as the mind, some practitioners also expressed concerns about using food, a necessity of life, as an incentive to attract people into programs.

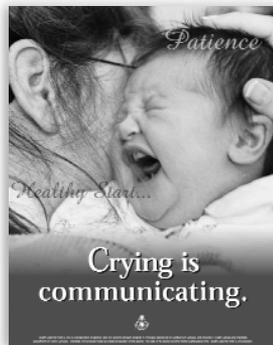
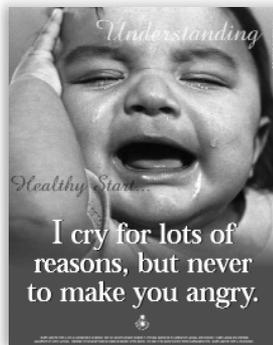
Playfulness

Playful approaches that combine talk, pictures and print with pleasurable social interaction are also common feature of practice in CAPC and CPNP projects. They ensure access to health information for participants with diverse language and literacy skills. For example, to help cultivate maternal and child health in the North, *Nutrition Bingo*, developed by the Department of Health in Regina is based on the culturally appropriate Northern Food Guide. And to combat maternal diabetes, Lorise Cablik of the Futures Program reports, "We have used a First Nations puppet/literature kit we borrowed from Diabetes (BRHA) Education, for food/nutrition/eating education." Games are also featured in the prenatal programs offered by Healthy Start for Mom and Me in Manitoba. When expectant moms play *Pregnancy Balderdash*, not only do they gain an understanding of new terminology associated with pregnancy and childbirth, they also learn to recognize these words in print.

Mediating texts

Many practitioners offer personalized support for participants during the often complicated and politically charged process of accessing health, social and educational services. At a practical level there are bureaucratic procedures and legalistic forms to negotiate. The sheer amount of paper is forbidding and fine print can be intimidating to those who read poorly. Many factors can impact on the facility to read, especially when literacy is already an issue. For instance,

family and personal crises can diminish a person's ability to cope with written material. Furthermore, pride may stand in the way of admitting confusion about technical words or jargon. New parents, new immigrants or those who have been rendered homeless may all be unfamiliar with the range of services available and not know how to access them. Whatever the reason, some parents and prospective parents require literacy support in order to: access information; claim their rights; take advantage of services to which they and their children are entitled; comply with laws and regulations; and enhance their quality of life. Many practitioners reported that they routinely give whatever support is required. For some families just having a *guide by the side* makes all the difference. Others depend on practitioners to mediate the text.



Cultural and linguistic sensitivities and challenges

Providing culturally and linguistically appropriate education is central to the mission of CAPC and CPNP projects, but practitioners report that acquiring appropriate print and multimedia materials can be challenging and expensive. This is particularly true for projects serving new Canadians, Inuit and First Nations participants. Materials are difficult to locate, and expensive. First Nations linguistic communities are small enough that commercial publishing is not economically viable. This means that such resources are extremely limited. As Lorise Cablik commented, "Pemmican Press seems to be our only relevant publisher; we have difficulty in obtaining any materials that celebrate cultural diversity."

The dearth of print materials is a serious problem for Inuit and First Nations programs trying to promote authentic literacies that reflect their traditions and cultures. To some extent the government is helping fill

this void with materials produced by the First Nations and Inuit Health Branch. And the Northwest Territories Cree Language Program produced the beautiful Cree Language Children's series.

Direct approaches to literacy education

Direct approaches to literacy education are also rich and varied. Practitioners help organize community literacy events such as story tents, literacy day celebrations, reading circles and book fairs. They solicit donations of books from a range of organizations and individuals, and distribute them to children and parents who otherwise might not be able to afford them. And thirteen different Canadian oral-language-and-literacy programs are offered to parents and children in CAPC and CPNP projects across Canada.

Resourcefulness and optimism

Projects develop partnerships with a variety of organizations—such as public libraries, family and community literacy organizations and agencies, band councils and schools—to enhance the vitality and efficiency of their work. Unfortunately, they still find that funding is insufficient to provide programs that are intensive enough and long enough to make long-

term impacts on the families and communities they serve but, as their responses to this survey indicate, health professionals are resourceful and optimistic. They have much to offer to literacy education and support for Canadian children and their families. ■

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