Feature Article

Putting Health Education on the Public Health Map in Canada—The Role of Higher Education

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ABSTRACT

The health education profession has developed over recent years garnering national and international attention. Canada's evolving health education perspective emphasizing the concept of health literacy within the broader public health system reflects the need for trained, competent and skilled health educators designing, implementing and evaluating health-related programs. Higher education can play an important role in moving forward the health education process bridging research and practice. Capacity building in the health education and promotion workforce requires engagement from university systems, their collaborators, and participating students interested in improving the health of individuals, communities, and nations. This article provides: (1) illustration for the need for health education in higher education to move the practice of public health forward in Canada, (2) rationale for embedding greater emphasis on the health education perspective and process within Canadian academe, and (3) responses for future directions throughout health education practice for health educators entering the public health workforce in Canada and beyond.

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INTRODUCTION

Health education is an emerging and evolving field in Canada, which highlights the need for designing, implementing and evaluating health-related programs by skilled practitioners and professionals. The role of higher education through the lens of health education has the potential to emphasize the importance of processes involved in bridging research and practice. Developing professional and competent health-related practitioners contributes to capacity building in the health education and promotion workforce. From a local, provincial/territorial, national and international perspective implementing health education within higher education is a path worth exploring further to move the field of public health practice forward within Canada and beyond.

This paper explores the role that higher education can play in facilitating the important health education process needed to move the public health field forward in Canada. Specifically, this paper provides: (1) illustration of the need for health education in higher education to move the practice of public health forward in Canada, (2) rationale for embedding greater emphasis on the health education perspective and process within Canadian academe, and (3) responses for future directions throughout health education practice for health educators entering the workforce in Canada and abroad.

Problem Statement

Housing health education in Canada's higher education can play a critical role in moving the practice of public health forward. According to a report released in Canada regarding our public health workforce:

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> There are few dedicated public health education and continuing education programs. The graduate programs that do exist tend to focus on epidemiology and research skills, so many graduates go into research rather than public health practice. Those who do practice public health feel their training has not prepared them adequately.[1(p. 2)]

Furthermore, according to the report, there are a large number of public health professionals who lack specialized training and competencies in public health, a high percentage of vacant public health positions, an unbalanced distribution of resources between and within jurisdictions for public health issues, and a lack of capacity to respond to the latest and evolving health issues.[1] In addition, new public health issues often necessitate new program responses with little attention to the capacities needed to target these new issues and the impacts they will have on existing programs.

Health literate practitioners: a Canadian priority. Higher education can contribute to the preparation of skilled, health literate individuals who have the capacity to respond to the health issues of the 21st century. Health literacy is defined 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."[2] Health literacy is a concept, an outcome, and a public health goal.[3] According to Canada's Expert Panel on Health Literacy,[4] a lack of awareness and knowledge about health literacy among health professionals coupled with inadequate workplace training and education are significant barriers for health literacy in Canada.

The Expert Panel put forth recommendations and promising approaches to address these barriers in their 2008 report entitled *A Vision for a Health Literate Canada*.[4] Among the recommendations and approaches the Expert Panel advocates the following: (1) make health literacy a mandatory component of curricula, (2) disseminate health literacy reports, articles and journals to be read by health and education professionals, (3) involve all levels of government in the development and supporting of health literacy policies and programs, and (4) develop pertinent funding streams to address health literacy research and programming. These actions identify higher education as a priority in Canada's health literacy agenda. Being cognizant of the Panel's vision statement of a health literate Canada may also alert post-secondary systems to examine the role they can play in enhancing individuals' health literacy skills to manage interactions transferable in diverse contexts and settings. The Panel's vision of a health literate Canada states:

> 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 the care of themselves, their families, and communities, and to manage interactions in a variety of settings that affect health and well-being.[4(p. 3)]

This pan-Canadian objective draws attention to higher education as a means to influence health literacy. In doing so, health literacy is conceptualized as a process and outcome of health education programming.

National and provincial/territorial strategies needed to support the aforementioned vision and recommendations and bring health education to the forefront of the Canadian university agenda are less clear and developed. Achieving the recommendations will require cooperation and collaboration from a range of stakeholders with university systems including governments at all levels and across sectors (i.e., health and education systems), and professional health-related organizations.[4] With no federal department of education in Canada, education is a provincial/territorial responsibility. There is a need for each jurisdiction (i.e., Ministry of Education and Ministry of Advanced Education) to consult with their respective universities and public health professionals to explore the role that health education programs can play in developing students' health-related knowledge, skills and competencies transferable to the public health workforce. To achieve government and institutional support to secure the allocation of resources needed to advance health education, the establishment of health education programmatic relevance to the outcome of health literacy in both Canada and beyond must first be understood.

Health literate practitioners: a global priority. By revisiting the Ottawa Charter,[5] we can be reminded of the need for individuals studying at the higher education level to be trained and engaged in the health education perspective infused with critical health literacy skills. The Ottawa Charter for health promotion states that "health is created in the contest of everyday life, where people live, love, work and play."[5] According to Kickbusch,Wait, and Maag, the Charter also states that we need health literacy skills in our capacity as citizens, patients, and consumers.[6] Furthermore, health literacy skills include: (1) Basic health competencies, i.e., application of health promoting, health protecting and disease preventing behaviours, as well as self-care; (2) Patient competencies, i.e., navigation of the health system and act as an active partner to professionals; (3) Consumer competencies, i.e., making health decisions in the selection and use of goods and services and to act upon consumer rights if necessary; and (4) Citizen competencies (through informed voting behaviours, knowledge of health rights, advocacy for health issues and membership of patient and health organizations). Building these competencies through higher education institutions is a critical empowerment strategy and health literacy contributes to a public health goal.[3]

According to Nutbeam, by recognizing the goal of empowerment through the development of health literacy using health education, there are clear implications for the scope of the content for health education and communication strategies.[7] Not only should health education enhance knowledge, skills and capacity to act (i.e., self management of disease), it could also raise awareness for determinants of health and be directed to those actions which may lead to modification of such determinants.[7]

Furthermore, health literacy is the outcome of education rather than a factor that may influence the outcome.[7] In other words, individuals who have enhanced health literacy levels will be enabled to engage in personal health enhancing actions, as well as influence others towards healthy decisions through health education programming efforts. If achieving health literacy is to be a goal, there will need to be a more sophisticated understanding of the potential of education to ensure the widening of content and methods.[7] This conceptualization of health literacy as an individual 'asset' requires a commitment by higher education to produce a high-quality health education workforce using health education as a tool.

Canadian health-related graduate program offerings and trends. Health education practices have evolved within Canadian settings where health is viewed as an integral part of every system including: social, environmental, cultural, political and economic. While health-related degree options in Canadian universities have recently placed increased emphasis on developing their public health programs, academic preparation for health educators remain limited in comparison (i.e., health education majors, health teacher certification, school health education, community health education, etc.). There appears to be a disconnect between the emerging health education field and opportunities offered in higher education.

There has been a recent surge by Canadian universities to offer Masters in Public Health (MPH) degrees as a national effort to address societal needs for education about public health issues.[8] These higher education offerings can be housed in the relatively new Canadian schools of public health (non-accredited body), while other institutions provide the degree through a health-related department or center, such as health sciences or health promotion. Individuals who obtain MPH degrees often work in public health agencies at varying degrees of government, often as trained managers and public health planners.[8] Unlike the U.S., there appears to be both a lack of health education degrees (MEd, MA, MSc) offered throughout Canada and associated health educator role delineation. For example, the only MEd/MA in Canada specializing in Health Education and Physical Activity (HEPA) is housed within the Faculty of Education and currently offered at Simon Fraser University in Vancouver, British Columbia. These degree options focus on curricular and instructional domains as well as developing, implementing and evaluating health education programs in collaboration with school and community partnerships to promote health literacy in educational settings.

Whereas the intent of this paper is not to provide an exhaustive description of Canadian university program offerings in the areas of health, it is relevant to provide an overview of the current Canadian university programmatic landscape. It is important to note that degrees of study often vary according to prescribed degree requirements (i.e., scope and nature of coursework), and program design and delivery according to the respective faculty and/or department under which the program is housed. Table 3 provides an overview of Canadian university graduate offerings in the areas of health education, public health, health promotion and community health sciences.

Canadian health education organizations. The health education practice in Canada is limited by both the lack of academic offerings and pan-Canadian professional health education organizations supporting key health education and health literacy-related skill-sets within such broader domains of public health practice. Increasing the preparation and practice of entry-level educators via higher education (using a framework which was a result of the U.S. Role Delineation Project launched 30 years ago) could move the practice of health education forward in Canada. At this time, Canada does not have a Coalition of National Health Education Organizations (CNHEO) like their U.S. counterpart. The CNHEO "has as its primary mission the mobilization of the resources of the Health Education Profession in order to expand and improve health education, regardless of the setting."[9] This coalition of 10 national organizations, each of which is a professional health education organization, has an organizationally distinct health education component with principal membership of professional health educators, shares a strategic plan for health education and increases the visibility for the health education profession.[9]

Rationale for Critical Health Education Perspective and Process in Canadian Academe

The public health framework has often focused on a population and global health approach in higher education. We cannot lose sight of the evolving health education perspective focusing on individual health, positive decision-making and enhanced self-management. This emphasizes a health literacy approach to empower individuals and communities while linking health and learning strategies. This new perspective encompasses a process, which facilitates the skills embedded in developing, implementing and evaluating health education programs. Whereas it is difficult to find Canadian documentation supporting the role that health educators play within the diverse Canadian system, much can be learned from the U.S. health education system. Research has been conducted with U.S. health educators to develop, augment and support the core competencies, professional preparation programs and quality assurance mechanisms for the health education profession as described further below.

Investing in the Health Education Perspective in Canada

According to Eddy, the foundation of health educators' skill sets resides in the ability to engage in the general process of designing, implementing and evaluating health education and health promotion interventions.[10] By mastering this process, health educators should be able to translate their broad *skill sets* to any problem and population of interest. In doing so, these *health literate individuals* will be inacting the health education process and essential components of health literacy (i.e., access,

comprehend, evaluate, communicate) to promote health and prevent disease. Eddy further states that:

> …the process of health education is theoretically sound, and is analogous to many other process-oriented approaches to program design. So, whether you define your profession as an AIDS educator, a community-based participatory researcher, or an interventionist, you will ultimately use many of the processes and procedures outlined by the health education profession.[10(p. 261)]

Through sound skills in the health education process, a practitioner should be able to take any population with accompanying needs and address them through an effective program. These skills are the essence of health literacy; it is here that higher education can play a significant role in the future of public health by facilitating future practitioners' adoption of the skills to practice in any setting and with any audience.

Evolving Health Education Perspective in Canada

Recently, Canada has taken an interest in comprehensive school health education and the health literacy concept to prevent disease and promote health.[11] "School health is emerging as a focus for policy makers, health practitioners, educators and the general public."[11(p. 8)] As the demand for comprehensive health education programming, resulting in health-literate students, in the education system increases, skilled practitioners will be required to ensure this curriculum is implemented and embedded in an effective, sustainable and efficient manner.

School health education in Canada is evolving as the health and education sectors begin to align their interests and goals to acknowledge the important link between health and learning.[12] According to an International Adult Literacy and Skills Survey,[13] 60% of Canadians are not health literate (lack the ability to access, comprehend, evaluate and communicate health information in order to make informed health decisions). With Canadian schools currently addressing one-third of the population (children and youth) across the nation,[14] they are a potential forum to reach a large number of individuals over an extended period of time. In conjunction with public health efforts to respond to Canadian's emerging health needs, school health educators can play an important role in prevention, management, and empowerment.

There has been an emergence of new organizations and institutions advocating for improved health education programs in our school systems such as the Canadian Council on Learning (CCL), the Joint Consortium for School Health (JCSH), and the Canadian Association for School Health (CASH). These bodies endorse the need for health education professional preparation programs in higher education. Integrating health literacy as a mandatory component of health curricula from primary to higher education, coupled with health-related professional registration and certification efforts, is part of the Pan-Canadian Strategy on Health Literacy to create a health-literate Canada.[4]

In March 2008, the Canadian Institutes for Health Research (CIHR) International Health Literacy Research Team hosted an International Symposium in Vancouver, British Columbia. The purpose of the symposium was to build academic-community partnerships and support the development of a Canada-International cooperation emphasizing the sharing of knowledge and practice that contributes to quality of life through school health literacy efforts.[2] Researchers, government agencies, universities, school districts, students and community members discussed research agendas, tools, methods, resources, programs, training capacity and infrastructure to educate students K- Post Doctoral and community learners on issues related to advancing health literacy and health outcomes. This partnership has facilitated dialogue towards structural and procedural arrangements needed within education systems, including programmatic responses to support the new research being conducted in this area. The aim was to contribute to the importance of empowering individuals, schools and communities in a new health paradigm.

Quality Assurance Mechanisms to Promote Health Education

Certification, credentialing, accreditation and competencies serve to promote the health education process and profession. "In some countries governments have established processes which govern the professional accreditation of professional preparation at the university level, in other countries such systems do not exist."[15(p. 33)] For example, in Canada within the larger public health system enveloping health promotion and education, health educators remain in the non-regulated section of health care providers, meaning that their training is not standardized, their position is not accredited, nor is credentialing consistent. Whereas in the U.S., the health education profession has made significant progress promoting quality assurance in professional preparation, which has been bolstered considerably by credentialing of health educators, through individual certification and program approval and accreditation mechanisms.[16]

Over the past 60 years the U.S. health education field has been supported and strengthened by several quality assurance systems including: The National Commission for Health Education Credentialing (NCHEC), The Council on Education for Public Health (CEPH), The National Council for Accreditation of Teacher Education (NCATE), The American Association for Health Education (AAHE), and The Society for Public Health Education (SOPHE).[17] "An individual graduating from an accreditated program, particularly when coupled with a form of individual credentialing, such as certification, licensure, or registration, establishes clear expectations about the skills and competencies that the employer should expect of graduates of accredited professional programs."[16(p680)] From this perspective, graduates from those institutions of higher education which have adopted the work and recommendations of the National Task Force on Accreditation in Health Education qualify for more for competitive employ-

ment opportunities and selected doctoral fellowships.[16] The lack of standardization within the health education setting in Canada signals a lack of acknowledgement of the importance that accountability and credibility in this profession has on the health outcomes for Canadians.

Highlighting the international interest on common approaches for health promotion and education, a recent meeting took place at the University of Ireland, Galway, in June 2008, jointly organized by the International Union for Health Promotion and Education (IUHE), the Society for Public Health Education (SOPHE), and the U.S. Centers for Disease Control (CDC), with participation by international leaders, to discuss the development of core competencies and common approaches to academic programs, accreditation, and professional standards.[18,19] Differences in terminology, governing bodies and approval processes can make it challenging to compare standards and procedures across the globe.[15] The Galway consensus conference facilitated an international discussion on key approaches for improved professionalization of health promotion and education practitioners.

The purpose of the consensus conference was to start an exchange of international dialogue and facilitate the process regarding competency-based health specialists. It was concluded that the credentialing of health educators is a vital means in building infrastructure for the field in their country. Perhaps, the most important point is to explore the diversity and depth of professional ideas to advance the well-being of individuals and communities. Adopting educational improvements through local, regional, and national strategies have international implications. Enriching the health education and promotion experiences within respective contexts not only creates a renewed awareness of guiding standards and processes in jurisdictions, but also builds a notable foundation for global professionalism and workforces. This insightful exercise encourages Canada to introduce a concerted health education perspective endorsing the professionalization of health educators who can play a key role in the disease prevention and health promotion process.

Currently, Canadian health promotion competencies are very new and a work in progress. The newly created Public Health Agency of Canada (PHAC) in 2004, launched a competency-based approach to public health workforce development.[20] In response, Health Promotion Ontario (HPO) released health promotion competencies for Canadians in April 2007,[21] which were shared with participants at the 19th Annual International Union for Health Promotion and Education Conference in Vancouver in June 2007 to solicit feedback with the purpose of refining competencies by end of June 2009. This followed with PHAC presenting the development of Canadian Core Competencies for key public health professions.[20] Key Canadian and U.S. core health promotion competencies are shown in Table 1 and Table 2, respectively. The proposed competencies are not being promoted as part of a mandatory accreditation process, but rather to stimulate dialogue towards agreement while building required skill sets for health practice in Canada.[22] Higher education institutions in Canada need to revisit the extent of the implementation of the competencies in their degree programs. Bridging key principles and values reflected in empowering educational opportunities with skills-based competencies underpinning health education and promotion programs describes a fundamental foundation in public health.

Health Educators and Advancing in the Field

Higher education can play a critical role within both the larger public health sector, and smaller, health education sub-sector in providing the training needed for individuals. Health education programming can offer learning opportunities designed to improve health literacy, foster motivation, and enhance skills and self-efficacy.[23] Furthermore, with this perspective health education can build competencies needed to translate research into practice settings required to successfully carry out public health goals for all Canadians.

Why has there not been a movement towards professionalization of health education in Canada? We can only speculate. While definitions and concepts can be complex in nature, emerging in scope and reflect cultural bias, clarifying meaning and relationship between terms is central to the development of practical action.[23] This is observable particularly in the Canadian context. According to a recent article titled *Development and Utilization of Professional Standards in Health Education and Promotion: US and UK Experiences*,[15] one of the most striking differences revealed is the different use of terminology around both the roles (i.e., health educator, health educator specialist, health promotion specialist, public health practitioner/specialist, health trainer, etc.) and the systems and processes (i.e., certification, accreditation, competencies, etc.). "We need to understand the different meanings that terminology has both in definition and in application in practice in different contexts."[15(p. 40)] Whereas the sole purpose and focus of our paper is not to conduct a comprehensive cross-cultural comparison of international quality assurance mechanisms, infrastructure and contexts, but to learn from international advancements to help guide the development and implementation of promising academic programs and their potential corresponding processes in Canada.

Limited university offerings in health education, deficient supporting resources (i.e., health education professors), and lack of supporting professional Canadian health education organizations (i.e., comparable to CNHEO) may have also prevented a movement towards professionalization of the health education profession in Canada. Furthermore, a focus on a population health approach (i.e., as seen in the creation of MPH programs) vs. individual health approach (i.e., health literacy as an outcome of health education programs), may have cumulatively delayed action. Regardless, whether health education is viewed as its own professional entity, or embedded under the public health umbrella, a requisite and common skill-set

Table 1. Core Competencies and Responsibilities for Public Health Workers in Canada

Core Competencies for Public Health in Canada[a] (Categories)[b]
I. Public Health Sciences (Key knowledge and skills related to public health sciences and the ability to apply knowledge to practice)
II. Assessment and Analysis (Ability to collect, assess, analyze and apply information including data, facts, concepts and theories)
III. Policy and Program Planning, Implementation and Evaluation
IV. Partnerships, Collaboration and Advocacy (Ability to influence and work with others to improve health and wellbeing of the public through the pursuit of a common goal)
V. Diversity and Inclusiveness (Ability to interact effectively with diverse individuals, groups and communities)
VI. Communication (Interchange of ideas, opinions and information across several dimensions of communication)
VII. Leadership (Ability to build capacity, improve performance and enhance the quality of working environments)

[a] Information from the Public Health Agency of Canada[20]
[b] Each category listed above consists of 36 competencies which further explain the roles of public health workers.

Table 2. Responsibilities and Competencies for Health Educators in the United States

Responsibilities and Competencies for Health Educators in the United States[a,b]
I. Assess Individual and Community Needs for Health Education
II. Plan Health Education Strategies, Interventions and Programs
III. Implement Health Education Strategies, Interventions and Programs
IV. Conduct Evaluation and Research Related to Health Education
V. Administer Health Education Strategies, Interventions and Programs
VI. Serve as a Health Education Resource Person
VII. Communicate and Advocate for Health and Health Education

[a] Information from the NCHEC[24]
[b] Each responsibility listed above consists of 35 competencies and 163 sub-competencies—which further explain the roles of health educators.

for practitioners appear to surface amidst diverse terminology.

Responses for Future Directions in Health Education

The creation of new core competencies for public health professionals in Canada is a step in the right direction to improve Canada's workforce and health outcomes. We would like to provide some discussion on how higher education can play a role in advancing the evolving and dynamic field of health education. This call for a health education perspective is not meant to replace, but help move the practice of public health forward in Canada. It is hoped that the developments within the Canadian context illustrate an awareness of an emerging field, which reflects a need for a proposed broader and effective health education practice.

1. Conversing for Accountability throughout Higher Education

This is an invitation for universities/colleges to discuss credentialing, competencies, certification, and accreditation for students, i.e., agreement regarding core principles, which will promote and support health educators' utilization of the health education process in translating research into practice and successful influence on public health outcomes. The relationship between the knowledge, skills and attitudes acquired through higher education and the new core competencies set out by the PHAC[20] must be reviewed to ensure health education and public health programming reflect the competencies needed to move the public health workforce in Canada, and abroad, forward. A proposed pan-Canadian higher education health task force can serve as a venue to highlight and communicate effective programmatic approaches and models. This support and advocacy will help inspire others, build momentum, and further the application of health education with the goal of improved health literacy in Canada.

2. Transcending Borders with Higher Education

Global dialogue about the role higher education can play in facilitating key skills within the profession is needed to foster international collaboration with regards to health education issues and practice. Learning from others' approaches accelerates cross-boarder learning. An exchange of ideas may assist Canada in meeting its obligation to contribute to health on a global scale.

Discussions with U.S. key stakeholders

Table 3. Canadian University Graduate Program Offerings[a]

University	Degree/Faculty, Department, and/or Academic Unit	Location
Masters of Health Education (MEd/MA)[b]		
Simon Fraser University	MEd/MA: Specializing in Health Education and Physical Activity, Faculty of Education	Burnaby, British Columbia
Masters of Public Health (MPH)[c,d]		
Lakehead University	MPH (option to specialize in nursing), Faculty of Health and Behavioural Sciences	Thunder Bay, Ontario
Queen's University	MPH, Department of Community Health and Epidemiology	Kingston, Ontario
Simon Fraser University	MPH, Faculty of Health Science	Burnaby, British Columbia
University of Alberta	MPH, Department of Public Health Sciences	Edmonton, Alberta
University of British Columbia	MPH, School of Population and Public Health	Vancouver, British Columbia
University of Saskatchewan	MPH, Faculty of Community Health and Epidemiology	Saskatoon, Saskatchewan
University of Toronto – Department of Public Health Sciences	▪ MPH Epidemiology ▪ MPH Community Nutrition ▪ MPH Health Promotion ▪ MPH Occupational and Environmental Health	Toronto, Ontario
University of Waterloo	MPH, Faculty of Applied Health Sciences	Waterloo, Ontario
Masters of Health Promotion (MA/MSc[e]/MPH)		
Dalhousie University	MA Health Promotion, School of Health and Human Performance	Halifax, Nova Scotia
Queen's University	Master of Health Promotion, School of Kinesiology and Health Sciences	Kingston, Ontario
University of Alberta	MPH Health Promotion, Centre for Health Promotion Studies	Edmonton, Alberta
Masters of Community Health Sciences (MScCH[f]/MSc/MA)		
Brock University	MA Applied Health Sciences – Community Health Specialization, Faculty of Applied Health Sciences	St Catherine's, Ontario
	MSc– Health Sciences, Faculty of Applied Health Sciences	St Catherine's, Ontario
Dalhousie University	MSc Community Health and Epidemiology, Faculty of Medicine	Halifax, Nova Scotia
Simon Fraser University	MSc, Faculty of Health Sciences	Burnaby, British Columbia
University of Laval	MSc Community Health, Faculty of Medicine	Laval, Quebec
University of Montreal	MSc Community Health, Faculty of Medicine	Montreal, Quebec
University of Manitoba	MSc, Department of Community Health Sciences	Winnipeg, Manitoba
University of Northern British Columbia	MSc Community Health Sciences, Faculty of Health Science	Prince George, British Columbia
University of Toronto	MScCH, Department of Public Health Sciences	Toronto, Ontario

[a] This is not an exhaustive list of all graduate program offerings in Canada within the areas of Public Health, Health Promotion, Community Health Sciences, and Health Education
[b] MEd/MA denotes Master of Education and Master of Arts, respectively
[c] Some Schools of Public Health offer research-oriented programs as MSc degree options
[d] MPH denotes Master of Public Health
[e] MSc denotes Master of Science
[f] MScCH denotes Master of Science in Community Health

to discuss significant historical progress in professional preparation of health education, outgrowth of past efforts and lessons learned would be beneficial to collaborate on future recommendations. Specifically, the U.S. National Task Force on Accreditation in Health Education, CNHEO, SOPHE, NCHEC, AAHE, university systems, and government are appropriate entities to build on work already conducted. Observing common approaches and elements among these stakeholders that unified active partnerships and strengthened support for professional preparation in health education would help inform Canada's context.

The internationalization of health necessitates a global approach to engage with critical health issues, practices, and policies. Higher education represents one avenue to map out a pathway to connect health advocates (i.e., researchers, academics, practitioners, students, allied health workers, etc.) globally enabling international/ intersectoral collaboration to improve health outcomes. Canada's active involvement will reflect the support of university programs whose interests include high-quality, health literate individuals qualified to enter the workforce.

3. Health Education in Canada: Filling the Workforce Gap Through Higher Education

The growing interest in the health education perspective in the Canadian public health system requires practitioners trained in the health education process to translate knowledge into practice. Higher education is critical to foster skilled health educators who can utilize the health education process to translate scientific knowledge with community participation into practice. These graduates can help fill the gap between research and practice. Research in the broad field of public health is critical to understanding the evolving health issues plaguing people worldwide. Moreover, in order to effectively utilize this research, we need skilled, health literate workers who are able to synthesize, amalgamate, and translate this research into practice to inform, create, implement and evaluate successful health education programs in a variety of settings. Engaging in the health education process in higher education allows for the acquisition of the knowledge, skills, and competencies needed to successfully carry out this task.

CONCLUSION

By placing health education and its critical processes on the academic map in Canada we can simultaneously improve the health education profession and health and learning outcomes of all citizens. Increasing awareness of the issue of health literacy in Canada and beyond among the public and specific audiences is a Canadian priority.[4] At present, national and international meetings, scholarly reports and professional developments all indicate a renewed commitment and the rethinking of health education and health promotion with its applicability in the diverse workforce. It is hoped that a wider consultation continues pertaining to the important role of higher education excellence supporting health educators and those who are occupationally bound.

Universities and their collaborators can be viewed as an interactive vehicle within engaged systems of knowledge translation processes. A successful model is based on the principal that students actively participate and are committed from the onset and exercise initiative and ownership in the participatory partnership among academic researchers, faculty, and community members in the health education process. It is not a matter of one-size-fits-all in academe, but rather the role the institution plays is unique to context and setting. Whereas health education leadership has undergone expansion by supportive professional organizations and networks, there continues to be questions of how higher education can project growth and attain achievements in the field. This is worthy of ongoing discussion to enhance the dynamic profession by translating academic innovation into individual, local, regional, national and international well-being.

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