









# Progress Review Agenda and Presenters

## Chair

- Karen B. DeSalvo, MD, MPH, MSc, Acting Assistant Secretary for Health, U.S. Department of Health and Human Services

## Presentations

- Charles Rothwell, MBA, MS, Director, National Center for Health Statistics, CDC
- Leonard Jack, PhD, MSc, Director, Division of Community Health, CDC
- RADM Sarah Linde, MD, Chief Public Health Officer, HRSA
- Don Wright, MD, MPH, Deputy Assistant Secretary for Disease Prevention and Health Promotion, HHS
- Katherine Lyon-Daniel, PhD, Associate Director for Communication, CDC

## Community Highlight

- Jane Meyer, MA, Health Education Manager, HealthNet Indianapolis, Indiana

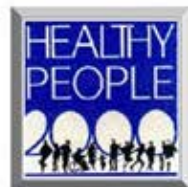
# Healthy People at the Forefront of Public Health



HEALTHY PEOPLE  
The Surgeon General's Report On  
The Nation's Health and Health Priorities



1979



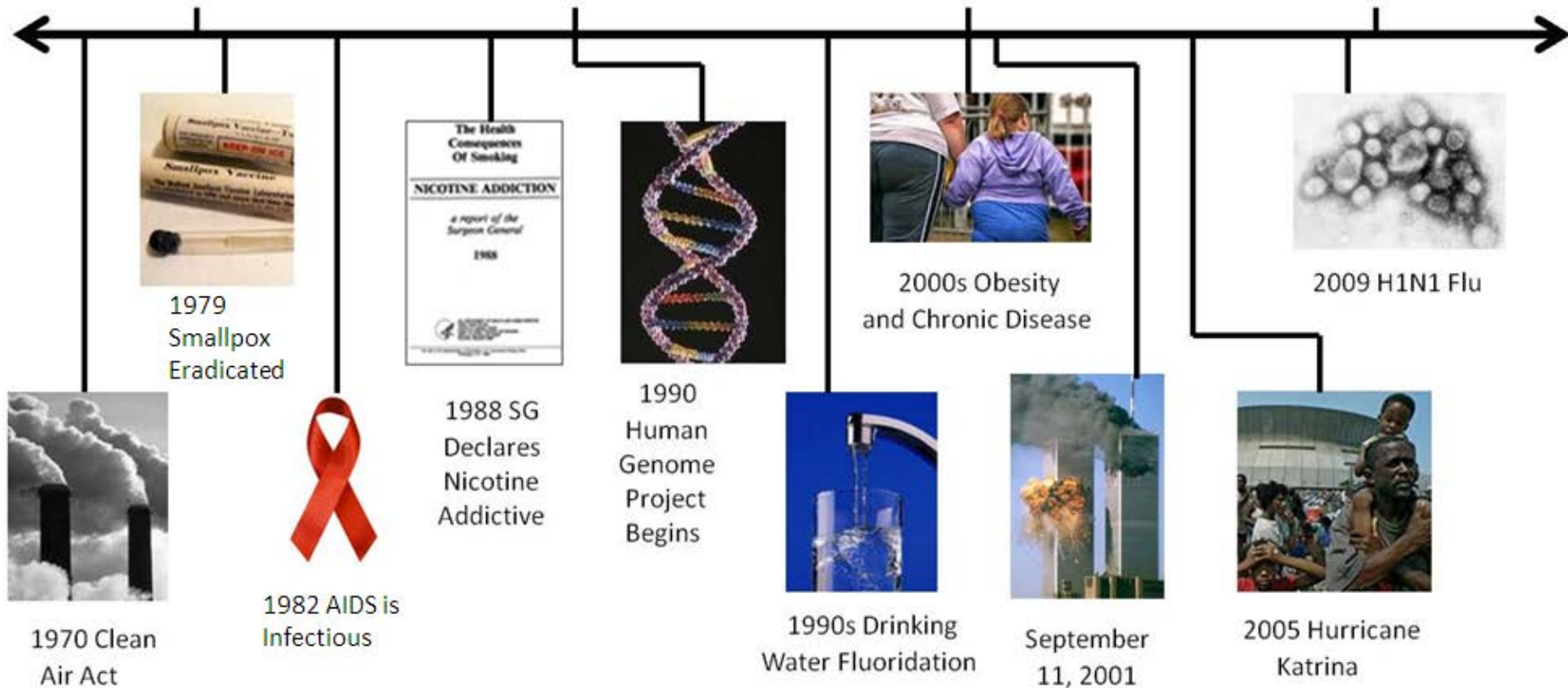
1990







2000



2010



# Evolution of Healthy People

Target Year	1990	2000	2010	2020
				
<b>Overarching Goals</b>	<ul style="list-style-type: none"> <li>• Decrease mortality: infants–adults</li> <li>• Increase independence among older adults</li> </ul>	<ul style="list-style-type: none"> <li>• Increase span of healthy life</li> <li>• Reduce health disparities</li> <li>• Achieve access to preventive services for all</li> </ul>	<ul style="list-style-type: none"> <li>• Increase quality and years of healthy life</li> <li>• Eliminate health disparities</li> </ul>	<ul style="list-style-type: none"> <li>• Attain high-quality, longer lives free of preventable disease</li> <li>• Achieve health equity; eliminate disparities</li> <li>• Create social and physical environments that promote good health</li> <li>• Promote quality of life, healthy development, healthy behaviors across life stages</li> </ul>
<b># Topic Areas</b>	15	22	28	42
<b># Objectives/ Measures</b>	226	312	1,000	~1,200





# Educational and Community-Based Programs

- Play a key role in:
  - Preventing disease and injury
  - Improving health
  - Enhancing quality of life
- Health and quality of life rely on many community systems and factors. Making changes within existing systems, can effectively improve the health of many in the community.



# Importance of Educational and Community-Based Programs

- Programs and strategies are designed to reach people outside of traditional health care settings
  - Schools: Health education curriculum and physical education
  - Worksites: Health screening and education, fitness programs, and worksite wellness programs
  - Community: Smoke-free policies to reduce second hand smoke exposure in indoor and outdoor spaces





# Health Communication and Health Information Technology

- **Health communication** refers to human and digital interactions that occur during the process of improving health and health care.
- **Health literacy** is the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions. –Affordable Care Act



# Influences on Health Literacy



- \*Health Literacy skills include the following:
  - Literacy
  - Numeracy
  - Speaking
  - Listening
  - Information-seeking
  - Technology use



# Health Communication and Health Information Technology continued

- **Health information technology (Health IT)** - the electronic systems health care professionals and patients use to store, share, and analyze health information.
  - Electronic health records
  - Personal health records
  - Electronic medical records
  - Electronic prescribing (e-prescribing)
  - Networks that connect them





# Presentation Overview

- Tracking the Nation's Progress
- Educational and Community-Based Programs
- Health Communication and Health Information Technology (IT)



# Tracking the Nation's Progress

## ■ 90 HP2020 Measurable Educational and Community-Based Programs Objectives:

●	18	Target met
●	7	Improving
●	14	Little or no detectable change
●	17	Getting worse
●	31	Baseline data only
●	3	Informational

## ■ 25 HP2020 Measurable Health Communication and Health IT Objectives:

●	8	Target met
●	4	Improving
●	3	Little or no detectable change
●	1	Getting worse
●	9	Baseline data only

NOTES: The Educational and Community-Based Programs Topic Area contains 3 informational objectives and 7 developmental objectives. The Health Communication and Health IT Topic Area contains 3 developmental objectives. Measurable objectives are defined as having at least one data point currently available, or a baseline, and anticipate additional data points throughout the decade to track progress. Informational objectives are also measurable objectives, however, they do not have a target associated with their data.

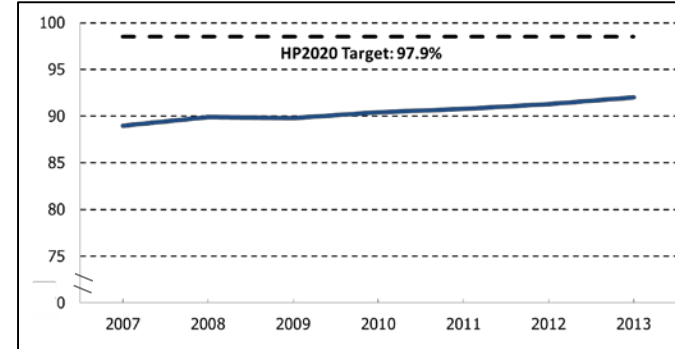


# Presentation Outline

- Tracking the Nation's Progress
- Educational and Community-Based Programs
  - High school completion
  - School health education
  - College students receiving information on health risk behaviors
  - Medical schools (MD) with clinical prevention and population health content
- Health Communication and Health Information Technology

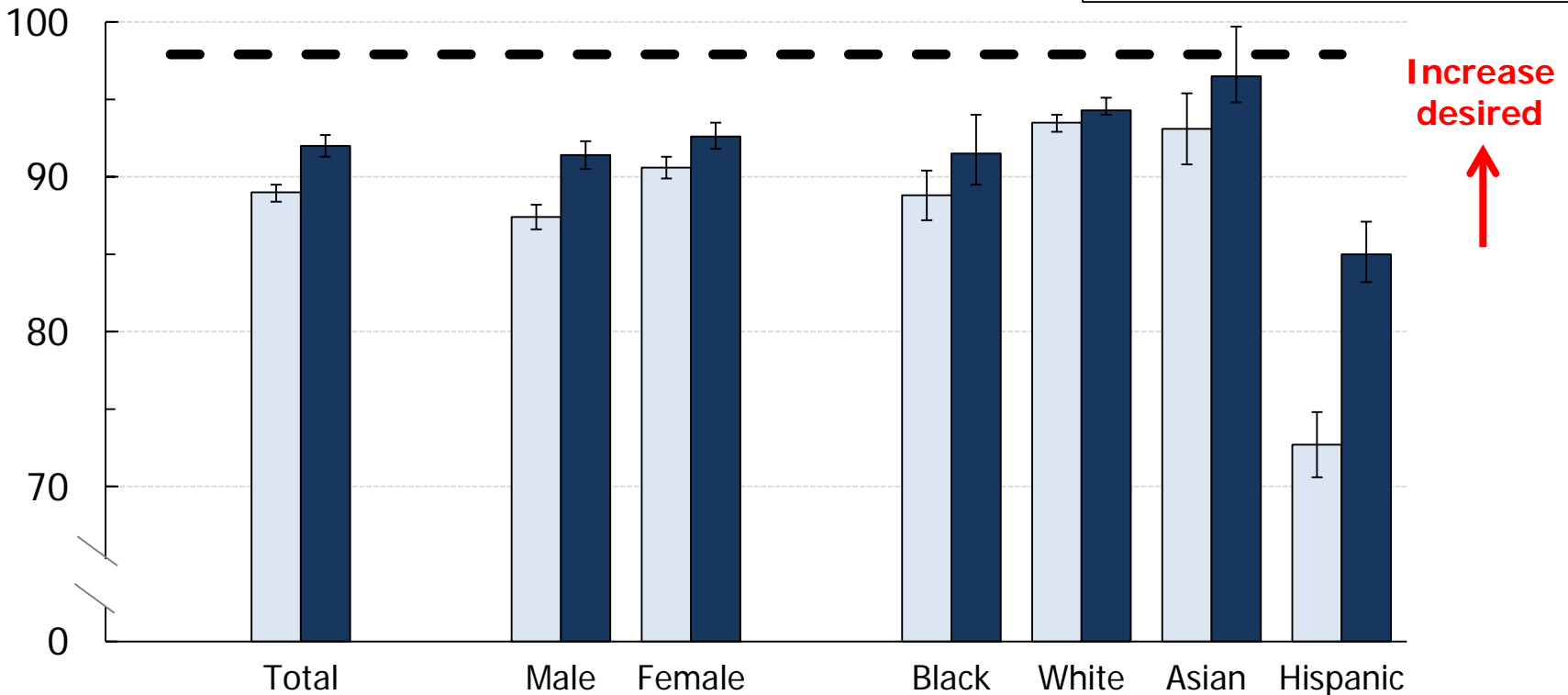
# High School Completion

2007 2013



Percent

HP2020 Target: 97.9%



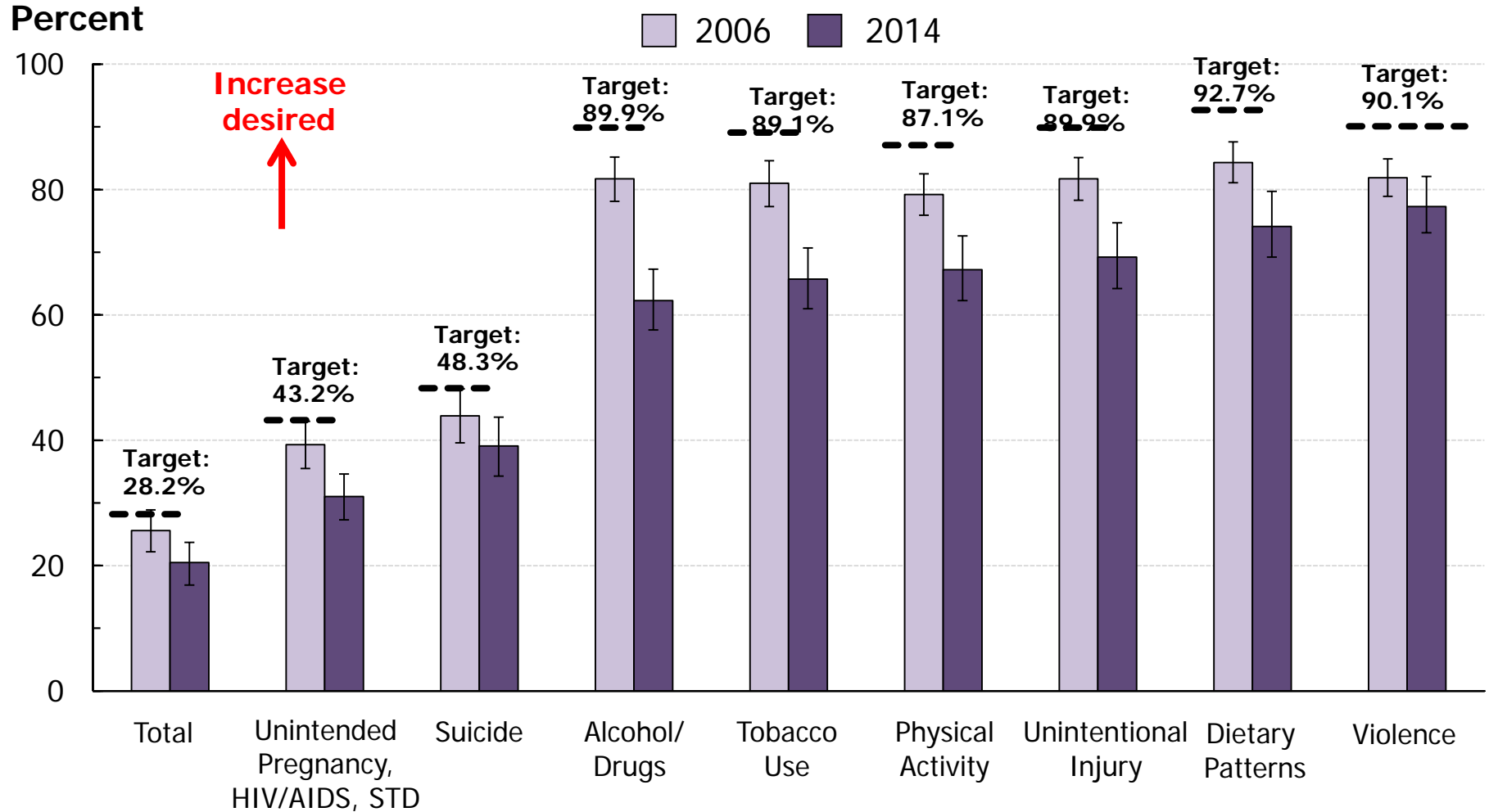
NOTES: I = 95% confidence interval. Data are for persons 18 to 24 years old not currently enrolled in high school who reported that they have received a high school diploma or its equivalent. The black and white race categories exclude persons of Hispanic origin. The Asian category include Pacific Islanders. Persons of Hispanic origin may be of any race. Respondents could select more than one race.

SOURCE: Current Population Survey (CPS), Census and DOL/BLS.

Obj. ECBP-6



# Schools that Provide School Health Education



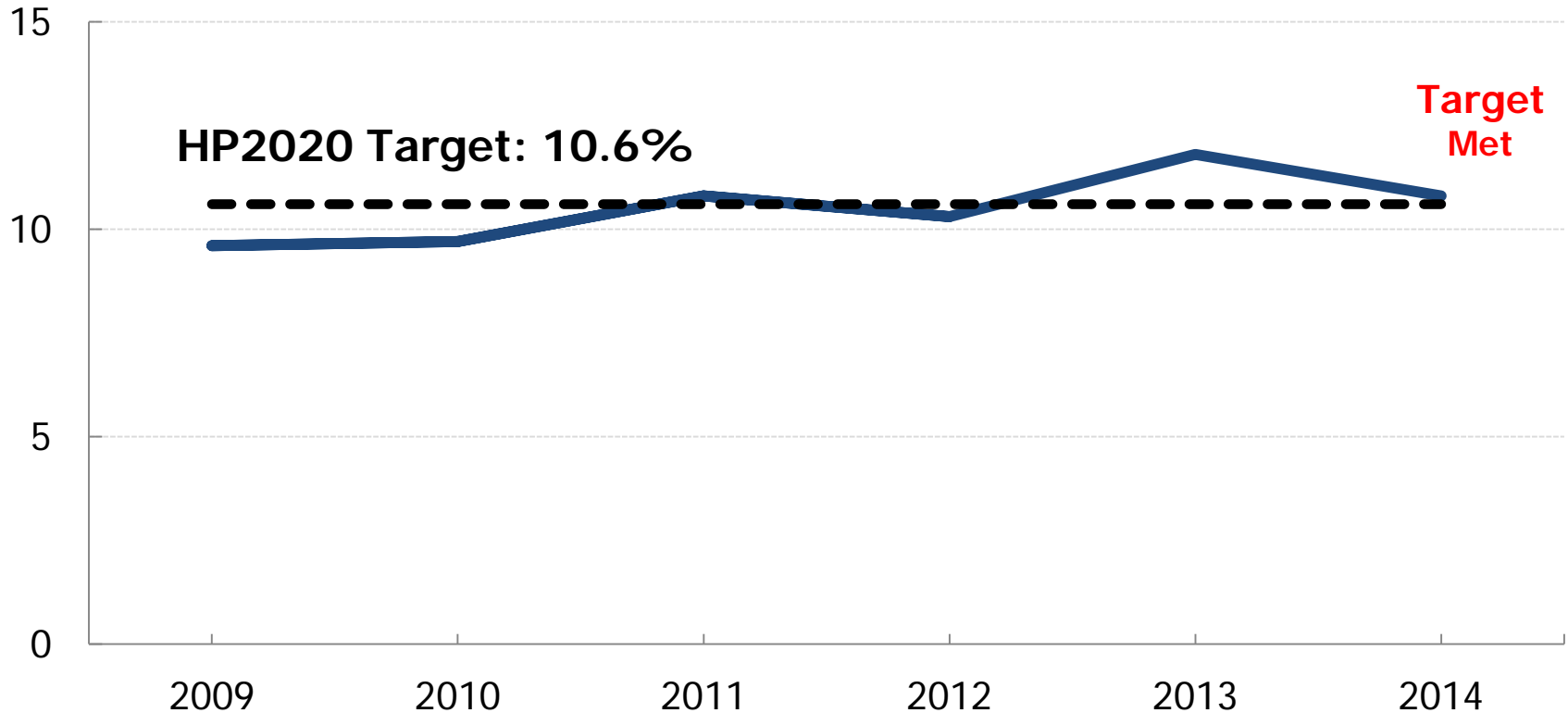
NOTES: I = 95% confidence interval. Target = HP2020 target for each objective. Data are for elementary, middle, and senior high schools that provide health education to prevent health problems. Total includes unintended pregnancy, HIV/AIDS, and STD infection; suicide; alcohol or other drug use; tobacco use and addiction; inadequate physical activity; unintentional injury; unhealthy dietary patterns; and violence.

SOURCE: School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP.

**Objs. ECP-2.1 through 2.9**

# College and University Students Who Receive Information on All Priority Health Risk Behaviors

Percent

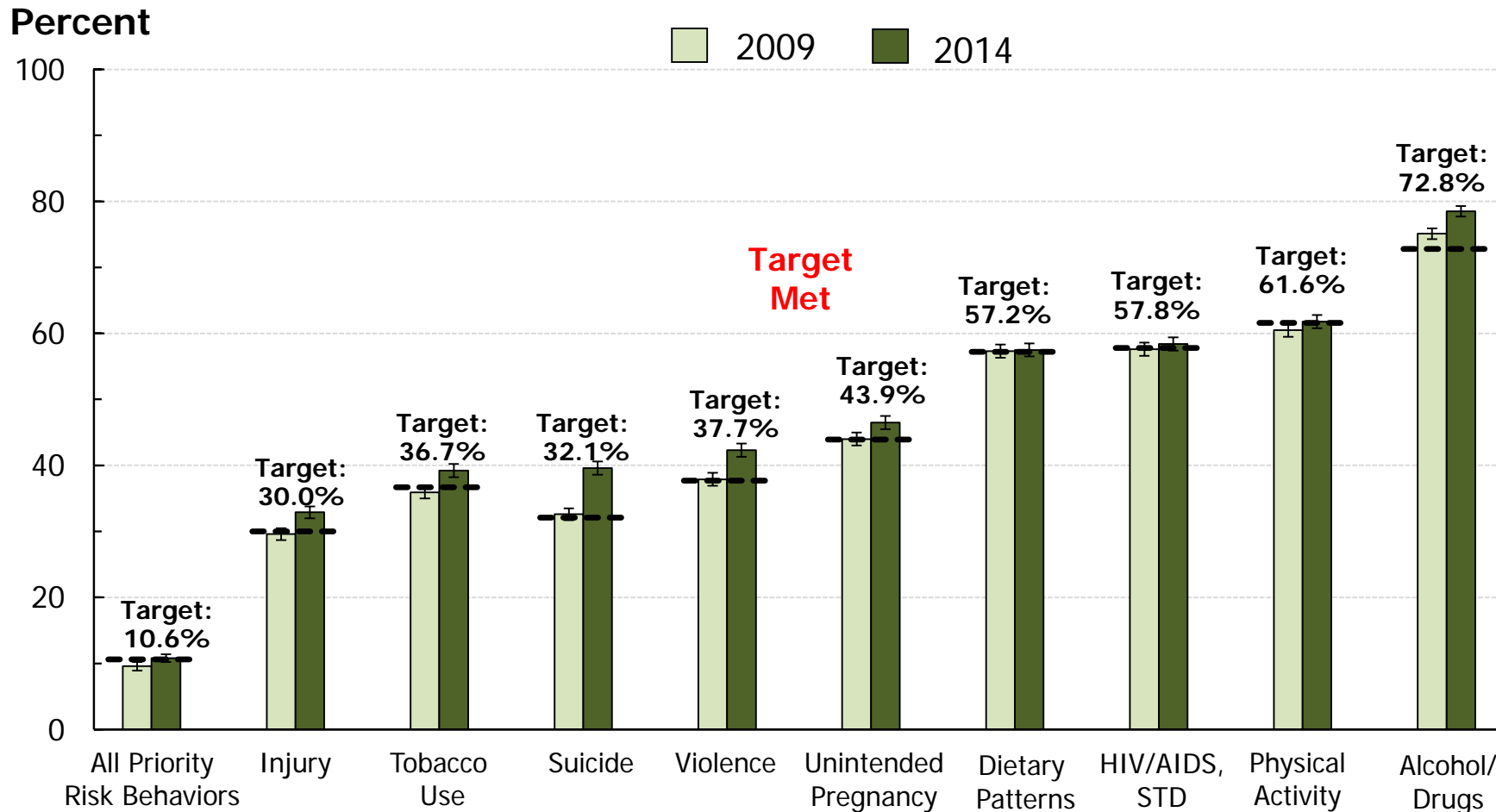


NOTES: Data are for undergraduate college students in post-secondary institutions who received information on all priority health risk behaviors from their institution. All priority areas include unintentional injury; tobacco use and addiction; suicide; violence; unintended pregnancy; unhealthy dietary patterns; HIV/AIDS and STD infection; inadequate physical activity; and alcohol or other drug use.

SOURCE: National College Health Assessment (NCHA), American College Health Association (ACHA).

**Obj. ECBP-7.1**  
Increase desired

# College and University Students Who Receive Information on Health Risk Behaviors

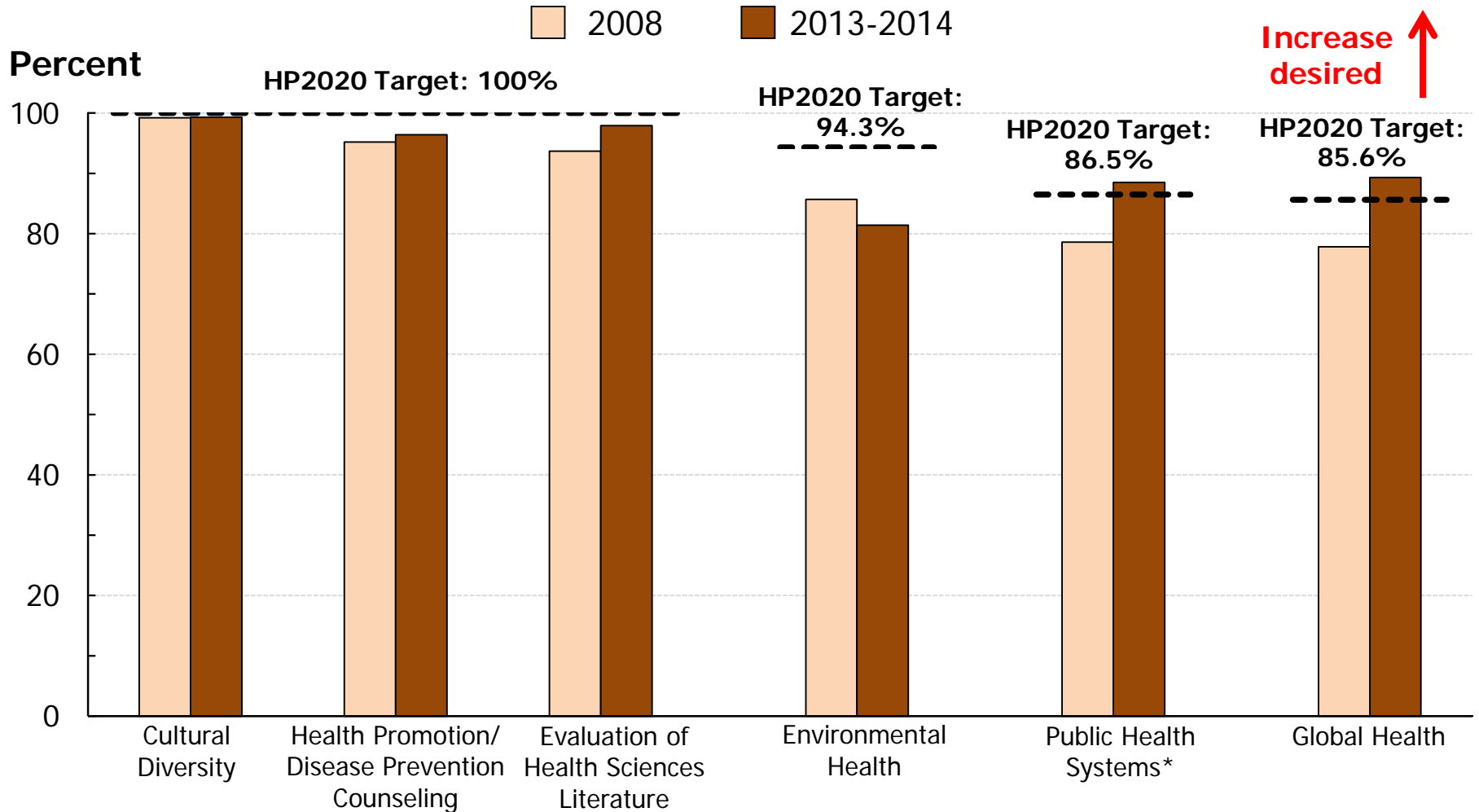


NOTES: I = 95% confidence interval. Target = HP2020 target for each objective. Data are for undergraduate college students in post-secondary institutions who received information on health risk behaviors from their institution. All priority areas include unintentional injury; tobacco use and addiction; suicide; violence; unintended pregnancy; unhealthy dietary patterns; HIV/AIDS and STD infection; inadequate physical activity; and alcohol or other drug use.

SOURCE: National College Health Assessment (NCHA), American College Health Association (ACHA).

**Objs. ECBP-7.1 through 7.10**  
Increase desired

# Medical Schools (MD) with Core Clinical Prevention and Population Health Content



NOTES: Data are for U.S. accredited medical schools that grant the Medical Doctor (MD) degree and include the content (cultural diversity, counseling for health promotion and disease prevention, evaluation of health sciences literature, environmental health, public health systems, global health) in required courses. \*2008 and 2009-10 data are used for public health systems.

SOURCE: Annual LCME Medical School Questionnaires; Association of American Medical Colleges, Liaison Committee on Medical Education (AAMC, LCME).

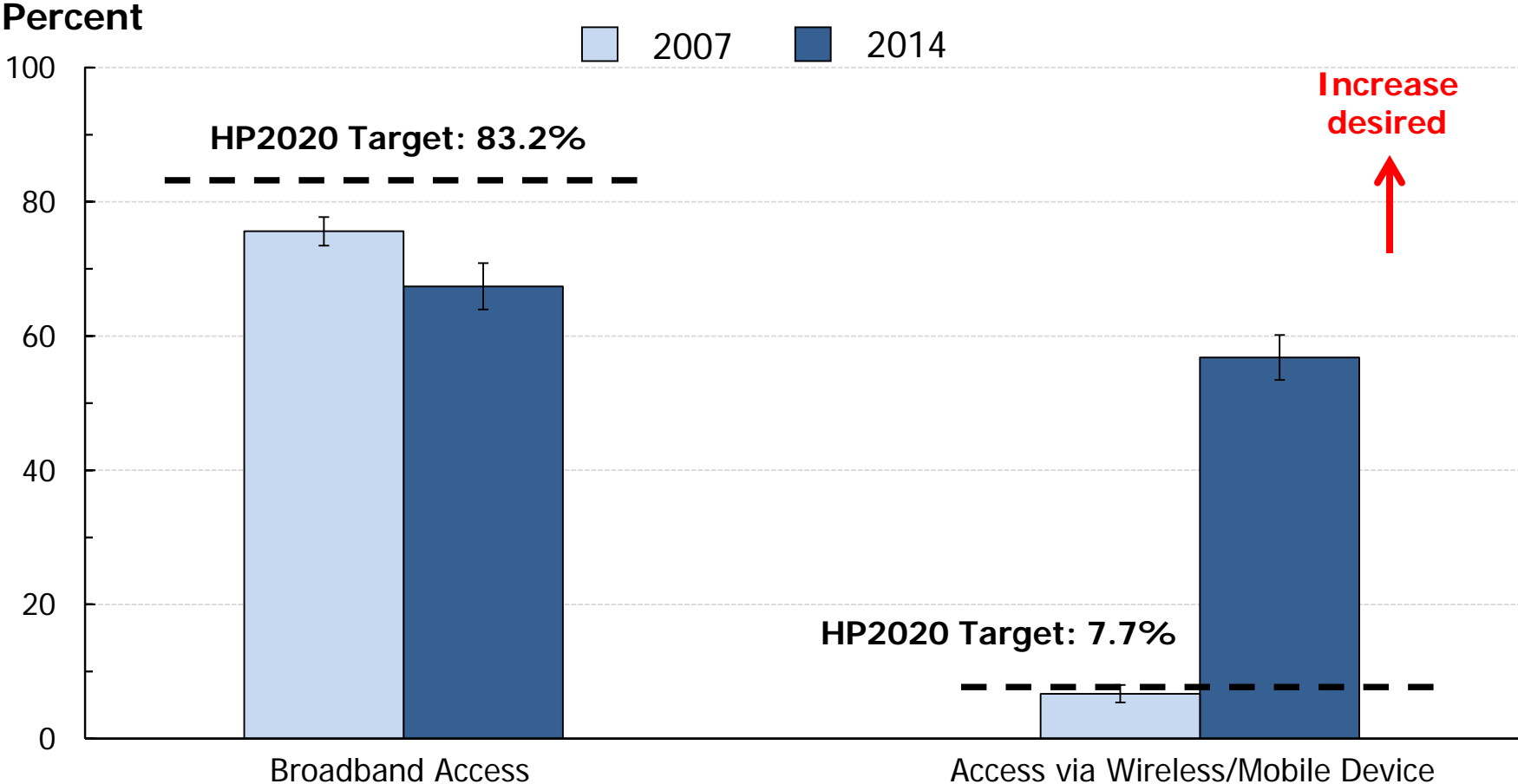
**Obj. ECP-12.1  
through 12.6**



# Presentation Outline

- Tracking the Nation's Progress
- Educational and Community-Based Programs
- Health Communication and Health Information Technology (IT)
  - Internet access and use of health information technology
  - Patient reports of health information and help offered by health care providers
  - Patient reports of health care providers' communication skills

# Broadband and Mobile Internet Access at Home



Increase desired

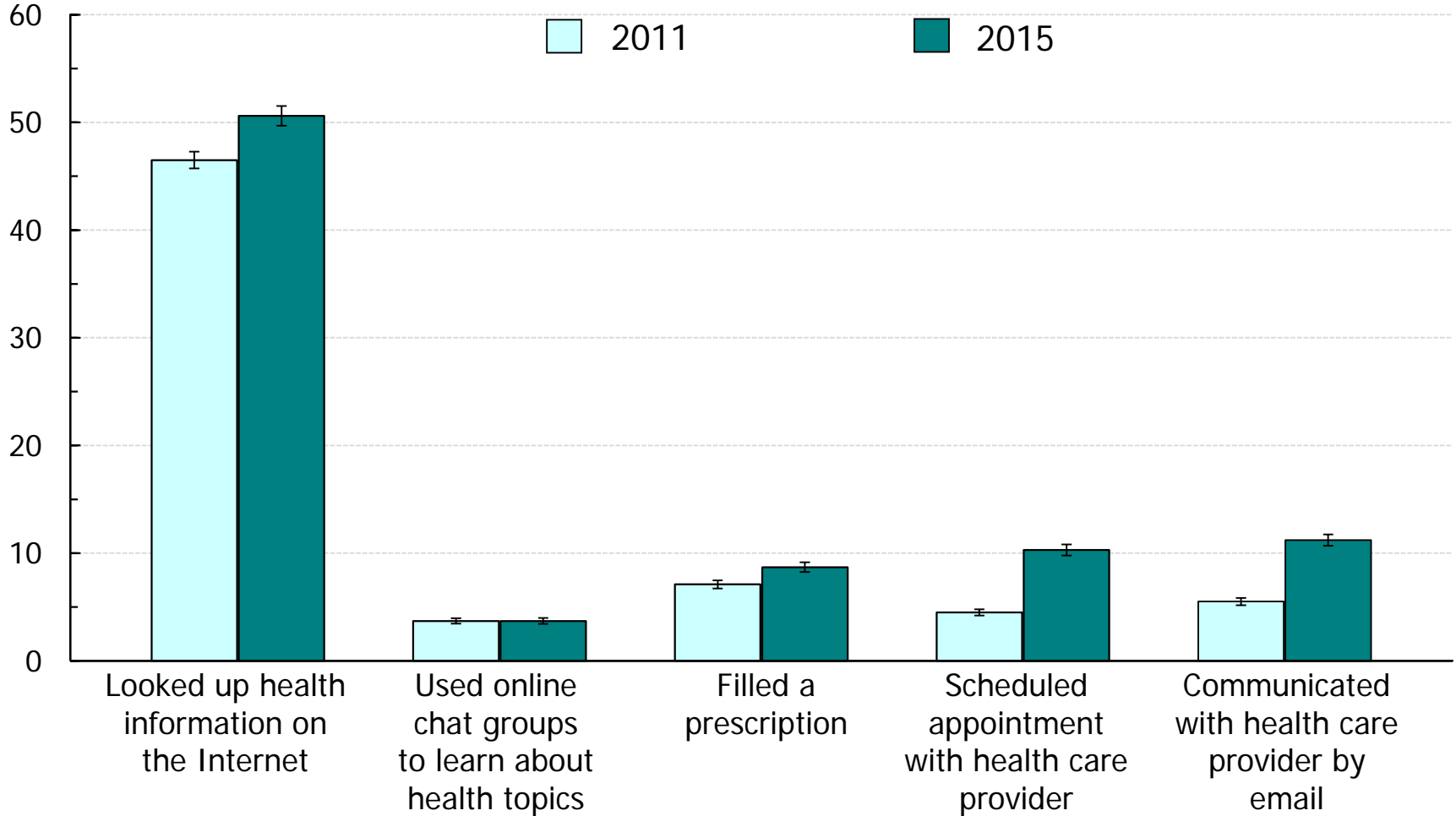
NOTES: I = 95% confidence interval. Data are age adjusted to the 2000 standard population. Data for broadband access are for persons aged 18 years and over who reported accessing the Internet at home via cable or satellite modem or DSL modem (broadband access). Data for access via wireless/mobile device are for persons aged 18 years and over who reported accessing the internet at home via a wireless/mobile device.

SOURCE: Health Information National Trends Survey (HINTS), NIH/NCI.

Objs. HC/HIT-6.2, 6.3

# Public Use of Health Information Technology

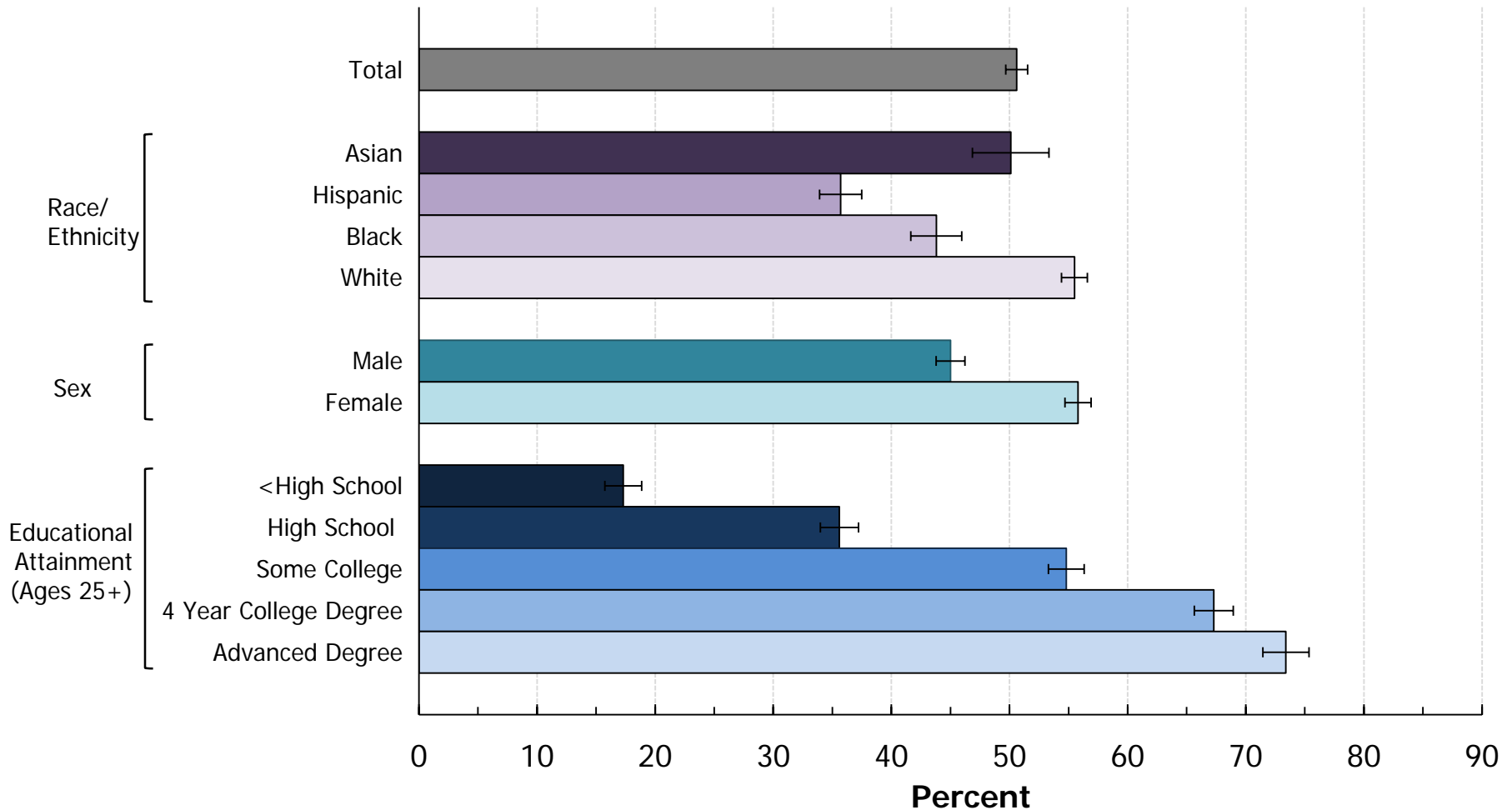
Percent



NOTES: I = 95% confidence interval. Data are for adults 18 years and older who used computers to: look up health information on the Internet; use online chat groups to learn about health topics; fill a prescription on the Internet; schedule an appointment with a health care provider using the Internet; or communicate with a health care provider over e-mail in the past 12 months.

SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

# Internet Use for Health Information, 2015

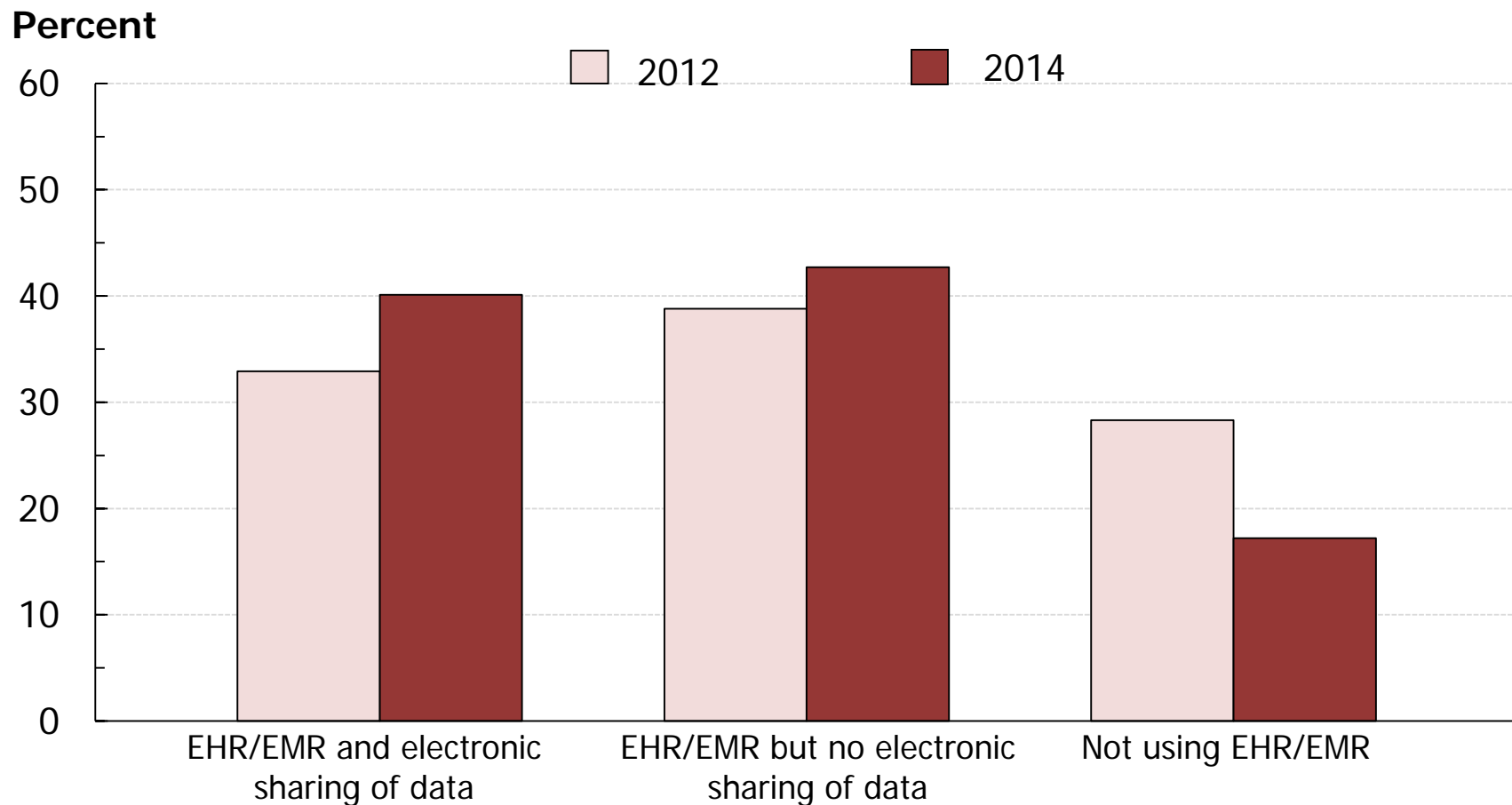


NOTES: — = 95% confidence interval. Except for education, data are for adults aged 18 and over who looked up health information on the Internet in the past 12 months. Data for the single race categories shown are for persons who reported only one racial group. Persons of Hispanic origin may be of any race. Black and white race categories exclude persons of Hispanic origin. Educational attainment is for adults 25 years and over.

SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.



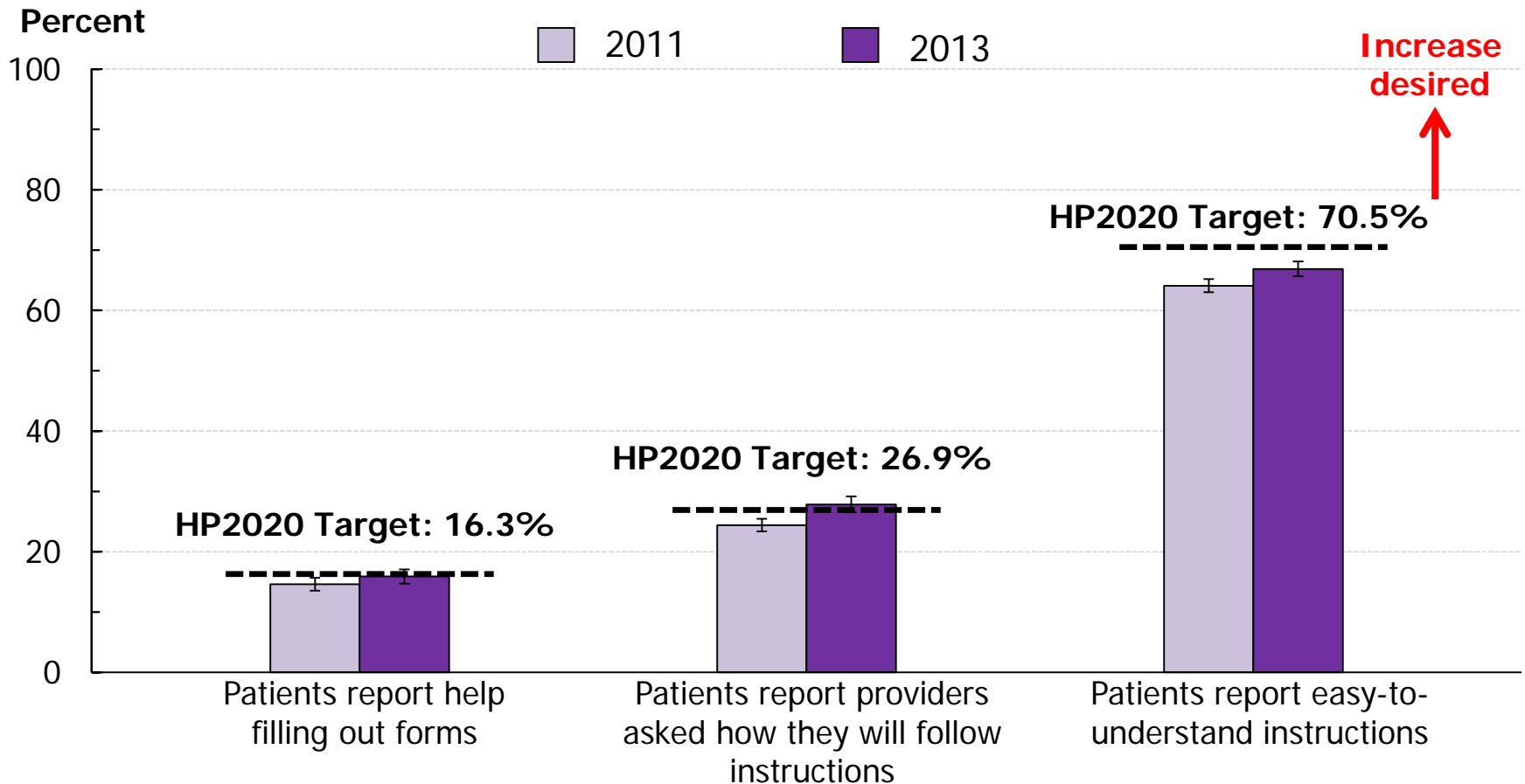
# Physicians' Use of Health Information Technology



NOTES: EHR – Electronic Health Record. EMR – Electronic Medical Record system. Data are for office-based physicians who used an EHR or EMR system and shared any patient health information (e.g., lab results, imaging reports, problem lists, medication lists) electronically with any other providers, including hospitals, ambulatory providers, or laboratories.

SOURCE: National Electronic Health Records Survey (NEHRS), CDC/NCHS.

# Patient Reports of Health Information and Help Offered by Health Care Providers

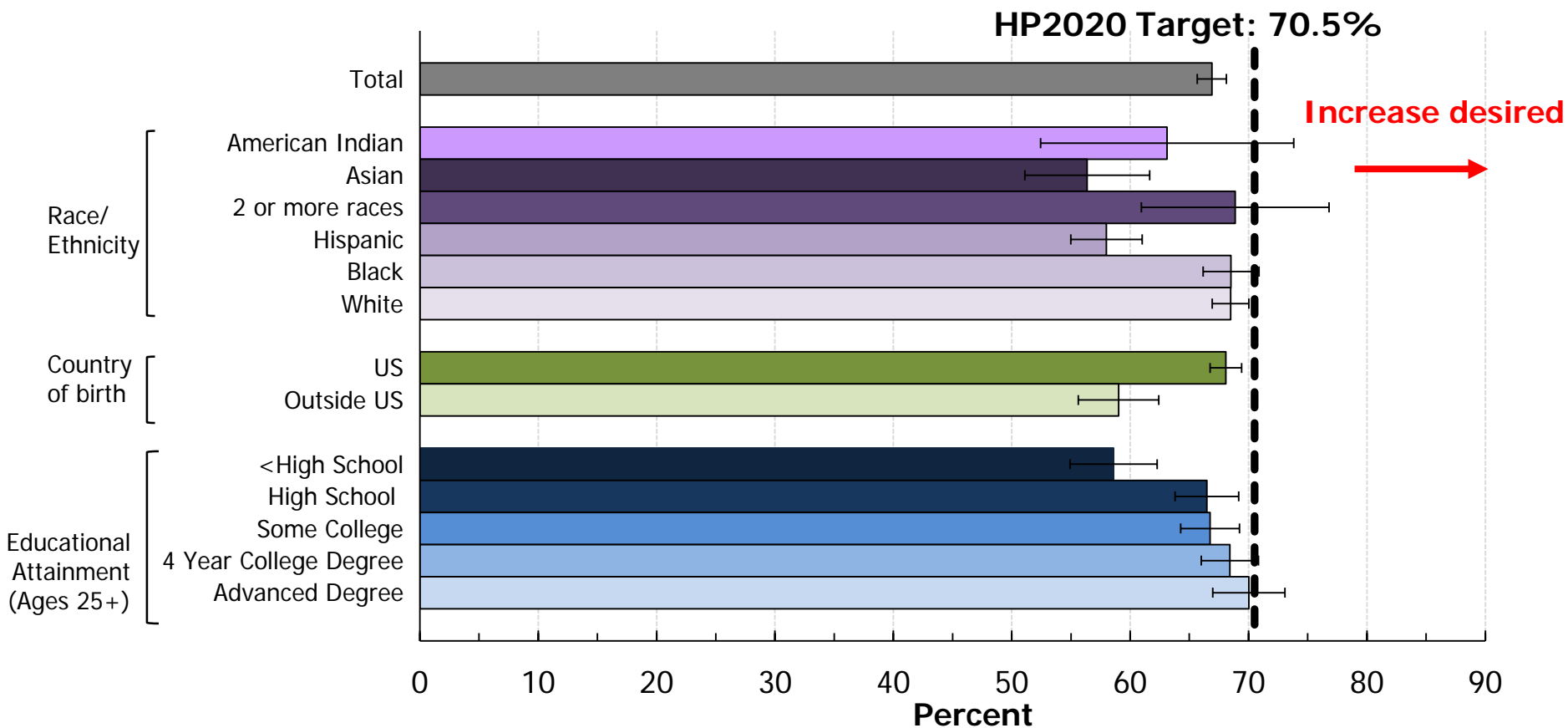


NOTES: I = 95% confidence interval. Data are for patients aged 18 years and over who reported they were always offered help in filling out a form at the doctor's or other health care provider's office; that their health care provider always asked them to describe how instructions would be followed, and always gave them easy-to-understand instructions about what to do about a specific illness or health condition in the last 12 months.

SOURCE: Medical Expenditure Panel Survey (MEPS), AHRO.

Objs. HC/HIT-1.1 through 1.3

# Patient Reports of Easy-to-Understand Instructions from Health Care Provider, 2013



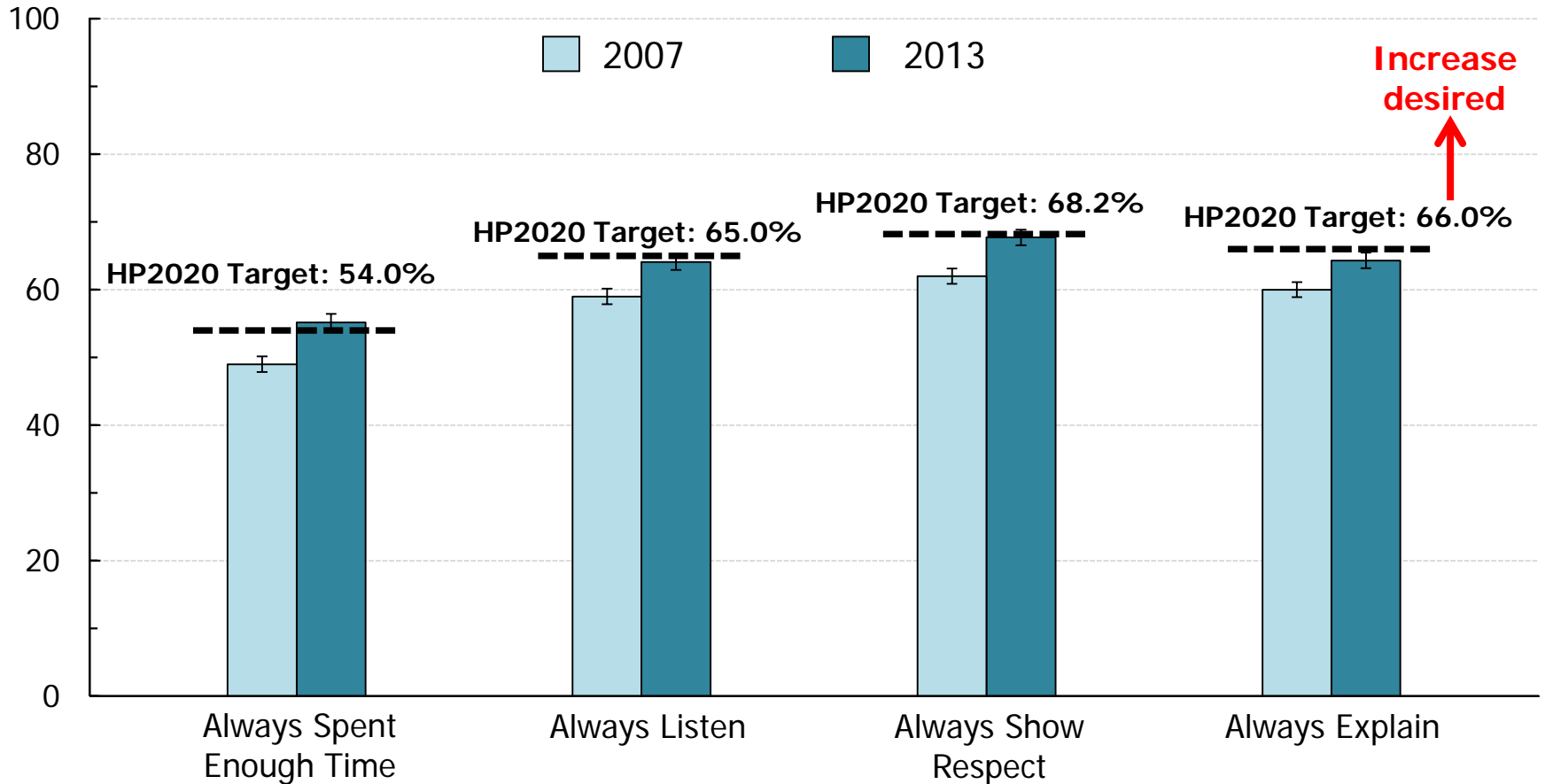
NOTES: — = 95% confidence interval. Except for education, data are for patients aged 18 years and over who reported that in the last 12 months, doctors or other health providers always gave them easy-to-understand instructions about what to do about a specific illness or health condition. American Indian includes Alaska Native. Respondents were asked to select one or more races. Persons of Hispanic origin may be of any race. Black and White exclude persons of Hispanic origin. Data for the single race categories shown are for persons who reported only one racial group. Educational attainment is for adults 25 years and over.

SOURCE: Medical Expenditure Panel Survey (MEPS), AHRQ.

Obj. HC/HIT-1.1

# Patient Reports of Health Care Providers' Communication Skills

Percent



Increase desired

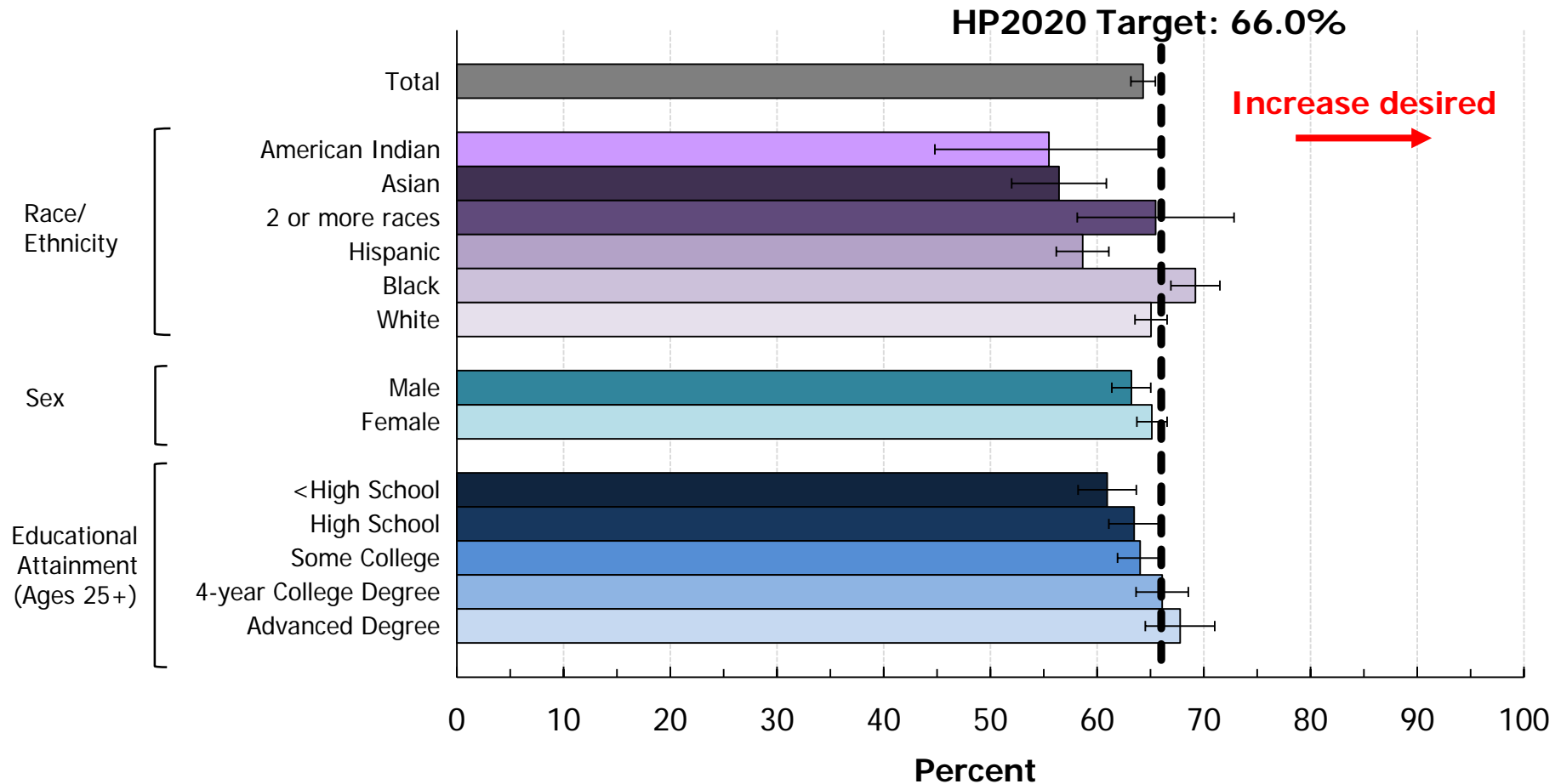


NOTES: I = 95% confidence interval. Data are for patients aged 18 years and over who reported that their doctors always spent enough time with them; always listened carefully to them; always showed respect for what they had to say; always explained things to them in a way that was easy to understand in the last 12 months.

SOURCE: Medical Expenditure Panel Survey (MEPS), AHRQ.

Objs. HC/HIT-2.1 through 2.4

# Patient Reports Health Care Providers Always Explain, 2013



NOTES: — = 95% confidence interval. Except for education, data are for patients aged 18 years and over who report having their doctor always explain things to them in a way that was easy to understand in the last 12 months. American Indian includes Alaska Native. Respondents were asked to select one or more races. Persons of Hispanic origin may be of any race. Black and White exclude persons of Hispanic origin. Data for the single race categories shown are for persons who reported only one racial group. Educational attainment is for adults 25 years and over.

SOURCE: Medical Expenditure Panel Survey (MEPS), AHRQ.

**Obj. HC/HIT-2.2**



# Key Takeaways – Educational and Community-Based Programs

- So far in the decade, 25 objectives have met the target, while 17 objectives are getting worse, moving away from their targets.
- Students are completing high school at an increasing rate, although disparities still exist by sex and race/ethnicity.
- Grade schools teaching students about health education and risk behaviors have decreased over the past decade.
- Colleges and universities are increasingly teaching students about health risk behaviors and these objectives have met their targets.
- MD granting medical schools are generally increasing public health content in their curricula.



# Key Takeaways – Health Communication and Health Information Technology

- Use of broadband access at home is decreasing but the use of Internet at home via wireless/mobile devices is increasing.
- Use of health information technology by the public and physicians is increasing.
- Disparities persist in use of Internet and health information technology by race/ethnicity, country of birth, and educational attainment.
- According to patient reports, health care providers' communication skills are improving.
- So far in the decade, 12 out of 25 Healthy People 2020 Health Communication and Health IT objectives have reached their targets or are improving.



# Targeting Social Influences that Shape Health Literacy in Communities

**Dr. Leonard Jack, Jr., PhD, MSc  
Director, Division of Community Health  
Centers for Disease Control and  
Prevention**

**June 16, 2016**





# The Centers for Disease Control and Prevention

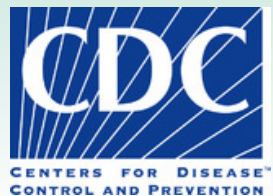




# CDC Division of Population Healthy Schools Program

Shared priorities between health and education:

- Increase quantity and quality of physical education, health education and physical activity
- Improve the nutritional quality of foods provided on school grounds
- Improve the capacity of schools to manage chronic conditions





# CDC Division of Population Healthy Schools Program

## **CDC's Role:**

- Quality of health education in schools
- Evidence-based guidelines and recommendations for school programs and policy
- Tools and resources for educators and administrators
- Training and professional development





# CDC Division of Population Health Healthy Schools Program

## Whole School Whole Community Whole Child (WSCCC)



# Twin Approach to Health Equity



Population-wide interventions with health equity in mind

Targeted culturally tailored interventions to address the greatest chronic disease burden

**Twin Approach**





# CDC Division of Community Health Programs Funded in Fiscal Year 2014

## PICH

- Partnerships to Improve Community Health (PICH)

## National Organizations

- National Implementation and Dissemination for Chronic Disease Prevention (National Orgs)

## REACH

- Racial and Ethnic Approaches to Community Health (REACH 2014)





# Partnerships to Improve Community Health (PICH)

- Evidence-based strategies to improve the health of communities and reduce the prevalence of chronic disease
- Multi-sectoral coalitions in:
  - Large cities and urban counties ( $\geq 500,000$ )
  - Small cities and counties (50,000- 499,999)
  - American Indian tribes and tribal organizations
- 39 awardees across the U.S.





# Partnerships to Improve Community Health (PICH)

Lima Family YMCA and Activate Allen County target 15 census tracts to improve health for persons at disproportionate risk for chronic disease.







# National Implementation and Dissemination for Chronic Disease Prevention

- Helps national organizations and local networks promote healthy communities, prevent chronic diseases, and reduce health disparities.
- 5 awardees
- Capacity Building and Implementation
- Dissemination and Training





# National Implementation and Dissemination for Chronic Disease Prevention

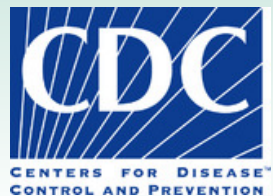
The National WIC Association supports local WIC agencies to implement strategies to increase access to chronic disease prevention, risk education, and poor nutrition services.





# Racial and Ethnic Approaches to Community Health (REACH)

- Implements locally tailored evidence- and practice-based population-wide improvements in priority populations
- Categories
  - Basic Implementation
  - Comprehensive Implementation





# Racial and Ethnic Approaches to Community Health (REACH)

Greenwood Leflore Hospital collaborates with community organizations to improve community-clinical linkages in Mississippi.

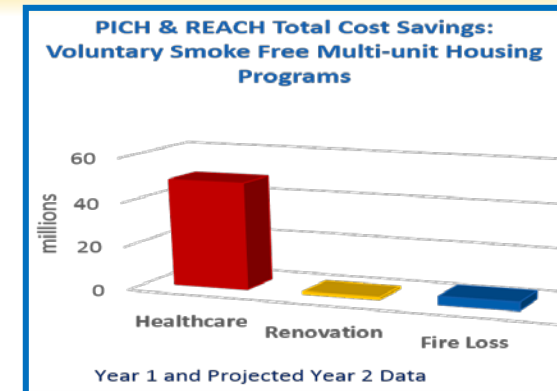




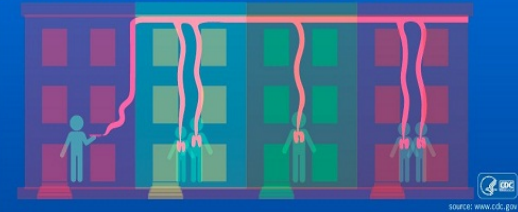
# Early Program Achievements

## Smoke Free Multi-unit Housing

- **Year 1 Actual & Year 2 Projected Reach = 470,286**
  - 182,000 children, 180,000 minority & 88,000 low income residents
- **Short-term Public Health Impacts**
  - > 9,800 residents will quit smoking\*
  - >167 hospitalizations prevented\*\*
- **\$53.6 Million Annual Cost Savings\*\***
  - \$48.7 M healthcare savings
  - \$1.14 M renovation
  - \$3.79 fire loss



## WALLS DON'T PROTECT YOU FROM SECONDHAND SMOKE EXPOSURE



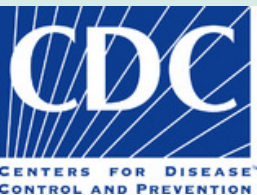
Prohibiting smoking in public housing nationally would save lives AND:

**\$153 million annually**

- \$94 million in secondhand smoke-related health care
- \$43 million in renovation expenses
- \$16 million in smoking-related fire losses



\*Community Guide 2012 \*\*King et al. 2013





# Early Program Achievements (cont.)

## 18 PICH and REACH Awardees

- **> 1.5 million students**
  - 60 minutes physical activity/day
- **Health Benefits (Short Term)\***
  - Achieve & maintain healthy weight
  - Strong bone & muscle development
  - Increased academic achievement
- **Cost Benefits (Long Term)\*\***
  - ***Each \$1 generates \$33.54 savings***
  - Health care costs
  - Increased future earnings
  - Reduced crime & justice system costs



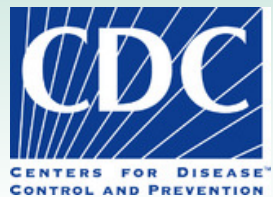
\*Community Guide 2013, Cochrane Dobbins, 2013Cochrane Waters 2011 \*\*WA SIPP 2015



# Long-Term Outcomes

**DCH programs reinforce activities towards three goals.**

1. Reduce rates of death and disability due to tobacco use by **5%**
2. Reduce prevalence of obesity by **3%**
3. Reduce rates of death and disability due to diabetes, heart disease, and stroke by **3%**

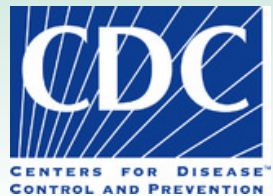




# Future Focus of DCH



- Continue to promote sustainable programs
- Build the evidence base of best practices with maximum impact
- Communicate the success of community based health approaches
- Share the evidence and best practices with non-funded communities







# Thank you!

For more information, please contact the Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

Visit: [www.cdc.gov](http://www.cdc.gov) | Contact CDC at: 1-800-CDC-INFO or [www.cdc.gov/info](http://www.cdc.gov/info)

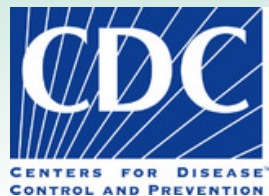
The findings and conclusions in this report are those of the author and do not necessarily represent the official position of the CDC.





# CDC Resources

- Division of Population Health/Healthy Schools
  - <http://www.cdc.gov/healthyschools>
- Division of Community Health
  - <http://www.cdc.gov/nccdphp/dch/index.htm>
- Practitioner's Guide to Advancing Health Equity
  - <http://www.cdc.gov/nccdphp/dch/health-equity-guide/index.htm>
- Community Health Online Resource Center (CHORC)
  - <http://www.cdc.gov/nccdphp/dch/online-resource/index.htm>





# Healthy People (HP) 2020 Progress Review Webinar

## **Targeting Social Influences that Shape Health Literacy in Communities: The HRSA Perspective**

**Sarah R. Linde, M.D.**

**Rear Admiral, U.S. Public Health Service  
Chief Public Health Officer**

**Health Resources and Services Administration (HRSA)**

**June 16, 2016**





# HRSA Mission

**To improve health and  
achieve health equity through  
access to quality services,  
a skilled health workforce and  
innovative programs**



**HRSA**  
Health Resources & Services Administration





Advanced Search



## National Women's Health Week

Learn more about how to encourage women to make their health a priority.

### News and Announcements

HHS Awards over \$260 Million to Health Centers Nationwide to Build and Renovate Facilities to Serve More Patients (5/4/2016)

HHS awards \$5 million to Puerto Rico health centers to fight the spread of Zika virus (4/26/2016)

HRSA awards \$345 million to support families through the voluntary home visiting program (4/1/2016)

[More HRSA News >](#)

### Funding Opportunities



Scholarships & Loan Repayment



Grants

### HRSA Program Areas

- > Health Centers
- > Health Workforce
- > HIV/AIDS & Ryan White
- > Maternal & Child Health
- > National Health Service Corps
- > Organ Donation & Transplantation
- > Poison Help
- > Federal Office of Rural Health Policy
- > 340B Drug Pricing
- > Injury Compensation
- > Public Health
- > Data and Statistics
- > Tribal Consultation



# HRSA Strategic Plan

- 1. Improve Access to Quality Care and Services**
- 2. Strengthen the Health Workforce**
- 3. Build Healthy Communities**
- 4. Improve Health Equity**
- 5. Strengthen Program Management and Operations**





# HRSA Goal 2: Strengthen the Health Workforce

## Objective 2.1:

**Advance the competencies of the healthcare and public health workforce**



## Objective 2.2:

**Increase the diversity and distribution of the health workforce and the ability of providers to serve underserved populations and areas**



# HRSA Goal 3: Build Healthy Communities

## Objective 3.2:

**Strengthen the focus on health promotion and disease prevention across populations, providers, and communities**



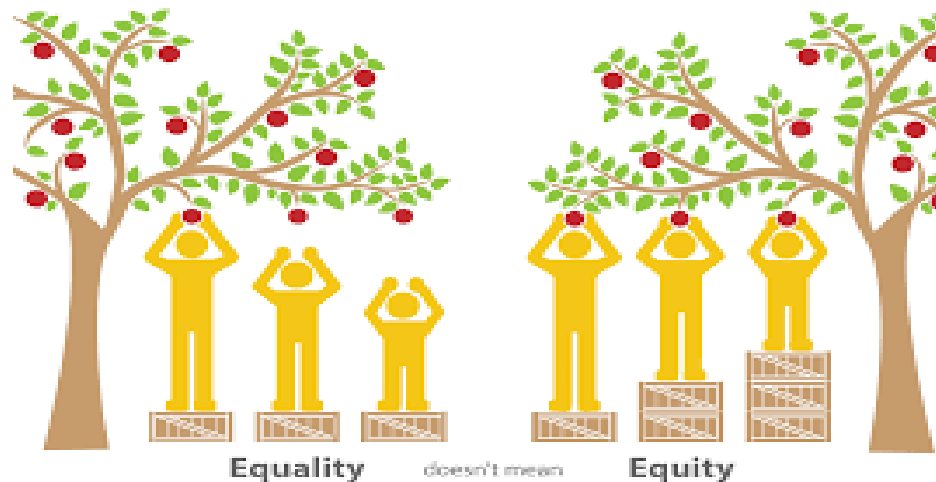




# HRSA Goal 4: Improve Health Equity

## Objective 4.1:

**Reduce disparities in access and quality of care, and improve health outcomes across populations and communities**



# Why Literacy about Health Literacy Matters



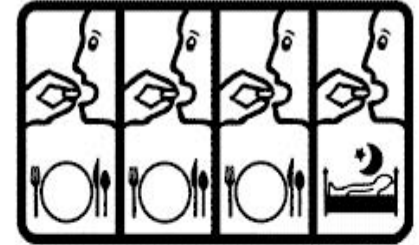
- **Limited health literacy affects most adults at some point**
- **Populations most likely to experience limited health literacy:**
  - **Adults over the age of 65 years**
  - **Racial and ethnic groups other than White**
  - **Recent refugees and immigrants**
  - **People with less than a high school degree or GED**
  - **People with incomes at or below the poverty level**
  - **Non-native speakers of English**
- Source: 2010 National Action Plan to Improve Health Literacy



# Innovative Approaches To Improve Health Literacy

- Adopting User-Centered Design
- Universal Precautions Approach
- Targeting and Tailoring Communication
- Making Organizational Changes

**Source:** 2010 National Action Plan for Health Literacy



© 1997 USPC

Take 4 times a day, with meals and at bedtime.



© 1997 USPC

Store in refrigerator.





# HRSA Women's Health Care Counts Challenge

**¿Necesitas seguro médico?**

La nueva Ley de Cuidado de Salud a Bajo Precio (Affordable Care Act) beneficia a las mujeres y a sus familias en diferentes maneras. Proporciona un mejor acceso a una cobertura de salud, termina prácticas de seguro que discriminan por motivos de género, amplía la cobertura para los niños y mejora los servicios de atención a largo plazo.

**Todos los planes en un solo lugar**  
El Mercado de Seguro de Salud Médico hace que sea más fácil obtener cobertura de salud. Todos los planes se encuentran en un solo lugar, por lo que usted puede hacer comparaciones de beneficios y precios.

**Todos los planes cubren lo esencial**  
Todos los planes que se ofrecen en el Mercado cubren lo que es importante, como las visitas al médico, hospitalización, atención de emergencia, recetas y más.

**Servicios preventivos para mujeres**  
Ya no tendrá que pagar parte de los gastos directos de su bolsillo por la atención preventiva. Esto incluye servicios tales como vacunas, mamografías y otros exámenes para ciertos tipos de cáncer. Los planes de salud ya no pueden exigir que las mujeres obtengan una autorización previa o de referencia para visitar a un ginecólogo.

**Inscríbase hoy en el Mercado de Seguros Médicos visitando CuidadoDeSalud.gov**  
Para más información, llame a los Centros de Servicio de Medicare y Medicaid 1-800-318-2596 y 1-855-689-4325 (TTY/TTD).

**You're gonna love HealthCare.gov!**

HealthCare.gov has all the info you need on the new Health Insurance Marketplace and easy sign up for affordable health plans for you and your family.

Information & sign up:  
1-800-318-2596 (toll free)  
1-855-689-4325 (TTY/TTD)  
visit HealthCare.gov

These health plans all cover:

- Well Woman visits to the doctor
- Sexual health services
- Tests during your pregnancy
- Health screenings for your entire family

Do yourself, your family a favor: go to HealthCare.gov today!

**You and Your Family are Covered!**

**Affordable Care Act Health Insurance Marketplace**  
<http://www.healthcare.gov>  
1-800-318-2596 TTY/TTD 1-855-689-4325

**¡Hola! ¡Invitada!**

Para recibir servicios de salud preventivos

El servicio de salud preventiva que le ofrece puede ayudarle a mantenerse saludable y a cuidar a sus hijos. ¡No se lo pierda!

Para más información, visite [www.healthcare.gov](http://www.healthcare.gov) o llame al 1-800-318-2596 (línea gratuita) o al 1-855-689-4325 (TTY/TTD).

**HRSA**  
Health Resources & Services Administration





# HRSA Regional Public Health Training Centers





# HRSA HIV/AIDS Bureau



## In It **Together**

NATIONAL HEALTH LITERACY PROJECT FOR BLACK MSM



The *In It Together* project includes highly interactive online trainings





# HRSA Support of HHS Biennial Health Literacy Action Plan

- **Seeking public input on information products**
- **Using health literacy or plain language tools in creating or revising information products**
- **Training Staff on Plain Language**
- **Funding programs that empower people to be involved and active in their health**
- **Performing research, implementation, and evaluation activities to improve health literacy**





# HRSA Office of Health Equity


*Discussion Paper*

## Health Literacy: A Necessary Element for Achieving Health Equity

Robert A. Logan, Winston F. Wong, Michael Villaire, Gem Daus, Terri Ann Parnell,  
Earnestine Willis, and Michael K. Paasche-Orlow

July 24, 2015

**HRSA**  
Health Resources & Services Administration

 <http://www.nam.edu/perspectives/2015/Health-literacy-anecessary-element-for-achieving-health-equity>





# Summary



- Health communication
- Health information technology
- Educational programs
- Community-Based programs





# Resources

- HRSA.gov
- [http://health.gov/communication/hlactionplan/pdf/Health\\_Literacy\\_Action\\_Plan.pdf](http://health.gov/communication/hlactionplan/pdf/Health_Literacy_Action_Plan.pdf)
- Care Counts Challenge:  
<http://carecounts.devpost.com>
- <https://careacttarget.org/ace>
- <http://www.nam.edu/perspectives/2015/Health-literacy-a-necessary-element-for-achieving-health-equity>



# Thank You!

**Sarah R. Linde, M.D.**  
**RADM U.S. Public Health Service**  
**Chief Public Health Officer**  
**Health Resources and Services Administration**

**[slinde@hrsa.gov](mailto:slinde@hrsa.gov)**

**301-443-2216**







# The Office of Disease Prevention and Health Promotion



## Dietary Guidelines

Read more about the Nation's go-to sources for science-based recommendations.



## Physical Activity Guidelines

Discover why physical activity improves health and learn innovative ways to get the Nation moving.



## Health Literacy and Communication

Explore health literacy and communication tools, research and initiatives, and other professional resources.



## Health Care Quality and Patient Safety

Learn more about our initiatives to improve patient care and safety throughout the United States.



Healthy People  
2020

## Healthy People 2020

Access our 10-year health promotion and disease prevention objectives and get tools to improve community health.



## healthfinder.gov

Learn about important prevention and wellness information. It's evidence-based, actionable, and easy to use.



# Health Communication and Health Information Technology

- Goal: Use health communication strategies and health information technology (IT) to improve population health outcomes and health care quality, and to achieve health equity



## Health and Health Care

- Access to Health Care
- Access to Primary Care
- Health Literacy



[View All](#) Social Determinants of Health Domains



# Health Communication and Health Information Technology, Cont'd

- Health Literacy Workgroup
- National Action Plan to Improve Health Literacy
- HHS Biennial Health Literacy Action Plan
- Health Literate Care Model
- National Quality Health Website Survey
- Health Literacy Online



# Health Literacy Workgroup

- The workgroup collaborates to ensure that improving health literacy remains a priority for HHS.
- The workgroup strives to:
  - Create understandable and actionable health information
  - Support and facilitate engaged and activated health consumers
  - Refresh the health literacy science base on a regular basis



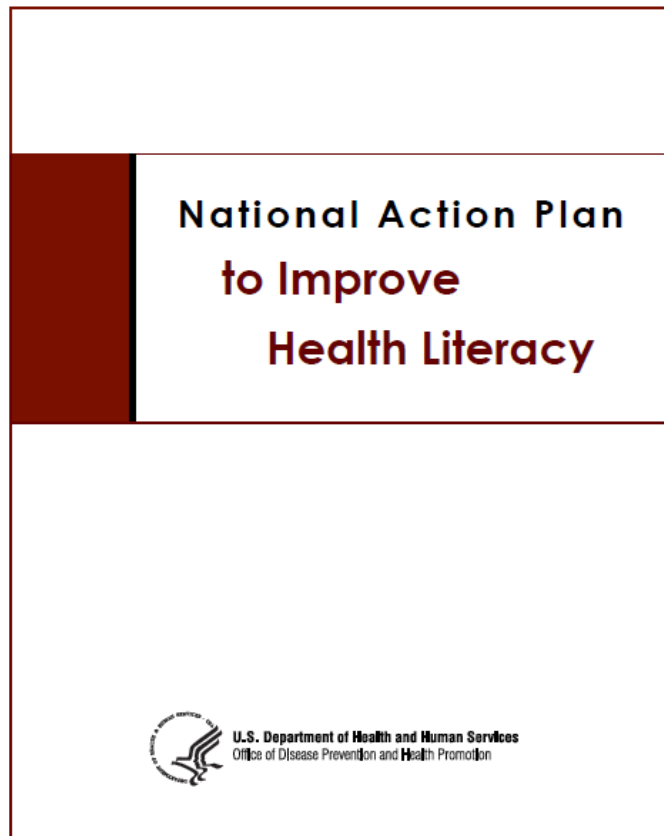


# Health Literacy Workgroup, Cont'd

## ■ Federal Collaboration

- Administration for Children and Families (ACF)
- Administration for Community Living (ACL)
- Agency for Healthcare Research & Quality (AHRQ)
- Assistant Secretary for Planning and Evaluation (ASPE)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Food and Drug Administration (FDA)
- Health Resources and Services Administration (HRSA)
- Indian Health Service (IHS)
- Immediate Office of the Secretary (IOS)
- National Institutes of Health (NIH)
- Office of the Assistant Secretary for Health (OASH)
- Office of the National Coordinator for Health Information Technology (ONC)
- Substance Abuse and Mental Health Services Administration (SAMHSA)

# National Action Plan to Improve Health Literacy



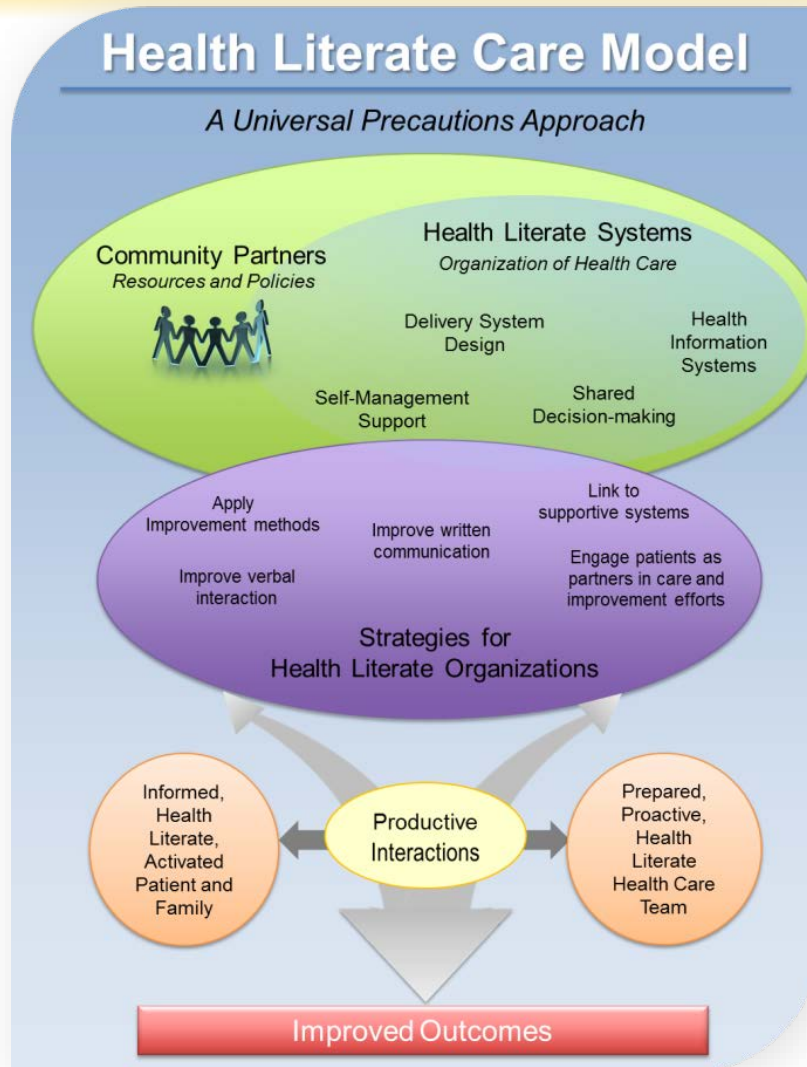
<http://health.gov/communication/initiatives/health-literacy-action-plan.asp>



# HHS Biennial Health Literacy Action Plan 2015-2017

- The action plan was informed by:
  - HHS 2010 National Action Plan to Improve Health Literacy
  - Healthy People 2020 HC/HIT objectives
  - Results from health literacy research and evaluations funded by HHS
  - Input from agency leadership and staff

# Health Literate Care Model



**A Proposed 'Health Literate Care Model' Would Constitute A Systems Approach To Improving Patients' Engagement In Care**

Koh, H.; Brach, C.; Harris, L.M.; and Parchman, M.L. (2013) "A Proposed 'Health Literate Care Model' Would Constitute A Systems Approach to Improving Patients' Engagement in Care." *Health Affairs*. No. 2 (357-367).



# National Quality Health Website Survey

- ODPHP led the development of objectives and targets specific to health-related websites, and their ability to:
  - Meet key reliability criteria (HC/HIT-8.1)
  - Follow established usability principles (HC/HIT-8.2)
- Objectives HC/HIT-8.1 and 8.2 are measured with the National Quality Health Website Survey, which evaluates a sample of health websites using instruments to assess website information reliability and website usability

[http://health.gov/communication/initiatives/National Quality Health Website Survey.pdf](http://health.gov/communication/initiatives/National_Quality_Health_Website_Survey.pdf)

# Health Literacy Online

Health Literacy Online

Print: Health Literacy Online

Search

Foreword

About

1. What We Know ▼

2. Write ▼

3. Display ▼

4. Organize ▼

5. Engage ▼

6. Test ▼

Checklist

Appendices ▼

h Return to health.gov

Health Literacy Online

A Guide for Simplifying the User Experience

Scroll to begin

Table of Contents

<http://health.gov/healthliteracyonline/>

# healthfinder.gov



Office of Disease Prevention  
and Health Promotion

health.gov

healthfinder.gov

HealthyPeople.gov



U.S. Department of Health and Human Services

## healthfinder.gov

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when they may be easier to treat.

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### Health Topics

Get information to help you and your loved ones stay healthy.

Health Conditions  
and Diseases



Doctor Visits

Nutrition and  
Physical Activity



Everyday Healthy

Pregnancy



Parenting



myhealthfinder

See which preventive services  
you or a loved one may need  
this year.

Age:

Sex:  Female  
 Male











# CDC & Public Health Communication

- Communication of accurate & timely information is 1 element of effective public health
  - Dr. Thomas Frieden, CDC Director, *AJPH*, 2014
- CDC's Office of the Associate Director for Communication (OADC) leads agency communication strategy & execution
  - Mission: leading customer-centered, science-based, & high-impact communication
  - Goals
    - Maximize strategic communication
    - Ensure CDC's work is accessible, understandable, & actionable
    - Maximize public trust & credibility



# CDC's Communication Approach

- 3 of 12 OADC communication principles include health literacy techniques
  - Plain language works best to eliminate ambiguity in research results and health recommendations
  - CDC considers diverse cultural & societal values & beliefs when developing messages
  - CDC communication is science-based, timely, accurate, respectful, credible, & consistent
- Communication expertise also is in Centers, Offices, divisions & branches



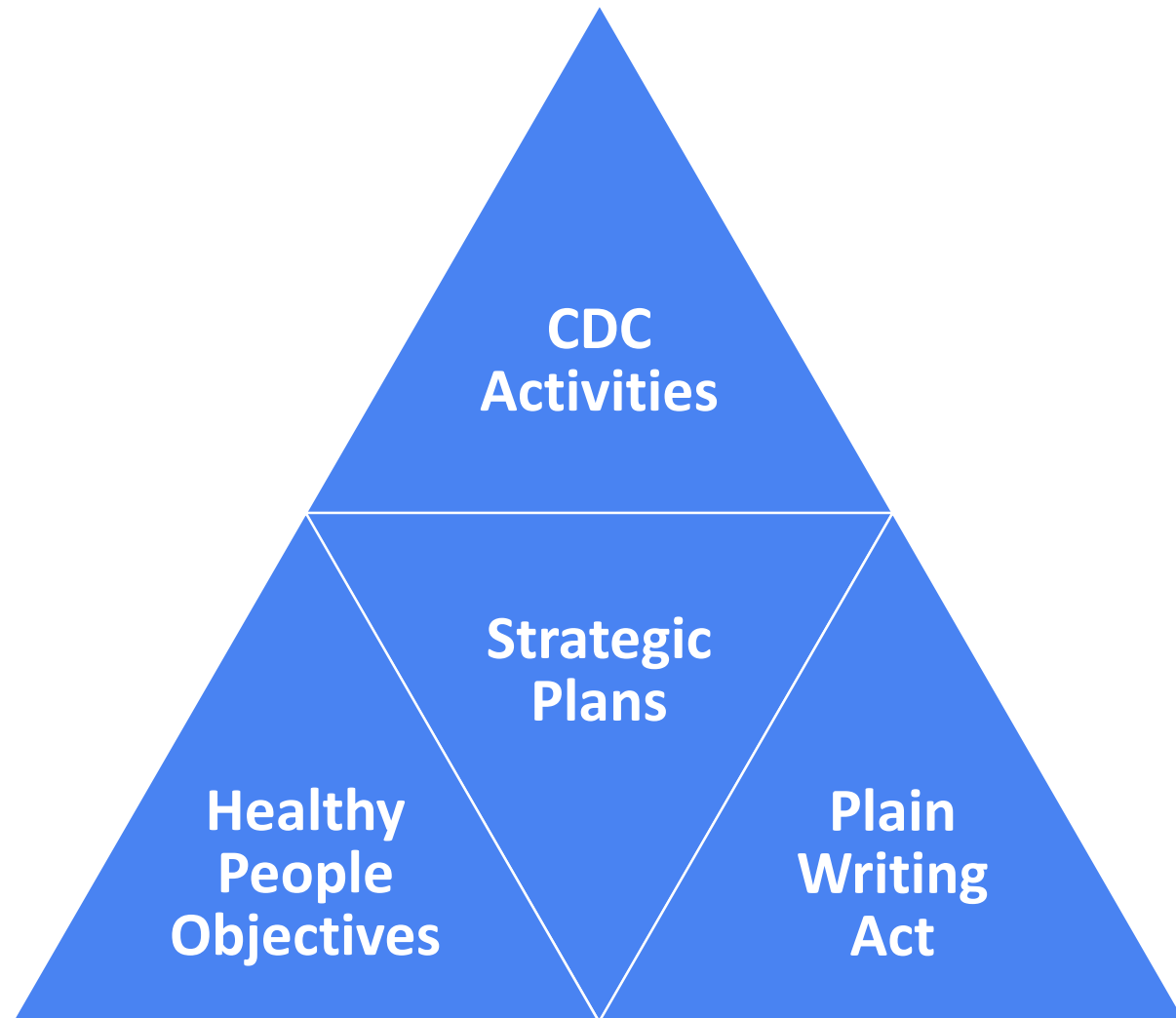
# CDC's Health Literacy Perspective

Health literacy results when we bridge gaps in communication



- Health literacy techniques help professionals focus on audiences' needs when they
  - Share information with the public
  - Inform the public's health decisions
  - Support protective health behaviors

# Elements of CDC's Approach to Health Literacy

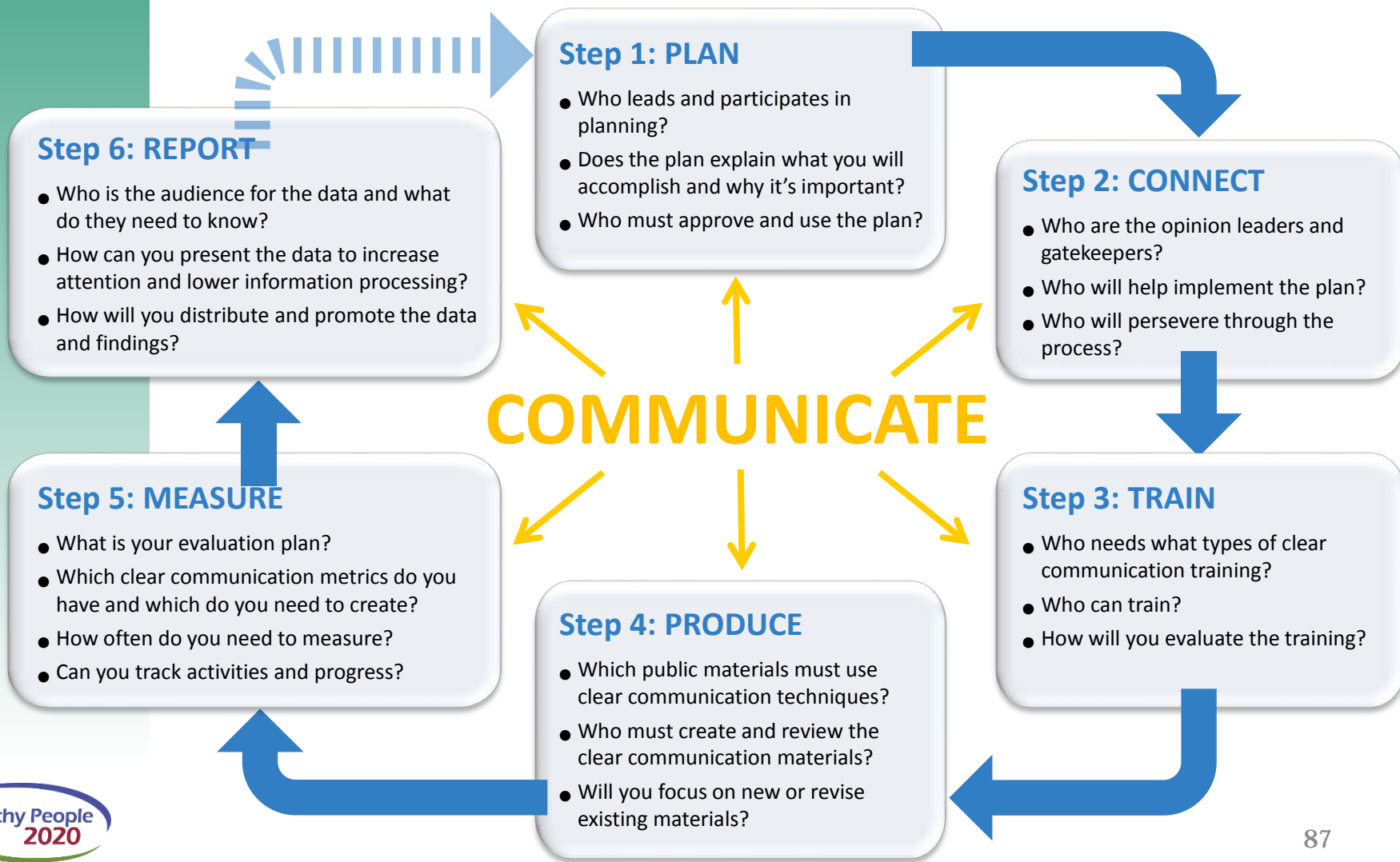




# CDC's Support of HHS Health Literacy Work

- Co-lead with ODPHP the HHS Health Literacy Workgroup
- Co-lead with ODPHP & ONC the HP2020 Health Communication & Health IT Workgroup
- Measuring the HP2020 objective on how risk information is communicated to the public
  - Proposed objective
  - Created measurement system
  - Providing data

# How CDC is Promoting a Clear Communication Culture





# Examples of CDC's Health Literacy Activities & Implementation

- Health literacy website
- CDC Clear Communication Index
- Everyday Words plain language suggestions
- Training and presentations
  - 5 online health literacy courses
- CDC.gov Features, Vital Signs & syndication of content
- Messages in popular formats & channels
  - Social media
  - Tips from Former Smokers campaign





# CDC's Health Literacy Criteria

- Science-based, standard clear communication criteria for developing and evaluating messages & materials
- Index criteria cover
  - Main message, call to action, language, content organization, uncertainty
  - Health behaviors
  - Numeracy
  - Health risks
- CDC Clear Communication Index



# Example: Health Literacy in Practice with Zika Response

## Zika Virus

- Zika Virus Home
- What CDC is Doing
- About Zika Virus Disease +
- Prevention +
- Transmission +
- Symptoms, Diagnosis, & Treatment
- Areas with Zika +
- Information for Specific Groups -
- Pregnant Women +
- State & Local Public Health Laboratories +

[CDC](#) > [Zika Virus Home](#) > [Information for Specific Groups](#)

### Women & Their Partners Who are Thinking about Pregnancy



Language: English

If you aren't pregnant, but you're thinking about having a baby, here's what you can do.

1. Talk with your doctor or healthcare provider.
2. Take steps to [prevent mosquito bites](#).
3. Take steps to [prevent getting Zika through sex](#).

### Talk with your doctor or other healthcare provider

Women and their partners who are thinking about pregnancy should talk with their doctor or healthcare provider about

- Their plans for having children
- The potential risk of getting Zika during pregnancy
- Their partner's potential exposures to Zika



# Next Steps

- Consider how to meet the need for
  - plain language materials in languages other than English
  - formats other than printed text that people with limited literacy skills can use
  - audience testing of materials



## **Healthy People 2020 Progress Review:**

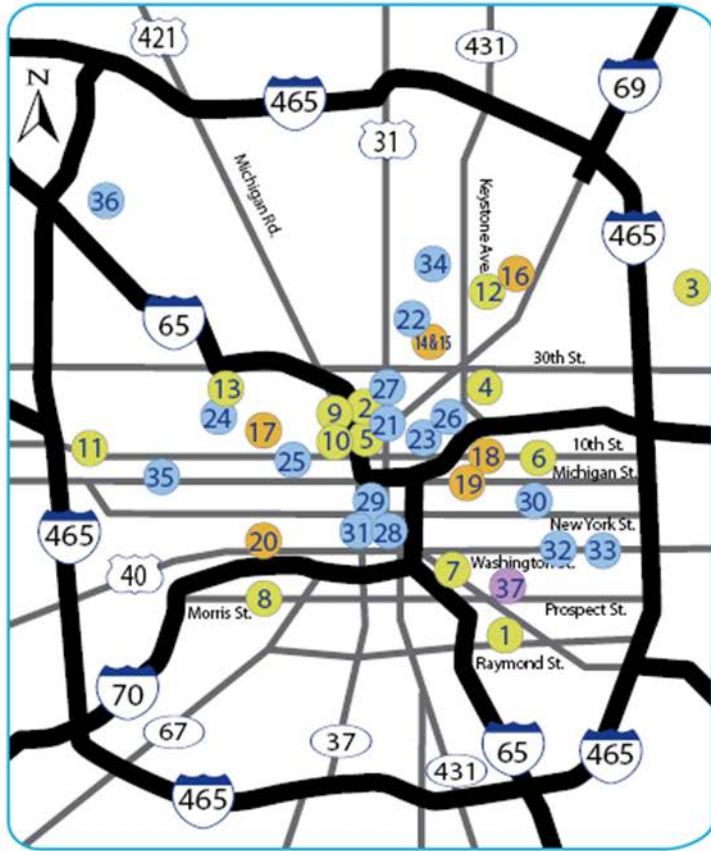
# **Targeting Social Influences that Shape Health Literacy in Communities**

**Coco Lukas, MPH** – Quality Coordinator  
**Jane Meyer, MA** – Health Education Manager





# HealthNet is a Federally Qualified Health Center (FQHC)



- 9 Health Centers
- 7 School-Based Clinics
- Homeless Initiative Program
- Healthy Families

HealthNet offers care to more than **59,000 patients** each year

Indianapolis, Indiana



# Patient-Centered Medical Home (PCMH)



- 52 PCMH standards
- 100% PCMH compliance at June 2015 survey
- Two health literacy PCMH standards:
  1. The interdisciplinary team identifies the patient's health literacy needs
  2. Patient education is consistent with the patient's health literacy needs

# Health Literacy Universal Precautions

Anyone at anytime is at risk for not understanding their health information so we communicate in ways that everyone can understand

## Why Health Literacy Universal Precautions?

- You cannot tell by looking at someone
- Literacy does not equal health literacy
- Health literacy is situational
- Everyone benefits



# Health Literacy Committee



**Our Purpose** is to educate and support HealthNet staff and providers









**Our Tasks** are to:

- Educate all staff
- Recognize and celebrate health literacy best practices
- Simplify and improve materials



# Educate All Staff

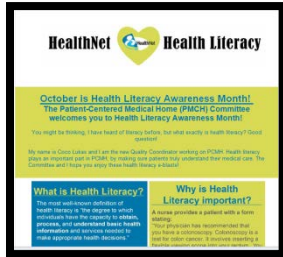
## Health Literacy Universal Precautions

-  Recognize red flags for low-health literacy
-  Speak slowly
-  Use plain language
-  Show or draw pictures
-  Chunk information
-  Use easy-to-read written materials
-  Apply the Teach-back method
-  Create a safe environment

- **Developed training icons**
- **New hire training**
- **Essential annual training**



# Recognize and Celebrate Health Literacy Best Practices



## 2013 Health Literacy Awareness Month

e-blasts to staff promoting health literacy methods: plain language, teach-back and storytelling



## 2014 Health Literacy Awareness Month

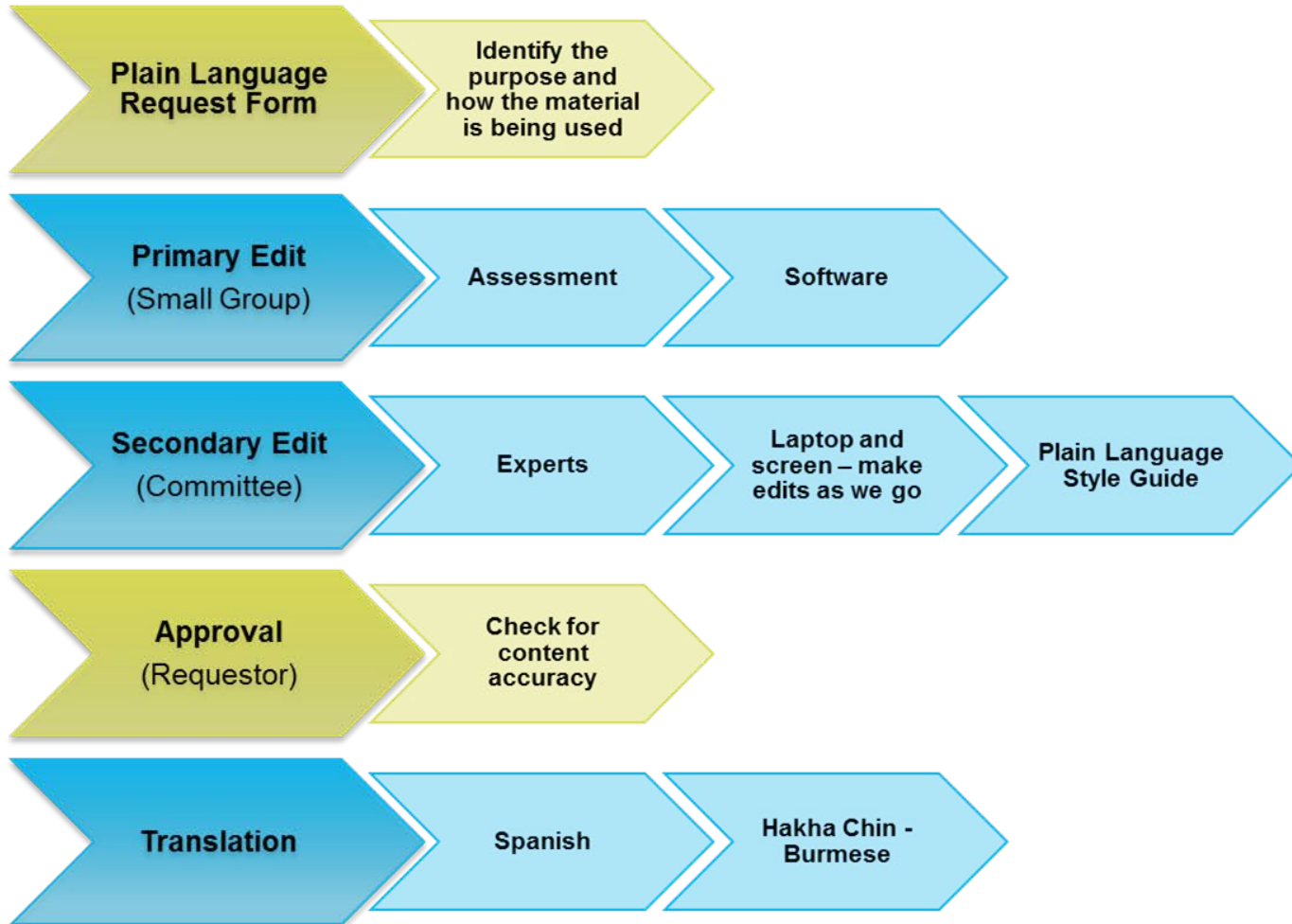
Visual/written depiction of how Health Literacy Universal Precaution methods are applied at each Health Center



## 2015 Health Literacy Awareness Month

Video highlighting the efforts of HealthNet Health Literacy Heroes

# Simplify and Improve Materials





# Educational and Community-Based Programs

## Insurance Outreach & Enrollment

- Assist community with enrollment in state plans and the Marketplace
- Train staff and simplify material

## Healthy Families

- Work with parents in their homes to build strong families
- Simplify and improve participant survey

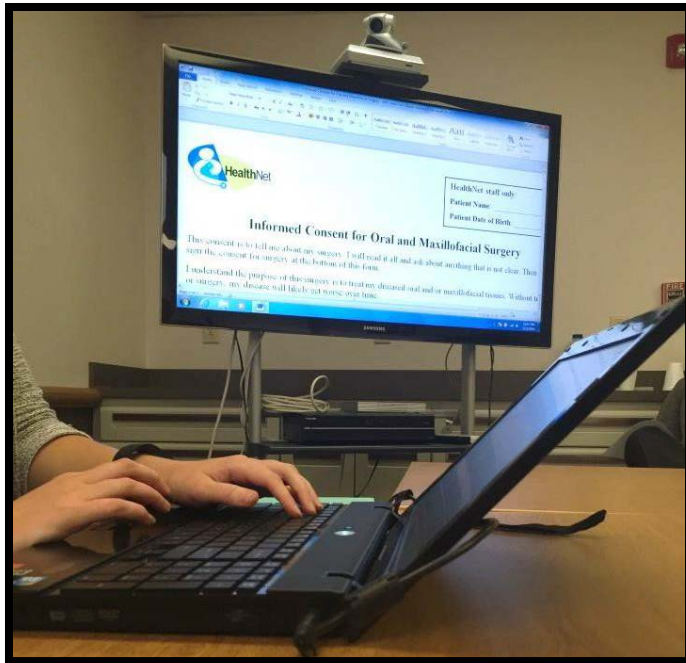
## Tobacco Cessation and Nutrition

- Support patients with behavior change
- Develop easy-to-understand action plans and follow-up on patient progress





# Measure of Success: Revision Inventory & Training Data



## Revision Inventory

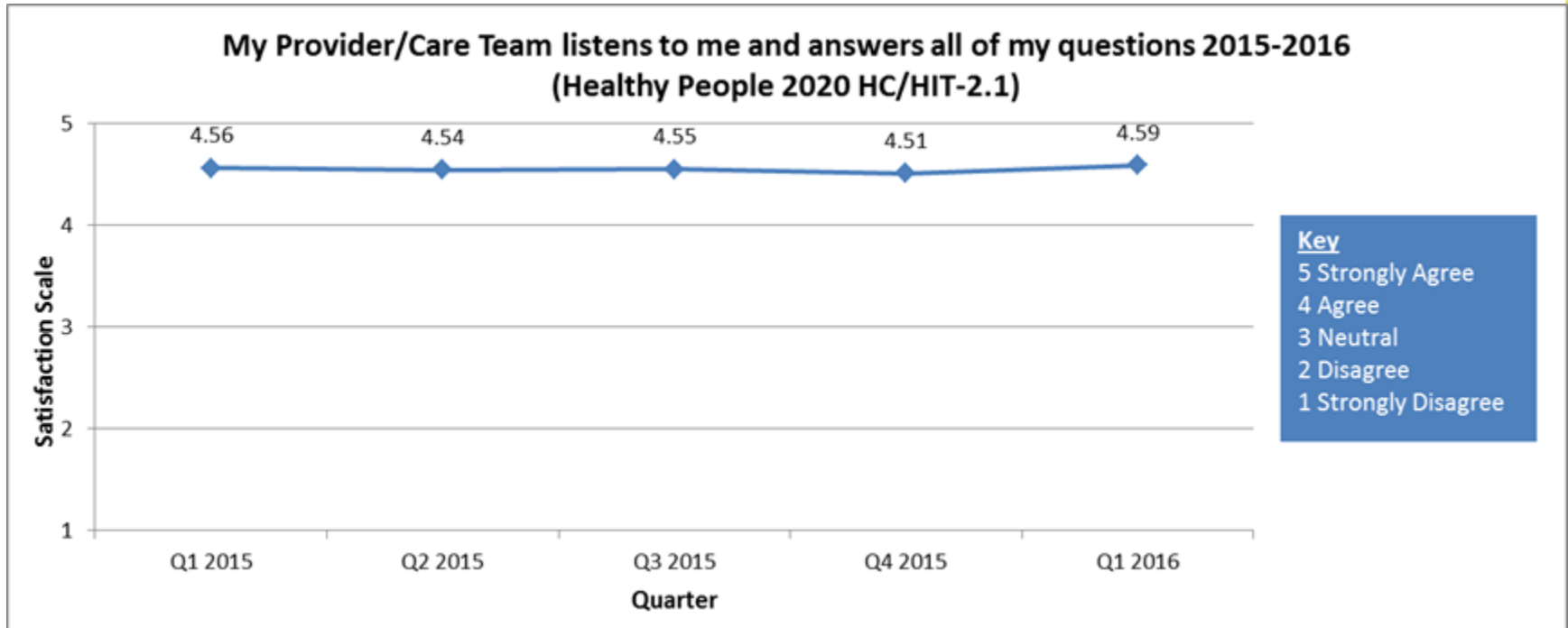
- The number of plain language revisions increase yearly

## Training Data

- Training began in 2014
- Every new hire is trained
- 95% of 238 new employees passed the health literacy quiz in one attempt (September 2014 – March 2016)

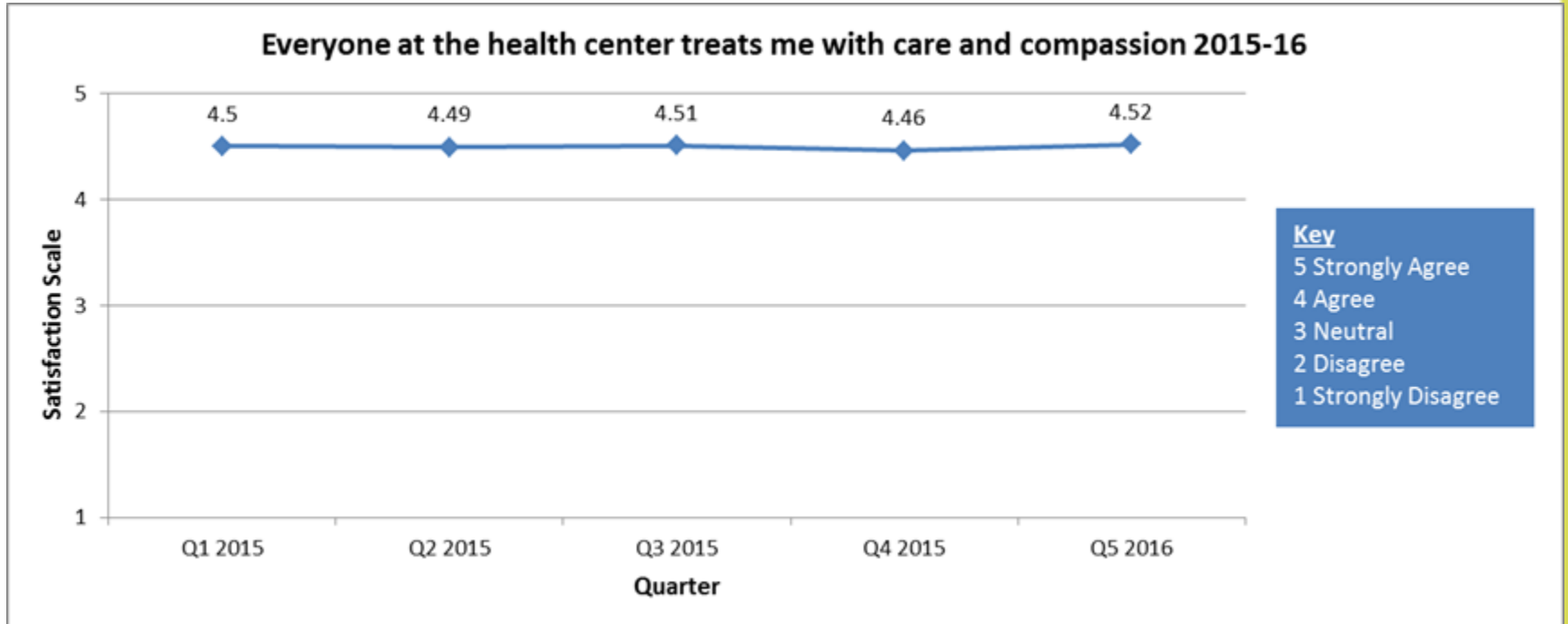


# Measure of Success: Patient Feedback Trends



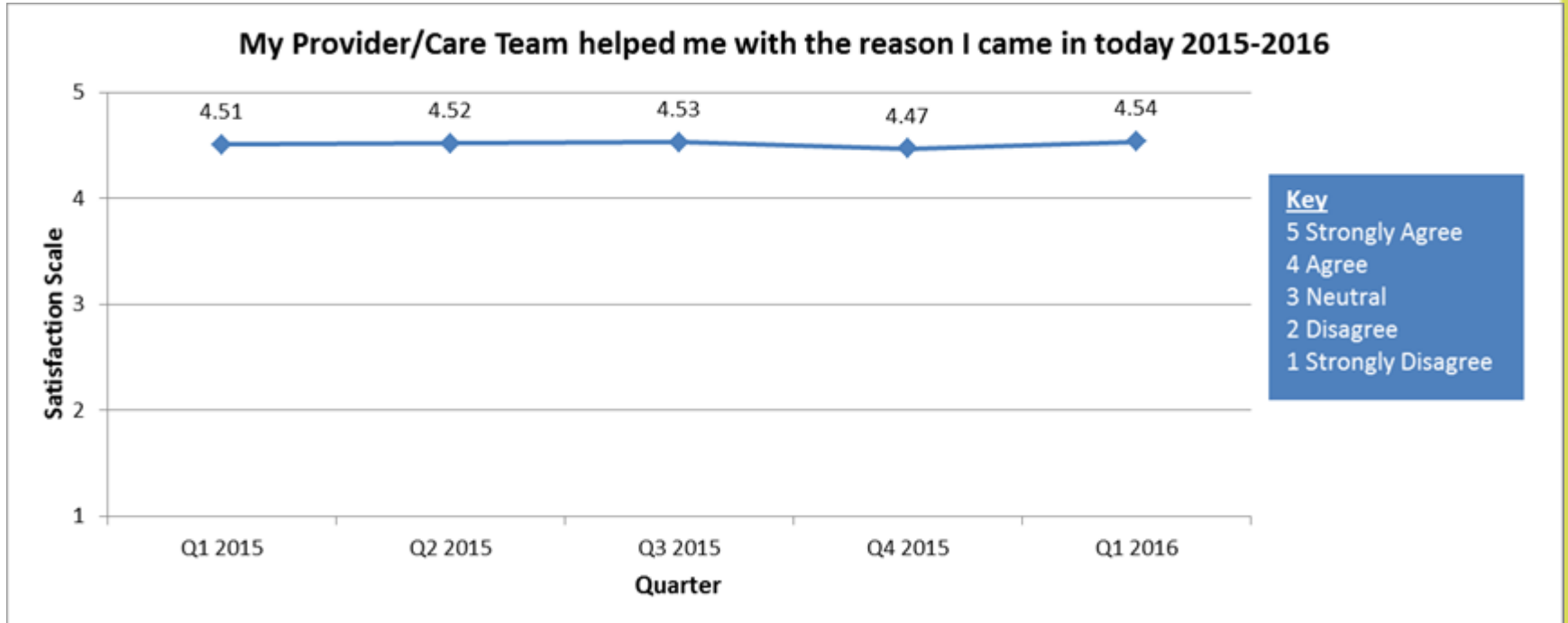


# Measure of Success: Patient Feedback Trends





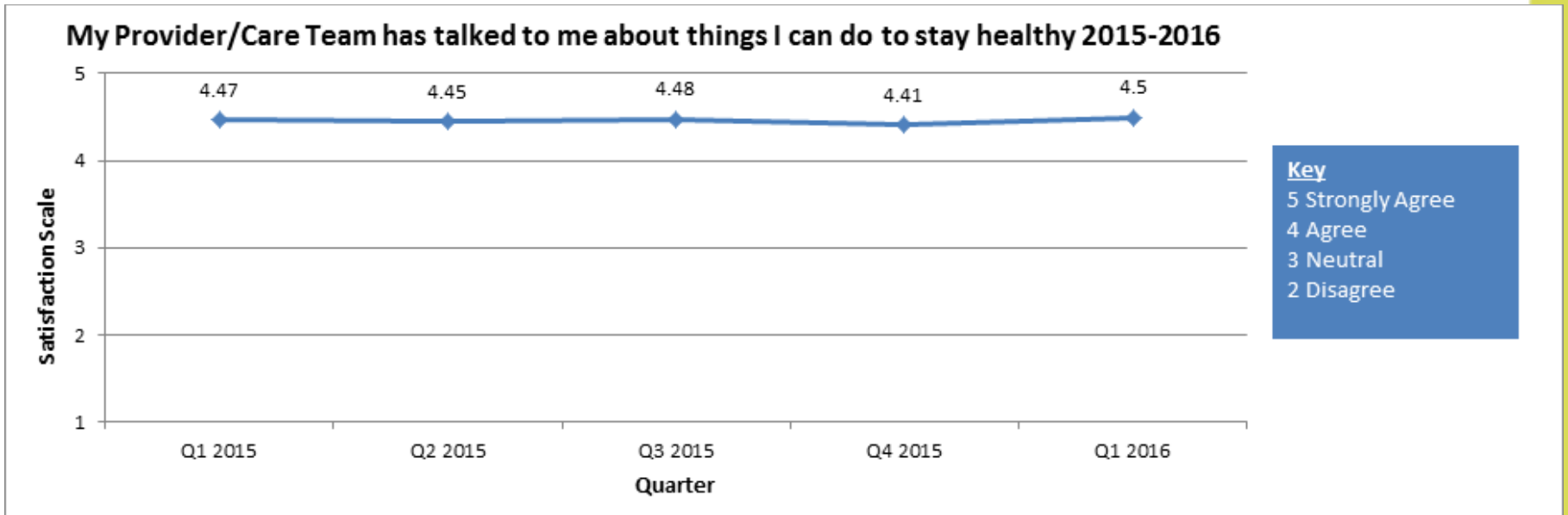
# Measure of Success: Patient Feedback Trends





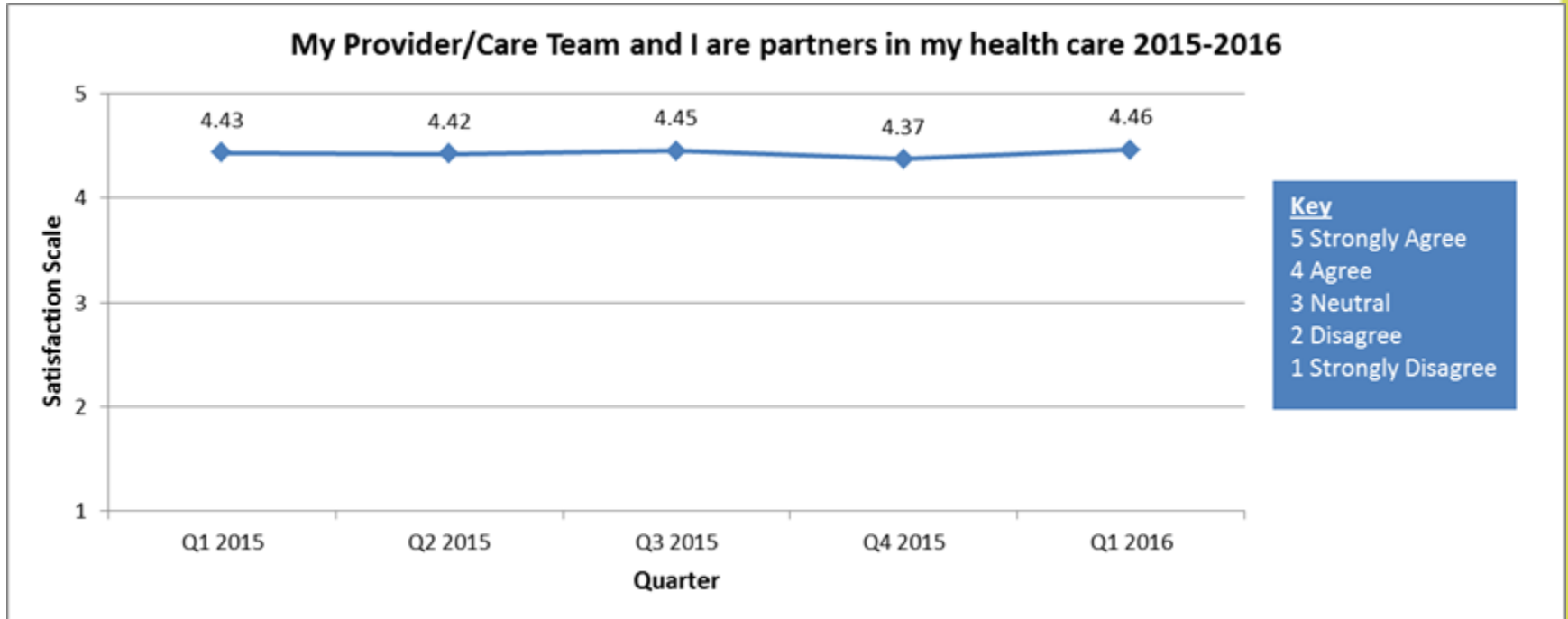


# Opportunity for Improvement: Patient Feedback Trends





# Opportunity for Improvement: Patient Feedback Trends



# Our Next Steps

## Patient Advisory Council

- Obtain patient feedback

## Patient Portal

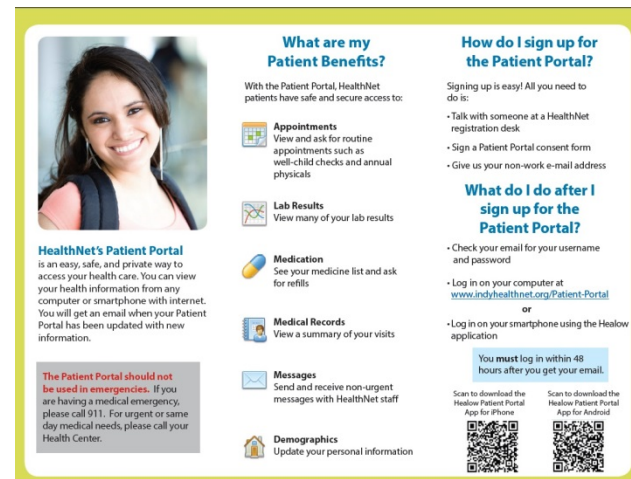
- Explain Patient Portal to patients

## Clinical Measures

- Link health literacy to clinical efforts

## Health Literacy Month 2016

- Assess staff training needs and if their needs were met

A graphic titled "HealthNet's Patient Portal" with a photo of a smiling woman. It lists benefits like appointments, lab results, medication, medical records, messages, and demographics. It also provides instructions on how to sign up, including downloading the app for iPhone or Android, and logging in on a computer or smartphone. A warning box states: "The Patient Portal should not be used in emergencies. If you are having a medical emergency, please call 911. For urgent or same day medical needs, please call your Health Center." QR codes are provided for downloading the app.

**What are my Patient Benefits?**  
With the Patient Portal, HealthNet patients have safe and secure access to:

- Appointments**  
View and ask for routine appointments such as well-child checks and annual physicals
- Lab Results**  
View many of your lab results
- Medication**  
See your medicine list and ask for refills
- Medical Records**  
View a summary of your visits
- Messages**  
Send and receive non-urgent messages with HealthNet staff
- Demographics**  
Update your personal information

**HealthNet's Patient Portal** is an easy, safe, and private way to access your health care. You can view your health information from any computer or smartphone with internet. You will get an email when your Patient Portal has been updated with new information.

**The Patient Portal should not be used in emergencies.** If you are having a medical emergency, please call 911. For urgent or same day medical needs, please call your Health Center.

**What are my Patient Benefits?**  
Signing up is easy! All you need to do is:

- Talk with someone at a HealthNet registration desk
- Sign a Patient Portal consent form
- Give us your non-work e-mail address

**How do I sign up for the Patient Portal?**  
Signing up is easy! All you need to do is:

- Check your email for your username and password
- Log in on your computer at [www.andyshealthnet.org/Patient-Portal](http://www.andyshealthnet.org/Patient-Portal) or
- Log in on your smartphone using the Healow application

**What do I do after I sign up for the Patient Portal?**

**You must log in within 48 hours after you get your email.**

Scan to download the Healow Patient Portal App for iPhone

Scan to download the Healow Patient Portal App for Android



# Lessons Learned and Key Takeaways

- Ensure your committee reflects all parts of your organization
- Learn what works for your organization
- Involve patients
- Establish standards for written materials and communicate those with staff
- Measure and track your efforts





# Resources

## Universal Precautions Toolkit

<http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2.html>

## PCMH through The Joint Commission

<https://www.jointcommission.org/accreditation/pchi.aspx>

## Contact Us

HealthNet, Inc.

(317) 957-2022

[www.indyhealthnet.org](http://www.indyhealthnet.org)




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@indy\_healthnet, @giveacareindy

**Blog:** GiveACareIndy.org





# *Who's Leading the Leading Health Indicators? Webinar*

Join us on **Thursday, July 21<sup>st</sup> from 12:00 to 1:00 pm ET** for a Healthy People 2020 *Who's Leading the Leading Health Indicators?* webinar on Substance Abuse.



Registration on  
[HealthyPeople.gov](http://HealthyPeople.gov)  
available soon



# Healthy People 2020 Stories from the Field

*A library of stories highlighting ways organizations across the country are implementing Healthy People 2020*

## Stories from the Field

Want to know what others are doing to improve the health of their communities? Explore our *Stories from the Field* to see how communities across the Nation are implementing Healthy People 2020. You can also [share your story!](#)

Explore the map below or filter to view stories by the related topic area or Leading Health Indicator.



Sort By:

Viewing 80 results

Topic Area	Organization Name	Organization Type	Date Posted	Program State
Filter By: Showing All Topic Areas <input type="checkbox"/> Show LHI Only <a href="#">Reset Filters</a> <a href="#">Update</a>				



### Healthy People 2020 in Action

 Who's Leading the Leading Health Indicators? series  Stories from the Field

**Healthy People in Action**

<http://www.healthypeople.gov/2020/healthy-people-in-action/Stories-from-the-Field>





# Progress Review Planning Group

- Audrey Williams (CDC/ONDIEH)
- Chandak Ghosh (HRSA)
- Cynthia Baur (CDC/OD)
- Linda Harris (HHS/ODPHP)
- Victor Lazzaro (HHS/ONC)
- Lana Moriarty (HHS/ONC)
- Stan Lehman (CDC/OD)
- Jennifer Villani (NIH/OD)
- Lenee Simon (HHS/OASH)
- Suzie BurkeBeebe (HHS/ASPE)
- Barbara Disckind (HHS/OWH)
- Irma Arispe (CDC/NCHS)
- David Huang (CDC/NCHS)
- Leda Gurley (CDC/NCHS)
- Asel Ryskulova (CDC/NCHS)
- LaJeana Hawkins (CDC/NCHS)
- Robin Pendley (CDC/NCHS)
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- Eric Jamoom (CDC/NCHS)
- Carter Blakey (HHS/ODPHP)
- Theresa Devine (HHS/ODPHP)
- Caitie Blood (HHS/ODPHP)
- Yen Lin (HHS/ODPHP)



# Stay Connected

## JOIN THE HEALTHY PEOPLE LISTSERV & CONSORTIUM



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YOUTUBE

[ODPHP \(search “healthy people”\)](#)