Healthy People 2020 Progress Review: Targeting Social Influences that Shape Health Literacy in Communities

June 16, 2016
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

- 1979 Smallpox Eradicated
- 1982 AIDS is Infectious
- 1988 SG Declares Nicotine Addictive
- 1990 Human Genome Project Begins
- 1990s Drinking Water Fluoridation
- 2000s Obesity and Chronic Disease
- September 11, 2001
- 2009 H1N1 Flu
- 2005 Hurricane Katrina
## Evolution of Healthy People

<table>
<thead>
<tr>
<th>Target Year</th>
<th>1990</th>
<th>2000</th>
<th>2010</th>
<th>2020</th>
</tr>
</thead>
</table>
| **Overarching Goals** | • Decrease mortality: infants–adults  
• Increase independence among older adults | • Increase span of healthy life  
• Reduce health disparities  
• Achieve access to preventive services for all | • Increase quality and years of healthy life  
• Eliminate health disparities | • Attain high-quality, longer lives free of preventable disease  
• Achieve health equity; eliminate disparities  
• Create social and physical environments that promote good health  
• Promote quality of life, healthy development, healthy behaviors across life stages |
| # Topic Areas | 15 | 22 | 28 | 42 |
| # Objectives/Measures | 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

Sources: ODPHP website - [http://health.gov/communication/about.asp](http://health.gov/communication/about.asp)
Influences on Health Literacy

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

<table>
<thead>
<tr>
<th>Percent</th>
<th>2007</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
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<tr>
<td>Asian</td>
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<tr>
<td>Hispanic</td>
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</tbody>
</table>

**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.
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. ECBP-2.1 through 2.9
College and University Students Who Receive Information on All Priority Health Risk Behaviors

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).
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).
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).
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

NOTES: 1 = 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.
Public Use of Health Information Technology

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: 1 = 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), AHRQ.
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.
Patient Reports of Health Care Providers’ Communication Skills

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.
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.
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
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
Whole School Whole Community Whole Child (WSCC)
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 (≥ 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
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

*Community Guide 2012  **King et al. 2013
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, 2013
Cochrane 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 | Contact CDC at: 1-800-CDC-INFO or 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

- Practitioner’s Guide to Advancing Health Equity

- Community Health Online Resource Center (CHORC)
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 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
HRSA Women’s Health Care Counts Challenge

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Servicios preventivos para mujeres
Si se decide que circunstancias de la salud, debido la enfermedad, en donde se puede prevenir una enfermedad, puede descubrir cuáles son las medidas preventivas que se pueden tomar para evitar a enfermedad.

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These health plans all cover:
- Well woman visits to the doctor
- Annual health exams
- Tests during your pregnancy
- Health screenings for your entire family

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

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
- Care Counts Challenge:
  http://carecounts.devpost.com
- https://careacttarget.org/ace
- http://www.nam.edu/perspectives/2015/Health-literacy-anecessary-element-for-achieving-health-equity
Thank You!

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Chief Public Health Officer
Health Resources and Services Administration

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301-443-2216
Don Wright, MD, MPH
Deputy Assistant Secretary for Health
Director, Office of Disease Prevention and Health Promotion
U.S. Department of Health and Human Services
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
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.
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 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

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
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.

Health Literacy Online

Table of Contents

http://health.gov/healthliteracyonline/
CDC’s Contribution to Health Literacy Improvement
June 16, 2016
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 Activities
- Strategic Plans
- Healthy People Objectives
- Plain Writing Act
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

**Step 1: PLAN**
- Who leads and participates in planning?
- Does the plan explain what you will accomplish and why it’s important?
- Who must approve and use the plan?

**Step 2: CONNECT**
- Who are the opinion leaders and gatekeepers?
- Who will help implement the plan?
- Who will persevere through the process?

**Step 3: TRAIN**
- Who needs what types of clear communication training?
- Who can train?
- How will you evaluate the training?

**Step 4: PRODUCE**
- Which public materials must use clear communication techniques?
- Who must create and review the clear communication materials?
- Will you focus on new or revise existing materials?

**Step 5: MEASURE**
- What is your evaluation plan?
- Which clear communication metrics do you have and which do you need to create?
- How often do you need to measure?
- Can you track activities and progress?

**Step 6: REPORT**
- Who is the audience for the data and what do they need to know?
- How can you present the data to increase attention and lower information processing?
- How will you distribute and promote the data and findings?
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

Women & Their Partners Who are Thinking about Pregnancy

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)

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

Plain Language Request Form
- Identify the purpose and how the material is being used

Primary Edit (Small Group)
- Assessment
- Software

Secondary Edit (Committee)
- Experts
- Laptop and screen – make edits as we go
- Plain Language Style Guide

Approval (Requestor)
- Check for content accuracy

Translation
- Spanish
- Hakha Chin - Burmese
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

My Provider/Care Team listens to me and answers all of my questions 2015-2016
(Healthy People 2020 HC/HIT-2.1)

Key
5 Strongly Agree
4 Agree
3 Neutral
2 Disagree
1 Strongly Disagree
Measure of Success: Patient Feedback Trends

Everyone at the health center treats me with care and compassion 2015-16

Key
5 Strongly Agree
4 Agree
3 Neutral
2 Disagree
1 Strongly Disagree
Measure of Success: Patient Feedback Trends

My Provider/Care Team helped me with the reason I came in today 2015-2016

Key
5 Strongly Agree
4 Agree
3 Neutral
2 Disagree
1 Strongly Disagree
Opportunity for Improvement: Patient Feedback Trends

My Provider/Care Team has talked to me about things I can do to stay healthy 2015-2016

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Key
5 Strongly Agree
4 Agree
3 Neutral
2 Disagree
Opportunity for Improvement: Patient Feedback Trends

My Provider/Care Team and I are partners in my health care 2015-2016

Satisfaction Scale

Key
5 Strongly Agree
4 Agree
3 Neutral
2 Disagree
1 Strongly Disagree
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
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

PCMH through The Joint Commission
https://www.jointcommission.org/accreditation/pchi.aspx

Contact Us
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facebook.com/indyhealthnet
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Blog: GiveACareIndy.org
Join us on **Thursday, July 21st 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 available soon
Healthy People 2020
Stories from the Field

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

Healthy People in Action
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)
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- Robin Pendley (CDC/NCHS)
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- Carter Blakey (HHS/ODPHP)
- Theresa Devine (HHS/ODPHP)
- Caitie Blood (HHS/ODPHP)
- Yen Lin (HHS/ODPHP)
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