**PROGRAM DESIGN**

### EDUCATIONAL NEEDS*

Briefly describe the overall reason for developing your program. Develop your statement by answering the following questions:

Your response:

College students are frequently making their own health decisions for the first time, yet many lack the health literacy needed to evaluate sources and understand topics such as insurance. In a recent study, 51% of U.S college student participants reported low health literacy (Patil, et al, 2021). Students need information they can understand and use to make the best decisions for their health. After this session, participants will have a thorough understanding of personal, digital, and organizational health literacy and how it can affect students’ health and wellbeing and academic success. Participants will be prepared to assess their organization’s health literacy and come away with concrete strategies to improve health literacy both in the campus community and in their own student health centers.

### LEARNING OBJECTIVES

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Describe the effects of poor health literacy on student wellness and success.</td>
<td>Organizational, personal and digital health literacy Prevalence of poor health literacy Economic/Academic burden of poor health literacy</td>
</tr>
<tr>
<td><strong>2.</strong> Assess their institution’s organizational health literacy to improve patient care and outcomes.</td>
<td>Evidence based tools to assess organizational health literacy Forming your organizational health literacy assessment team</td>
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<tr>
<td><strong>3.</strong> Identify existing resources to promote digital health literacy in their campus communities.</td>
<td>ACHA Webinars Online resources for promoting digital health literacy</td>
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<tr>
<td><strong>4.</strong> Discuss lessons learned from a first-year studies health literacy module pilot program.</td>
<td>University of Tennessee, Knoxville’s Health Literacy 101 FYS module Assessing student programs Other outreach programs for health literacy promotion</td>
</tr>
</tbody>
</table>

### TEACHING METHODS*

Design the program based on how best to accomplish the learning objectives. Other than lecture and slides/visuals, which active learning strategies will be incorporated into your presentation? Select all that apply.

- **true** Examples/Analogies
- Matching Question and Answer
- Fill in the blank
- Review
- Pre/post-test
- **true** Immediate feedback (polls, prompt questions)
- Facilitated Discussion
- **true** Q&A period
- Small Group Breakouts/Report Back
- **true** Large Group Discussion/Report Back
- Role playing
- Reflective writing exercise
- Problem exercise
- Case study exercises
ABSTRACT*

Poor personal and organizational health literacy can lead to worse health outcomes for students and leaves campus communities vulnerable to misinformation. During this session, presenters will discuss the impacts of poor health literacy on health, strategize with attendees about how to assess and improve their organization’s health literacy, and share one university’s interventions to build health literacy in their student body.

DEIJA CONTENT

Does your program address diversity, equity, inclusion, justice and/or accessibility? If it is clear in the session title, abstract, and/or learning objectives how your session addresses DEIJA, you can skip this question. If it is not clear, describe how it explores or addresses
systemic barriers that impede marginalized populations from achieving health outcomes. These systems may include, but are not limited to social, economic, demographic, cultural, or geographic policies, processes, and practices that create barriers for specific populations.

Addressing health literacy is a part of addressing health equity.

PHARMACOLOGY CONTENT

Will your presentation include content related to pharmacology?*
If yes, please ensure that your objectives and content above validate the pharmacology component.

No

If yes, please estimate the percentage of session content related to pharmacology.

PRIMARY PRESENTER BIO AND DISCLOSURE FORM

The Program Planning Committee will not be given presenter or co-presenter names or institution/employer names. Please make sure you provide complete biographic/demographic information below so that they have as much information as possible as they make their selections.

Program Title*: Health Literacy and Student Success: Strategies for Supporting Individual and Organizational Health Literacy

List your completed academic degree(s), institution where the degree was earned, and major or specialty area.

<table>
<thead>
<tr>
<th>Degree</th>
<th>Institution</th>
<th>Major/Specialty Area</th>
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<tbody>
<tr>
<td>MPH; University of Tennessee, Knoxville; Health Policy &amp; Management and Epidemiology</td>
<td>B.S.; University of Tennessee, Knoxville, Biochemistry and Cellular and Molecular Biology</td>
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List any current certifications (e.g., CHES, APN, LPC): MPH, CPH

BIOGRAPHICAL QUALIFICATION STATEMENT*

I am qualified to give this specific presentation because…

I am qualified to give this specific presentation because I have been working in college health and health promotion for seven years. In my current position I oversee outreach to promote vaccines and health literacy on campus and am the recipient of a multi-year grant to improve health literacy and combat misinformation on campus.

OTHER DEMOGRAPHICS

Check all that apply related to yourself or your institution. If you are not at an institution of higher education, you may skip those sections.

<table>
<thead>
<tr>
<th>Areas of Practice (past or present)</th>
<th>Institutional Demographics</th>
<th>Student Population</th>
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<tbody>
<tr>
<td><em>true</em> Administration</td>
<td>__ 2-year institution</td>
<td>20,000 or more</td>
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<tr>
<td><em>true</em> Health Promotion/Wellness</td>
<td>__ 4-year institution</td>
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<tr>
<td><em>true</em> Clinical Services</td>
<td>__ Public institution</td>
<td></td>
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<tr>
<td><em>true</em> Mental Health/Counseling</td>
<td>__ Private institution</td>
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CONFLICT OF INTEREST (COI) DISCLOSURE

POLICY

_Yes_ I have read, fully understand, and agree to adhere to the conflict of interest information above and below.*

DISCLOSURE OF RELATIONSHIP(S)

During the past 24 months have you had a financial, professional, or personal relationship (including self-employment and sole proprietorship) with a company (as defined above)?*

If you have a financial relationship with a company but aren’t sure whether it fits the definition above, it’s best to check yes and include the information.

No

If yes, list the full company name(s) with the specific relationship(s). Also indicate whether the CE content over which you have control contains information about products or services of the ineligible company.

<table>
<thead>
<tr>
<th>Name of Ineligible Company</th>
<th>Nature of the Financial Relationship</th>
<th>Has the Relationship Ended?</th>
<th>Does the program contain information about products or services of the company.</th>
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OFF-LABEL USE

Will your presentation include discussion of off-label, experimental, and/or investigational use of drugs, devices, medical procedures, or interventions?*

No

If yes, list drugs, devices, and/or procedures to be discussed.