

Program Submission Worksheet

GENERAL INFORMATION

PROGRAM TITLE*

102. Health Literacy and Student Success: Strategies for Supporting Individual and Organizational Health Literacy

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

*1. *1. Describe the effects of poor health literacy on student wellness and success.	Organizational, personal and digital health literacy Prevalence of poor health literacy Economic/Academic burden of poor health literacy	18%
*2. *2. Assess their institution's organizational health literacy to improve patient care and outcomes.	Evidence based tools to assess organizational health literacy Forming your organizational health literacy assessment team	35%
3. 3. Identify existing resources to promote digital health literacy in their campus communities.	ACHA Webinars Online resources for promoting digital health literacy	10%
4. 4. Discuss lessons learned from a first-year studies health literacy module pilot program.	University of Tennessee, Knoxville's Health Literacy 101 FYS module Assessing student programs Other outreach programs for health literacy promotion	35%

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.

☒ Examples/Analogies
☐ Matching Question and Answer
☐ Fill in the blank
☐ Review
☐ Pre/post-test

☒ Immediate feedback (polls, prompt questions)
☐ Facilitated Discussion
☒ Q&A period
☒ Small Group Breakouts/Report Back

☐ Large Group Discussion/Report Back
☐ Role playing
☐ Reflective writing exercise
☐ Problem exercise
☐ Case study exercises

☒ Develop a plan
☐ Demonstration

☐ Simulation
☒ Hands-on (skill-building)

☐ Other, specify _____

REFERENCES*

Provide references used to develop your program content and that support your learning objectives.

National Health Literacy Mapping to Inform Health Care Policy (2014). Health Literacy Data Map. University of North Carolina at Chapel Hill. Retrieved June 1, 2015, from <http://healthliteracymap.unc.edu/#>

The Harvard T.H. Chan School of Public Health: Health Literacy Studies Web Site. Available at: <http://www.hsph.harvard.edu/healthliteracy>.

Rudd RE, Oelschlegel S, Grabeel KL, Tester E, & Heidel E. The HLE2 Assessment tool, Boston: Harvard T.H. Chan School of Public Health. 2019

Health Literacy Universal Precautions Toolkit, 2nd Edition. Content last reviewed September 2020. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/health-literacy/improve/precautions/toolkit.html>

Patil, U., Kostareva, U., Hadley, M., Manganello, J. A., Okan, O., Dadaczynski, K., Massey, P. M., Agner, J., & Sentell, T. (2021). Health Literacy, Digital Health Literacy, and COVID-19 Pandemic Attitudes and Behaviors in U.S. College Students: Implications for Interventions. International journal of environmental research and public health, 18(6), 3301. <https://doi.org/10.3390/ijerph18063301>

PROGRAM OVERVIEW

TARGET AUDIENCE*

Who will benefit from attending this program? Select all that apply.

☒ Administrator
☐ Advanced Practice Clinician
☐ Dietician/Nutritionist

☒ Health Educator/Health Promotion Specialist
☐ Health Information Management Professional
☐ Mental Health Professional
☐ Nurse
☐ Pharmacist

☐ Physician
☐ Psychiatrist
☐ Student Affairs Professional
☒ Student Affairs Other, specify: _____

TYPE OF SUBMISSION*

Choose the time length most appropriate for your session's topic, objectives, and content. Select one.

Note that we may not be able to accommodate your preference.

I can adjust my General Session for either 60 or 90 minutes

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.

Degree	Institution	Major/Specialty Area
MPH; University of Tennessee, Knoxville; Health Policy & Management and Epidemiology BS; University of Tennessee, Knoxville, Biochemistry and Cellular and Molecular Biology		

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.

Areas of Practice (past or present)	Institutional Demographics	Student Population
<input checked="" type="checkbox"/> Administration <input checked="" type="checkbox"/> Health Promotion/Wellness <input type="checkbox"/> Clinical Services <input type="checkbox"/> Mental Health/Counseling	<input type="checkbox"/> 2-year institution <input checked="" type="checkbox"/> 4-year institution <input type="checkbox"/> Public institution <input type="checkbox"/> Private institution	20,000 or more

<input type="checkbox"/> Pharmacy <input checked="" type="checkbox"/> Student Affairs <input type="checkbox"/> Other: _____	<input type="checkbox"/> HBCU <input type="checkbox"/> Other minority-serving institution <input type="checkbox"/> Other: _____	
---	---	--

CONFLICT OF INTEREST (COI) DISCLOSURE

POLICY

☒ Yes ☐ No 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.

Name of Ineligible Company	Nature of the Financial Relationship	Has the Relationship Ended?	Does the program contain information about products or services of the company.
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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.

--