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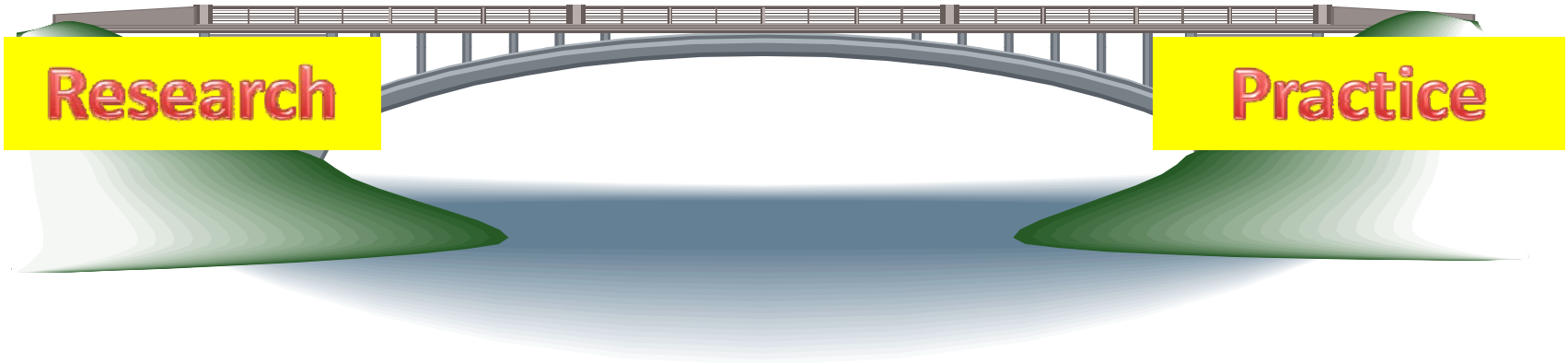

Empowering Parents, Benefiting Children, Creating Strong Foundations for Healthy Families

Presentation to the DHHS Secretary's Advisory Committee on Head Start Research and Evaluation
September 22, 2011

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Outline of Talk:
Health Literacy Matters

I. Family Health Literacy: Life Course Perspective

II. Health Care Institute (HCI):

   a. HCI makes “improving health literacy in Head Start” a priority

   b. HCI’s vision for future research and implementation

III. Conclusions and Recommendations

What is Health Literacy?

"The degree to which individuals have the capacity to obtain, process, and understand basic information and services needed to make appropriate decisions regarding their health." Institute of Medicine. 2004.

Improving health literacy is the key to the success of our national health agenda. "**It is the currency for everything we do.**"

Dr. Koh, National Action Plan to Improve Health Literacy, Forward. 2010.

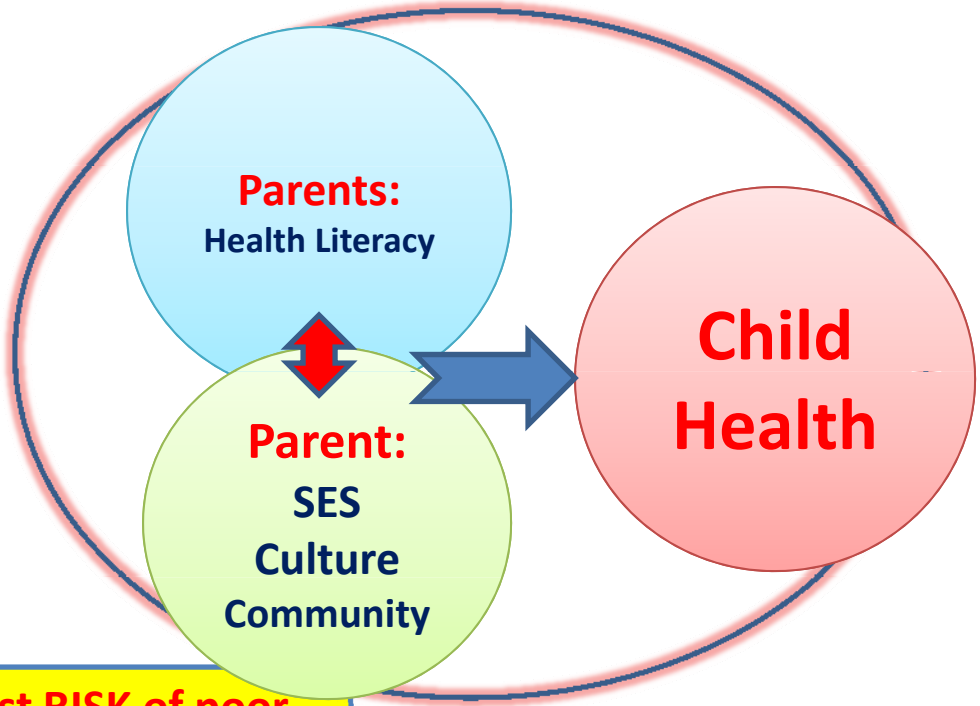
Why must we do something about health literacy in America?

- Poor health literacy is "a stronger predictor of a person's health than age, income, employment status, education level, and race"(*)
- Costs the American economy $73 billion annually
- 90 million people cannot understand and use health information appropriately
- People are more likely to use emergency services, not preventive services
- People are more likely to be hospitalized, not be compliant with medication
- Annual health care costs are 4 times higher
- Populations most at-risk for low health literacy include:

Poor, Less Educated, Older, Ethnic Minorities, and Persons with Chronic Health Conditions & Disabilities

(*) Quote and data provided by the AMA, Report on the Council of Scientific Affairs, Ad Hoc Committee on Health Literacy for the Council on Scientific Affairs.

Health Literacy Interventions are Critical for Head Start Population



WHO is at greatest RISK of poor health literacy ?

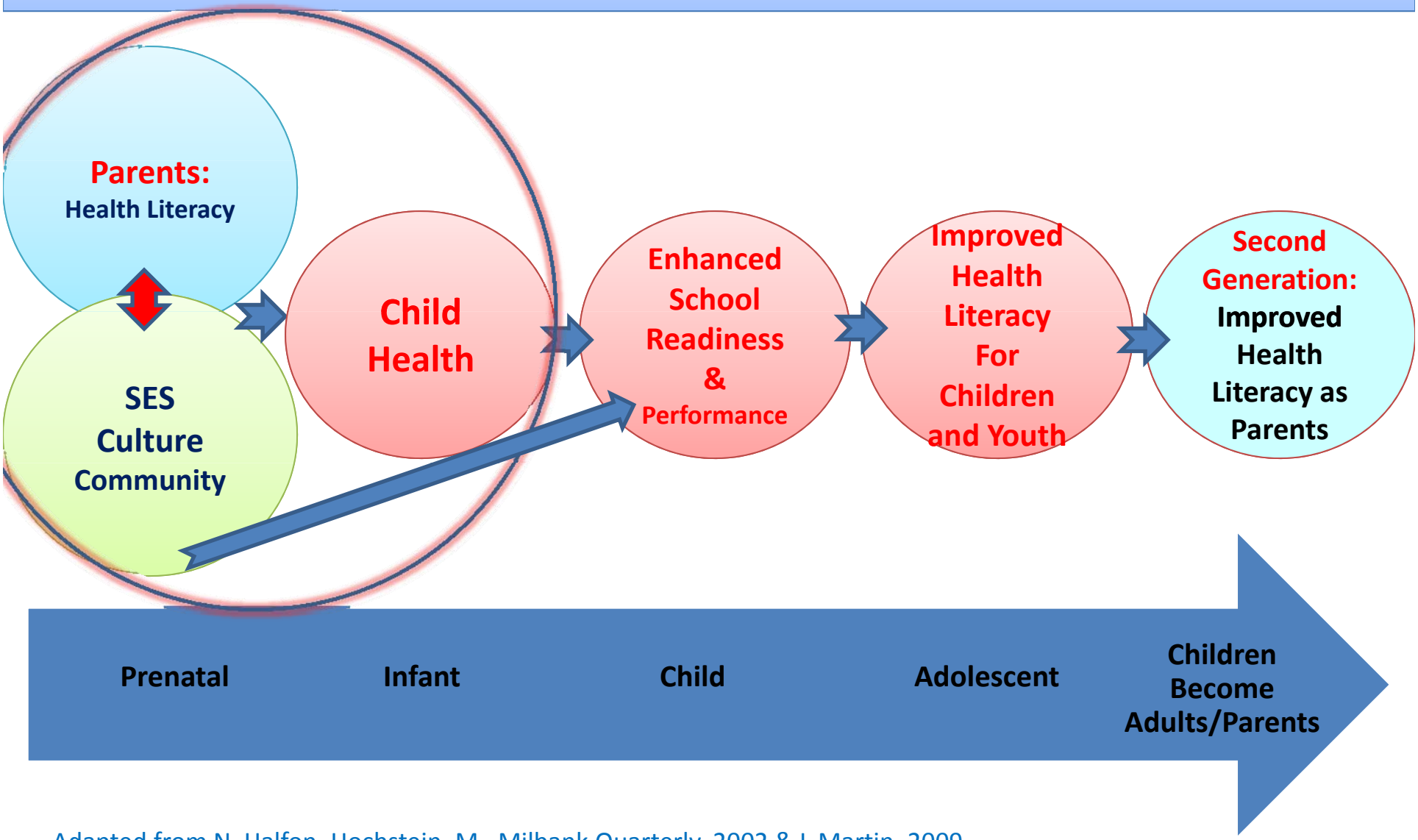
- Poor, less educated, minorities
- ESL
- Person with chronic health conditions& disabilities
- Older individuals

Poor health literacy impacts child health:

Children of low-literacy adults are at greatest risk for low health care quality, as measured by health care utilization data, health behaviors, and other health outcomes

Life Course Perspective:

Health Literacy for Parents has Lasting Outcomes



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Brief History of HCI

- **UCLA's J&J Head Start Management Fellows Program trained 1300 Head Start directors and managers since 1991**
- **Survey of directors identified poor health literacy and poor attendance as obstacles to better health outcomes for these families.***
- **In response, HCI was created as a research center in 2001 and provides an evidence base for health literacy**

Head Start is the primary research platform

- Vision integrates education and comprehensive health and family services
- Serves over a million children a year, dealing with multiple challenges such as cultural beliefs, poverty, language differences and literacy challenges

***"The Status of Health Care in Head Start: A Descriptive Study", Sept 2000, UCLA Anderson, A Herman.**

HCI Mission

Strengthen **managerial capacity** of agencies, so they can provide **more** effective **health education and prevention programs** to the children and families they serve.

HCI Strategy

Train the trainers in agencies to:

- Develop **strategic management tools** to assure successful implementation of health education programs.
- Provide culturally sensitive, low literacy materials that **engage** and **empower** agency staff & families to participate actively in health decisions.

Health Care Institute
Strategic Implementation Phases

Train the Trainers

Who is training :
UCLA Faculty & Head Start Leaders
Who is Trained:
Teams of 5-6 from each agency
How long:
2 days

Parents Training

Who is training:
Head Start trainers
Who is Trained:
Head Start families
How long:
3-4 hours
Baseline Assessment

Follow up & Reinforcement

3 Home visits to reinforce the learning process and track data

Tracking data

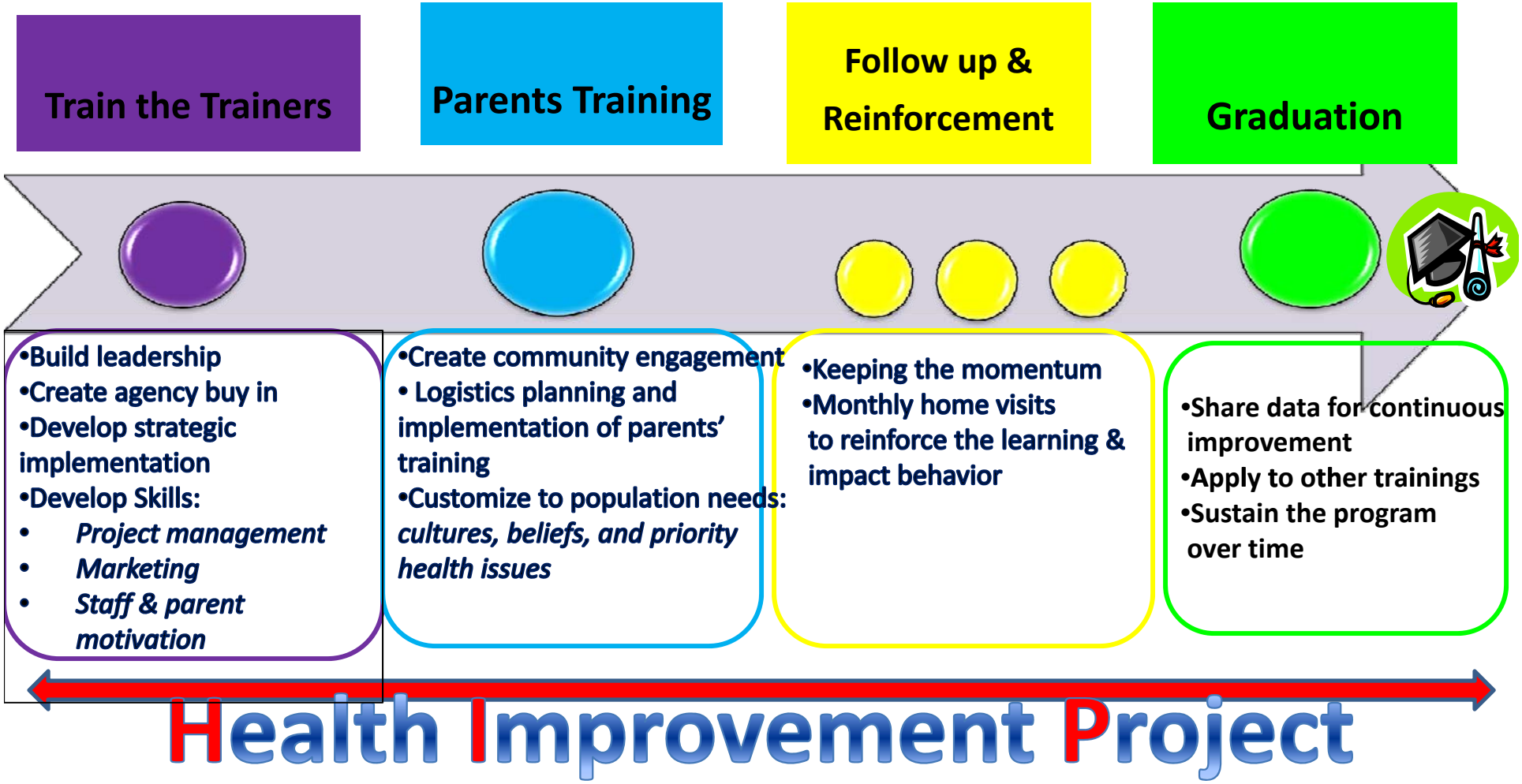
Graduation

Celebration!

Post Assessment

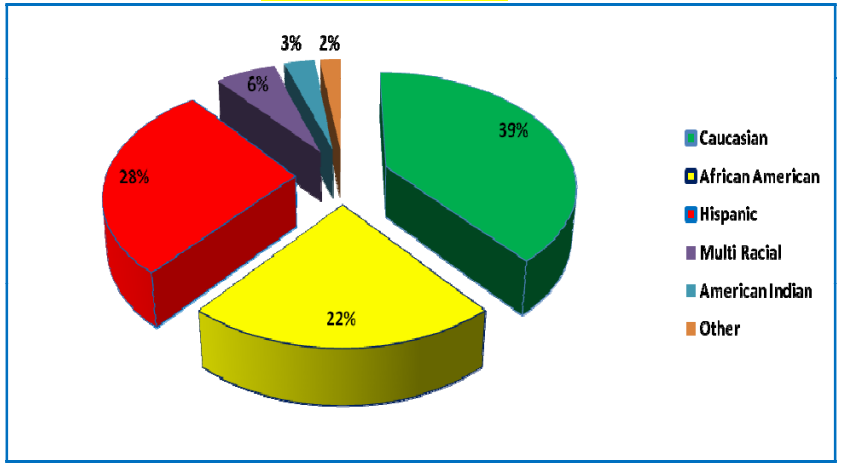
Health Improvement Project

Health Care Institute
Strategic Implementation Outcomes

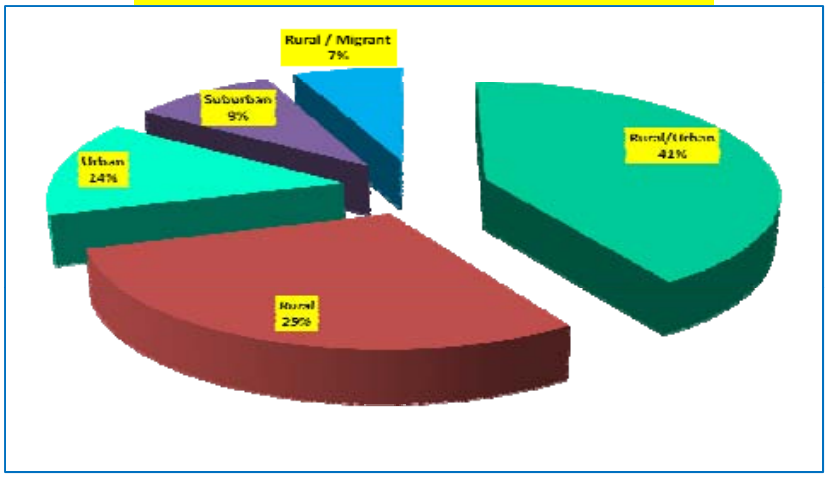


Cultural and Linguistic Adaptation to Local Needs

Ethnicities



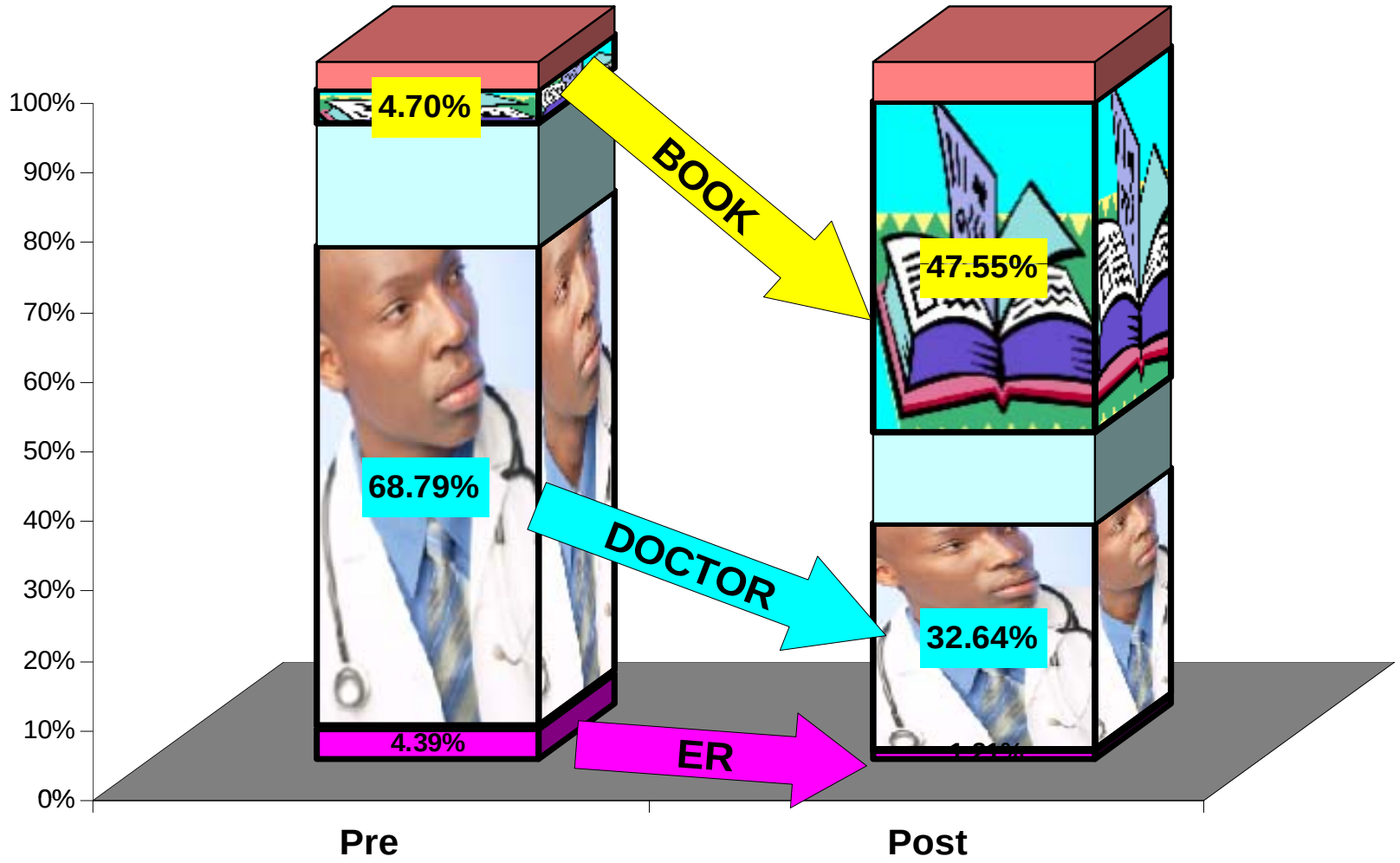
Multiple Community Types



Training in 7 Languages

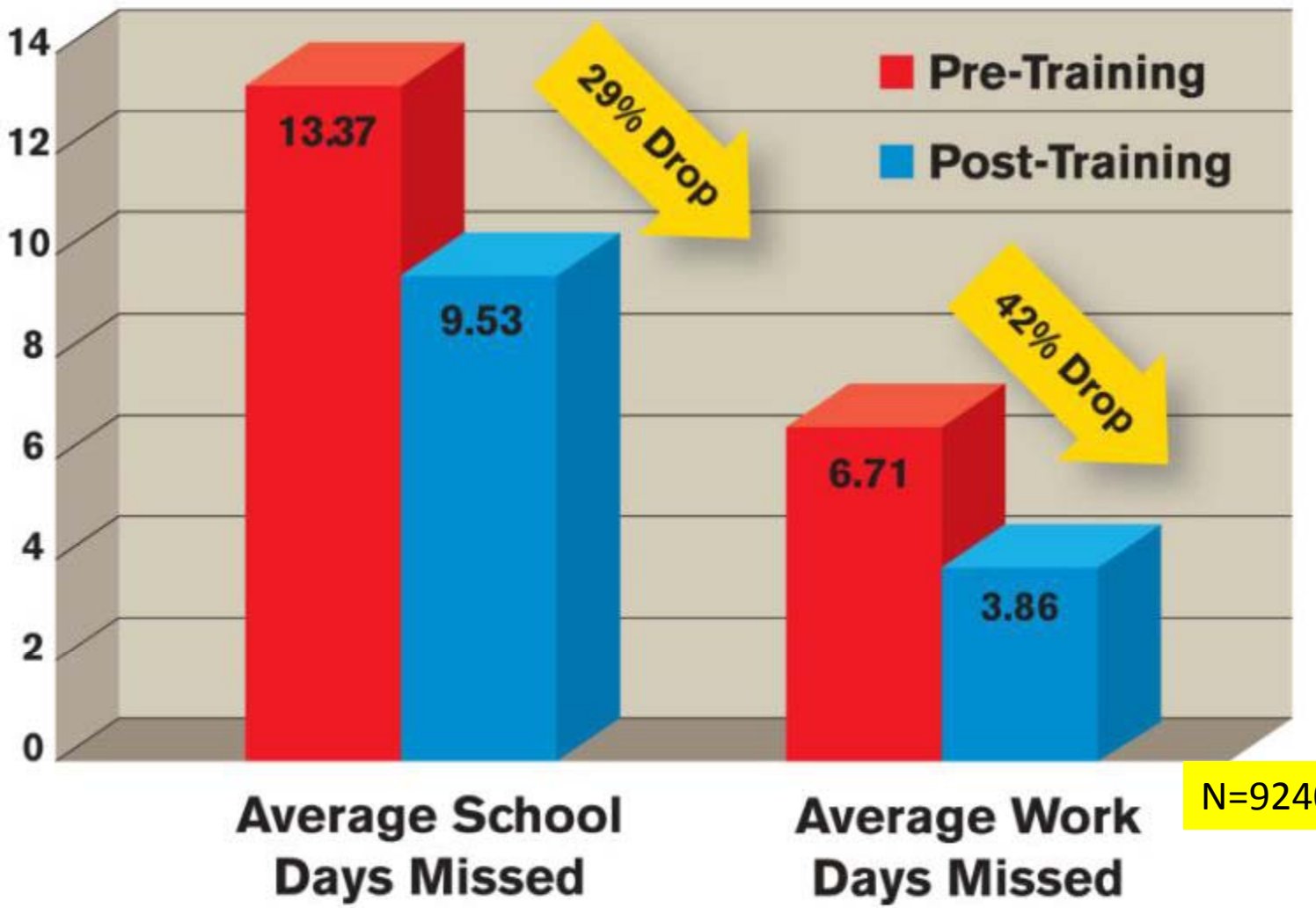
A Sample of Quantitative and Qualitative Results

WHEN YOUR CHILD IS SICK, WHERE DO YOU FIRST GO FOR HELP?



"Reducing use of Emergency Medical Resources Among Head Start Families", Journal of Community Health, June 2004, A. Herman.

2001-2008 Impact of UCLA/J&J Health Care Institute "What To Do When Your Child Gets Sick" Research Phase Funded by J&J*



N=9240,P<0.001

*Herman A, Jackson P."Empowering low-income parents with skills to reduce excess pediatric emergency room and clinic visits through a tailored low literacy training intervention", *Journal of Health Communications* December, 2010

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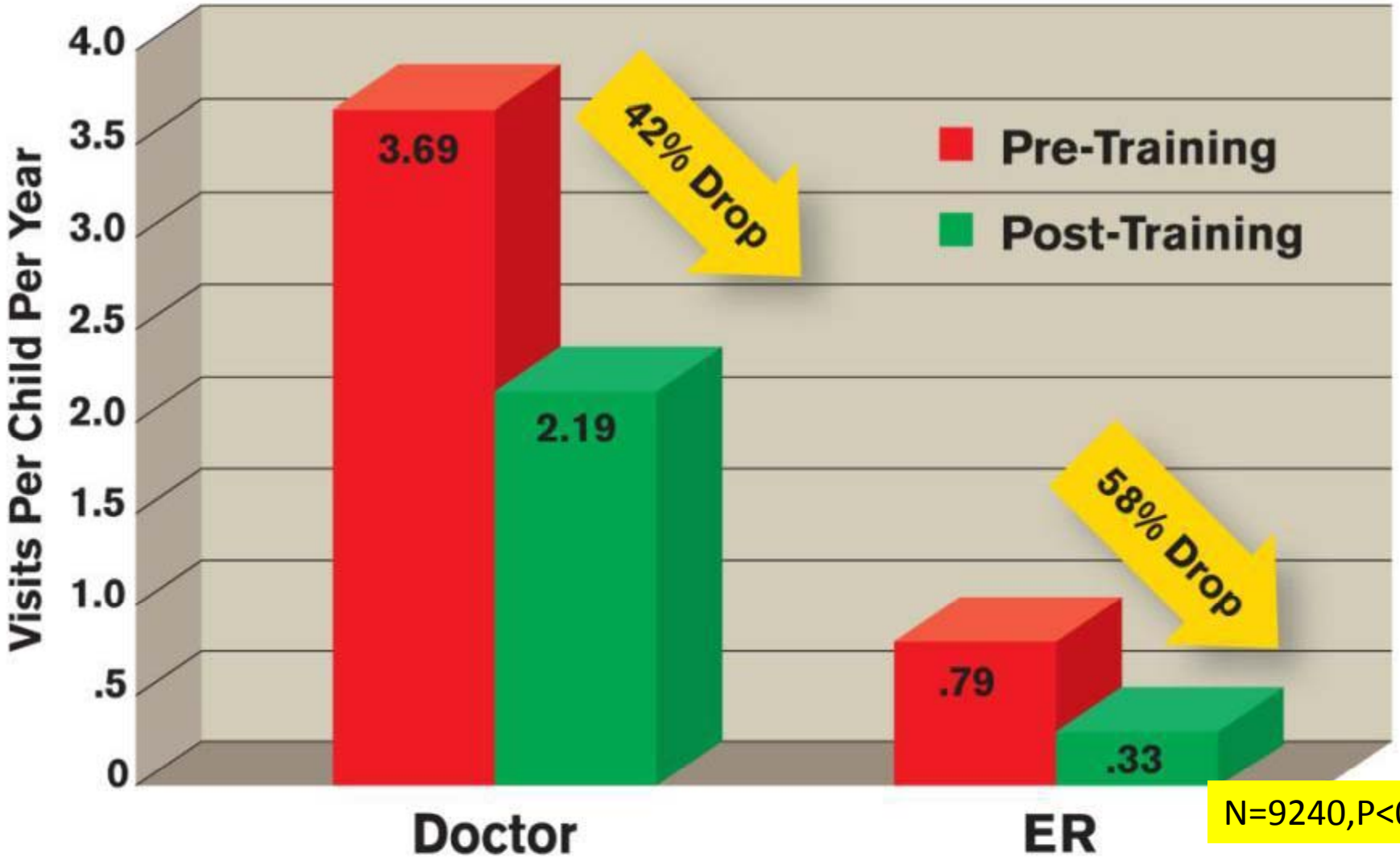

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*Herman A, Jackson P."Empowering low-income parents with skills to reduce excess pediatric emergency room and clinic visits through a tailored low literacy training intervention", *Journal of Health Communications* December, 2010

Projected Cost/Benefit Analysis

Doctor/Clinic

Cost per visit	$80
Decrease in # doctor/clinic visits (child/year)	1.4657
Cost/savings (child/year)	$117.26
Cost/savings (family/year)*	$246.25
Total cost savings	**$2,275,350** (For 9,240 families)

Emergency Room

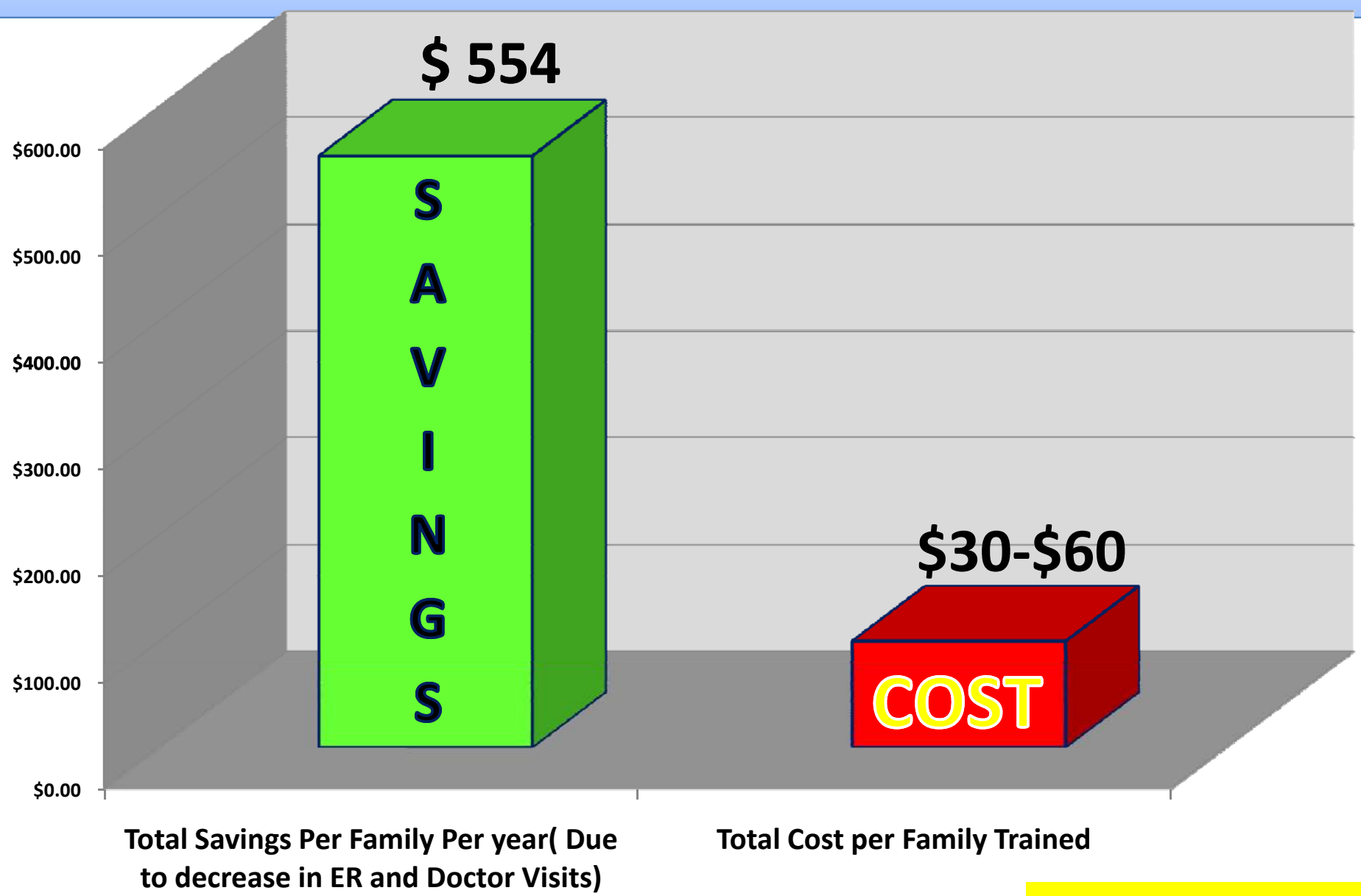
Cost per visit	$320
Decrease in # ER visits (child/year)	0.4591
Cost/savings (child/ year)	$146.09
Cost/savings (family/year)*	$308.49
Total cost savings (For 9,240 families)	**$2,850,448**

*Assuming 2.1 children per family

Savings per family trained = $554.74

*Herman A, Jackson P."Empowering low-income parents with skills to reduce excess pediatric emergency room and clinic visits through a tailored low literacy training intervention", *Journal of Health Communications* December, 2010

Projected Cost/Benefit Analysis

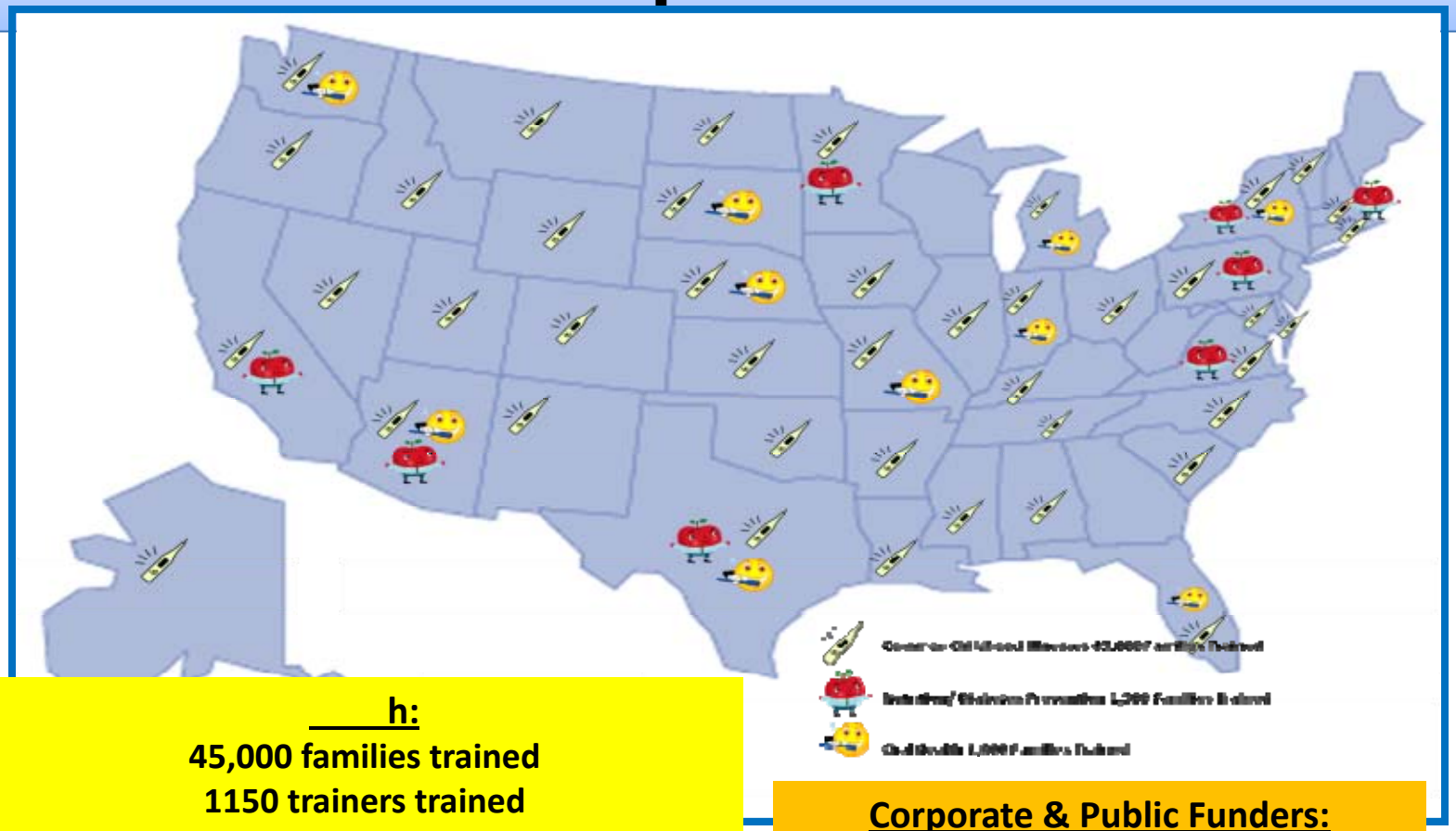


+ Improved School Readiness
+Increased Productivity

Qualitative Outcomes for Families & Staff

- Increased parental awareness of health warning signs
- Prompt parental response to early signs of illness
- Appropriate use of health reference materials for first line help
- Better understanding of common childhood illnesses
- Development of skills & leadership for agency and staff
- Improved staff relationships with parents
- Empowered parents and staff and increased parental participation

National Implementation



h:

45,000 families trained
1150 trainers trained
All ACF Regions
45 states
Multiple community types
7 languages
10 ethnicities
EHS & HS
Childcare partner's families
3 School Districts

Corporate & Public Funders:

- **J&J**
- **Pfizer**
- **Kansas Head Start**
- **State of Washington**
- **UCLA**
- **OHS (I.I.P./I CAN)**
- **Fidelity Charitable Fund**
- **LACOE(2 school districts)**

Responding to the Urgent National Problem of Pediatric Obesity

EAT HEALTHY, STAY ACTIVE!

A low literacy health education program designed to:

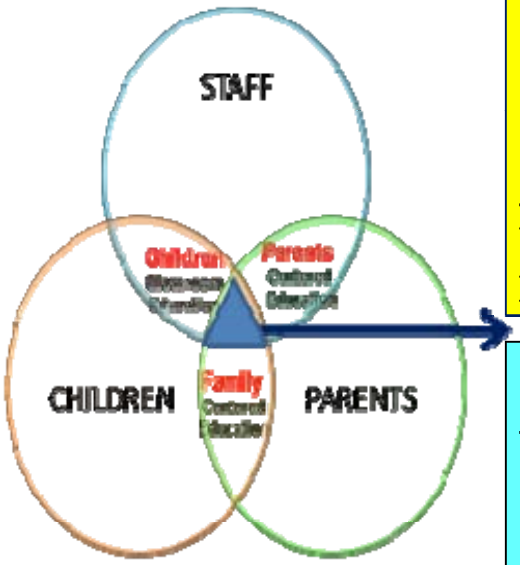
- **increase knowledge about proper eating and exercise and decrease risk of chronic diseases related to poor habits**
- **change behavior to adopt healthier lifestyles, thus reducing risk**

This intervention targeting prevention represents an extension of the HCI model into family health literacy. This tri-level intervention involving Head Start staff, parents and children simultaneously influences the environment at home and at school to amplify the impact.

Eat Healthy , Stay Active !
Strategic Implementation Model

INPUTS

Multi Level Curriculum



OUTCOMES

Short

NUTRITION

Increased knowledge of

- Healthy food choices
- Consequences of poor nutrition
- Selection of affordable and healthy foods

Improved attitude regarding Healthy eating

Awareness of appropriate body weight

EXERCISE

Increased knowledge of

- Importance of physical activity
- Health consequences of inadequate physical activity
- Identifying appropriate level and types of physical activity

Improved attitudes regarding physical activity

Awareness of appropriate body weight

Medium

NUTRITION

Adoption of:

- Healthy eating behaviors
- Limited budget and available resources balance

Adult-Child synergy leads to behavior change

Attain appropriate body weight

EXERCISE

Adoption of:

- Appropriate level of routine physical activity:
- Practice of balancing diet and exercise
- Increase in family physical activity

Adult-Child synergy leads to behavior change

Attain appropriate body weight

Long-Term

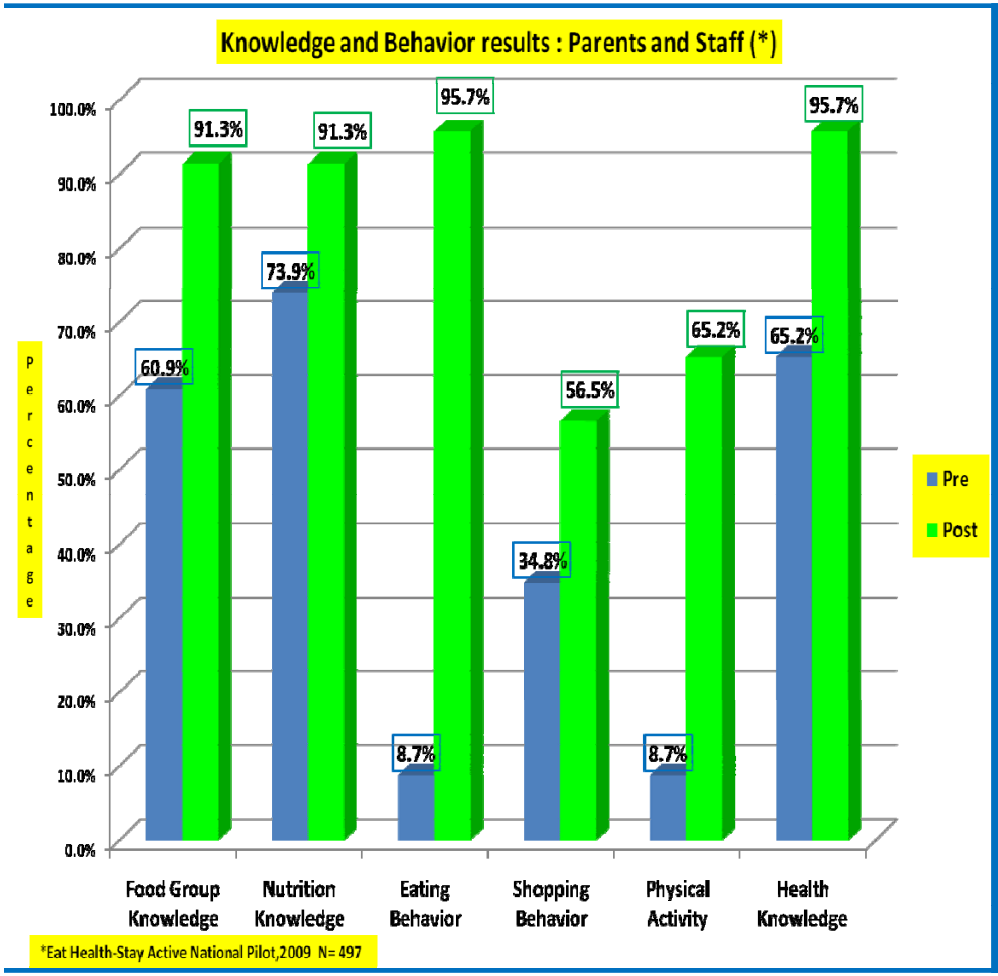
- **DECREASED** risk factors for nutrition-related health problems and chronic diseases
- **DECREASED** development of chronic diseases
- **MAINTAINED** healthy body weight
- **DECREASED** health care costs

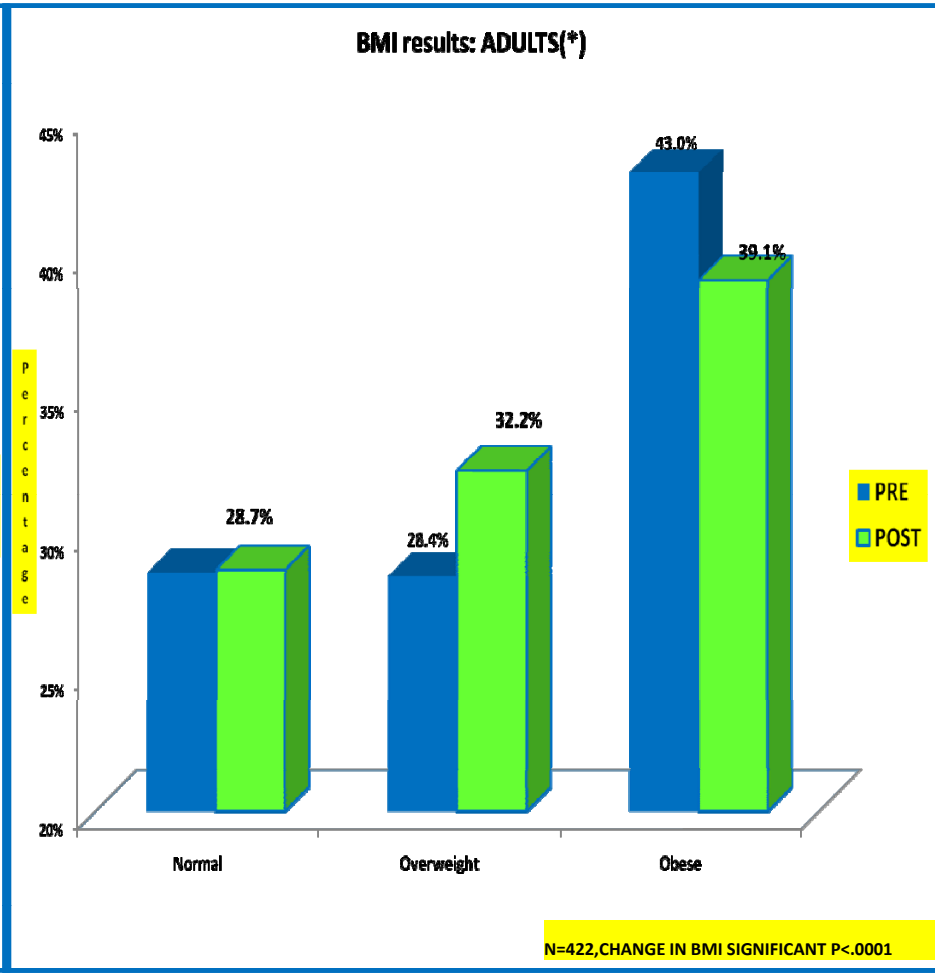
Key Findings
Eat Healthy, Stay Active !

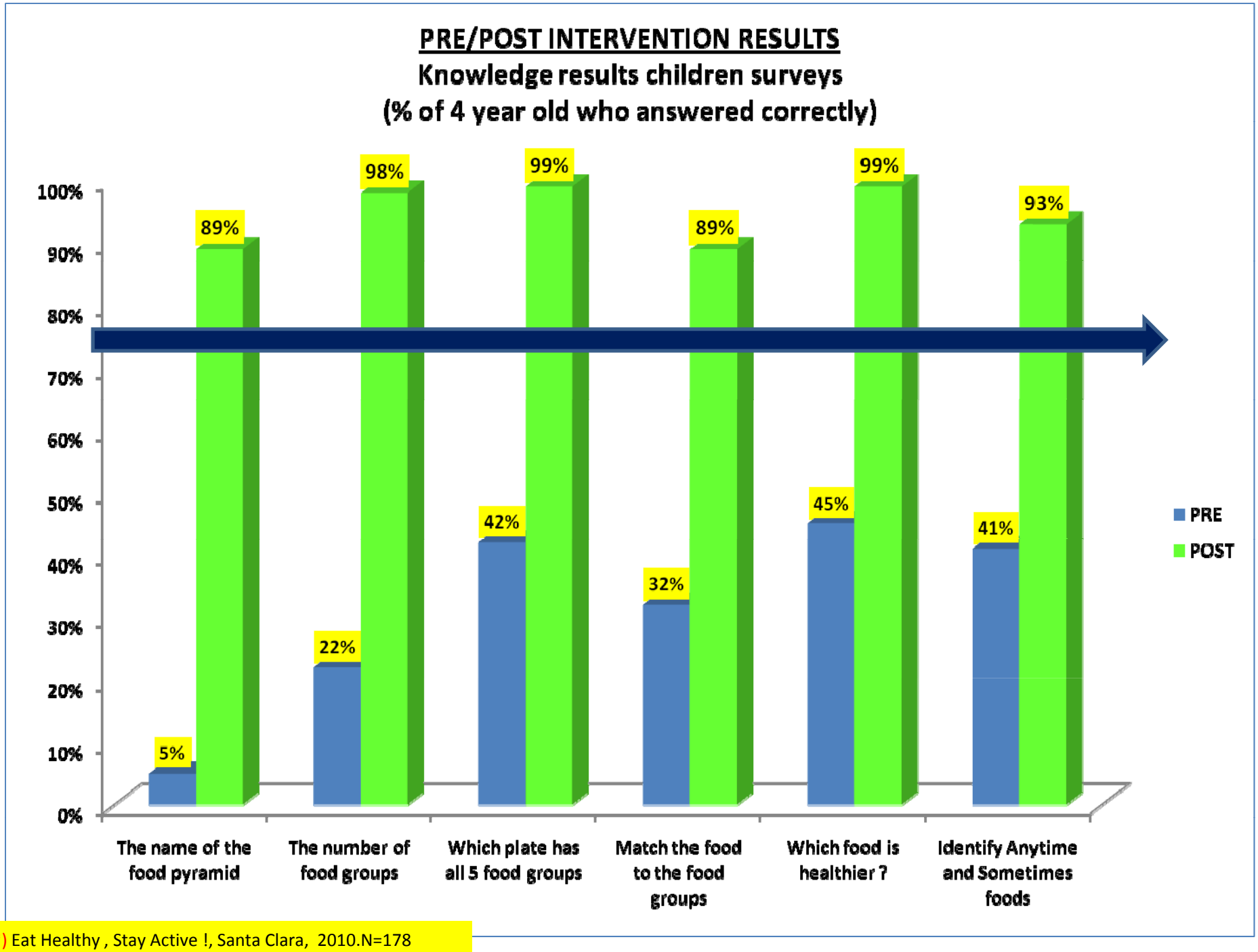
For Parents, Staff & Children:

- Knowledge & Behavior Change
- Change in Physical Activity
- BMI Change

Eat Healthy , Stay Active !
Sample Outcomes for Adults

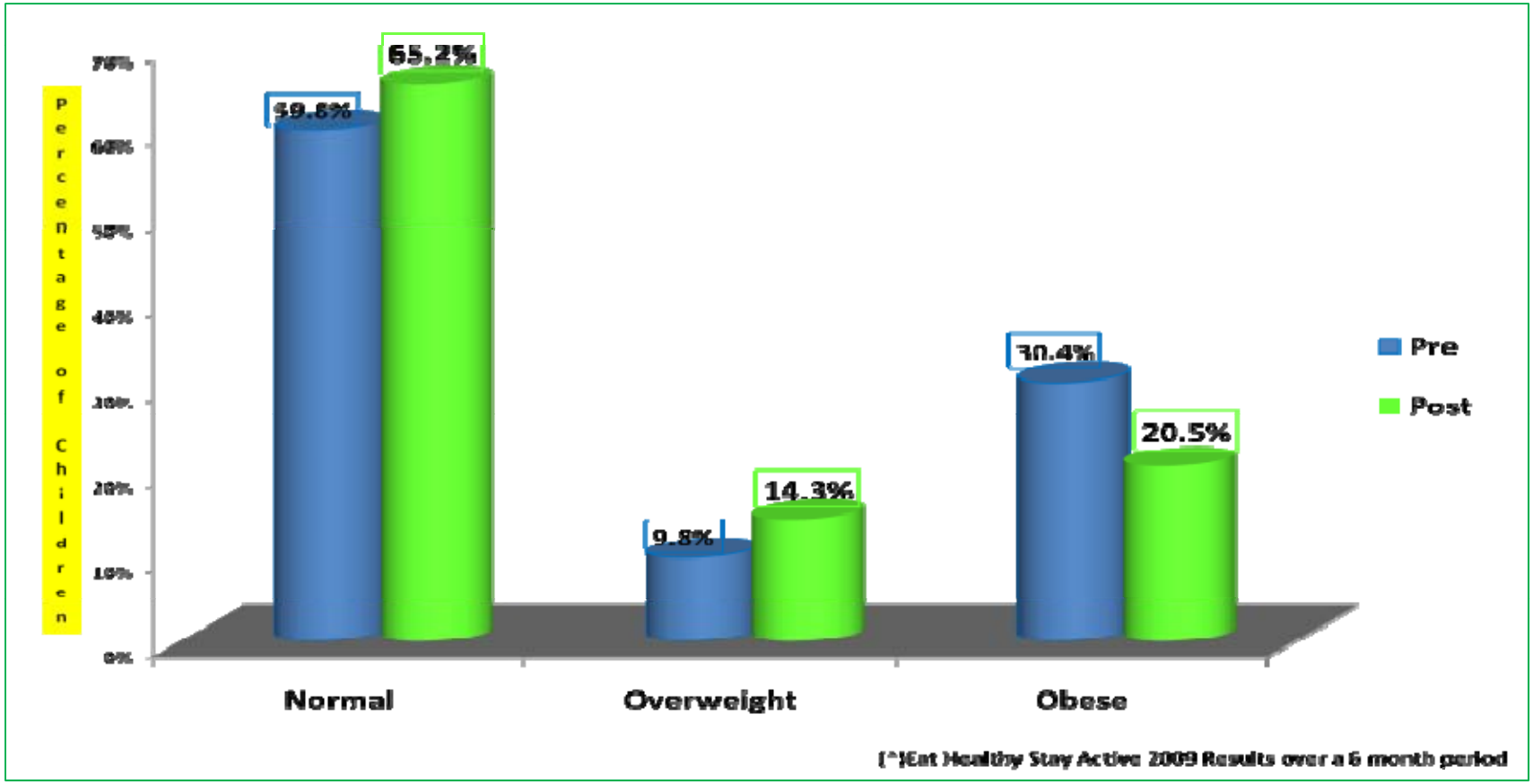






(*) Eat Healthy , Stay Active !, Santa Clara, 2010.N=178

Change in BMI: Children



CHANGE IN BMI:at baseline and 6 months(*)

Avg Pre-BMI	Avg Post-BMI	ST DEV	p-value
17.04	16.66	2.36	0.0001

(*) Eat Healthy Stay Active 2009,N=112

Children's Discovery of Healthy Nutrition and Exercise

EAT HEALTHY, STAY ACTIVE !

For Head Start & Early Head Start

The Farmer’s Market Adventure

Children’s Activities

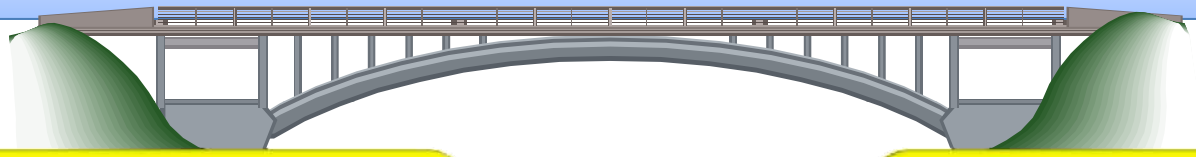
Farmers Market

HCI's Vision for Future Research and Implementation

- Focus on an array of prevention topics in alignment with the ACA
- Empower families with knowledge, tools, resources and self efficacy/self confidence so they can actively participate in health decisions. Parents are key advocates for the health and well-being of their families and must be engaged to create a healthier America and make change sustainable.
- Work with agencies to develop their social capital. Teach them to reach out to their communities, find business partners to support initiatives, and institutionalize healthy change.
- Approach the problem from a population perspective. Scale up to reach all vulnerable families to improve public health literacy and help reduce health disparities across the nation.

Empowered families can make a difference, can change communities, and will lead to a healthier nation.

Health Care Institute



Effective Implementation

*Builds capacity
*Develops leadership
*Provides tools for strategic project management and replication
* Enhances community outreach

Health Promotion

*Adapts to literacy, language and culture
* Offers a portfolio of health topics
* Teaches health skills to vulnerable populations
*Improves health decision making

A comprehensive approach to health empowerment for Head Start agencies serving parents, children and staff with a portfolio of programs targeting prevention

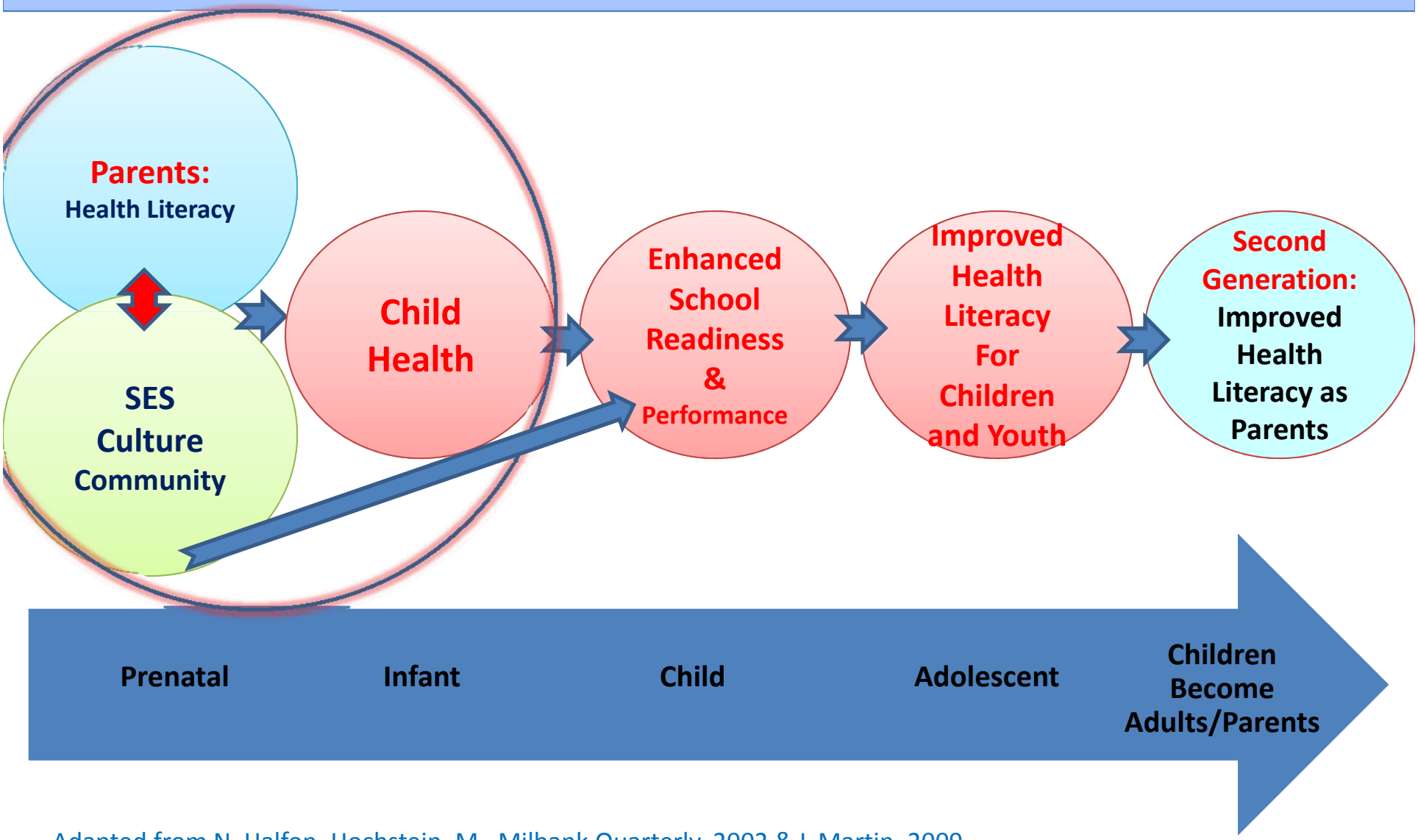
Validated by a decade of outcomes data

Portfolio of Health Topics

- Treatment of Common Childhood illnesses
- Oral Health Prevention
- Diabetes Obesity Prevention
- Prenatal Health Education
- In Development:
  - OTC Medication
  - Home Safety
  - Vaccinations
  - Asthma/Second Hand Smoking

Life Course Perspective:

Health Literacy for Parents has Lasting Outcomes



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Conclusions & Recommendations

- **A coordinated investment by education & health systems is needed to support the health literacy skills of individuals as they go through their life course**

- **It is critical to connect young families to health literacy by integrating the concept into early childhood programs**
  - The design of training should use principles of empowerment, respect, and self efficacy to assure engagement and behavior change in families served
  - Enhance health decision making will lower medical costs

- **Embed health literacy into Head Start Program Performance Standards**
  - Use the strength of the Head Start staff and structure

Head Start can and should take leadership in health literacy innovation implementation!

Conclusions & Recommendations

- **Promote the economic case to businesses, employers, Medicaid and other insurers so that they will realize the large returns available from modest investments in health literacy for prevention**

- **Create incentives for larger investments in public health literacy e.g., encourage public and private partnerships for investment in scaling up and for sustained funding of interventions**

- **Pursue further research on ways to measure health literacy across populations**

- **Design research to determine the broad impact of improving health literacy over the life course of vulnerable children and families in America**

"Let's Move" Health Literacy Forward in One Generation!