

Health Literacy *in the 21st Century*

SETTING AN EDUCATION AGENDA

SYMPOSIUM PROCEEDINGS

January 28 & 29, 2009
Headquarters of the National Education Association
Washington, D.C.

CONVENED BY



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Dear Colleague,

We are pleased to present these proceedings from the symposium **Health Literacy in the 21st Century: Setting an Education Agenda**, conducted January 28-29 in Washington, D.C. at the National Education Association. This event has begun an important dialogue among essential educational organizations about how best to prepare young people to make personally appropriate decisions related to health and health care.

The goal of the symposium was to lay the groundwork for a national conversation on the K-12 educational infrastructure necessary to prepare students for a lifetime of health-promoting and disease-preventing personal behaviors. Additionally, the symposium was concerned with the challenges in preparing young adults to effectively interact with the health and medical care systems to successfully participate in an increasingly “consumer oriented” delivery system.

Health care now occupies 18% of the GDP of the U.S. at almost \$2.5 trillion per year in expenditures. Now, more than ever before, young people are expected to make complex choices regarding hospitals and physicians, and individuals will bear increasing financial risk and responsibility. Additionally, the genetic revolution ushers in a new complexity of “probabilistic” decision making, where risks of disease and associated decisions are statistically nuanced at a level of complexity not faced by previous generations. Increasingly, Americans who are not health literate will face a more perilous future, not only in terms of their personal and family wellness, but their economic prosperity as well.

We are pleased that representatives from education, health and philanthropy were able to come together and get excited both by the call to action, and by the opportunities to enhance overall educational goals by using health challenges as case study material. Key economic principles, probability and other statistics, and scientific concepts can all be illustrated with examples from health care.

Through robust dialogue, the symposium helped illuminate the challenges and opportunities we face in creating health-literate consumers, today and in the future. The participants defined and framed the issue, examined societal trends that shape consumer attitudes and behaviors, identified roles and responsibilities for key stakeholders, acknowledged barriers and needs, and laid the foundation for future dialogue and actions to promote health literacy.

We are very grateful to all the talented and caring thought leaders and practitioners who gave their time, insights and ideas to this important convening. We hope the proceedings will stimulate your thoughts on ways that this dialogue can serve as a launching pad for greater engagement and action, and help elevate health literacy to an even higher and more urgent priority within the school setting, and beyond.

We urge your collaboration in this effort by joining us in pursuing concrete strategies that will ensure health literacy for today's students and all Americans.



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ACKNOWLEDGMENT

The conveners would like to acknowledge the symposium participants, whose valuable insights and expertise helped to propel a national conversation about health literacy in the 21st century.

ABOUT UNITED HEALTH FOUNDATION

Guided by a passion to help people live healthier lives, United Health Foundation supports activities that expand access to quality health care services for those in challenging circumstances and partners with others to improve the well being of communities. The Foundation also provides helpful information to support decisions that lead to better health outcomes and healthier communities. Since established by UnitedHealth Group [NYSE: UNH] in 1999 as a not for profit private foundation, the Foundation has committed more than \$160 million to improve health and health care. For more information, visit www.unitedhealthfoundation.org.

ABOUT THE NATIONAL EDUCATION ASSOCIATION HEALTH INFORMATION NETWORK

As the nonprofit health affiliate of the National Education Association, the NEA Health Information Network (NEA HIN) provides health and safety information to 3.2 million educational employees and students it serves. NEA HIN distributes information nationally through NEA's 51 state/territory affiliates as well as 14,000 local education associations. NEA HIN serves as a link between public school employees; local, state and national health organizations; and government agencies. Since its inception, NEA HIN has addressed numerous health & safety issues that affect NEA members and students, including HIV/AIDS, substance abuse, cancer, teen pregnancy, mental wellness, nutrition, school safety, asthma and environmental hazards in schools. For more information, visit www.neahin.org.

A free downloadable copy of these proceedings is available at www.neahin.org.

Executive Summary

Convening the Symposium On January 28-29, 2009 in Washington, D.C., the National Education Association Health Information Network (NEA HIN), with the support of the United Health Foundation (UHF), gathered together 30 experts and leaders from the fields of education, health and philanthropy for the symposium **Health Literacy in the 21st Century: Setting an Education Agenda**. During these two days, the symposium's participants began a dialogue about what kind of K-12 educational infrastructure will be needed to prepare current and future students to participate in the 21st century's health and health care systems.

Critical Need in 21st Century

A healthy population is critical to our nation's future. What makes health literacy an urgent issue in today's — and tomorrow's — complex world of health information and services is the simple fact that consumers, more than ever before, have the opportunity and responsibility to manage their own and their family's health care.

To do this competently, they must process lots of information about services and providers, treatment options and related costs. They must also possess skills to problem-solve, make sound decisions and tap into the myriad of resources available to support them through the process. Compounding this, consumers are dealing with rising health care costs within an economy under stress.

In order to provide current and future generations of students with the knowledge and skills of health literacy, schools must play a central role in preparing young consumers to manage and advocate for their health and health care needs. Yet the goal of health literacy is particularly challenging given an environment in which schools today are focused on educating an increasingly diverse student population, to levels of academic achievement never before expected, while simultaneously addressing many other priorities.

Framing the Issue

The definition of health literacy endorsed by the symposium's participants is that found in the National Health Education Standards: Health literacy is the capacity of an individual to obtain, interpret and understand basic health information and services and the competence to use such information and services in ways that are health-enhancing.

To provide a common framework within which to discuss the complex issues surrounding health literacy, NEA HIN commissioned three "white papers" that were presented to the symposium. Each paper addressed distinct aspects of health literacy:

Consumers in a Complex and Dynamic Health Care Environment. Key trends in the health care arena are shaping consumer expectations and behaviors, such as the growing costs of health care and the greater share of those costs being paid by consumers. Further, consumers increasingly bear greater responsibility for their own health.

Health Literacy and Adolescents: An Agenda for the Future. General literacy is a problem for many adolescents, raising questions about their ability to successfully navigate the health care delivery system. A research agenda is needed to help shape the creation of new policies, programs and tools to promote health literacy.

The Role of 21st Century Schools in Promoting Health Literacy. School-based health education that is aligned to standards can effectively address the knowledge and skills needed to achieve health literacy among students. The Coordinated School Health model provides an environment in which students can practice and have reinforced the skills of healthy behaviors.

Robust Discussions

Symposium participants aligned around several major constructs regarding health literacy upon which further dialogue can productively build. These include: health literacy must include skills as well as knowledge; schools alone cannot be held accountable for the responsibility of preparing students to be health literate; other systems (health care, government, philanthropy, business, etc.) must play a role; health literacy is a necessary component of healthy behavior; barriers

to advancing health literacy include insufficient accountability, limited school resources and ownership concerns.

Additionally, symposium participants brainstormed potential roles for key stakeholders in the advancement of health literacy and considered ways to strengthen the case for and better position health literacy through curriculum, policy and communications strategies.

Conclusion

The Health Literacy Symposium's rich discussion of the issues and opportunities surrounding health literacy generated a foundational alignment around key themes as well as provocative ideas for advancing health literacy within today's school environment. Participants strongly advocated continuing the dialogue and, especially, pursuing broader engagement of additional stakeholders. +

National Health Education Standards: Achieving Excellence

The National Health Education Standards, developed by a coalition of health education organizations and professionals from across the country, set out expectations for what students should know and be able to do by grades 2, 5, 8 and 12 to promote personal, family and community health. The standards provide a framework for curriculum development and selection, instruction and student assessment in health education.

For more details about these standards, visit:
www.cdc.gov/healthyyouth/sher/standards/.

STANDARD 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
STANDARD 2	Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.
STANDARD 3	Students will demonstrate the ability to access valid information, products and services to enhance health.
STANDARD 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
STANDARD 5	Students will demonstrate the ability to use decision-making skills to enhance health.
STANDARD 6	Students will demonstrate the ability to use goal-setting skills to enhance health.
STANDARD 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
STANDARD 8	Students will demonstrate the ability to advocate for personal, family and community health.

Call to Action: Health Literacy

An Urgent Challenge As the 21st century begins, the United States faces a significant economic challenge from the rising cost of health care. According to the Henry J. Kaiser Family Foundation's 2008 Employee Health Benefits Survey, the average employee contribution to company-provided health insurance increased more than 120 percent since 2000, while average out-of-pocket costs for deductibles, co-payments for medications and co-insurance for physician and hospital visits rose 115 percent.

Health literacy is the capacity of an individual to obtain, interpret and understand basic health information and services and the competence to use such information and services in ways that are health-enhancing.

Joint Committee on National Health Education Standards, 2007

At the same time, consumers are increasingly required to take on more responsibility for managing their own and their family's health. This, in turn, often entails considerable reading and research, sorting through a plethora of services, providers, treatment options and, further, analyzing and negotiating the associated costs of all these options.

Our complex world of health information and services asks more of consumers today than ever before. How consumers — and our society as a whole — respond to this challenge will go a long way toward determining their health status during the years ahead.

Which leads to the role of schools in promoting widespread health literacy. To enable current and future generations of students to become productive members of society and thriving adults, it is critical that they learn the knowledge and the skills needed to understand, manage and advocate for their own health and health care. In turn, such gains in health literacy through school-based programs may contribute to closing the gaps in health status between socioeconomic groups in America today.

The development of health literacy will necessarily involve both the educational and health systems — as well as other stakeholders from both the private and public sectors — each of which has a unique role to play.

Needed now is a clear understanding of and respect for the role of each system, an understanding of how the development of health literacy can be integrated into the existing work of each system, as well as support for the resources needed by each system to undertake the process of helping the nation's youth become health literate on a broad scale.

Launching the Dialogue

On January 28 and 29, 2009, the National Education Association Health Information Network (NEA HIN), with the support of the United Health Foundation (UHF), convened a symposium entitled **Health Literacy in the 21st Century: Setting an Education Agenda**. Held at the headquarters of the National Education Association in Washington, D.C., event participants included leaders and staff from a wide array of education, health, medical and other organizations, representing both the public and private sectors. To foster interaction and dialogue, attendance at the symposium was limited to 30 participants.

Created collaboratively by NEA HIN and the United Health Foundation, the Health Literacy symposium sought to address the need for, and the challenges and solutions to strengthening health-related knowledge and skills among the nation's students.

The Collaboration Begins

A diverse mix of organizations was invited to participate in the symposium, including academic experts in the fields of school health and health literacy, as well as members of leading education and health organizations. Participating organizations included the Learning First Alliance and national associations representing teachers, boards of education, school health professionals and school administrators at the building, district and state levels. On the health side, participating organizations included the Centers for Disease Control and Prevention, American Association of Family Physicians, Society for Public Health Education and Grantmakers for Health, as well as leading experts in health care, health policy and public health. (See complete list of symposium participants in Appendix.)

During the symposium, participants met in both large and small groups to discuss challenges, debate ideas and brainstorm an array of specific actions and desired outcomes for advancing health literacy.

Agenda topics included:

- Role of school programs and services in promoting health literacy
- How teachers and other school employees can be effective health literacy role models
- How health literacy can lead to changing behaviors
- Integrating public health and health care delivery systems into what schools are doing
- Identifying the barriers to increasing health literacy and how to overcome them
- How to make more compelling the case for health literacy
- The role for other sectors (health care, government agencies, etc.) in supporting health literacy

Defining “Health Literacy”

Two commonly accepted definitions of health literacy were used in planning for and carrying out the symposium. One, espoused by the Institute of Medicine, defines health literacy as “...the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions” (Healthy People 2010). Given the symposium’s focus on the role that schools and education systems play in promoting health literacy, however, the meeting participants endorsed as more useful the following definition from the National Health Education Standards:

Health literacy is the capacity of an individual to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways that are health-enhancing.

The crucial difference between the two definitions is the National Health Education Standard’s added dimension of the skill (competence) needed to understand and use basic health information. By adding this skill component, school-based health education moves beyond what students “need to know” to what they “need to be able to do with the information they are taught.”

Framing the Issue

To provide symposium participants with a common baseline understanding of the issues surrounding the development of health literacy, NEA HIN commissioned three “white papers” from experts in the field. Each paper focused on distinct and fundamental questions:

1. What are the critical issues relevant to consumers of the health and medical care systems now and throughout the 21st century? Are there ways that the

If current socio-economic gaps in health status remain unchanged, those most able to meet these new consumer health care demands will be those who are better educated; those who are less educated will be further disadvantaged.

concerns of the consumer and needs of the health delivery sector can be addressed in ways beneficial to both?
(Judith Hibbard, PhD)

2. To what degree will the current and next generation of health care consumers be ready and able to make appropriate personal health care choices and participate in the health and medical care systems that are likely to exist in the future?

(Jennifer Manganello, PhD)

3. What current initiatives exist that educate students about health care choices they will need to make in the future? What is missing and how can the gaps be addressed?

(Tami Benham Deal, PED, and Bonni Hodges, PhD)

Paper 1 – Consumers in a Complex and Dynamic Health Care Environment

In her paper, Judith Hibbard identifies three key trends in health care shaping expectations (some might say demands) for consumer behavior:

- The growing costs of health care, which are compounded by the fact that a greater share of those costs is being borne by the individual consumer;
- The availability of more information for use in making health care choices and the assignment of more personal responsibility for making those choices; and
- The increased complexity of the range of health care options and of the tasks involved in managing personal health and health care.

When combined, these trends make clear that consumers will have increasing responsibility for their own health during the years ahead, and that the consequences of their choices will be ever more significant, both for their pocketbooks and for their well-being. Furthermore, if current socioeconomic gaps in health status remain unchanged, those most able to meet these new consumer health care demands will be those who are better educated; those who are less educated will be further disadvantaged.

Why “Activated” Consumers?

Being an engaged and “activated” consumer means being proactive in maintaining health and preventing disease and managing illness. Activated consumers work with their physicians to make informed choices, and they arm themselves with information. They understand the health care delivery system and how to navigate it.

Consumers who are highly activated are overall more proactive about their health, they are more likely to seek out and use information to inform their decisions and to engage in more healthy behaviors. Activated consumers are cognizant of what high-quality care entails, and they seek it out. Those who are less activated are more vulnerable to barriers, they are less able to problem-solve and less able to cope with stress.

Health care providers are typically paid the same whether they deliver high quality care or not. Policy makers are looking to consumers to help solve deficiencies in the quality of health care. Having more knowledgeable, engaged patients making informed decisions about their care and managing their health would improve both the quality of care and health outcomes. It would mean that individuals would fare better and the system would function better.

Excerpted from “Consumers in a Complex and Dynamic Health Care Environment,” by Judith H. Hibbard, University of Oregon. Available at www.neahin.org.

Avoiding such a scenario will require health care consumers be both health literate and “activated.” An activated consumer understands that he/she must take an active approach to personal health and health care, and will feel empowered to take on the role of informed advocate. The important point is that this takes more than knowledge. To be activated means having skills in literacy, numeracy, problem-solving and decision-making, as well as the ability to learn and adapt new behaviors, and the confidence to be prepared and assertive in medical or health situations.

Paper 2 – Health Literacy and Adolescents: An Agenda for the Future

In the most immediate sense, adolescents are the next generation of health consumers. In her paper, Jennifer Manganello identifies several key issues impacting health literacy in adolescents today:

- General literacy is a problem for many adolescents;
- Little is currently known about how health literacy impacts health behavior and outcomes for adolescents;

- Adolescents are increasingly involved in their own health care, and there is a growing prevalence of chronic illness among adolescents (including diabetes, asthma and mental illness);
- Adolescents are becoming more autonomous and will soon be navigating the health care system on their own; and
- Adolescents access health information from different sources and in different ways than adults.

The scope and seriousness of these issues underscore the need for developing a research agenda that can help shape the creation of policies, programs and tools to build, empower and sustain widespread adolescent health literacy.

Paper 3 – The Role of 21st Century Schools in Promoting Health Literacy

Schools in the 21st century are tasked with building the skills and capacities of the nation’s children in areas far beyond those expected in the past. Never before has so much been asked of public education: to educate all children to high levels in the many different realms that go

Reaching Adolescents: A Critical Audience

A recent survey of young adolescents by the Nemours Foundation reported about 80 percent of respondents said they were very or sort of interested in learning more about health, but almost a quarter of them (22 percent) said health information was very or sort of hard to understand (Kidshealth, n.d.). Another study found about 25 percent of students said it was hard to understand health information (Brown, Teufel, & Birch, 2007).

Health literacy for adolescents requires attention given the large amount of educational and other materials distributed to youth by health providers, schools, and intervention programs. The readability of materials is highly relevant to this issue, as adolescents cannot use information to guide their choices about health behavior or develop health literacy skills if they fail to understand information provided to them.

Health literacy has the potential to affect all adolescents, but it is especially relevant for those who have a chronic illness. There is a growing prevalence of chronic illness such as asthma, diabetes, cystic fibrosis and mental illness among youth ages 0 to 17. Adolescents with chronic illness are likely to have more interaction with the health system, as well as greater responsibility for participating in their care and treatment. Studies have found that teens with a chronic illness such as diabetes go online to seek information about managing their illness, and that medical providers believe it is important for adolescents with chronic illness to have adequate health literacy skills.

Excerpted from “Health Literacy and Adolescents: An Agenda for the Future,” by Jennifer A. Manganello, School of Public Health, State University of New York at Albany. Available at www.neahin.org.

beyond the “basics.” In this context, authors Tami Benham Deal and Bonni Hodges explore what structures, programs and curriculum are currently in place in schools that can be used to build and support health literacy.

In addition to literacy and numeracy (both of which are necessary, but not sufficient components of health literacy), schools promote health literacy through school-based health education delivered either in health classes or through other curricular areas.

When aligned to the National Health Education Standards (see sidebar, page 2), or state standards based on the national standards, school-based health education addresses both the knowledge and the skills needed to be health literate.

Another way schools support and promote health literacy is through a coordinated school approach to school health (or a coordinated school health program), the aim of which is to provide an environment in which students can practice and reinforce the skills of healthy behaviors. +

Health Literacy in the 21st Century

The Partnership for 21st Century Skills — a consortium of business, community and education leaders and policy makers coming together to define a vision for 21st century education — has named health literacy a 21st century interdisciplinary theme that must be woven into the content of core subject areas in order to enhance the capacity of students to gather and use health-related information from a variety of sources and apply it in health-promoting ways. Unfortunately, many of today’s students are not acquiring the knowledge and skills they will need to thrive in the real-world health care environment they are about to enter.

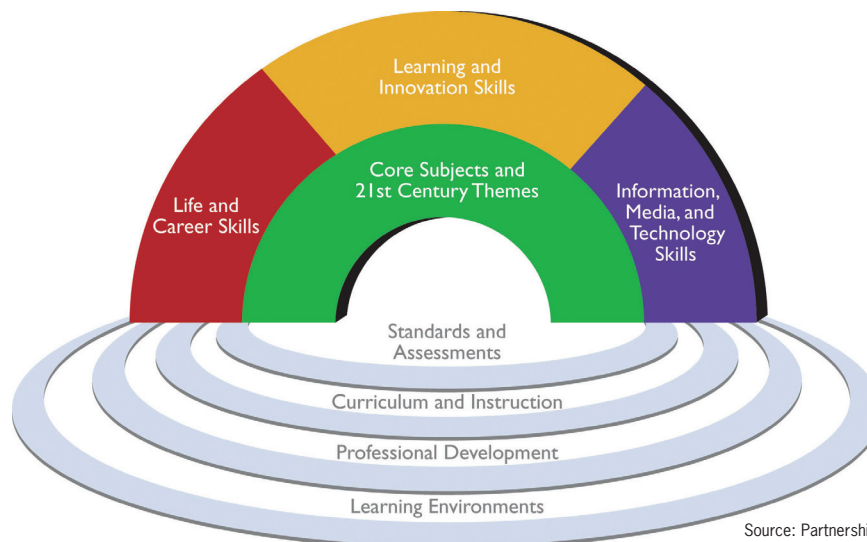
The Partnership for 21st Century Skills stresses the importance of a skills-based approach to teaching health education. In the skills-based classroom, students evaluate printed and

electronic sources of health information and services to determine the validity of those sources. They analyze internal and external influences on their health choices and behaviors. They learn how to make appropriate health-related decisions and set appropriate health goals. They also develop skills that enable them to manage their health behaviors and reduce their health risks. They practice engaging in interpersonal communication and advocating for personal and community health.

For more information about the Partnership for 21st Century Skills, visit www.21stcenturyskills.org.

See also “The Role of 21st Century Schools in Promoting Health Literacy,” by Tami Benham Deal, University of Wyoming, and Bonni Hodges, State University of New York at Cortland. Available at www.neahin.org.

21st CENTURY STUDENT OUTCOMES AND SUPPORT SYSTEMS



Source: Partnership for 21st Century Skills

Moving Toward Action

Several Themes Emerge... During the course of the symposium's conversations, several major themes became clear. These represented key points of agreement from which more concrete suggestions and ideas flowed.

Schools alone cannot be held accountable for the responsibility of preparing students (the next generation) to be health literate. Other systems — such as health care, government, philanthropy and business — must play their part

- For health literacy as a construct to resonate with school leaders and educators, a definition that includes skills (competencies) is crucial, because it aligns with the way in which the educational community is thinking about the balance of content and skills.
- Schools alone cannot be held accountable for the responsibility of preparing students (the next generation) to be health literate. Other systems — such as health care, government, philanthropy and business — must play their part, both in supporting schools and in making changes within their own realms.
- Health literacy is a necessary component of healthy behavior — it is part of a personal “toolkit” for change. To achieve health literacy, schools have an important role in providing health education that is aligned with national standards. Health professionals must accommodate different levels of health literacy and different ways of accessing information.
- It will be helpful to the development of programs and partnerships to remember that the educational and health care systems may have different “ends” in mind. For health, the end is a literate, activated consumer who practices health-enhancing behaviors. For education, it is a student with certain knowledge and skills that can be applied beyond the time he/she is in school.

... Along with Some Challenges

Symposium participants also identified some key challenges to the development of widespread health literacy, which resulted in rich discussion.

- Some participants expressed the concern that a singular focus on health literacy, in the belief that its achievement would entirely eliminate current health status disparities and gaps, might leave unaddressed other basic flaws in the health care system (lack of providers, coverage for costs and other access issues) not solvable by health literacy alone.
- Likewise, there was a concern that the practice of advocacy in health education is most commonly defined as advocacy for self and others, whereas it may be that the practice of advocacy should be expanded to a more “systemic” approach that addresses concerns about systemic gaps and disparity.
- While there were many questions about what the particulars of a Coordinated School Health Program might look like, there was general agreement that having content and skills taught in health education lessons or classes, with subsequent application of the content and skills reinforced in a coordinated fashion, would likely enhance the impact of that instruction.
- Participants expressed concern that the expectation in many schools that it should be the health education faculty that manages the coordination of health literacy programs and curriculum may be unrealistic. This was

Teachers are the key to all school-based literacy efforts, but health literacy is not often prioritized in the demands for educational results.

reinforced by the observation of some participants that when coordination appeared to be working, it was due to a clear and empowered leader at the building and district levels. Several participants also described the benefits of using an assessment tool such as CDC's School Health Index (SHI) to assess a Coordinated School Health Program. The SHI is a self-assessment and planning tool that schools can use to improve their health and safety policies and programs.

(Note: SHI is available at <https://apps.nccd.cdc.gov/shi/default.aspx>.)

- Finally, some participants raised questions about the capacity of schools and the education system to change in the context of the observation that a significant amount of secondary school health education is taught by out-of-subject teachers, an issue that clearly affects other areas in education.

(Note: For more information on the Coordinated School Health Program model, see page 12.)

Key Roles in Health Literacy

In response to the three issue-framing “white papers,” the symposium’s participants formulated and then addressed specific key questions focused especially on what roles ought to be played by which stakeholders in the advancement of health literacy.

Question: Health can be addressed through more than formal health education. What is the role of other school programs and services?

(This is sometimes referred to as coordinated school health.)

- Instructional and non-instructional staff needs to work together and across academic and nonacademic disciplines to find the areas of common skills, opportunities for the infusion of skills

and content, and the opportunity to practice the skills being taught.

- There is a need for leadership and administrative support. This includes the use of mid-level managers such as school health coordinators who are well trained, and the removal of barriers that prevent community and voluntary health organizations from working in the schools.
- Health literacy should be linked to other areas of academic performance given that disparities in health and education affect the same populations.

Question: Are teachers (not those responsible for teaching health content) primary vehicles for change? If the answer is yes, what is the role of teachers and other school employees in role modeling, promoting, teaching, contributing to health literacy, and what are the professional development and other implications for education systems?

- Teachers are the key to all school-based literacy efforts but health literacy is not often prioritized in the demands for educational results. Integration across curricula areas could help to address this issue.
- Teachers need to have a better understanding of the needs for the future workforce: this is particularly true for elementary school teachers. Teachers need to be part of an effort to cross-walk knowledge and skills across subjects and this should be expanded to include textbooks.
- This is a problem that needs to be addressed through both the preparation of new teachers and professional development for the current workforce.

Question: What is the role of systems such as public health, health care delivery and others? How can these other systems be integrated into what schools are doing?

Challenges to advancing health literacy are the same challenges facing other types of school-based initiatives. Often such challenges are overcome with advocacy and collaborative planning.

Recommended Roles for Key Sectors

Symposium participants identified sectors that can move health literacy forward, along with some proposed roles that each can play in creating a more health-literate society.

- > The commercial sector: provide a supportive and healthy workplace.
- > The research sector: provide evidence that links health status to educational outcomes and vice versa.
- > Health and social service systems: work to eliminate barriers to navigation.
- > Health-related professionals: recalibrate the norm, realign assumptions and demands, and be educators.
- > The education sector: teach relevant skills and increase the knowledge base of students. Additionally, educators can be involved in partnerships to teach clinicians how to teach.

- Funding can and should support integration and this integration needs to occur at all levels.
- The question was raised of how to educate the leadership of different groups as to what health literacy is and what it means.
- The discussion continued about whether health literacy is an end in and of itself or a means to an end.

Acknowledging the Challenges

Symposium participants identified some of the challenges to advancing health literacy. Many of these, if not all, are the same challenges facing other types of school-based initiatives, not just health literacy. Often such challenges are overcome with advocacy and collaborative planning.

Accountability

- The No Child Left Behind legislation leaves little room for other priorities; health literacy is not part of Adequate Yearly Progress (AYP) metrics, which are used by schools, districts and states to monitor accountability for student performance under the No Child Left Behind Act.

- Health literacy is not linked to accountability priorities.
- A perception exists that health literacy is a new area.

School Resources

- There is lack of teacher training for health literacy.
- The structure of instructional days is a limiting factor for advancing health literacy.
- There is uneven implementation of programs due to resource constraints.
- Lack of appropriate examples from across the curriculum is constraining.
- Different languages of different sectors slows progress.

Ownership

- Health literacy is not seen as a shared responsibility.
- Health literacy is not linked to remuneration in medical systems.
- Competing demands hamper implementation.
- Health literacy does not belong to anyone. +

What's Needed to Move Forward?

Aligning on Broad Points Participants reached consensus on several broad points, while still allowing for differences in the details of implementation strategies. Recognizing that schools are not the only system with responsibility for improving health literacy, the key points of consensus were:

- Schools need health education that is aligned with standards that focus on what students need to know and are able to do.
- Successful health education is delivered best in a school environment with a coordinated approach and where messages are reinforced and skills practiced in multiple areas.
- Schools should explore opportunities for introducing health content and the practice of skills across the curriculum.

Strengthening the Case

Participants offered ideas for ways to strengthen the case for — and better position — health literacy, using a combination of approaches involving curriculum, policy and communications strategies, and urged that these ideas become the subject for future dialogue among the various stakeholders.

Curriculum: Participants suggested investigating further such strategies as weaving health literacy through all subject areas and aligning health literacy with instruction in 21st century skills. (Participants acknowledged that teachers will need support and professional development to effectively connect health literacy to other outcomes for students.)

Policy: The primary suggestion here was to develop and present, quickly and with rigor, evidence that health literacy saves health-care dollars. It was further suggested that health literacy becomes a

more compelling issue when connected with economics and social justice. Finally, participants offered that obtaining the supportive and joint engagement of the U.S. Secretaries of Education and Health would advantageously combine policy with high-level “bully pulpit” communications.

Communications: There was a consensus that the development, promotion and distribution of case studies of successful health literacy programs and outcomes, along with accompanying talking points and common resolutions/leadership statements, would go a long way to making the case for health literacy more persuasive with a broad range of stakeholders.

Possible Actions for Stakeholders

Symposium participants considered various ideas for how key stakeholder groups might support schools in advancing health literacy. These ideas were discussed within the context of how each stakeholder group might align around the symposium’s three broad points of consensus. (See above.) What follows are some possible action recommendations generated by the symposium’s participants. They illustrate not merely the range of stakeholders touched by the issue of health literacy but the great number of possible actions open to them.

For instance, professional schools, colleges and community colleges that prepare — and subsequently provide professional development for — teachers,

Coordinated School Health Program (CSHP) Model

Health is not just the absence of disease. Rather, it is a multi-faceted state of being that includes physical health, mental health and social well-being. This realization informs the approach in the school environment known as the Coordinated School Health Program (CSHP) model.

CSHP is based on the premise that schools by themselves cannot — nor should they be expected to — solve the nation's most serious health and social problems. Rather, many stakeholders must be involved, and schools provide an excellent setting where this involvement can occur, bringing together families, youth, health care workers, the media, religious organizations and community organizations that serve youth.

Coordinated School Health Programs have eight components:

Health Education: A planned, sequential, K-12 curriculum that addresses the physical, mental, emotional and social dimensions of health.

Physical Education: A planned, sequential K-12 curriculum that provides cognitive content and learning experiences in a variety of activity areas such as basic movement skills; physical fitness; rhythms and dance; games; team, dual, and individual sports; tumbling and gymnastics; and aquatics.

Health Services: Services provided to students to appraise, protect, and promote health.

Nutrition Services: Access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students.



Counseling and Psychological Services: Services provided to improve students' mental, emotional and social health.

Healthy School Environment: The physical and aesthetic surroundings and the psychosocial climate and culture of the school.

Health Promotion for Staff: Opportunities for school staff to improve their health status through activities such as health assessments, health education and health-related fitness activities.

Family/Community Involvement: An integrated school, parent, and community approach for enhancing the health and well-being of students.

For additional information, visit:

<http://www.cdc.gov/healthyYouth/CSHP/>

administrators and school health educators could consider several different strategies, from identifying common skills across disciplines and then teaching towards infusion/integration, to teaching National Health Education Standards (NHES) and Coordinated School Health Program (CSHP) skills to administrators and school health educators. School employee and professional organizations could produce case studies of best practices and also work to develop schools as healthy worksites.

For their part, health care providers

could support and increase on-site provision of care and services during, before and after school. And health insurers could reimburse health education services in addition to reimbursing medical and mental health services. Insurers also could help to fund curriculum development, assessment and professional development needs of educators.

In a different realm, philanthropies and other health funders might pursue such strategies as framing their RFP guidelines so that they communicate their responsiveness to schools applying

Health Education Assessment Program

The Health Education Assessment Project (HEAP) is a project of the Council of Chief State School Officers' State Collaborative on Assessment and Student Standards. The mission of HEAP is to develop effective standards-based health education resources through a collaborative process, and to increase members' capacity to align curriculum, instruction and assessment to improve student health literacy through improved health instruction. The HEAP's web-based system allows its members to collaboratively 1) develop and edit assessment resources, 2) support online testing of students, 3) develop resources to improve students' health and reading literacy and 4) expand the HEAP's distance learning course. All products and services can be specialized and adapted to state-specific needs.

For more information on HEAP, visit:

<http://www.ccsso.org/content/pdfs/SCASSHEAPDescription.pdf>

for support in establishing and evaluating effective — and replicable — health literacy programs. They might also use the NHES and CSHP as benchmarks in considering proposals. They might fund proposals seeking to build the health literacy capacity of our nation's schools. And they might cease their funding of categorical and information dumping acts.

In yet a different realm, local school boards and municipal governments could consider engaging the public around the issue of health literacy by undertaking a public communications program (at pub-

lic meetings, by press releases, websites and e-blasts, etc.), as well as building — and requiring — relationships with other stakeholders (like local hospitals and HMOs, for example). Similarly, state departments of education and health might develop a skills network for health educators while at the same time developing a sample performance track that incorporates all 21st century skills. +

(For the full listing of all recommended possible actions by stakeholders please see "Recommended Stakeholder Actions" in the Appendix.)

Conclusion

The Health Literacy Symposium generated rich discussion about the issues and opportunities surrounding the promotion of health literacy within today's school environment. The convening resulted in alignment around a working definition of health literacy. It also suggested a framework for understanding how advancing health literacy will be impacted by societal trends and current challenges within education, as well as economic realities. Importantly, there were numerous areas of agreement, and many interesting and provocative ideas, about how to move the issue forward. Finally, there was considerable energy and interest among the participants to continue the dialogue and pursue deeper understanding and broader engagement of additional stakeholders.

Appendix

List of Symposium Participants

Kellie Beckwith

American Association of School Administrators

Tammi Benham Deal

University of Wyoming

Ramon Bonzon

National Association of County and City Health Officials

Maureen Culbertson

Centers for Disease Control and Prevention Coordinating
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Brenda Z. Greene

National School Boards Association

Mary Henton

National Middle School Association

Judith Hibbard

University of Oregon

Bonni Hodges

State University of New York Cortland
Health Department

Nora Howley

National Education Association Health Information
Network

Nancy Hudson

Council of Chief State School Officers

Daniel Johnson

United Health Foundation and UnitedHealth Group

Theresa Llewellan

Association for Supervision and Curriculum Development

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Department of Health Policy, Management & Behavior

Kate Mattos

National Education Association

Amy McGaha

American Academy of Family Physicians

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Association of State and Territorial Health Officials

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National Education Association
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Rima Rudd

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National Association of Elementary School Principals

Bette Simpson

National Education Association
Health Information Network

Becky Smith

American Association for Health Education

Barry Stark

National Association of Secondary School Principals

Katherine Treanor

Grantmakers in Health

Reed Tuckson

United Health Foundation and UnitedHealth Group

Howell Wechsler

Centers for Disease Control and Prevention
Division of Adolescent and School Health

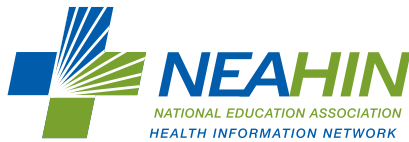
David Wiley

American School Health Association

Claus Von Zastrow

Learning First Alliance

Symposium Agenda



Health Literacy in the 21st Century: Setting an Education Agenda January 28 & 29, 2009

Objective: To frame an agenda for schools and the education sector to address health literacy and prepare the next generation to make appropriate health decisions and utilize health resources and services

Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. (HEALTHY PEOPLE 2010)

WEDNESDAY, JANUARY 28

{TIME}	{TOPIC}
8:00 – 8:30	Breakfast
8:30 – 9:00	Welcome, Opening Comments
9:00 – 9:15	Review Meeting Objectives and Agenda, Opening Exercise
9:15 – 9:45	Introductions
9:45 – 10:45	Panel Presentation
10:45 – 11:00	Break
11:00 – 11:50	Q and A: Open Discussion
12:00 – 1:00	Lunch
1:00 – 1:45	What's at Stake?
1:50 – 2:45	Small Groups
2:45 – 3:00	Break
3:00 – 4:00	Full Group Report Out
4:00 – 4:30	Setting the Stage for Day Two

THURSDAY, JANUARY 29

{TIME}	{TOPIC}
8:00 – 8:30	Breakfast
8:30 – 8:45	Setting the Agenda for Day Two
8:45 – 10:00	Setting an Education Agenda: <i>What should schools/education community stakeholders do more or less of?</i>
10:00 – 10:15	Break
10:15 – 10:45	Role of Other Systems
10:45 – 11:30	Report Out
11:45 – 12:00	Closing Remarks and Next Steps

Recommended Stakeholder Actions

STAKEHOLDER GROUP	POSSIBLE ACTIONS
Professional Preparation and Development	<ul style="list-style-type: none"> • Teach National Health Education Standards (NHES) and Coordinated School Health Program (CSHP) skills to school health educators • Identify common skills across disciplines and use/teach toward infusion/integration • Teach NHES and CSHP skills to administrators
School Employee and Professional Organizations	<ul style="list-style-type: none"> • Produce case studies of best practices • Provide health literacy professional development for educators • Develop schools as healthy worksites
Students and Parents/Caregivers	<ul style="list-style-type: none"> • Involve parents in curriculum development and school health advisory councils • Have students define their own health issues • Engage school advisory councils with the School Health Index
Governance	<p><i>Local:</i></p> <ul style="list-style-type: none"> • Engage the public around the idea through communication • Build/require relationships with other stakeholders <p><i>State:</i></p> <ul style="list-style-type: none"> • Develop a skills network for health educators • Develop a sample performance track that incorporates all 21st century skills
Federal Agencies	<ul style="list-style-type: none"> • Provide incentives/money for action at the local level • Bring disparate groups and all involved in the federal agencies to the table
Philanthropy/Health Funders	<ul style="list-style-type: none"> • Use CSHP and NHES as benchmarks for proposals • Frame RFP guidelines to be responsive to school applications • Stop funding for categorical and information dumping acts • Fund capacity building
Health Care Providers	<ul style="list-style-type: none"> • Support and increase on-site provision of care and services during/before/after school • Model appropriate actions/behaviors/educations
Insurers	<ul style="list-style-type: none"> • Reimburse for health education services • Fund curriculum development, assessment and professional development • Reimburse medical and mental health services
National and Local Nonprofit Organizations and Community-based Organizations	<ul style="list-style-type: none"> • Develop programs to enhance health literacy skills that can be conducted in collaboration with schools • Produce case studies in best practices
Voluntary Health Organizations	<ul style="list-style-type: none"> • Develop and engage effective advocates • Gain coordinated support for curriculum
Business	<ul style="list-style-type: none"> • Provide technology support • Provide financial support
Public Health	<ul style="list-style-type: none"> • Provide leadership in convening and resourcing agencies to support schools • Provide data about communities' health and implications of funding for parent groups • Coordinate services