



# Master Health Literacy: A Participant-Focused Program in Development

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# Project Members



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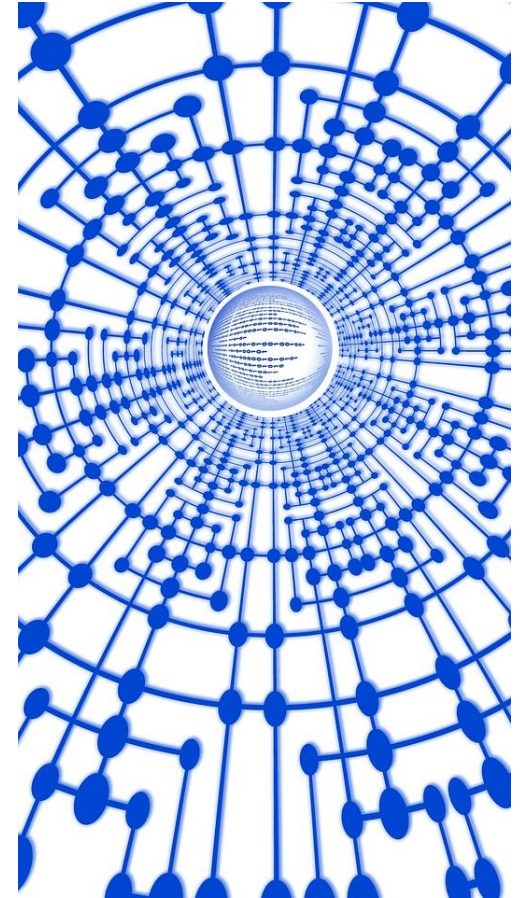
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# Background: Master Health Literacy Initiative

## Beyond Boundaries Innovation Project

- Provide skills, training, & tools to navigate deluge of information & misinformation in the area of health
- Create a sustainable and scalable program that can be utilized by others
  - Model MHL using existing Extension “Masters” programs
- Environmental scan: Determine current landscape of other programs
  - Explore format and learning objects to move forward



# Background: Goal of the Project



Inspiration from Community Outreach  
Health literacy & Wellness programs:

- [Texas A&M AgriLife Extension's Master Wellness Volunteer Program](#)

How would ours be different?

- Focus on information literacy skills
  - Navigating through Dr. Google to find Dr. PubMed & Dr. Mayo Clinic
- Create communities of people who can network and build from each other and pursue additional critical thinking skills

## 5 Goals as part of vision

- Programmatic scaffolding to enhance critical and information literacy skills.
- Incorporate aspects of data literacy
- Provide training for participants to collect and apply information and data about/for themselves and/or their communities.
- Participants are able to apply critical thinking skills to describe, investigate, and evaluate complex, controversial, and/or contradictory health-related topics.
- Participants share project result in a format of their choosing (blog post, presentation, community action, etc.)



# Upon completion of the program:

- Define a need for themselves and/or within their community
- Identify potential partners with whom to build an action plan to address the need (as appropriate)
- Identify appropriate, credible sources to utilize when developing a knowledge base about the project/topic
- Determine accessibility to required resources (e.g. public awareness of open / free access, and services available through land grant universities, the state Library of Virginia, and local public libraries)
- Gather information and collect data for evidence in an appropriate and ethical manner
- Synthesize evidence in an appropriate and ethical manner
- Describe recommendations and possible next steps
- Determine appropriate dissemination outlets to publicize efforts
- Identify stakeholders that could develop or influence relevant policies or programs (as appropriate)

# Methods: How we got started

To guide the program development we reached out to campus partners. We met with and talked to faculty and graduate student partners in:

- Population Health Sciences
- Agricultural Extension
- Student Health



**Funding** was applied for and received via an internal Beyond Boundaries Innovation grant from University Libraries, Virginia Tech

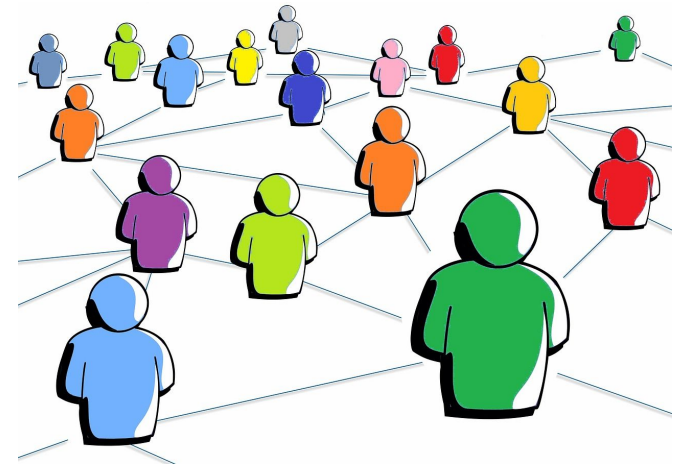
# Methods: Project start and set up

## Three students project assistants

- Literature review
- Environmental scan

## Project set up

- Shared platform and documents
  - Google drive
- Data management and collection plan: planned and discussed data elements for project ahead of time; piloted data collection methods; goal reporting methods



# Results: Defining the Need

## **Effective use of the healthcare system**

- Half of high school graduates do not have the skills needed for effective use<sup>1</sup>

## **Health information is not presented in a way that is accessible by most Americans<sup>1-3</sup>**

- Teach to be accessible and to grant accessibility to others

## **Multiple reasons of less than ideal healthcare system use**

- Best improvement is by community improvement model<sup>4</sup>



# Results: Past success

## Teaching and training

- Providing knowledge and the skills to pass it on
  - System of feedback and correction to improve current skills
  - Skills to tackle topics
  - Ideally, application of skills to any topic
  - Work with existing resources, structures, organizations in community



# Results: Best Approaches

- Individual & community: program helps individuals help communities - adds to skills they already have
- Institutional trust: involves community in each step
- Online vs. in person: access & strength of connection
- Where to start: background information and skills
- Teaching method: how to approach a problem, existing resources, how to do research
- Discussion: teach skills, practice together
- Volunteer outreach: involve in each step, getting involved in meaningful ways
- Cost, assessment, logistics



# Results: Selected Program Websites and Materials

## Program Websites

[Junior Master Wellness Volunteer](#) - Mississippi State University

[Master Wellness Volunteer Program](#) - Texas A&M

[Latino Health Access](#) - Nonprofit organization in California

[Urban Health Initiative](#) - Emory University

## Materials

[Medical Library Association list of Top Health Websites](#)

[National Action Plan to Improve Health Literacy](#) - Appendix B

-what individuals can do to improve their own health literacy and health literacy in their communities

[HRSA List of Culture, Language and Health Literacy Resources](#)

# Program Outline

Focus	Example	Volunteer Hours	Example
<b>Expert</b>			
Community Level	Project	60+	Community promotion and accessibility
<b>Advanced</b>			
Teaching Others	Health insurance, Environmental concerns, Mental health	41-60	Vaccination coverage, Herd immunity
<b>Intermediate</b>			
Topic Exploration	Medicine history, How to decide between options, Preventative measures	21-40	How vaccines work, Choosing between vaccines, Conflicts between vaccines and medication
<b>Introductory</b>			
How to ask and find information	How to identify good sources, Source evaluation	10-20	How to determine if you need a vaccine

Autonomy, Flexibility

Teach to

Presentation Time, Out of class work



- Demonstrated need indicated from research to date
- Program capacity to serve various constituencies.
- Modifications to project plan based on literature review and scan include:
  - To scaffold the types of information, sources, and skills to address various experience
  - Add training to support final program projects.

# Next Steps

## Pilot program in 2018

- Finalize program mission & goals
- Hire student to develop modules and workshops
- Pilot with communities - potential partners identified:
  - Urban: Roanoke
  - Rural: Shawsville
- Assess the pilot program and make adjustments



# Pulling it all together - Back to the big picture

- Focus heavily on research components
  - Not 5 questions to ask your doctor; plenty of those already!
- Develop analytical information literacy skills
  - Arm oneself with credible knowledge sources
  - Improve self-awareness of options as discuss with doctor best options for his/her situation
  - Provide for “better” conversations with doctors as have better baseline understanding of condition
- Create a community to scaffold levels of literacy
  - Beginners move to intermediaries and volunteer to help with beginners
  - Advanced help with intermediaries

## ***Ultimate goal (or fantasy)***

- Provide program where community level health needs can be addressed



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# References

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No notes in this presentation, but also a key reference worth highlighting:

Blanton, B., A.W. Crall, M.D. Prysby, D.T. Mellor, and T. Brown. 2014. [Virginia Master Naturalist Strategic Planning Report, 2015-2020](#). Virginia Master Naturalist Program: Charlottesville, VA. 161p.

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# Questions?



**Our questions for you:**

How would you approach this type of program?

Have you been involved with a similar program, and if so, do you have suggestions for us?