



NIHCM  
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# THE CASE FOR INVESTING IN YOUTH HEALTH LITERACY: ONE STEP ON THE PATH TO ACHIEVING HEALTH EQUITY FOR ADOLESCENTS

NIHCM FOUNDATION ISSUE BRIEF  
OCTOBER 2011

## INTRODUCTION

### **The adolescent population is becoming more diverse than the general population.**

The population of adolescents in the U.S. is growing and is now more racially/ethnically diverse than the general population. This diversity is only expected to increase as the percentage of white, non-Hispanics in the adolescent population is estimated to drop from 62.9 percent in 2000 to 55.8 percent by 2020.<sup>1</sup> Minority adolescents are more likely to live in urban areas and experience poverty at a higher rate than their peers.<sup>2</sup> All of these factors point to widening health care inequities for the adolescent population in the U.S. Healthy People 2020 specifically draws attention to the impact this rapidly growing ethnic diversity will have on adolescent health in the decade ahead and calls for cultural and linguistic responsiveness to health care needs and sharpened attention to the disparate health and academic outcomes correlated with poverty among minority adolescents.<sup>3</sup>

### **Adolescence is an important developmental time period.**

Adolescence is a critical time period to arm youth with current, accurate health information and ensure they have an opportunity to grow up in healthy and safe communities. Adolescence is characterized by the beginning of a shift to independent behavior and decision making and may be the first time that individuals begin to think about how their identity affects their lives.<sup>4</sup> While adolescents are generally

healthy, research suggests that the health behaviors developed during this period impact the risk for future chronic disease as adults.<sup>5</sup> For example, cigarette smoking, which usually begins by age 18, leads to chronic conditions in adulthood with an estimated annual financial burden of \$193 billion.<sup>6</sup>

### **Access to insurance coverage is a necessary but not sufficient step to eliminating health disparities.**

Achieving health equity for adolescents requires both the elimination of health disparities and provision of adolescent-friendly services to allow all adolescents a fair opportunity to attain their full health potential.<sup>7</sup> Insured adolescents experience fewer disparities in access to health care, and the Affordable Care Act (ACA) contains numerous provisions to increase the opportunities for adolescents to obtain health insurance coverage.<sup>8</sup> According to 2009 Current Population Survey (CPS) data, 60 percent of adolescents aged 12-17 years old were enrolled in private insurance coverage, 29 percent were enrolled in Medicaid or other government programs, and 11 percent were uninsured.<sup>9</sup> The ACA will largely maintain access to coverage for adolescents who are privately insured, and new outreach and enrollment efforts are expected to improve public coverage for adolescents already eligible for Medicaid and the Children's Health Insurance Program but not enrolled. In addition, if the individual mandate provision of the ACA is implemented, in 2014 parents will be required to obtain coverage for their children if they are not insured, which could potentially lead to three million uninsured children and adolescents gaining health insurance coverage.<sup>10</sup>

However, gains in coverage alone will not eliminate disparities in access to care, and concerns remain about adolescents' access to equitable health care once insured. Access to providers will continue to vary depending on where the adolescents reside and whether they are enrolled in public or private coverage. In fact, a recent study recognized that children enrolled in Medicaid are more likely than those with private insurance to be turned away by medical specialists or wait more than a month for an appointment.<sup>11</sup> Additionally, access to providers specifically trained in adolescent medicine will impact the quality of the health care services received by adolescents. Access to adolescent specialists is severely limited since these practitioners are commonly available only in academic health centers.<sup>12</sup> Adolescents may also continue to face uncertainties regarding their access to equitable health care, even after they are insured. Recent research found that income fluctuations may lead to the movement of millions of adults and their families between Medicaid and subsidized coverage through the state exchanges, often within months of their initial enrollment in the programs. For adolescents, a shift from Medicaid to exchange coverage may result in a major loss of benefits, unless private coverage is required to meet the standard of Medicaid's Early and Periodic Screening, Diagnosis, and Treatment benefit.<sup>13</sup>

### **Improving health literacy is also key to eliminating health disparities.**

The capacity to obtain, process and understand basic health information and services, known as health literacy, affects a person's ability to make appropriate health decisions and adopt healthy behaviors. While limited health literacy disproportionately affects lower socioeconomic and minority groups, it is widespread across the population regardless of age, education level, income or race.<sup>14</sup> One study has estimated that the cost of limited health literacy across the U.S. population is between \$106 and \$236 billion annually.<sup>15</sup> Health literacy among students is a significant concern: 7,000 students drop out of school each day – 1.2 million each year – and even among students who remain in school, there is a lack of consistent health curricula across grades K-12 that may result in low levels of student health literacy.<sup>16</sup> Individuals with adequate or high levels of health

literacy enjoy better overall health outcomes than those with limited health literacy; thus, empowering adolescents with the skills to communicate effectively about their health and understand health care issues and the health care system is a critical factor in eliminating health inequities for this population.

### **So, what can health plans do to promote health equity and health literacy?**

Health plans and health plan foundations have an opportunity to promote health equity and potentially reduce future health care spending by investing in programs and initiatives to improve adolescent health literacy. This issue brief will explore recent strategies proposed by the federal government to eliminate disparities and work toward health equity, including specific strategies relevant to health plans and foundations. We then summarize recent research on where adolescents access health information, the credibility of this information, and their comprehension of the information. We conclude by sharing several examples of current health plan and health plan foundation efforts to improve adolescent health literacy.

## **FEDERAL STRATEGIES THAT IDENTIFY ROLES FOR HEALTH PLANS AND FOUNDATIONS IN PROMOTING ADOLESCENT HEALTH LITERACY**

The National Partnership for Action to End Health Disparities (NPA) is a community-driven initiative supported by the U.S. Department of Health and Human Services' (HHS) Office of Minority Health to increase the effectiveness of policies and programs that target the elimination of health disparities by fostering collaboration among public and private sector stakeholders.<sup>17</sup> In April 2011 the NPA launched the *National Stakeholder Strategy for Achieving Health Equity* (NSS), which outlines specific strategies that organizations can adopt to help racial and ethnic minorities and other underserved groups, including adolescents, reach their full health potential. In addition to this report, HHS previously released the *National Action Plan to Improve Health Literacy* in May 2010, which offers strategies to make health information and services easier to use and understand by creating health and safety information that is accurate,

accessible and actionable. Both of these reports recognize that health plans are essential partners in achieving health equity and promoting health literacy among adolescents. The following section shares the four most relevant recommendations from each of these reports that can be implemented by health plans and health plan foundations.

### ***National Stakeholder Strategy for Achieving Health Equity***<sup>18</sup>

**Goal 1. AWARENESS** – Increase awareness of the significance of health disparities, their impact on the nation, and the actions necessary to improve health outcomes for racial, ethnic and underserved populations. Health plans and health plan foundations can support this goal by:

- Partnering with other private and public organizations to form an infrastructure that will increase awareness, ensure accountability and drive action toward eliminating health disparities among adolescents;
- Using and creating communication tools designed for adolescents that will present varied views of the consequences of health disparities and that will encourage them to act and invest in their health and the health of their peers; and
- Utilizing local, regional and national media outlets and information technology to reach adolescents to encourage them to make healthy decisions.

**Goal 2. LEADERSHIP** – Strengthen and broaden leadership for addressing health disparities at all levels. Health plans and health plan foundations can support this goal by:

- Soliciting community input on funding priorities; and
- Investing in adolescents and young adults to prepare them to be future leaders and practitioners by actively engaging and including them in the planning and execution of health, wellness and safety initiatives.

**Goal 3. HEALTH SYSTEM AND LIFE EXPERIENCE** – Improve health and health care outcomes for racial, ethnic and underserved populations. Health plans and health plan foundations are uniquely suited to improve health outcomes for underserved populations, including adolescents, by:

- Ensuring the provision of needed services (e.g., mental, oral, vision, hearing and physical health; nutrition; and services related to the social and physical environments) for at-risk children and adolescents, including those in out-of-home care;
- Enhancing and improving health service experience through improved health literacy, communications and interactions and;
- Working with schools, early childhood programs, community organizations, public health agencies, health plan providers, and businesses to promote the connection between educational attainment and long-term health benefits.

**Goal 4. CULTURAL AND LINGUISTIC COMPETENCY** – Improve cultural and linguistic competency and the diversity of the health-related workforce. Health plans are well-positioned within the health care system to have an impact on the achievement of this goal by:

- Developing and supporting the health workforce and related industry workforces through the promotion of cultural and linguistic competency training that is sensitive to the cultural and language variations of diverse communities;
- Increasing diversity and competency of the health workforce and related industry workforces through recruitment, retention and training of racially, ethnically and culturally diverse individuals and through leadership action by health care organizations and systems; and
- Encouraging interpreters, translators and bilingual staff who provide services in languages other than English to follow codes of ethics and standards of practice for interpreting and translation, and encouraging financing and reimbursement for health interpreting services.

## **National Action Plan to Improve Health Literacy<sup>19</sup>**

Organizations can use the *National Action Plan to Improve Health Literacy* (NAPHL) as a blueprint to create their own unique health literacy plan that is ideally suited to the individuals they serve. Health plans are identified in this action plan as important partners in achieving a health literate society; below we highlight four goals and their adapted strategies that are particularly relevant to plans and foundations.

**GOAL 1: DEVELOP AND DISSEMINATE HEALTH AND SAFETY INFORMATION THAT IS ACCESSIBLE AND ACTIONABLE** – Health plans can play an active role in reaching this goal by:

- Engaging staff in ongoing training in health literacy;
- Including members of the target population in the planning, development, implementation, dissemination and evaluation of health information and education materials;
- Using technology and e-health tools to deliver health information and services when, where and how children and adolescents want and need them;
- Supporting and participating in media and information literacy projects;
- Reviewing and analyzing existing laws, policies and regulations that make all types of health information (e.g., general health, safety, medication, health care coverage, financing, and informed consent) difficult to use; and
- Developing and applying metrics that assess the results from health literacy efforts.

**GOAL 2: PROMOTE CHANGES IN THE HEALTH CARE DELIVERY SYSTEM THAT IMPROVE HEALTH INFORMATION, COMMUNICATION, INFORMED DECISION MAKING AND ACCESS TO HEALTH SERVICES** – Health plans and foundations have the ability to promote changes in the health care delivery system by:

- Creating an environment where health literacy is not assumed but has been infused as part of the organizational mission and operating philosophy;<sup>20</sup>
- Integrating health literacy and cultural competency into audit tools, standards and scorecards related to quality and performance improvement activities;
- Supporting the use of patient-centered health information technologies at all stages of care to support the information and decision-making needs of the patients; and
- Ensuring the use of developmentally appropriate communication with children to build better understanding of their own health and health care.

**GOAL 3: INCORPORATE ACCURATE, STANDARDS-BASED AND DEVELOPMENTALLY APPROPRIATE HEALTH AND SCIENCE INFORMATION AND CURRICULA IN CHILD CARE AND EDUCATION THROUGH THE UNIVERSITY LEVEL** – Health plans and foundations can work internally and with health educators at all levels to achieve this goal by:

- Using the National Health Education Standards to develop consumer health communications (applications, benefits materials, letters, health and wellness information, etc.) and ensure they are written in plain language that is culturally and linguistically appropriate; and
- Partnering with educators to create evidence-based and engaging health education curricula.

**GOAL 5: BUILD PARTNERSHIPS, DEVELOP GUIDANCE AND CHANGE POLICIES** – Health plans and foundations frequently reach out to public and private entities in their communities to partner on important health issues. Productive partnerships to improve health literacy can be realized by:

- Funding initiatives that increase health literacy across sectors;
- Including health literacy in strategic plans, requests for proposals, grant awards, programs, and educational initiatives;

## FIGURE 1. BLUE CROSS AND BLUE SHIELD OF MINNESOTA AND THE MINNESOTA HEALTH LITERACY PARTNERSHIP

Blue Cross and Blue Shield of Minnesota is committed to improving health literacy through its partnership and active participation in the Minnesota Health Literacy Partnership (<http://www.healthliteracymn.org/>), a collaboration that includes hospitals and clinics, health insurance plans, and community-based organizations. Blue Cross and Blue Shield of Minnesota was a founding partner of the Minnesota Health Literacy Partnership, and a Blue Cross and Blue Shield of Minnesota representative currently serves as chair. The Minnesota Health Literacy Partnership is an independent program of the Minnesota Literacy Council which strives to train health care providers on health literacy concepts, empower patients to ask for clear health information, and to share health literacy resources. The Partnership meets monthly to discuss ways to carry out their mission of improved health literacy in Minnesota. The Partnership's initiatives consist of courses designed to help patients of all ages feel more confident in finding health information on the internet and through their health care providers. The activities of Blue Cross and Blue Shield of Minnesota are in line with the goals of both the National Stakeholder Strategy for Achieving Health Equity and the National Action Plan for Improving Health Equity through their involvement in a partnership of community organizations and in their dissemination of culturally and linguistically appropriate materials.

- Facilitating the sharing of resources and evidence-based tools to improve health literacy; and
- Educating policymakers and other decision makers about the importance of health literacy for children and adolescents as informed healthcare consumers.

The NSS and NAPHL are national plans that can be adapted and used at the local or organizational level to provide background and guidance for health professionals and emphasize the importance of health equity and health literacy. Low levels of health literacy have been associated with adverse outcomes including more frequent visits to the emergency room and less utilization of preventive services; therefore improving health literacy is an important contributing factor to achieving health equity.<sup>21,22</sup> Life-long health behaviors are developed during adolescence, so it is crucial that health plans and health organizations focus efforts on improving the health literacy of this age group. Both plans underscore the value of achieving higher rates of health literacy and health equity in underserved populations, including adolescents. Figure 1 illustrates how one health plan is implementing strategies suggested in the NSS and NAPHL.

## THE CURRENT STATE OF ADOLESCENT HEALTH LITERACY

In this section we highlight recent research indicating why health plans should be concerned about the sources from which adolescents currently seek health information, the credibility of information they find, and their understanding of health conditions and the health care system.

### Where do adolescents access health information?

The Pew Internet & American Life Project<sup>23</sup> reports that the overwhelming majority of American teens, 93 percent, use the internet, compared to just 74 percent of adults. Up to 75 percent of teens who access the internet use it to look for health-related information,<sup>24,25</sup> most commonly about a personal problem, as opposed to the health problem of a friend or family member. Despite the fact that most parents do not feel their children should receive information about sex and sexuality through the media, a recent survey found that 60 percent of teens rely on some form of media for that information.<sup>26</sup> Teens also access the internet to gather information about health topics

they may find hard to discuss with others, such as drug and alcohol use, depression and sexual health.<sup>27,28</sup>

As mentioned previously, over 11 percent of adolescents in the U.S. are uninsured and often underutilize physician office visits.<sup>29</sup> This population of adolescents is at risk of relying solely on the internet and mass media for information about their health. For the 60 percent of teens who do see their primary care providers on an annual basis,<sup>30</sup> the internet still plays an important role in how health information is received. In fact, in a recent survey of people of all ages and internet-using behaviors, more than 48 percent of adolescents indicated that they made contact with their health care providers after first researching health information online, with more than 78 percent of them reporting feeling more comfortable with the information they received from their health care providers after having first researched the health issue online.<sup>31</sup> Many important health behaviors develop during adolescence; it is, therefore, crucial that adolescents are equipped with the skills to analyze and understand the information received online and through the media.

### **Is the information adolescents access credible?**

Research indicates that adolescents are aware of the importance of accessing credible online health information; however, studies suggest that adolescents do not take steps to verify the credibility of online health information.<sup>32</sup> It has been widely reported that much of the health information available on the internet is not of high quality and some reports have even classified some online health information as potentially harmful.<sup>33,34</sup> While some health-related websites are accredited (WebMD is accredited by the largest accrediting body for health care, URAC) or sponsored by national health care organizations or government agencies, the internet remains an open-access space, and there can be no guarantee that the health information accessed by adolescents is accurate. Adolescents are at risk of not only misunderstanding the health information they receive online and through the media, but also of receiving incorrect information. Health plans and health care professionals should be aware that when adolescents visit their providers,

they might have already developed incorrect or misunderstood opinions regarding diagnoses and treatment options.

### **How health literate are adolescents?**

While there are tools available to measure adolescent health literacy, such as the Rapid Estimate of Adolescent Health Literacy in Medicine (REALM-Teen), the Institute for Medicine concluded that the current tools assess only written comprehension and do not measure other important aspects of adolescent health literacy, such as oral communication skills, critical thinking and decision-making abilities.<sup>35,36</sup> Therefore, knowledge of the current level of health literacy among adolescents is limited. One research study conducted focus groups to analyze health literacy skills among adolescents and found that they generally do not have a high level of health literacy and often face difficulties understanding health information that is presented to them online.<sup>37</sup> The National Assessment of Adult Health Literacy (NAAL) includes measurements of health literacy for people aged 16 and up. The 2003 NAAL found that 16- to 18- year-olds had a relatively low level of health literacy with people ages 25 through 39 having the highest level.<sup>38</sup> Another study utilized the REALM-Teen and found that adolescents have a low level of literacy when it comes to reading health-related words, spelling medical conditions, and accurately describing and writing their symptoms.<sup>39</sup>

Many Americans, including adolescents, do not fully comprehend their health insurance coverage and how their health is impacted by their choice of providers and treatments. In a recent survey, no adolescents reported that they searched the internet for health information because they thought accessing health care was too expensive, perhaps indicating they do not fully grasp the cost of health care and health insurance. Other research has found that in general, adolescents are unaware of their insurance coverage status.<sup>40</sup> Adolescents have reported that if they were aware of the fact that they had health insurance coverage, they would be more likely to make appointments with their physicians.<sup>41</sup> Engaging adolescents as active participants in the health care system and educating them on their health insurance status and health care options may have the beneficial effect of fostering life-



long positive health behaviors and increasing health literacy throughout their lifetimes.

## OPPORTUNITIES FOR HEALTH PLANS AND FOUNDATIONS TO IMPROVE ADOLESCENT HEALTH LITERACY

Several health plans and health plan foundations have begun to recognize that where adolescents access health information and the credibility of this information are causes for concern and have created unique programs and initiatives to invest in adolescent health literacy. Here we present multiple examples of these activities, focusing on four different strategies:

1. Disseminate teen-specific newsletters and offer websites with health information for adolescents;
2. Fund projects to improve health and media literacy among adolescents;
3. Support the use of social media to improve health literacy; and
4. Educate providers about adolescent health literacy.

### 1. Disseminate teen-specific newsletters and offer websites with health information for adolescents

#### BlueCross BlueShield of Tennessee

The Volunteer State Health Plan (VSHP), a subsidiary of BlueCross BlueShield of Tennessee, serves members of TennCare, Tennessee's Medicaid managed care program, under a specific program for children and adolescents called TENNderCARE. TENNderCARE provides free check-ups, also known as well-child or well-care visits, until age 21, and covers all medically necessary care to treat problems found during the check-up, including dental, speech, hearing, vision, and behavior or mental health problems. The HEDIS rate for adolescent well-care visits increased from 2008 to 2010 among Tennessee's Medicaid managed care plans, yet it still falls below the national average, and fewer than half of adolescents enrolled in TENNderCARE are receiving this important annual visit.<sup>42</sup>



ARE YOU ITK?



To encourage utilization of these visits among adolescents and promote increased understanding of important health issues, TennCare and participating Medicaid managed care plans including VSHP disseminate a quarterly newsletter targeted to teens 15 to 20 years old. The newsletters tie important health information and messages into articles on contemporary issues relevant to teens such as prom, acne, weight gain, sports, and dental health and are written at a sixth-grade reading level. VSHP recently used internal focus group feedback and market research to redesign the newsletter format to be more visually appealing to their teen audience. As an incentive for teens to schedule an adolescent well-care visit, each newsletter includes a form teens can use to

submit the date of their most recent visit to be entered into a quarterly drawing for a gift card.

In addition to the newsletters, VSHP maintains a teen-specific website "Teen Health Explosion" that hosts an archive of all of the articles disseminated in the newsletters. The website can be viewed at: <http://www.teenhealthexplosion.com/>. VSHP also developed a booklet, "Are You ITK?" (In the Know), that includes general health information along with information on relationships, bullying and safety; this booklet is disseminated by VSHP to each teen member.

### **The BlueCross BlueShield of South Carolina Foundation**

The BlueCross BlueShield of South Carolina Foundation (BCBSSC Foundation) has provided over \$2 million to support the South Carolina Campaign to Prevent Teen Pregnancy (SC Campaign) since 2006 for the development and implementation of pregnancy-prevention strategies for underinsured and uninsured 18 and 19 year-olds. Through this funding, the SC Campaign conducted a large research project to study teen pregnancy among 18 and 19 year-olds and found a large gap in pregnancy prevention programs for this age group despite the fact that they account for over two-thirds of all teen pregnancies in the state.<sup>43</sup> As a result of this report and research, the SC Campaign, in collaboration with the South Carolina Department of Health and Environmental Control (SC DHEC) and with funding from BCBSSC Foundation, developed a website dedicated to improving health literacy by providing accurate and reliable sexual and reproductive health information to teens throughout the state. In addition to general information, [Carolinatteenhealth.org](http://Carolinatteenhealth.org) also has a clinic locator enabling teens to find the closest clinic to access contraceptives or other health care and features a contraceptive comparison tool to educate teens about their birth control options.

During the time the website was under development, the SC DHEC and the Department of Education (DOE), with assistance from the Association of Maternal and Child Health Programs (AMCHP) and the Association of State and Territorial Health Officials (ASTHO), were exploring how to improve preconception health messaging to adolescents in the state. SC DHEC and DOE were able to partner with the SC Campaign to include



preconception health information in the broader [Carolinatteenhealth.org](http://Carolinatteenhealth.org) website. This information about reproductive health planning includes specific tips on healthy eating, exercise and staying smoke free.

SC Campaign staff and professionals in the field of reproductive health developed the main content and ensured the medical accuracy of the site. Focus groups were conducted with youth ages 16 to 19 years old to review the content, identify topics for inclusion, and obtain feedback on how to convey messages to this age group. These youth then individually tested the website for ease of use and relevancy prior to the launch.

The content will continually be improved and expanded, and the website will be evaluated by the number of website hits, Twitter followers and Facebook friends. Additionally, clinic staff are tracking whether teens report the website as a referral source for their clinic visits. Promotional materials to advertise the website include wallet cards that are distributed at health centers, urgent care offices, colleges and youth gathering points.

The sustained investment of BCBSSC Foundation has been critical to the initial success of the website, especially since this type of interactive, teen-focused website needs to be updated on a daily basis with new information. The Foundation's interest in increasing access to and use of contraceptives among this age group was also crucial to the development of the clinic locator and contraceptive-comparison tool. The site was launched in January 2011 and had attracted nearly 6,300 unique visitors by the end of July 2011. Future plans include developing the ability to make an online appointment at a clinic and adding youth bloggers and a discussion board to make the site more interactive. Additional content for the site is also being developed on preconception health and healthy relationships, as well as expansions to the "Planning the Talk" section to encourage youth to talk



to physicians about more than just contraception and sexually transmitted infections.

### Health Care Service Corporation

Recognizing the link between low levels of health literacy and poor health outcomes, Health Care Service Corporation (HCSC) created [BeSmartBeWell.com](http://www.besmartbewell.com)<sup>®</sup>, a public health website that utilizes video storytelling to educate people about health conditions.

A study published in the *Annals of Internal Medicine* found that storytelling can help change a person's behavior and bad health habits.<sup>44</sup> As patients "enter" the world of the storytellers, they can see themselves in those situations. As noted in the study, people with high blood pressure benefited more from video storytelling than from traditional teaching methods.

### *Real-Life Stories for the Real World*

BeSmartBeWell.com follows the model highlighted in the research, presenting real kids, real teens and real parents talking about important health issues. Topics currently covered include:

- Managing Pregnancy Risks
- Childhood Obesity
- Caregiving
- Mental Health
- Drug Safety
- Traumatic Brain Injury
- Sexually Transmitted Disease
- Domestic Violence
- Childhood Asthma
- Food Safety

### *Talking Health and Prevention to Teens*

The BeSmartBeWell.com site recently launched a feature on "Youth in Control," which tells the stories of three teens who took control of their conditions and



started making healthier choices. Their stories can be viewed at: <http://www.besmartbewell.com/spotlight-newsletter/youth-in-control/index.htm>.

- Tim, a high school athlete, made the transition from relying on his mom to keep track of his asthma medicine to relying on himself.
- Akeila decided enough was enough, and she was going to make some changes in her eating habits.
- Colleen learned to take control of her mental health by taking responsibility for managing her symptoms and embracing therapy.
- Other teen-focused stories include "Katie's Story," which tells the story of a young teen who thought the pills were safe because they came from the medicine cabinet. However, she got addicted, missed a lot of her childhood, and she wishes she could have it back. "Cecily's Story" is about managing a healthy pregnancy to give her baby the best shot. "Kari's Story" is the story of a happy teenager with hope and ambition; then an abusive boyfriend changed everything.

In addition to these personal-story videos, the website features leading authorities, useful links, health news and expert Q&As. In addition, Be Smart. Be Well. publishes a bimonthly email newsletter called Spotlight and a biweekly health news alert. Be Smart. Be Well. also maintains a teen-focused presence on Facebook and Twitter (@BSBW), which further extends its message of health awareness and prevention.

BeSmartBeWell.com is sponsored by Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma and Blue Cross and Blue Shield of Texas, Divisions of Health Care Service Corporation, a Mutual Legal

Reserve Company, an independent licensee of the Blue Cross and Blue Shield Association.

## 2. Fund projects to improve health and media literacy among adolescents

### Wellmark Foundation

The Wellmark Foundation seeks to improve the health of Iowans and South Dakotans by funding community-based wellness and prevention programs. The Foundation awarded a \$25,000 grant in February 2011 to the Partnership for a Drug-Free Iowa and the Face It Together program to improve health and media literacy among middle school students in Iowa. Youth are large consumers of mass media; therefore media literacy is critical to the development of effective decision-making skills, especially as youth face choices that will have an impact on their future health, such as tobacco and alcohol use and dietary/lifestyle issues. The Partnership is using this grant to implement the Media Literacy Pilot Project in the fall of 2011 to teach youth in fifth through eighth grade in schools across the state how to interpret media messages accurately. The Pilot Project will provide a usable teaching module and is intended to be the first step in the process of designing a comprehensive curriculum plan for teaching media literacy. Activities will include:

- a 45-minute visual media presentation,
- pre- and post-presentation classroom activities,
- printed materials,
- instructor-directed teaching aids,



- survey/test modules, and
- a program web site.

The ultimate goal is for this initiative to gain acceptance and integration into the educational system following the pilot project period.

## 3. Support the use of social media to improve health literacy

### Health Net, Inc.

Access to health insurance coverage is not the only factor affecting whether and how teens utilize the health care system. In California only 40 percent of publicly-insured teens had a well-care visit in 2010, and a higher proportion of insured teens use the emergency room than their uninsured counterparts.<sup>45</sup> In order to encourage appropriate use of health care and improve adolescents' level of engagement in their own health, Health Net, Inc., a Medicaid managed care plan with members in California, partnered with the UCLA School of Public Health to develop a project to improve adolescent health care literacy. The project, funded under a health literacy grant 5R01HD059756-02 from the National Institutes of Health, now also includes EPG Technologies and Weinreich Communications as partners.

Given that over 90 percent of teens use the internet and the vast majority of them (73%) use social-networking sites, the group decided to design a social-networking website – [Teen2xtreme.net](http://Teen2xtreme.net) (T2X.me) – as the best way to reach adolescents. Development of the site was based on feedback compiled through focus groups conducted with teens throughout the state.<sup>46</sup> The site is organized around lifestyle issues for teens and includes social activities (e.g., status updates, blogs, polls and trivia). Teens connect to thousands of health articles from [www.teenshealth.org](http://www.teenshealth.org), a website run by the Nemours Center for Children's Health Media that provides accurate, up-to-date health information reviewed by a team of pediatricians and other medical experts. Teens can also access a transmedia story via video and character interactions on the site and have a direct connection to Health Net advice nurses through an online chat feature. The goal of the site is



to improve health literacy by increasing teens' capacity to access and use their insurance, to engage actively in their health care and health behavior decisions, and to develop pro-health attitudes.

The teens initially using the site were recruited from Health Net's membership so the project will be able to correlate their health care utilization data with their usage of the site, using an intervention and control group for evaluation purposes. To increase participation and activity on the site, additional activities have been conducted including working with high school health teachers, offering incentives for participation, and reaching out directly to teens through text messages and mailings. Project partners have identified the following as keys to the successful implementation of the website:

- Include teens in the development of the site from the very beginning in an advisory committee role;
- Continually create new content to keep the teens engaged in the site;
- Utilize text messaging to drive teens to the site; and
- Take into account the financial situation and needs of the specific group of teens you are trying to reach, in this case, teens enrolled in Medicaid managed care.

The project pilot period ends in January 2012, and at this time an additional follow-up survey will be conducted

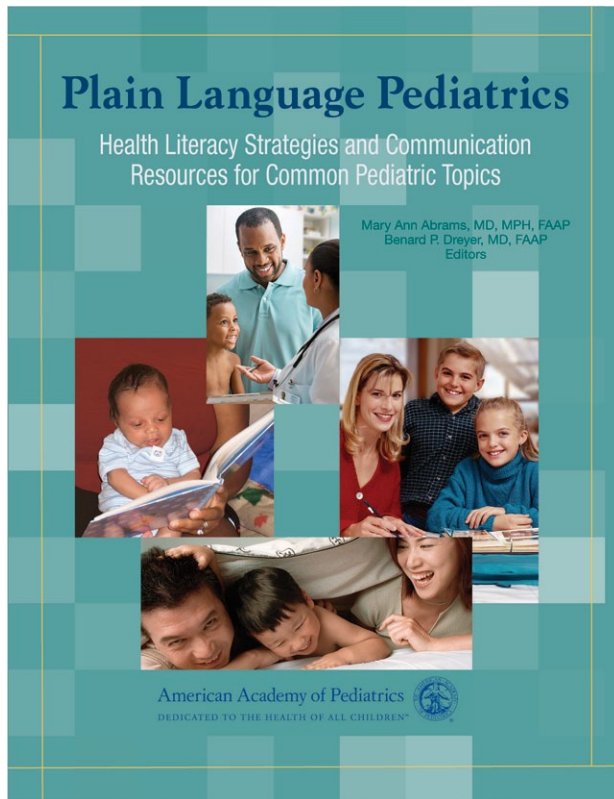
to discern how participants' knowledge, behaviors and attitudes changed with regard to health care.

## 5. Educate providers about adolescent health literacy

### American Academy of Pediatrics

Given that nearly half of all U.S. adults have difficulty understanding and using health information, many of the parents of the children and adolescents cared for by pediatricians likely have limited health literacy.<sup>47</sup> In response to this problem, the American Academy of Pediatrics (AAP) created a resource to assist providers with delivering a plain language approach to communication. *Plain Language Pediatrics* combines health literacy and plain language principles to present information in a way that makes it as easy as possible for people with varying degrees of health literacy to understand and applies these principles to a variety of ambulatory acute, chronic and preventive conditions. Common pediatric topics are covered including asthma, ADHD, ear infections and medical dosing. The resource is divided into two parts, first exploring limited health literacy, including the scope of the problem, how it affects children in particular, and how health care providers can address and overcome health literacy issues with patients and their caregivers. The second part is a new series of 25 reproducible patient education handouts produced in both English and Spanish at low reading levels. These handouts contain need-to-know information, practical pronunciation guides, and simple, purposeful illustrations on specific health care topics, many relevant to adolescents including ADHD, smoking, and appropriate use of prescription and over-the-counter medications.

Health plans or providers can purchase the full volume of *Plain Language Pediatrics* and may also access the handouts online through the use of a special password inside the book. Duplication rights and access to online handouts are available to all users within the provider office or site for which the book is purchased. More information can be found at: [www.aap.org/bookstore](http://www.aap.org/bookstore). Additional information from the AAP on health equity is available at: [http://www.aap.org/commpeds/resources/health\\_equity.html](http://www.aap.org/commpeds/resources/health_equity.html) and <http://www.aap.org/research/hlp.htm>.



- "Teach-back" method: One of the easiest ways to close the gap of communication between clinician and patient, this method is a way to confirm that a provider has explained to the patient what they need to know in a manner that the patient understands.
- "Brown Bag Review" of medications: This is a common practice that encourages patients to bring all of their medications and supplements to medical appointments and provides clinical staff with an opportunity to review and discuss the medications that the patient is taking.
- "Ask Me 3": This program, designed by the National Patient Safety Foundation, encourages patients to know three things before leaving the encounter: 1) What is my main problem? 2) What do I need to do? and 3) Why is it important for me to do this? Downloadable brochures and materials on the program are available at: <http://www.npsf.org/askme3/>

The Health Literacy Universal Precautions Toolkit includes additional details on these and other tools to improve health literacy, along with additional resources such as forms, PowerPoint presentations, worksheets and posters that support the implementation of the tools. The toolkit is available at: <http://www.ahrq.gov/qual/literacy/healthliteracytoolkit.pdf>.

## CONCLUSION

Eliminating disparities and achieving health equity for all Americans will be achieved only through collaboration among the various sectors that impact the determinants of health throughout a person's lifetime. While it remains a daunting task, arming adolescents with skills and tools to understand health care and ultimately empower them to make healthy decisions provides a great opportunity to set them on a path to healthier lives. As illustrated in this brief, it is imperative for health plans and health plan foundations to invest in adolescent health literacy and to promulgate successful efforts from their peers in the hope of improving adolescent health literacy and achieving health equity for our nation's adolescents.

### Agency for Healthcare Research and Quality

The Agency for Healthcare Research and Quality (AHRQ) commissioned The University of North Carolina at Chapel Hill to develop and test the Health Literacy Universal Precautions Toolkit.<sup>48</sup> The toolkit provides step-by-step guidance and tools for providers to assess their practice and make changes in order to connect with patients of all literacy levels. The toolkit is designed for use by all levels of staff in a primary care practice and can be used with adults, adolescents and pediatric patients. The toolkit identifies four change areas that are important for promoting health literacy in a practice:

1. Improve spoken communication,
2. Improve written communication,
3. Improve self-management and empowerment, and
4. Improve supportive systems.

Tools within these four change areas that are applicable to adolescents include:

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## ABOUT NIHCM FOUNDATION

The National Institute for Health Care Management Research and Educational Foundation is a non-profit organization whose mission is to promote improvement in health care access, management and quality.

## ABOUT THIS BRIEF

This paper was produced with support from the Health Resources and Services Administration's Maternal and Child Health Bureau, Public Health Service, United States Department of Health and Human Services, under the Partners in Program Planning for Adolescent Health (PIPPAH) cooperative agreement No. U45MC07531. This paper was created in support of the goals of the National Initiative to Improve Adolescent Health (NIIAH), a collaborative effort to improve the health, safety and well-being of adolescents and young adults. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Maternal and Child Health Bureau.

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NIHCM also thanks the many reviewers for their contributions to the brief: Forrest Alton, MSPH, CHES, Chief Executive Officer, and Cayci S. Banks, Director of Communications, SC Campaign to Prevent Teen Pregnancy; Cynthia Baur, PhD, Director, Division of Health Communication and Marketing, National Center for Health Marketing, Centers for Disease Control and Prevention; Monica Cramer, Supervisor, Government Programs Communications, BlueCross BlueShield of Tennessee; Julie Ann Eastling, Program Communications Consultant, Foundation and Community Affairs, Blue Cross and Blue Shield of Minnesota; Harvey Galloway, Executive Director, BlueCross BlueShield of South Carolina Foundation; Matt McGarvey, Director, Wellmark Foundation; Elaine Quiter, RD, MS, Project Manager, Adolescent Health Literacy Program, UCLA School of Public Health; Rochelle Rollins, PhD, MPH, Director, Division of Policy and Data, Office of Minority Health, U.S. Department of Health and Human Services; Marsha Shotley, President, Blue Cross and Blue Shield of Minnesota Foundation; Laura P. Shone, DrPH, MSW, Associate Professor, Departments of Pediatrics, Clinical Nursing, and the Center for Community Health, University of Rochester Medical Center; Nedra Kline Weinreich, MS, Weinreich Communications; Charlotte O. Zia, MPH, CHES, Program Manager, Division of Developmental Pediatrics and Preventive Services, American Academy of Pediatrics.



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