

# Improving Health Literacy: An Overview of the National Action Plan & the HHS Health Literacy Workgroup

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Office of Disease Prevention  
and Health Promotion

# Disclosure

- The presenters have no financial relationship to this program.

# Objectives

At the end of this presentation, participants will be able to:

1. Examine the implications of health literacy on health outcomes.
2. Identify health literacy-based strategies to assess patient understanding of health information.
3. Apply evaluation tools to assess printed and video materials to enhance clear communication.

# The Facts...

Limited health literacy  
affects nearly  
**9 out of 10**  
English-speaking  
adults in the U.S.

Source: 2003 National Assessment of Adult Literacy by the National Center for Education Statistics.

Only **12%** of Americans demonstrate **proficient** health literacy.

Source: 2003 National Assessment of Adult Literacy by the National Center for Education Statistics.

# Adults with low health literacy experience:

- 4 times higher health care costs
- 6% more hospital visits
- 2 day-longer hospital stays

Source: Partnership for Clear Health Communication at the National Patient Safety Foundation.

Low health literacy  
is estimated to cost  
the U.S. economy  
up to **\$236 billion**  
**every year.**

Source: J. Vernon, A. Trujillo, S. Rosenbaum, and B. DeBuono. "Low Health Literacy: Implications for National Health Policy." University of Connecticut; 2007





**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.

Source: Healthy People 2020

# FOUNDATION FOR NATIONAL ACTION PLAN

Healthy People  
2010  
Objectives

2003 NAAL  
Data

NIH/AHRQ/CDC  
Program  
Announcement

2004 Institute  
of Medicine  
Report

2006 Surgeon  
General's  
Workshop

2007-2008  
Town Halls

2009  
Organizational  
Consultations

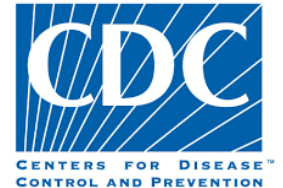
# HEALTHY PEOPLE 2010 OBJECTIVE

- **Increase the health literacy of the population**
  - Measured by data from the 2003 National Assessment of Adult Literacy (NAAL)



# HHS HEALTH LITERACY WORKGROUP

- Established in 2003
- Co-led by ODPHP and the Food and Drug Administration (FDA)
- Responsible for developing the National Action Plan to Improve Health Literacy in 2010



# WHAT IS THE NATIONAL ACTION PLAN?

## National Action Plan to Improve Health Literacy



U.S. Department of Health and Human Services  
Office of Disease Prevention and Health Promotion

**T**his *National Action Plan to Improve Health Literacy* is based on the principles that (1) everyone has the right to health information that helps them make informed decisions and (2) health services are delivered in ways that are understandable and beneficial to health, longevity, and quality of life. With these principles as a guide, this section suggests strategic opportunities for action and identifies challenges that must be overcome to improve health literacy. These challenges represent a call for response from organizations and individuals that are committed to a more health-literate society.

An informed and engaged public that values health promotion, protection,



# GOALS OF THE NATIONAL ACTION PLAN

- 1. Develop and disseminate health and safety information that is accurate, accessible, and actionable**
- 2. Promote changes in the health care system that improve health information, communication, informed decision-making, and access to health services**
- 3. Incorporate accurate, standards-based, and developmentally appropriate health and science information and curricula in child care and education through the university level**
- 4. Support and expand local efforts to provide adult education, English language instruction, and culturally and linguistically appropriate health information services in the community**

# GOALS OF THE NATIONAL ACTION PLAN

- 5. Build partnerships, develop guidance, and change policies**
- 6. Increase basic research and the development, implementation, and evaluation of practices and interventions to improve health literacy**
- 7. Increase the dissemination and use of evidence-based health literacy practices and interventions**



# HHS HEALTH LITERACY BIENNIAL ACTION PLAN

- The HHS Health Literacy Workgroup proposed the HHS Health Literacy Biennial Action Plan in 2015.
- The purpose is to provide goals, strategies, and measures to HHS agencies so they can monitor their progress in improving health literacy.
- The HHS Health Literacy Workgroup's position is that organizations bear the major responsibility for creating usable and accessible health information and services (while maintaining information accuracy).

# BIENNIAL ACTION PLAN GOALS

1. HHS will model effective health literacy strategies, products, and measures.
2. HHS will share and encourage the use of these strategies, products, and measures by other health organizations.
3. HHS will improve access to health care and understandable and usable health information by providing evidence-based resources leading to improved health outcomes for individuals and groups.
4. HHS agencies will collaborate and coordinate health literacy improvement activities across HHS' priorities and initiatives.

# WHAT YOU CAN DO WITH THE PLAN

- **Review:** Examine your organization's priorities and programs and ask, how could attention to health literacy improve our services and outcomes?
- **Choose:** Identify the most relevant goals and strategies in the Plan for your programs
- **Try:** Plan and implement strategies
- **Evaluate:** Assess the effectiveness of chosen strategies
- **Repeat:** Expand effective strategies and keep trying new ones

# HHS HL WORKGROUP & THE ACTION PLAN

- Each agency is responsible for developing a methodology and assessing the effectiveness of their chosen strategies related to:
  - **Collecting** a sample of health and communication materials to assess (print, web, video, etc.)
  - **Selecting** one or both of the research-based instruments below to assess communication materials
    - CDC's **Communication Clear Index (CCI)**
    - AHRQ's **Patient Education Materials Assessment Tool (PEMAT)**
  - **Using the tool(s) & evaluating** health and communication materials
  - **Reporting out & sharing** lessons learned

# CLEAR COMMUNICATION INDEX (CCI)

## CDC Clear Communication Index Score Sheet

### Using the Score Sheet

The Index has a total of 20 items in 4 parts. These 20 items are presented as questions.

- Questions 1-11 in Part A **apply to all materials**.
- Questions 12-20 in Parts B, C, and D may not apply to all materials.
- Choose one answer for each item you score.
- Only score a point when all instances of an item in the material meet the criteria.

More detailed descriptions and examples of each item can be found in the User Guide.

Part A: Core	
The items in this section (1-11) apply to all materials.	
Questions	Score (Check one per question)
<b>Main Message and Call to Action</b>	
<b>1. Does the material contain one main message statement?</b> <i>A main message is the one thing you want to communicate to a person or group that they must remember. A topic, such as heart disease or seasonal flu, isn't a main message statement. If the material contains several messages and no main message, answer no. (User Guide page 5)</i> NOTE: If you answered No to Question 1, score 0 for Questions 2-4 and continue to Question 5.	<input checked="" type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0
<b>2. Is the main message at the top, beginning, or front of the material?</b> <i>The main message must be in the first paragraph or section. A section is a block of text between headings. For a Web material, the first section must be fully visible without scrolling. (User Guide page 6)</i>	<input checked="" type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0
<b>3. Is the main message emphasized with visual cues?</b> <i>If the main message is emphasized with font, color, shapes, lines, arrows or headings, such as "What you need to know," answer yes. (User Guide page 7)</i>	<input checked="" type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0
<b>4. Does the material contain at least one visual that conveys or supports the main message?</b> <i>For example, count photographs, line drawings, graphs and infographics as visuals. If the visual doesn't have a caption or labels, answer no. If the visual has human figures who aren't performing the recommended behaviors, answer no. (User Guide page 8)</i>	<input checked="" type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0
<b>5. Does the material include one or more calls to action for the primary audience?</b> <i>If the material includes a specific behavioral recommendation, a prompt to get more information, a request to share information with someone else, or a broad call for program or policy change, answer yes. If the call to action is for someone other than the primary audience, answer no. (User Guide page 10)</i>	<input checked="" type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0

## CDC Clear Communication Index Score Sheet

### Calculate the Score for the Material

- **Step 1:** The total points that the material earned (this is the numerator).  
 » A: 0 B: 0 C: 0 D: 0 = 0
- **Step 2:** The total possible points that the material could have earned (this is the denominator).  
 » A: 11 B: 0 C: 0 D: 0 = 11
- **Step 3:** The numerator divided by the denominator multiplied by 100 to get the total score.

$$\frac{0}{11} \times 100 = 0.0$$

### How to Interpret the Score

The purpose of the Index is to improve the clarity of communication products.

#### If the total score is 90 or above:

Excellent! You have addressed most items that make materials easier to understand and use.

#### If the total score is 89 or below:

Note which items scored 0 points. Use the descriptions and examples in the User Guide to revise and improve the material. Then apply the Index again to check your work. You can use the Index as many times as you need to revise the material to get a score of 90 or above.

#### Additional Comments

$$A: 9 + B: 3 + C: 3 + D: 0 = 15$$

$$A: 11 + B: 3 + C: 3 + D: 2 = 19$$

$$15/19 \times 100 = 78.94\%$$

# PATIENT EDUCATION MATERIALS ASSESSMENT TOOL (PEMAT)

## Patient Education Materials Assessment Tool for Audiovisual Materials (PEMAT-A/V)

Title of Material: Your Best Shot Shingles Vaccine

Name of Reviewer: Courtney Schrock

Date of Review: 09/14/2017

Each question has specific response options. Select your response option from the dropdown in the "Rating" column.

Read the PEMAT User's Guide (available at: <http://www.ahrq.gov/professionals/prevention-chronic-care/improves/self-mgmt/pemat/>) before rating materials.

Item	Response Options	Rating
<b>UNDERSTANDABILITY</b> <span style="float: right;">Select your responses here</span>		
<b>TOPIC: CONTENT</b>		
1. The material makes its purpose completely evident.	Disagree = 0    Agree = 1	1
<b>TOPIC: WORD CHOICE &amp; STYLE</b>		
3. The material uses common, everyday language.	Disagree = 0    Agree = 1	1
4. Medical terms are used only to familiarize audience with the terms. When used, medical terms are defined.	Disagree = 0    Agree = 1	1
5. The material uses the active voice.	Disagree = 0    Agree = 1	1
<b>TOPIC: ORGANIZATION</b>		
8. The material breaks or "chunks" information into short sections.	Disagree = 0    Agree = 1 Very short material* = NA	1
9. The material's sections have informative headers.	Disagree = 0    Agree = 1 Very short material* = NA	1
10. The material presents information in a logical sequence.	Disagree = 0    Agree = 1	1
11. The material provides a summary.	Disagree = 0    Agree = 1 Very short material* = NA	1
<b>TOPIC: LAYOUT &amp; DESIGN</b>		
12. The material uses visual cues (e.g., arrows, boxes, bullets, bold, larger font, highlighting) to draw attention to key points.	Disagree = 0    Agree = 1 Video = NA	1
13. Text on the screen is easy to read.	Disagree = 0    Agree = 1 No text or all text is narrated = NA	1
14. The material allows the user to hear the words clearly (e.g., not too fast, not garbled).	Disagree = 0    Agree = 1 No narration = NA	NA
<b>TOPIC: USE OF VISUAL AIDS</b>		
18. The material uses illustrations and photographs that are clear and uncluttered.	Disagree = 0    Agree = 1 No visual aids = NA	1
19. The material uses simple tables with short and clear row and column headings.	Disagree = 0    Agree = 1 No tables = NA	NA
<b>ACTIONABILITY</b> <span style="float: right;">Select your responses here</span>		
20. The material clearly identifies at least one action the user can take.	Disagree = 0    Agree = 1	1
21. The material addresses the user directly when describing actions.	Disagree = 0    Agree = 1	1
22. The material breaks down any action into manageable, explicit steps.	Disagree = 0    Agree = 1	1
25. The material explains how to use the charts, graphs, tables or diagrams to take actions.	Disagree = 0    Agree = 1 No charts, graphs, tables, diagrams = NA	NA

\*Very short audiovisual materials defined as a video or multimedia presentation that is under 10 minutes, or a multimedia material that has a shorter time span or fewer slides or screens than...

UNDERSTANDABILITY SCORE	100%
ACTIONABILITY SCORE	100%

Scores will appear **RED** if any items are left blank.

### Patient Education Materials Assessment Tool (PEMAT) Auto-Scoring Form

*An Instrument To Assess the Understandability and Actionability of Print and Audiovisual Patient Education Materials*

(Version 1.0)

**Suggested Citation:**  
Shoemaker SJ, Wolf MS, Brach C. The Patient Education Materials Assessment Tool (PEMAT) and User's Guide. (Prepared by Abt Associates, Inc. under Contract No. HHS290200900012I, TO 4). Rockville, MD: Agency for Healthcare Research and Quality; November 2013. AHRQ Publication No. 14-0002-EF.

- Introduction
- How to Use the PEMAT to Assess a Material
- PEMAT for Printable Materials
- PEMAT for Audiovisual Materials
- Link to PEMAT User's Guide

# Interested in joining the HHS Health Literacy Workgroup?

Please contact Courtney Schrock for more information.

[Courtney.Schrock@hhs.gov](mailto:Courtney.Schrock@hhs.gov)

# QUESTIONS







## Indian Health Service

Health Literacy: Using  
Clear Communication  
to Support Wellness

# Outline

1. Background
2. IHS Health Literacy Activities
3. Assessing Health Literacy and the role of Universal Precautions
4. How to document patient comprehension in Electronic Health Record
5. Tools to improve health communication
  - Ask Me 3 campaign
  - Teach back method
6. How you can support health literacy

# Background

- Problems with health literacy can affect anyone, but the elderly, chronically ill, and those with lower levels of education are the most at-risk of low health literacy.
- People with low health literacy:
  - Are less able to care for their chronic conditions
  - Are more likely to inappropriately use prescription or over-the-counter medications
  - Use more healthcare services (have more clinic visits and longer inpatient stays)
  - Are less likely to use preventive health services
  - Have higher mortality rates

# IHS Health Literacy Work Group

Established an IHS Health Literacy Work Group (HLWG) in April 2017

Purpose: To plan, coordinate, implement, and monitor IHS health literacy activities

- Established a multi-disciplinary workgroup to address issues related to health literacy
  - different skill sets of the members enhanced the perspective of the work group.
  
- The HLWG reviewed the 2015-2017 HHS Biennial Action Plan
  - Identified goals, priorities, and strategies to support activities to:
    - Raise awareness of health literacy
    - Provide tools and resources for clinicians

# HHS Biennial Health Literacy Action Plan 2015-2017

- **Goal 1: Develop and disseminate health and safety information that is accurate, accessible, and actionable**
- **Strategy 1:** Participate in ongoing trainings in health literacy that focuses on improving clear communication and informational design practices
  - **IHS Activities:** Develop a *Basics of Health Literacy* training presentation to increase awareness of health literacy by November 2017.

## HHS Biennial Health Literacy Action Plan 2015-2017 (continue)

- **Strategy 2:** Involve members of the target population—including persons with limited health literacy—in planning, developing, implementing, disseminating, and evaluating health and safety information

### – IHS Activities:

1. Utilize social media to reach out and discuss issues related to health literacy with employees and IHS grantees by December 2017
2. Assist programs by developing plain language templates that can be used when creating cooperative agreements and other activities
3. Update and maintain the IHS Health Communication website to provide health literacy resources, information, and tools for clinicians
4. Assess how often patients or their representatives are included when Federal Registry announcements and strategic communications are developed (through focus groups, interviews, and surveys) by January 2018

## HHS Biennial Health Literacy Action Plan 2015-2017 (continue)

- **Strategy 3:** Leverage technology and electronic health tools to deliver health information and services at the time, in the place, and in the multiple formats that people need and want
  - **IHS Activities:**
    - 1) Expand the use of social media to support health literacy and clear communication
    - 2) Provide training on utilizing Health Information Technology to document health education and retrieve patient education handouts
    - 3) Evaluate patient education materials that are posted on the IHS website using the Patient Education Materials Assessment Tool (PEMAT) and Clear Communication Index (CCI) to assess for clear communication by December 2017

## HHS Biennial Health Literacy Action Plan 2015-2017 (continue)

- **Strategy 4:** Provide training, tools, and resources for employees to improve their health information-seeking and decision making skills
  - **IHS Activities:**
    1. Provide health information written in plain language to expand access to health information
    2. Provide training on utilizing the teach-back method and assessing the patient's level of understanding
    3. Promote the “Ask Me 3” campaign to encourage patient engagement





# Health Literacy Universal Precautions

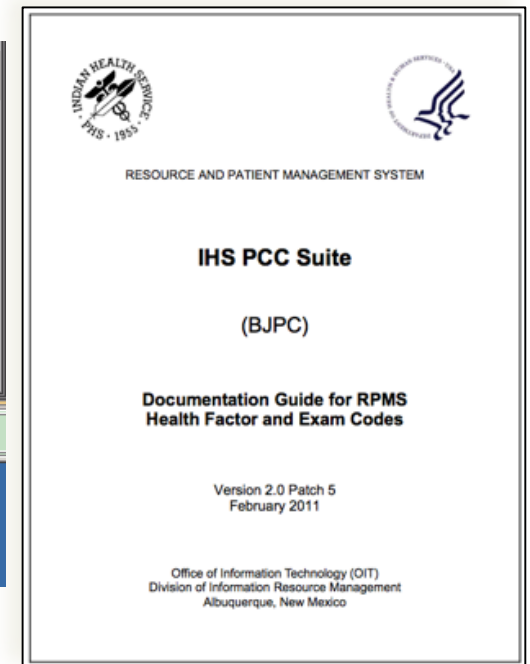
- Assume that all patients may have difficulty comprehending health information and accessing health services.
  - Minimize the risk of miscommunication:
    - Simplify communication
    - Confirm comprehension
  - » Make the office environment easier to navigate
  - » Supporting patients' efforts to improve their health through patient engagement

# Documenting Low Health Literacy Findings

## Health Factor: Barriers to Learning

- [https://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.16u\\_aum.pdf](https://www.ihs.gov/RPMS/PackageDocs/BJPC/bjpc0200.16u_aum.pdf)

The screenshot shows a software interface for managing health factors. A main window titled "Health Factors" has a table with columns "Visit Date" and "Health Factor". A dialog box titled "Add Health Factor" is open, displaying a list of health factors under the heading "Items". The list includes: ACTIVITY LEVEL, ALCOHOL/DRUG, ASTHMA TRIGGERS, BARRIERS TO LEARNING (expanded), BLIND, COGNITIVE IMPAIRMENT, DEAF, DEMENTIA, DOESN'T READ ENGLISH, FINE MOTOR SKILLS DEFICIT, HARD OF HEARING, INTERPRETER NEEDED, LOW HEALTH LITERACY (highlighted), and NO BARRIERS. Below the list are "Add" and "Cancel" buttons. A "Comment" field contains the text "Scored 2 on Newest Vital Sign (numeracy)". The main window also has "Add", "Edit", and "Delete" buttons. A URL "2013-DEMO.NA.IHS.GOV" is visible in the bottom left corner.



# Barriers to Learning

- No Barriers
- Visually Impaired
- Blind
- Hard of Hearing
- Deaf
- Does Not Read English
- Speaks English as a second language
- Interpreter Needed
- Fine Motor Skills Deficit
- Dementia
- Values or Beliefs
- Stressors
- Low Health Literacy
- Cognitive Impairment

# Patient Engagement

“A concept that combines a patient's knowledge, skills, ability and willingness to manage their own health and care with interventions designed to increase activation and promote positive patient behavior.”



Good Questions for Your Good Health

# Ask Me<sup>3</sup><sup>TM</sup>

Every time you talk with your doctor, nurse, or pharmacist, ask these questions

- 1 What is my main problem?
- 2 What do I need to do?
- 3 Why is it important for me to do this?

*The more you know about your health, the better*



Ask Me<sup>3</sup><sup>TM</sup> is an educational program provided by the Partnership for Clear Health Communication of the National Patient Safety Foundation<sup>SM</sup>

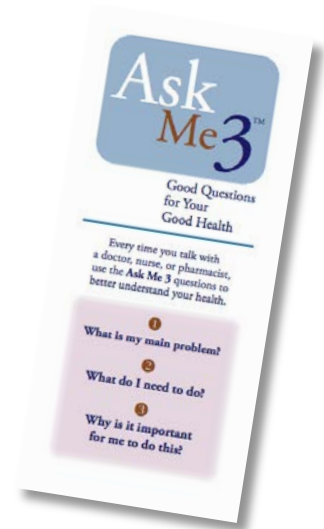


[www.npsf.org/askme3](http://www.npsf.org/askme3)

What is my main problem?

What do I need to do?

Why is it important for me to do this?



# Teach-back Method

Teach-back is a method to confirm that you have explained what the patient needs to know in a manner that they understand so they are able to self-manage.

Keep in mind:

- It is **not** a test of patient's knowledge
- It is a test of how well you explained the information
- It is a method to check for understanding

# Steps to the Teach Back Method

1. Ask patients to repeat or tell you, **in their own words**, what they need to do.
  - Use open-ended questions
2. If patients cannot restate your instructions correctly, then explain again.
  - Use pictures or simpler words
3. Again, use the teach-back method until you confirm understanding.
4. Assist patient with a written plan



**Education Topic Selection** [X]

3745 items

Select By  Category List  Disease & Topic Entry  Pick List  
 Name Lookup  Procedure & Topic Entry

Items

- + **DENTAL CARIES**
- + **DEPRESSIVE DISORDERS**
- **DIABETES MELLITUS**
  - ANATOMY & PHYSIOLOGY
  - BEHAVIORAL AND EMOTIONAL HEALTH
  - COMPLICATIONS
  - CULTURAL/SPIRITUAL ASPECTS OF HEALTH
  - DISEASE PROCESS
  - EQUIPMENT
  - EXERCISE
  - FOLLOW-UP
  - FOOT CARE AND EXAMINATIONS**
  - HELP LINE
  - KIDNEY DISEASE
  - LIFESTYLE ADAPTATIONS
  - LITERATURE
  - MEDICAL NUTRITION THERAPY
  - MEDICATIONS
  - NUTRITION
  - PAIN MANAGEMENT

Select

Cancel

Display Outcome & Standard



## Add Patient Education Event



Education Topic  ...  
(Diabetes Mellitus)

Type of Training  Individual  Group

Comprehension Level  ▼

Length  (min)

Comment

Provided By  ...

Readiness to Learn  ▼

Status/Outcome

Goal Set  Goal Met  Goal Not Met

Add

Cancel

Historical

Display  
Outcome &  
Standard










Patient's Learning Health  
Factors

# Teach back



- What did your doctor tell you the medication is for?
- How did your doctor tell you to take the medication?
- What did your doctor tell you to expect?

# Handouts and the EHR

File View Action							
							
Active Only	Chronic Only	180 days	Print...	Process...	New...	Check	
Action	Chronic	Outpatient Medications					
		AMOXICILLIN 250MG CAP Qty: 10 for 4 days Sig: TAKE ONE (1) CAPSULE BY MOUTH EVERY 12 HOURS					
		CLONIDINE 0.2MG TAB Qty: 60 for 30 days Sig: TAKE ONE (1) TABLET BY MOUTH TWICE A DAY FOR BLOOD PRESSURE					
		TRIAMCINOLONE 75MCG/SPRAY INH Qty: 60 for 30 days Sig: INHALE 2 PUFFS BY MOUTH EVERY 12 HOURS SHAKE WELL					
		ROSIGLITAZONE 4MG TAB Qty: 180 for 90 days Sig: TAKE ONE (1) TABLET BY MOUTH TWICE A DAY FOR DIABETES					



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## Glyburide

pronounced as (glye' byoor ide)



[Why is this medication prescribed?](#)

[How should this medicine be used?](#)

[Other uses for this medicine](#)

[What special precautions should I follow?](#)

[What special dietary instructions should I follow?](#)

[What should I do if I forget a dose?](#)

[What side effects can this medication cause?](#)

[What should I know about storage and disposal of this medication?](#)

[In case of emergency/overdose](#)

[What other information should I know?](#)

[Brand names](#)

### Why is this medication prescribed?

Glyburide is used along with diet and exercise, and sometimes with other medications, to treat type 2 diabetes (condition in which the body does not use insulin normally and, therefore, cannot control the amount of sugar in the blood). Glyburide is in a class of medications called sulfonylureas. Glyburide lowers blood sugar by causing the pancreas to produce insulin (a natural substance that is needed to break down sugar in the body) and helping the body use insulin efficiently. This medication will only help lower blood sugar in people whose bodies produce insulin naturally. Glyburide is not used to treat type 1 diabetes (condition in which the body does not produce insulin and, therefore, cannot control the amount of sugar in the blood) or diabetic ketoacidosis (a serious condition that may occur if high blood sugar is not treated).

Over time, people who have diabetes and high blood sugar can develop serious or life-threatening complications, including heart disease, stroke, kidney problems, nerve damage, and eye problems. Taking medication(s), making lifestyle changes (e.g., diet, exercise, quitting smoking), and regularly checking your blood sugar may help to manage your diabetes and improve your health. This therapy may also decrease your chances of having a heart attack, stroke, or other diabetes-related complications such as kidney failure, nerve damage (numb, cold legs or feet; decreased sexual ability in men and women), eye problems, including changes or loss of vision, or gum disease. Your doctor and other healthcare providers will talk to you about the best way to manage your diabetes.

### How should this medicine be used?

Home → [Drugs, Herbs and Supplements](#) → [Glyburide](#)

## Glyburide

pronounced as (glye' byoor ide)



- Why is this medication prescribed?
- How should this medicine be used?
- Other uses for this medicine
- What special precautions should I follow?
- What special dietary instructions should I follow?
- What should I do if I forget a dose?

### Why is this medication prescribed?

Glyburide is used along with diet and exercise to help control blood sugar in people whose bodies do not use insulin normally and, therefore, need medications called sulfonylureas. Glyburide is needed to break down sugar in the body) and in people whose bodies produce insulin naturally but produce insulin and, therefore, cannot control blood sugar if high blood sugar is not treated).

Over time, people who have diabetes and high blood pressure, heart disease, stroke, kidney problems, nerve damage (numb, cold legs or feet), and regularly check their blood sugar. Regular exercise, quitting smoking), and regularly check their blood sugar. Regular therapy may also decrease your chances of heart disease, stroke, kidney problems, nerve damage (numb, cold legs or feet), or gum disease. Your doctor and other health care providers will monitor your blood sugar and blood pressure.

### How should this medicine be used?

What side effects can this medication cause?

Add Patient Education Event
✕

**Education Topic**  ...  
(Medications)

**Type of Training**  Individual  Group

**Comprehension Level**  ▼

**Length**  (min)

**Comment**

**Provided By**  ...

**Readiness to Learn**  ▼

**Status/Outcome**  
 Goal Set  Goal Met  Goal Not Met

Historical

**Patient's Learning Health Factors**

# Patient Goals Component

The screenshot displays the 'Goals' component of a medical software system. The window title is 'OpenVista MANAGER SYSTEM Medsphere Systems Corporation'. The interface includes a menu bar with 'User', 'Patient', 'Tools', and 'Help'. Below the menu is a navigation bar with tabs for 'Privacy', 'Patient Record', 'Communication', 'Internet', and 'Goals'. The main area is titled 'Goals' and contains a 'Patient Goals/Steps' section. This section has a toolbar with 'New Goal', 'Declined Goal', 'Review', and 'Step' icons. A table lists goals with columns for 'Last Update', 'Goal #', 'Goal Set', 'Start Date', 'Reason', 'Type Of Goal', 'Follow Up Date', 'Goal Status', 'Provider', and 'Notes'. The first goal is 'Lose 25 pounds by summer' with a start date of 11/05/08 and a follow-up date of 6/1/09. Below the table, a 'Step' section lists three tasks: 'Buy only 1 bag of low fat potato chips a week', 'Walk 4 times a week by February appointment', and 'Stop eating potato chips'. A 'Tasks' section at the bottom provides an 'Edit Patient Goal' and 'Edit Step' interface. The 'Edit Patient Goal' form shows the goal 'Lose 25 pounds by summer' with a goal number of 1. It includes a 'Type(s) Of Goal' section with checkboxes for Physical Activity, Nutrition, Medicines, Wellness Or Safety (HPDP), Other, Tobacco, Alcohol or Drugs, Stress And Coping, and Monitoring. The 'Reason For Goal' field is empty. The 'Notes History' and 'Notes' fields are also empty. The 'Goal Start Date' is 11/5/2008 and the 'Goal Follow-up Date' is 6/1/2009. The goal status is 'Active'. The 'Edit Step' form shows the step 'Buy only 1 bag of low fat potato chips a week'. The status bar at the bottom indicates 'MANAGER SYSTEM VISTA GOLD MEDSPHERE.COM GENERAL HOSPITAL 24-Oct-2011 12:25' and includes the Medsphere logo.

OpenVista MANAGER SYSTEM Medsphere Systems Corporation

User Patient Tools Help

Privacy Patient Record Communication Internet Goals

Goals

Patient Goals/Steps

Expand All Collapse All Filter Goals On Active Inactive Filter Steps On Active Inactive

	New Goal	Declined Goal	Last Update	Goal #	Goal Set	Start Date	Reason	Type Of Goal	Follow Up Date	Goal Status	Provider	Notes
			10/23/2011 11:24:03 AM	1	Lose 25 pounds by summer	11/05/08		Other	6/1/09	Active	Provider 1	

Review Step

Step

- Buy only 1 bag of low fat potato chips a week
- Walk 4 times a week by February appointment
- Stop eating potato chips

Inactive Steps

Review Step

			10/23/2011 11:24:03 AM	3	Quit smoking cigarettes in 2 weeks	2/14/09		Tobacco	2/21/09	Active	Provider 1	
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Tasks

Edit Patient Goal [Lose 25 pounds by summer] Edit Step [Lose 25 pounds by summer - Buy only 1 bag of low fat potato chips a week]

Goal: Lose 25 pounds by summer Goal #: 1

Type(s) Of Goal

- Physical Activity
- Nutrition
- Medicines
- Wellness Or Safety (HPDP)
- Other
- Tobacco
- Alcohol or Drugs
- Stress And Coping
- Monitoring

Reason For Goal:

Notes History: Notes:

Goal Start Date: 11/5/2008 Goal Follow-up Date: 6/1/2009

Active  Met  Stopped  Maintained  Delete/Entered In Error

OK Cancel

MANAGER SYSTEM VISTA GOLD MEDSPHERE.COM GENERAL HOSPITAL 24-Oct-2011 12:25 Medsphere

# Health Literacy Work Group

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Any Questions?