

IHA Health Literacy Award Nomination

<http://www.iha4health.org/iha-conference/hl-awards-criteria-nomination-form/>

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Project/Activity Name: Richmond Digital Health Literacy Project

1. Describe the background of the project and the reasons for nomination:

In 2014, the Richmond Library and Cultural Services Department received a National Leadership Grant from the federal Institute for Museum and Library Services to create a Digital Health Literacy training program -- the first of its kind -- to integrate digital and health literacy training. The resulting Digital Health Literacy Project (DHLP) is an innovative project that includes online lessons plans to teach both the basic skills of navigating the internet (such as evaluating information sources) and navigating within a website (such as locating contact information), as well as specific strategies for finding information about wellness, health insurance, chronic conditions, and more. The lessons combine videos, sample websites, practice exercises, and frequent assessments to ensure the information is engaging, informative, and effective. In Richmond, the sample resources are chosen to have particular relevance to the local population to increase participant's engagement and exposure to useful materials.

Even in its early stages, the project has proven to be an effective tool to reach its target population and meet its goals. The Digital Health Literacy Project is an excellent candidate for the IHA Health Literacy Award because the program exemplifies:

- Advancing health literacy where information and access are limited: as a project of the Richmond Library's adult literacy program, the DHLP is targeting residents who are least likely to have access to health information, and most likely have the highest need for better access to health care.
- Innovation being implemented with a diverse population: the program is available in both Spanish and English and approximately half the participants use the Spanish-language version.
- Innovation being evaluated using participatory methods: in addition to traditional survey tools, participants are engaged at the beginning and end of the process to better understand their needs and outcomes.
- Community outreach that is thoughtfully designed to reach those in need and meet them where they are: the program begins with an assessment to ensure participants can engage and is located with access in mind, for instance, one class cohort meets weekly within their affordable housing complex.
- Adult education that is relevant and prepares adults to grow as individuals and community members by providing access to digital and health information: participants report learning skills that can also be used to find a job, or to improve the health of their families.

- Improving the quality of life of community residents: participants overwhelmingly report a new ability to research information on their health and healthcare needs for themselves, family members, and other members of their community.
- Improving community health by increasing a sense of control and agency among community residents: participants are overwhelmingly reporting learning something new and feeling they can take greater control over their health and well-being.
- Modeling successful community partnerships that strengthen the program's effectiveness as well as the effectiveness and efficiency of the network of health services in the City of Richmond.
- Scalability and replicability: because the program is available online and can be easily tailored to include national or community-level resources, the program could easily be expanded to other communities or scaled to a national level.

2. Describe the project and the role of the nominee. Include project objectives, approach, the targeted community and project dates:

Nominee

Richmond Digital Health Literacy Project
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The Digital Health Literacy Project (DHLP) is an innovative project that includes online lessons plans that teach both the basic skills of navigating the internet (such as evaluating information sources) and navigating within a website (such as finding contact information or searching), as well as specific strategies for finding information about wellness, health insurance, and chronic conditions. Although the program is administered online, it is frequently taught in a classroom setting to cohorts of students who can receive coaching from the class leader and support from their classmates throughout the program.

The online training is free and publicly available at <http://www.richmondhealth.learnerweb.org>. In addition, the project website has compiled many resources to support health and digital literacy in Richmond and beyond: <http://digitalhealthliteracy.weebly.com/resources.html>.

The objectives of the Richmond Digital Health Literacy Project are to:

1. Provide online digital training and tools to low-income adults in Richmond, with a focus on helping them improve their digital literacy and use of online health information;
2. Expand free and low-cost wireless internet access for households that are not connected to broadband service; and

3. Partner with community-based organizations and health agencies to develop a strategy to continue to support and expand digital health literacy and internet access for low-income individuals and families.

To achieve these objectives, DHLP staff developed a bilingual (Spanish and English) online Digital Health Literacy training program and piloted it through classes with low-income adults in a variety of settings, including in a community center, as part of an adult literacy program, embedded within a community-based organization, and at a public housing site. Participants receive a free refurbished laptop as an incentive for their participation and to support their continued access to online health information and digital tools.

The program goals included reaching 180 low-income Richmond residents. During the program's pilot period (September 2015 - February 2016), the program has already reached 172 community residents, 106 of whom have successfully completed the program. The program has now expanded its goals and time frame and is funded to continue through March 2017.

3. Describe the outcomes and results of the project in the targeted community

During its 6-month pilot period, the program served more than 150 participants. Given the original goal to train 180 participants over one year, this is an overwhelmingly positive response. Participant feedback on the program has been uniformly positive with over 90% of the participants reporting that they would recommend the program to a friend and reporting they have learned something new. Through focus groups and assessments, participants have reported learning how to:

- Determine if they, their friends, or family members are eligible for ACA coverage,
- Research their own symptoms to assess whether they should visit a doctor, an urgent care center or an emergency room,
- Better understand their diagnoses and treatment options, and
- Learn about local community resources.

Foundational digital literacy skills were also of profound value. Many participants did not previously know how to use tools such as google maps to find the best routes to their caregivers or use the Internet to get basic information about services, and were instead relying on visits to clinics and hospitals to receive this information.

By teaching participants to conduct their own online research, and training them to discern what information comes from reliable sources, the Digital Health Literacy Program is empowering community members to take a more active role in their self-care. Indeed, many participants reported just that, for instance:

- Developing new strategies for managing diabetes through their online research,
- Learning about nutrition and exercise, and even
- Developing a better understanding of mental health care.

The overall impact of the Digital Health Literacy Project can be in fact be transformative for communities. Public health research has demonstrated that when individuals have a

sense of control over their lives and develop a sense of agency, their overall health status improves, which in turn also impacts the health of a community.

4. Describe how the project addresses a problem in health literacy and its applicability to other settings:

Despite the fact that the digital divide for low-income communities of color is shrinking, many low-income individuals do not have the digital skills and resources needed to access online information to support their health. For instance, in a low-income neighborhood in Richmond, CA, one third of residents do not have access to the Internet at home and two out of five households do not have a working computer. Lack of access poses a challenge as health-care resources are increasingly made available digitally and health-care providers rely more and more on the Internet for managing patient scheduling and other interactions. In addition, the Internet provides a wealth of information about medical conditions, health insurance, local health services, and programs to support healthy living.

By providing training in both accessing online health information and evaluating its quality, the DHLP is empowering community members to better manage their health and their use of community health resources.