The Problem:

In recent years the concept of "Healthcare" has created a firestorm of political controversy. However, what society refers to as "health-care" is in reality "sick-care". Being a treatment-oriented society, America spends more on healthcare than any other nation on the planet (2.3 Trillion dollars annually, or 18% of our Gross Domestic Product). The majority of these funds (96%) goes toward treatment; with the remaining 4% spent on Education and Prevention. Still, we are one of the sickest nations in the world, ranking 32nd in Life Expectancy among countries of the World Health Organization. For the first time in the history of our nation we are raising a generation of children who will live sicker and shorter lives than their parents.

Personal health is not a political issue! Your health and well-being is directly influenced by your lifestyle choices, your values, your behaviors, your habits. Numerous studies have shown that every $1 spent on prevention equates to $5 saved in health-care and treatment; education is the key that ignites this process!

Health literacy, or the ability (knowledge and skills) to make quality health-related decisions, is at the forefront in our fight to reverse these catastrophic numbers. However, fewer and fewer people possess the appropriate tools to make well-informed health-related decisions. Adding to this problem, health and fitness education in U.S. schools is no longer a priority; in principle, in practice, or in funding, as these programs are pushed to the backburner, and in some cases eliminated altogether. With preventable, chronic disease at epidemic levels, the need for health education has never been more important!

Know the Terms:

1. **Chronic Disease**: Prolonged illness, does not heal itself, and is rarely cured.
2. **Communicable Disease**: Infectious Disease that can be passed on or spread.
3. **Health Disparities**: Differences in groups of people; the incidence and prevalence of disease, mortality rates, and access to health care in various groups of people.
4. **Health literacy**: Health literacy is a person’s ability to understand and use health information for the purpose of making appropriate health decisions.
5. **Health**: A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.
6. **Incidence**: The number of new cases of a disease.
7. **Morbidity**: Diseased or sick, Morbidity rate is the number or percentage of a disease.
8. **Mortality**: Death; mortality rate is the number or percent of deaths in a population
9. **Plain language**: Plain language is a strategy for making information easier to find, understand, and use. Plain language techniques include using the active voice, short sentences and bulleted lists, and everyday language.
10. **Prevalence**: The number of existing cases of a disease.
11. **Risk Factor**: Aspects of a person’s life which can lead to disease
12. **Wellness**: The active process through which people become aware of, and make choices toward, a more healthy and successful existence.
1. **Health Defined:**
   - The definition of Health is ever-changing.
     - The World Health Organization (WHO) in 1946 defined it as "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.
     - Recent definitions of health are more holistically stated (dealing with the whole person), and are multi-dimensional (see below).
   - **Early Health:**
     - The discovery of microorganisms in the late 1800's was the motive for defining health as good hygiene, which included sanitation and other behaviors.
     - Clean, safe water and improved sanitation have contributed to better control of infectious disease.

2. **The Dimensions of Health:**
   - **Physical Health:** A highly functioning body; the ability to maintain a healthy quality of life that allows us to get through our daily activities without undue fatigue or physical stress.
   - **Social Health:** The ability to relate to and connect with other people in our world. Our ability to establish and maintain positive relationships with family, friends, co-workers, classmates, and instructors.
   - **Intellectual Health:** The ability to think clearly, reason objectively, analyze critically, use brainpower to meet life's challenges.
   - **Environmental Health:** An appreciation of the external environment and the roles individuals play to protect and improve environmental conditions.
   - **Emotional Health:** The ability to express and control emotions appropriately; the ability to acknowledge and share feelings of anger, fear, sadness or stress; hope, love, joy and happiness in a productive manner.
   - **Spiritual Health:** An understanding of one's meaning and purpose in life; an appreciation for the depth and expanse of life and the peace that comes from belief in a supreme being.

3. **Wellness Defined:**
   - Wellness is the active process through which people become aware of, and make choices toward, a more successful existence. (National Wellness Institute)
     - Wellness is a conscious, self-directed and evolving process of achieving full potential.
     - Wellness is multi-dimensional and holistic, encompassing lifestyle, mental and spiritual well-being, and the environment.

4. **Health Literacy:**
   - Health literacy is an Individual's capacity to obtain, process, and understand basic health information needed to make appropriate health-related decisions.
     - Recent studies show that health literacy tends to be a better predictor of our wellness than age, income, race, or education level.
     - Limited health literacy increases the disparity in health care access among vulnerable populations (such as racial/ethnic minorities and the elderly).
     - Studies show that problems with patient compliance and medical errors are often caused by poor understanding of health care information.
     - Individuals with low health literacy and chronic diseases (such as diabetes, asthma, or hypertension) have less knowledge of their disease and its treatment and fewer correct self-management skills than literate patients.
     - For additional information on Health Literacy, click here.
   - **Vulnerable Populations:** (Approximately half of Medicare/Medicaid recipients read below the fifth-grade level)
     - Elderly (age 65+)
     - Minority Populations
     - Immigrant Populations
     - Low Income
     - People with Chronic Mental and/or Physical Health Conditions
   - **Plain Language:**
     - A national strategy for making written and oral information easier to understand, an essential tool in the fight to improve health literacy. Plain language is communication that users can understand the first time they read or hear it. With reasonable time and effort, a plain
language document is one in which people can find what they need, understand what they find, and act appropriately on that understanding.

- Key elements of plain language include:
  - Organizing information so that the most important points come first
  - Breaking complex information into understandable chunks
  - Using simple language and defining technical terms
  - Using the active voice

5. **Health Disparities:**
   - Population-specific *differences* in the presence of disease, health outcomes, quality of health care and access to health care services that exist among specific population groups in the United States.
   - The concept of Health Disparities is multidimensional in the United States. The ability to achieve a high quality of health, or access quality healthcare in influenced by:
     - Race or Ethnicity
     - Sex and Sexual Identity
     - Age
     - Education Level
     - Disability
     - Socioeconomic Status
     - Geographic Location and Geographic Access to Care.
   - Healthy People 2020 defines health equity as the “*attainment of the highest level of health for all people*”.
   - The U.S. Department of Health and Human Services has recently outlined a Plan of Action dealing with Health Disparities in the United States (click here)

6. **Prevention:**
   - Prevention should be woven into all aspects of our lives, including where and how we live, learn, work and play. Everyone—government, businesses, educators, health care institutions, communities and every single American—has a role in creating a healthier nation (CDC).
   - Types of Prevention include:
     - **Primary Prevention**: Personal lifestyle approach (habits, behaviors) that occurs outside the healthcare system and directly impact the quantity and quality of life.
     - **Clinical Prevention**: Action within the healthcare system to observe, evaluate, and track health. Procedures such as ongoing physical examinations, colonoscopies, mammograms, and vital records tracking.
     - **Community-Based Prevention**: Investments in Community-Based Programs to keep people healthy; programs to educate and promote positive lifestyle choices; programs to bring well-person preventative care in areas of high poverty.
   - The National Prevention Strategy is a comprehensive plan that will help increase the number of Americans who are healthy at every stage of life. The strategy provides evidence-based recommendations on behalf of the National Prevention, Health Promotion, and Public Health Council in consultation with the public and an Advisory Group of outside experts. The strategy components (below) are fundamental to improving the nation's health through the active engagement of all sectors of society to help achieve four broad strategic directions:
     - **Building Healthy and Safe Community Environments**: Prevention of disease starts in our communities and at home; not just in the doctor’s office. For example, businesses and employers can adopt practices to encourage their workforce to increase physical activity and reduce pollution (e.g., workplace flexibility, rideshare and vanpool programs, park-and-ride incentives, travel demand management initiatives, and telecommuting options).
     - **Expanding Quality Preventive Services in Both Clinical and Community Settings**: When people receive preventive care, such as immunizations and cancer screenings, they have better health and lower health care costs. For example, expanding the linkages between clinical and community prevention efforts, such as diabetes prevention programs that support preventive efforts among underserved groups and can improve access to preventive services.
     - **Empowering People to Make Healthy Choices**: Policies and programs can make healthy options the easy and affordable choice, and when people have access to actionable and easy-to-understand information and resources, they are empowered to make healthier choices. For example, health care professionals can use multiple communication tools (e.g., mobile phone applications, personal health records, and
credible health websites) and culturally competent methods to support more traditional written and oral communication.

- **Eliminating Health Disparities:** By eliminating disparities in achieving and maintaining health, we can help improve quality of life for all Americans. For example, health care providers can train and hire more qualified staff from underrepresented racial and ethnic minority groups and people with disabilities.

- **The Seven Priority Areas Identified by the National Prevention Strategy as the Leading Causes of Preventable Death and Major Illness:**
  - Tobacco free living
  - Preventing drug abuse and excessive alcohol use
  - Healthy eating
  - Active living
  - Injury and violence-free living
  - Reproductive and sexual health
  - Mental and emotional wellbeing

7. **Common Health-Related Terms:**
   - **Chronic Disease:** A range of illnesses that persists over an extended period of time, is not easily or quickly resolved, and cannot be cured by medication (although symptoms can often be controlled with medication).
   - **Prevalence:** The number of existing cases of a disease.
   - **Incidence:** The number of newly diagnosed cases of a disease.
   - **Mortality:** Another term for death. Mortality rate is the number of deaths, due to a disease, divided by the total population.
   - **Morbidity:** The relative incidence of disease, or illness rates.

8. **Medical Terms, It's All Greek (or Latin) to Me:**
   - Basic to our survival in the healthcare arena is a brief working knowledge of the terms and lingo tossed around by doctors and medical professionals. A small understanding of basic terminology can be valuable in our communication with healthcare personnel, and useful as we research personal health information.
   - To begin, most medical terms are derived from a Latin or Greek origin. Traditionally, there are three basic parts to a medical term:
     - **Root Word:** usually in the middle of the word and its central meaning.
     - **Prefix:** comes at the beginning and usually identifies description, or part of the central meaning.
     - **Suffix:** comes at the end and modifies the central meaning as to what or who is interacting with it, or what is happening to it.
     - Example: **Hypothermia** (less heat), or **Thermometer** (measuring heat)
       - Root Word: therm (heat)
       - Prefix: hypo (below root word)
       - Suffix: meter (to measure)
   - Click on the Medical Terms Link Below for Further Information and a Review of Common Prefixes and Suffixes Used In Healthcare.

**Talk'n Stats:**

- **Health Illiteracy at a Glance:**
  - Nearly 9 out of 10 adults have difficulty using the everyday health information that is routinely available in health care facilities, retail outlets, media, and communities.
  - It is estimated that the health of 90 million people in the U.S. may be at risk because of the difficulty some patients experience in understanding and acting upon health information.
  - One of five American adults reads at the 5th grade level or below, and the average American reads at the 8th to 9th grade level, yet most health care materials are written above the 10th grade level.
  - According to the Center for Health Care Strategies, a disproportionate number of minorities and immigrants are estimated to have literacy problems:
    - 50% of Hispanics
    - 40% of Blacks
    - 33% of Asians
  - More than 66% of US adults age 60 and over have either inadequate or marginal literacy skills.
The annual health care costs for individuals with low literacy skills are 4 times higher than those with higher literacy skills.

Only about 50% of all patients take medications as directed.

Patients with low literacy skills were observed to have a 50% increased risk of hospitalization, compared with patients who had adequate literacy skills.

Research suggests that people with low literacy:
- Make more medication or treatment errors
- Are less able to comply with treatments
- Lack the skills needed to successfully negotiate the health care system
- Are at a higher risk for hospitalization than people with adequate literacy skills.

A recent study found that those with limited health literacy skills reported a sense of shame about their skill level. As a result, they may hide reading or vocabulary difficulties to maintain their dignity.

- **Health Spending in the United States:**
  - 2.3 Trillion dollars spent annually
    - Hospital Care: 36.3%
    - Physician and Other Professional Services: 27.4%
    - Prescription Drugs and Other Medical Nondurables: 14.0%
    - Nursing Home Care: 6.6%
    - Dental Services: 4.9%
    - Home Health Care: 3.3%
    - Medical Durables: 1.7%
    - Education and Prevention: 3.9%
    - Other Health, Residential, and Personal Care: 2%

- **Total Number of Retail Prescription Drugs Filled at Pharmacies, 2011:**
  - 3,764,698,318 (3.8 Trillion)

**Know Your Numbers:**

**Are You Health Literate? Do You Possess the Knowledge, Skills, or Abilities to:**

- Obtain relevant information and evaluate it for credibility, quality, and trustworthiness?
- Analyzing the risks and benefits of products or services?
- Calculating dosages?
- Interpret test results?
- Search and locate health information?
- Visually understand graphs or numeric charts?
- Operate a computer?
- Search the Internet and evaluate the credibility of websites?
- Calculate or reason numerically?
- Articulate health concerns and describe your symptoms accurately?
- Understand the nutritional facts and ingredients list of a food label?
- Understand basic human vital signs such as:
  - Resting pulse or heart rate?
  - Normal blood pressure?
  - Normal range for blood sugar levels?
- Knowledge of the medical history of your biological family?
- Understand your rights in the area of health insurance and healthcare?
- Understand who protects these rights?
Thoughts for Living:

The key to real lasting change lies somewhere between what you know and what you do. It's what you think. To shift your behavior, start by transforming your thoughts. (Lisa Oz, Author)

Thoughts on Changing a Health Behavior:

- **Consider Your Goals**
  - Make them specific, attainable, and forgiving.
  - Write' em and Hide' em:
    - Only share with people that can help you attain you goals!

- **Plan for Success with Short Steps**
  - *Shaping* is a behavioral technique that establishes a series of short-term objectives that get closer and closer to your ultimate prize or goal.
    - Consecutive goals move you ahead in small steps are the best way to reach a distant point; with smaller steps, you're less likely to trip!
    - Smaller steps also render more consistent rewards, keeping motivation levels up and the overall effort invigorated.

- **Pain Creates Change**
  - Always hold on to the memories (physical or mental) of why you want to change; it's a great motivational tool.
  - This can include pictures of you or your family, comments, thoughts (write them down).
  - When motivation drops, remind yourself of the importance of change by reviewing the items above.

- **Reward Yourself**
  - An effective reward is something that is desirable, timely, and dependent on meeting your goal.
  - Rewards, however, cannot be directly tied to your goal. Example, if your goal is to stop smoking, it would not be wise to reward yourself with a pack of cigarettes after one week of no tobacco.

- **Journalize Your Progress**
  - For example, keeping a record of your physical activity can let you and/or your support know quickly how you're doing. When the record shows that your activity is increasing, you'll be encouraged to keep it up.
  - Some find that specific self-monitoring forms make it easier, while others prefer to use their own recording system.

- **Control Your Environment**
  - Stimulus (cue) control involves learning what social or environmental cues seem to encourage undesired behavior, and then either avoid or change those cues.

- **Act, Don't Feel**
  - Act even when you don't feel like it. Sometimes you just need to do it. The purpose and passion often come once you're engaged.
  - Change that leads to personal growth, good health, and solid relationships doesn't happen by accident; you have to make it happen.