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Consumer Education Initiatives in Financial and Health Literacy

Task 4: Deliverable 4, Final Report Appendices

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Submitted To:

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Appendix A: Literature Review Methodology and Sources

Search Terms

PubMed

Limits applied: English language, 2005 to present, Adult population

Table A-1. Pubmed Search Terms and Results

| Search command | # Hits | Notes |
|--|--------|---|
| 1. low-income AND | 89 | 89 citations downloaded |
| 2. (financ* literacy OR numeracy OR banked OR unbanked OR underbanked OR financ* decision-making OR financ* education) | | |
| 3. “financial literacy” | 8 | 3 citations downloaded |
| 4. financial management and consumer and literacy | 107 | Much of retrieved material is off topic or deals with 3 rd world development |
| 5. choice behavior[MeSH]) OR consumer participation[MeSH]) OR consumer satisfaction[MeSH]) OR decision making[MeSH]) OR information services[MeSH] | 110753 | |
| 6. insurance, health[MeSH] OR health care reform[MeSH] OR insurance benefits[MeSH] OR insurance coverage[MeSH] OR medicaid[MeSH] OR medicare[MeSH] | 88608 | |
| 7. Combine #5 and #6 and add limits: English, last 5 years, Adult only | 205 | |
| 8. Combine #7 and “low income” | 12 | Low-income term results in too small a set and is discarded in this strategy |
| 9. engag* OR educat* OR train* or improv* OR promot* withlimits: English, last 5 years, Adult only | 174757 | |

| Search command | # Hits | Notes |
|--|--------|---|
| 10. Combine #2 and #4 | 84 | 84 citations downloaded |
| 11. (((("health literacy"[MeSH Terms]) OR "health knowledge, attitudes, practice"[MeSH Terms]) OR "attitude to health"[MeSH Terms]) OR "health behavior"[MeSH Terms]) | 41625 | Topic set: health literacy, behavior, attitude |
| 12. ((((((("choice behavior"[MeSH Terms]) OR "information seeking behavior"[MeSH Terms]) OR "consumer participation"[MeSH Terms]) OR "patient education as topic"[MeSH Terms]) OR "patient participation"[MeSH Terms]) OR "decision making"[MeSH Terms]) OR "information services"[MeSH Terms]) | 27633 | Topic set: choice behavior, decision making |
| 13. (((("insurance, health"[MeSH Terms]) OR "health care reform"[MeSH Terms]) OR "health benefit plans, employee"[MeSH Terms]) OR "insurance benefits"[MeSH Terms]) OR "insurance coverage"[MeSH Terms] | 4933 | Topic set: insurance |
| 14. medicaid[mesh terms] or medicare[mesh terms] | 2744 | Topic set: insurance |
| 15. engag* OR educat* OR train* or improv* OR promot* | 174757 | Topic set: engagement, improvement |
| 16. KW "informed consumer" or "health plan choice" or "health care choice" or "health care planning" or "health literacy" or "consumer education" | 400 | Topic set: keywords for choice, decision making |
| 17. Combine #11 or #16 | 27896 | Aggregate choice topic sets |
| 18. Combine #11 or #13 | 45788 | Aggregate literacy and insurance topic sets |
| 19. Examine #11 or #13 or #14 | 46200 | Aggregate literacy and insurance topic sets (including Medicaid/medicare does not greatly |

| Search command | # Hits | Notes |
|---|--------|---|
| | | increase result set) |
| 20. Combine #17 and #19 | 7260 | Combine literacy/insurance topics with choice topics |
| 21. Combine #20 and #15 | 5296 | Combine with engagement topic set |
| 22. Combine #21 with low income or poverty[mesh terms] | 128 | Combine with low income/poverty 128 citations downloaded |

EBSCO Host (Academic Search Premier, Business Source Corporate, PsychInfo, Professional Development Collection, SocSci Index)

Limits applied: English only, 2005 to present

Table A-2. EBSCO Search Terms and Results

| Search command | # Hits | Notes |
|--|--------|---|
| 1. (SU finance, personal or SU consumer behavior or SU financial education) and low-income | 171 | Most of retrieved material relates to savings for retirement or college |
| 2. Su finance, personal and SU consumer education, all dates | 46 | |
| 3. Su finance, personal and SU consumer education, 2005 to present | 16 | 16 citations downloaded |
| 4. SU Financial management and SU consumer education, 2005 to present | 8 | 8 citations downloaded |
| 5. "financial literacy" in any text field | 7321 | |
| 6. "financial literacy" in TI, 2005 to present | 375 | |
| 7. "Financial literacy" and SU health, 2005 to present | 16 | 16 citations downloaded |

CINAHL

Database proved minimally useful.

Table A-3. CINAHL Search Terms and Results

| Search command | # Hits | Notes |
|---|--------|------------------------------|
| 1. "financial literacy", 2005 to present | 7 | Citations are all duplicates |
| 2. Financial management and consumer attitudes, all dates | 12 | 12 citations downloaded |

Web of Science

Database proved minimally useful.

Table A-4. Web of Science Search Terms and Results

| Search command | # Hits | Notes |
|--|--------|----------------------------------|
| 1. “financial literacy”, 2005 to present, English, USA | 14 | 14 citations downloaded |
| 2. Financial management and consumer attitudes | | Material is largely not relevant |
| 3. “economic literacy”, 2005 to present | 8 | 8 citations downloaded |

Initial Set of Web-Sites Used in Literature Review

The table below presents the initial web-sites used for the gray literature. Based on information from these web-sites, additional sources of information were found.

Table A-5. Initial web-sites used for the gray literature.

| Agency | Website |
|---|---|
| Administration for Children & Families | http://www.acf.hhs.gov/ |
| Administration on Aging | www.aoa.gov |
| Agency for Healthcare Research and Quality | www.ahrq.gov |
| Agency for Toxic Substances and Disease Registry | www.atsdr.cdc.gov |
| AHRQ Innovations | www.innovations.ahrq.gov |
| American Financial Services Association (AFSA) Education Foundation | http://www.afsaef.org/ |
| Assistant Secretary for Health | http://www.hhs.gov/ophs/ |
| Assistant Secretary for Planning and Evaluation | http://aspe.hhs.gov/_/index.cfm |
| Centers for Disease Control and Prevention | www.cdc.gov |
| Centers for Medicare & | http://www.cms.hhs.gov/ |

| Agency | Website |
|---|---|
| Medicaid Services | |
| Citibank | http://www.citibank.com/us/home.htm |
| Council of State Governments | www.csg.gov |
| Department of Education | http://www.ed.gov/ |
| Department of Health and Human Services | www.hhs.gov |
| Fannie Mae | http://www.fanniemae.com/ |
| Federal Deposit Insurance Corporation | http://www.fdic.gov/ |
| Federal Reserve Board | http://www.federalreserve.gov/ |
| Financial Education Clearinghouse | http://www.nefe.org/tabid/89/Default.aspx |
| Food and Drug Administration | www.fda.gov |
| Freddie Mac | http://www.freddiemac.com/ |
| Health Resources & Services Administration | http://www.hrsa.gov/ |
| Health Resources and Services Administration | www.hrsa.gov |
| Healthy People 2010 | www.healthypeople.gov |
| Housing and Urban Development | http://portal.hud.gov/portal/page/portal/HUD |
| Indian Health Service | www.ihs.gov |
| Institute of Medicine | www.iom.edu |
| Jump\$tart | www.jumpstartcoalition.org |
| Maryland coalition for financial literacy | http://www.mdfinancialskills.org/ |
| National Center for Education Statistics | www.nces.gov |
| National Endowment for Financial Education (NEFE) | www.nefe.org |
| National Institute for Literacy | www.nifl.gov |
| National Institutes of Health | www.nih.gov |
| Neighbor Works | http://www.nw.org/network/home.asp |
| Office of Disability | http://www.hhs.gov/od/ |
| Office of Disease Prevention and Health Promotion | www.health.gov |

| Agency | Website |
|---|---|
| Office of Health Reform | www.healthreform.gov |
| Office of the Inspector General | www.oig.hhs.gov |
| Office of the Surgeon General | www.surgeongeneral.gov |
| Substance Abuse & Mental Health Services Administration | http://www.samhsa.gov/ |
| Substance Abuse and Mental Health Services Administration | www.samhsa.gov |
| US Department of Agriculture | http://www.usda.gov/wps/portal/usdahome |
| Visa | http://www.practicalmoneyskills.com/ |
| Cash Course | http://www.cashcourse.org/home/SignUpforourEnewsletterCashCourseorg/CashCourseConnectionJune2009/tabid/722/Default.aspx |
| Department of the Treasury | http://www.treasury.gov/offices/domestic-finance/financial-institution/fin-education/council/index.shtml |
| Forbes | http://www.forbes.com/2010/01/12/cfpa-financial-illiteracy-credit-cards-opinions-columnists-thomas-f-cooley.html |
| Comptroller of the Currency Administrator of the National Banks | http://www.occ.treas.gov/cdd/finlitresdir.htm |
| Take Charge America | http://tcainstitute.org/workingPapers.html |
| Networks Financial Institute | http://www.networksfinancialinstitute.org |

Data Abstraction Protocol

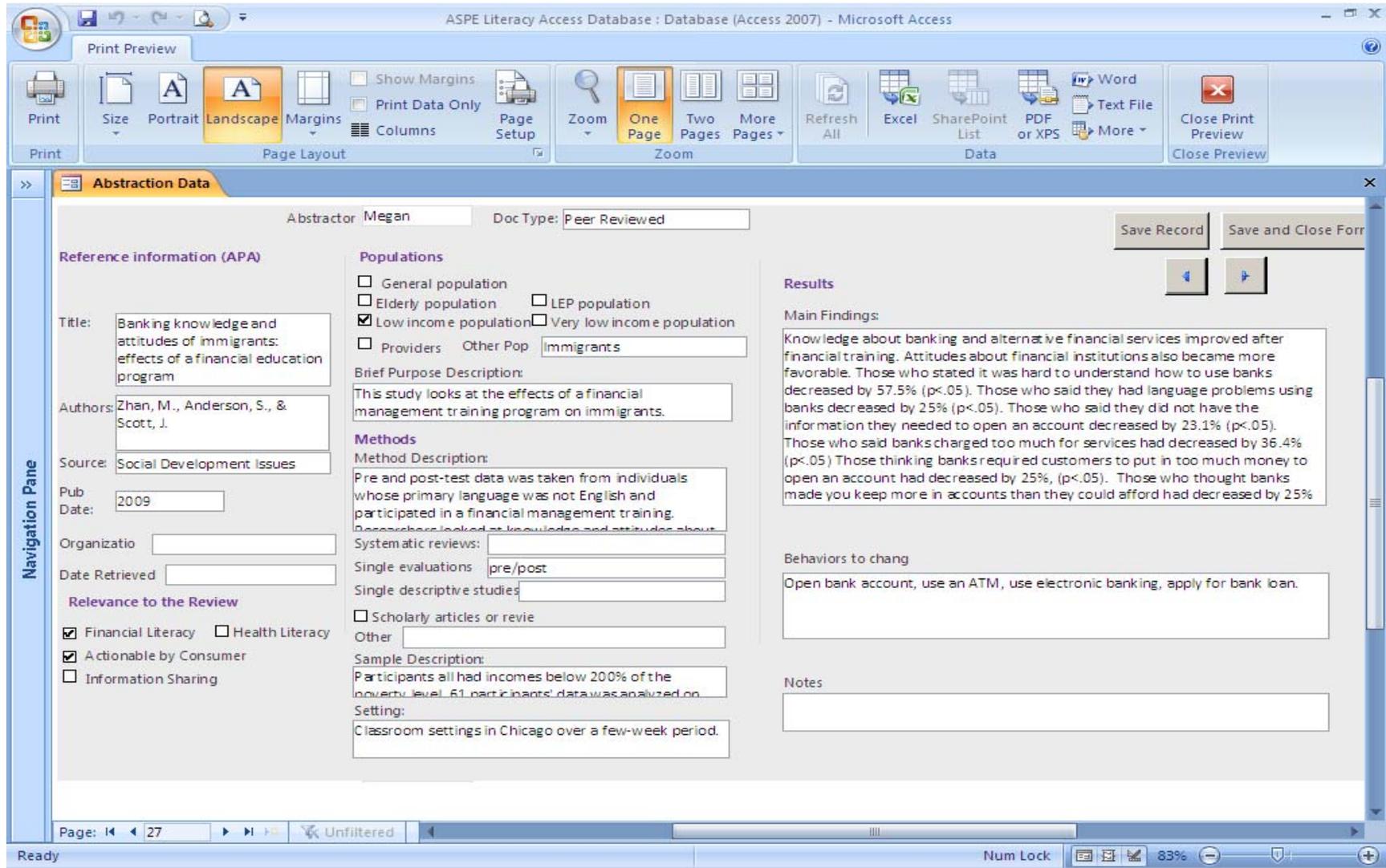
Peer-Reviewed Literature

1. Search databases using identified keyword search terms.
1. Review abstract to determine whether the article is relevant.
2. Retrieve full text for those articles identified as relevant.
3. Review article in its entirety for specific information according to the abstraction form.
4. Review citation list for relevant articles depending on the date of the article.

Grey Literature

1. Obtain input from project team members about possible sources.
2. Search web-sites of DHHS agencies and other agencies outside of DHHS for initiatives, research, and resources relevant to initiatives aimed at improving consumers' financial and health literacy.
3. Search the Web based on peer-reviewed search terms and input from the project team members.
4. Determine whether the literature or web-site is relevant. Note the source of the grey literature, specifically who is publishing the information and who is the target audience.
5. Review article in its entirety for specific information according to the abstraction form.
6. Review citation list for relevant articles, if applicable.

Screen Shot of Access Database



Appendix B: Interview Protocol and Information Sheet

Interview Protocol

Materials

- Audio recording equipment
- Consent form (one copy to sign, one for respondent to keep) (For telephone email or fax one day before)
- Interviewer clock/watch

IF TELEPHONE INTERVIEW

- Speaker phone
- Email or fax consent form to respondent one day before interview:

Procedures for obtaining informed consent

IN-PERSON: Before the interview, review informed consent and provide an unsigned copy of the form to respondent.

NOTE: AIR's IRB may request that respondents external to the government must sign a consent form.

FOR TELEPHONE: Respondent will be sent an informed consent form before the interview. At start of interview, interviewer will ask if they have any questions about the consent form and if they agree to be interviewed and audiotaped. A waiver of signed informed consent will be obtained from AIR's IRB.

Key informant interviews

(60 minutes total)

| Time (in minutes) for each section | Topic | Elapsed time at end of section |
|------------------------------------|--|--------------------------------|
| 5 | Introduction (welcome; background; ground rules) | 5 |
| 5 | Background (roles, responsibilities) | 10 |
| 40 | Financial & Health Literacy | 50 |

| | | |
|---|-----------------|----|
| 5 | Lessons Learned | 55 |
| 5 | Closing | 60 |

Introduction (start at _____ – 5 min – end at _____)

Welcome and Background—explain purpose of the interview

- Thank you for agreeing to do this interview. My name is {NAME} and I’ll be talking with you today. I work for a company called the American Institutes for Research, which is an independent non-profit research organization.
- We are working with the Assistant Secretary for Planning and Evaluation to understand what initiatives and efforts have been made or are currently underway on consumer education relating to health and financial literacy. We are particularly interested in any efforts aimed at low-income consumers. The purpose of our interview today is to learn what you do in the areas of health and financial literacy.
- The interview will last no more than an hour.
- FOR TELEPHONE: Did you read the consent form that was sent to you? Do you have any questions?

Go over ground rules

- I will be developing a report based on several interviews. The report won’t connect your name with anything that you say. The report will include your name and division/organization name.
- At any time during our conversation, please feel free to interrupt me if you have any questions or if you rather not answer any specific question. You can also stop the interview at any time for any reason.
- Is it OK if I audiotape this interview today?

{Turn on recording equipment.}

Background

(start at _____ – 5 min – end at _____)

I'd like to begin by asking you some questions about you.

1. How long have you been with [agency/division/organization/office]?
2. What is your title at X?
3. What are your major responsibilities in your current position?

Health and Financial Literacy

(start at _____ – 40 min – end at _____)

I want to talk about financial and health literacy. For financial literacy, we are interested in initiatives aimed at individuals or families to increase their ability to understand, plan, and manage finances, both in the short term and the long-term. It can include decision-making and understanding the trade-offs when faced with multiple options. This might include efforts aimed at numeracy only, or more complex initiatives aimed at increasing a person or family's ability to manage and plan their finances.

For health literacy, we are interested in initiatives aimed at individuals or families to increase their ability to manage their health, or health care, understanding health risks, choosing health insurance, and health decision-making.

4. Do you have any questions about these concepts? First, I would like to talk about what [AGENCY] is doing in general. Can you tell me a bit about what types of initiatives that your [AGENCY] is undertaking generally?
5. Are there specific [AGENCY]-wide priorities? IF YES: what are they?
6. [FOR AGENCIES WITH SPECIFIED EFFORTS]: Now I would like to talk specifically about initiatives related to financial and health literacy. I have listed that you are responsible for _____. Is that correct? Are there any other financial or health literacy efforts that may be of value to low-income persons that you have been or are responsible for?

[FOR AGENCIES WITHOUT ANY KNOWN EFFORTS] Does your [AGENCY] have initiatives in financial or health literacy that may be of value for low-income persons? These efforts may not be specific to low-income persons, but may still be of value for them.

- a. Do you have financial or health literacy initiatives aimed at other populations?
 - b. [IF NO TO Q6 AND Q6A, GO TO Q8]
7. Great, now I would like to talk about this initiative/each of these initiatives. Let's talk about [NAME OF INITIATIVE] first. [FOR EACH INITIATIVE, ASK]
- a. What is the main reason for the development of this initiative? In other words, what is the history of this initiative and how it came to be?
 - b. What is the initiative trying to achieve? What are the goals of the initiative?
 - c. What population or populations does the initiative target? (PROBE ON elderly, immigrant, non-native English speakers, limited English proficiency, and very low-income.)
 - d. Does this initiative target low-income consumers specifically or more generally?
 - e. What are the behaviors that the initiative is asking consumers to perform?
 - f. Would you say that this initiative focuses more on financial literacy, health literacy, or it focuses equally on both?
 - g. Are any of the components in this initiative translatable to financial literacy initiatives? Are any of the components in this initiative translatable to health literacy initiatives?
 - h. Did you work with any other operating divisions within the government on this effort? Which ones? What was involved? How did that work?
 - i. Did you evaluate the effectiveness of the effort? What were the findings?
 - j. Are there any measures of success of the efforts? If so, what were they?
 - k. What are the major lessons learned? What would you have done differently?
 - l. Were there any unanticipated outcomes, good or bad, from the initiative?

[REVIEW ALL OTHER INITIATIVES]

8. Is your [AGENCY] involved in any **research** projects that would help to develop financial and health literacy programs? For example, is your [AGENCY] supporting any efforts that examine best practices to improve financial literacy?
- a. What are the research tasks?
 - b. Are there any findings?

Lessons Learned (start at _____ – 5 min – end at _____)

9. Based on your experiences, what lessons learned can you provide for strengthening consumer education programs on financial and health literacy?

Closing (start at _____ – 5 min – end at _____)

That's all the questions I have.

10. Is there anything else that you would like to add about any of the topics we have discussed or other areas we didn't discuss but you think are important?

Thanks for your time and participation in this interview. [NOTE: END RECORDING]

Consumer Education Initiatives in Financial and Health Literacy Information Sheet

Goal and Purpose: The American Institutes for Research (AIR) is working to identify current strategies, efforts, and programs conducted by the Department of Health and Human Services (DHHS), other governmental operating divisions, and private organizations in both financial and health literacy, and identify ways the two bodies of knowledge can inform each other. The project is funded by the Assistant Secretary for Planning and Evaluation (ASPE). The purpose of this interview is to learn about your experiences to better understand current approaches to promoting consumer education in the areas of health and financial literacy.

Procedures: The interview will be conducted in person and will last approximately 60 minutes. With your permission, we will record the interview as a backup for note taking. Only project staff will have access to the audio files. You may refuse to answer any question or end the interview at any time.

Data Reporting Procedures: We will be developing a report based on over 40 interviews. The report won't connect your name with anything that you say but it will include your name and your division or organization name. In some cases, it may be apparent to readers that you provided information. After the interview, the audio files will be kept on a secure server that can only be accessed by authorized project team members. Notes will be maintained in computer servers that meet data security standards. Data collected as part of this project will be retained for up to three years after the project's end. You may ask questions about the project at any time.

For more information:

- If you have questions or concerns about this study, please contact the project director at AIR, Elizabeth Frentzel, at efrentzel@air.org, 919-918-2319, 101 Conner Drive, Suite 301, Chapel Hill, NC 27514.
- If you have concerns or questions about your rights as a participant, contact AIR's Institutional Review Board (which is responsible for the protection of project participants) at IRB@air.org toll free at 1-800-634-0797 or c/o IRB, 1000 Thomas Jefferson Street, NW, Washington, DC 20007.

Appendix C: Literature Review Results

Appendix C presents tables describing the research findings for financial literacy (Table C-1) and health literacy (Table C-2)

Financial Literacy Intervention Literature

Table C-1. Description of Evaluations of Financial Education Initiatives

| Authors & Initiative | Audience and Setting | # Sessions | # participants | Topics | Mode of Delivery | Key findings |
|---|--|---------------------|----------------|--|------------------|---|
| Chang & Lyons, 2008 All My Money | Low-income individuals mainly in the State of Illinois | Few days- few weeks | 602 | <ul style="list-style-type: none"> • Spending choices, envelope budgeting, • Planning expenditures, • Understanding credit; handling credit problems, • Building consumer skills, and • Managing a checking account | Group sessions | <ul style="list-style-type: none"> • Retrospective pre-test findings suggest participants, who on average, had lower financial ability prior to the program gained significantly more from the program than those who already had a higher level of financial ability (p<.001). |
| Collins, 2010 Financial Fitness | Low-income families in a community in the North East | Five sessions | 127 families | <ul style="list-style-type: none"> • Access basic banking services, • Learn budgeting skills, • Boost savings, and • Repair credit problems | Group sessions | <ul style="list-style-type: none"> • Randomized pre-and post-test evaluation of the mandatory financial education program led to a 27 percent increase in the knowledge index at follow-up. At follow-up, Knowledge of current interest rates and what is in a credit report increased by 29%; knowledge of managing money increased by 44%. • In terms of self-reported behavior, the program led to a |

| Authors & Initiative | Audience and Setting | # Sessions | # participants | Topics | Mode of Delivery | Key findings |
|---|---|--|---|--|--|---|
| | | | | | | 38% increase the behavior index. Specifically, it led to a 25% in controlling spending at follow-up; 44% increase in timely bill payment; and 35% increase in following a budget. |
| Curley, Ssewamala, & Sherraden, 2009. American Dream Demonstration (IDA) | Low-income families at various sites across the U.S. | Varying session lengths and varying number of sessions | 2211 | <ul style="list-style-type: none"> • Buying a home, • Capitalizing a business, and • Funding higher education | Peer mentoring | <ul style="list-style-type: none"> • Peer mentoring was associated with better average monthly net deposit (AMND) ($p < .01$) as did financial education ($p < .05$). • Each extra hour of financial education was associated with a \$1.23 increase in AMND ($p < .05$) and between an extra 7-12 hours an extra \$1.76 increase ($p < .01$). • Higher monthly savings targets also associated with higher AMND |
| Elliehausen, Lundquist, and Staten, 2007 National Foundation for Credit Counseling program | Clients seeking a debt management plan (but who were not given one) in five locations across the U.S. | One or more 60-90 minute sessions | 73,880 (compared to 91,307 in control group with similar credit scores) | <ul style="list-style-type: none"> • A discussion of the financial goals of the family, • financial strengths and weaknesses, and • A comprehensive review of the family's budget and spending patterns | <ul style="list-style-type: none"> • One-on-one or one-on-family meetings | <ul style="list-style-type: none"> • A larger number of accounts, higher levels of debt, higher revolving account balances, and larger numbers of credit bureau inquiries were all positively related to obtaining counseling. • Long-term delinquencies were negatively correlated to receiving counseling. |
| Grinstein-Weiss, Yeo, Despard, Casalotti, & | Unbanked and banked individuals participating in 14 | Varied by person. | 2004 | <ul style="list-style-type: none"> • Saving strategies, • Budgeting, • Managing money, | <ul style="list-style-type: none"> • Financial education • Peer | <ul style="list-style-type: none"> • Compared to unbanked participants, banked participants participated in |

| Authors & Initiative | Audience and Setting | # Sessions | # participants | Topics | Mode of Delivery | Key findings |
|--|--|--|----------------|---|--|---|
| Zhan, 2010 American Dream Demonstration (IDA) | IDA programs across the U.S. | | | and <ul style="list-style-type: none"> • How to repair or establish credit records | mentoring | <ul style="list-style-type: none"> • significantly more education and higher monthly savings targets than unbanked participants • Compared to unbanked participants, banked participants also had more access to peer mentoring. and |
| Grinstein-Weiss, Curley, & Charles, 2007 American Dream Demonstration | Low-income families at rural sites across the U.S. | Varying session lengths and varying number of sessions | 247 | <ul style="list-style-type: none"> • Home purchase, • Microenterprise Development, and • Postsecondary Education | <ul style="list-style-type: none"> • Undefined; likely group sessions • Peer mentoring | <ul style="list-style-type: none"> • Each additional hour of financial education was associated with a \$0.63 increase in average monthly net deposit (AMND) ($p < .001$) • Peer mentoring was associated with higher savings of \$16.53 more per month than those in programs without ($p < .001$) • Each \$1 increase in monthly savings targets associated with a \$0.23 increase in AMND ($p < .05$) |
| Han & Hong, 2006 IDA program | Individuals with family incomes of 150% of the federal poverty level or less | (unclear) | 1,083 | This thesis is based on the IDA program data also and provides no description of the program or topics ii education | Undefined; likely group sessions | <ul style="list-style-type: none"> • Individuals with a higher match rate and more financial education show increases in net deposits over time. • Net deposits plus match (NDPM) were positively correlated with financial education ($p < 0.05$) for the first measurement and statistically significantly positively |

| Authors & Initiative | Audience and Setting | # Sessions | # participants | Topics | Mode of Delivery | Key findings |
|--|---|--------------------------|----------------|--|---|---|
| | | | | | | correlated at the second and third measurements ($p < 0.01$). |
| Han, 2007 American Dream Demonstration | Low-income families at various sites across the U.S. | Varying session lengths. | 1,999 | Saving to accumulate non-financial wealth in the form of a house, business, or postsecondary education. | <ul style="list-style-type: none"> • Undefined; likely group counseling sessions • Peer Mentoring | <ul style="list-style-type: none"> • Institutional features such as match caps and matching rates are significantly associated with savings outcomes. • Each additional hour of financial education is associated with an increase of \$0.45 in AMND ($p = .001$). • Participants involved in a peer-group mentoring program are likely to have an AMND of \$10.57 more than those not involved ($p = .05$). • Having a higher match rate can be associated with a lower AMND. Participants with a 2:1 match rate save \$7.74 less per month than those with a 1:1 match rate ($p = .01$). |
| Hartarska & Gonzales-Vega, 2006 Community Mortgage Loan Program | Low- to moderate-income households in a community in the Mid-west | Varied, up to two years | 233 | <ul style="list-style-type: none"> • Improving spending habits, • Correcting problems with non-sufficient funds, • Improving use of credit, and • Consolidating debt | Individual Counseling sessions | <ul style="list-style-type: none"> • Results in this study (non-random, no control) found decreases in default rates ($p < .1$) • Counseling also led to better decisions regarding default ($p < .05$) |
| Loibl, Red Bird, Grinstein-Weiss, | Former participants of IDA | Over several | 465 | Not defined | Intensive financial training | <ul style="list-style-type: none"> • Program graduation resulted in |

| Authors & Initiative | Audience and Setting | # Sessions | # participants | Topics | Mode of Delivery | Key findings |
|---|--|----------------|----------------|--|---------------------------------------|--|
| and Zhan, 2008 IDA Program | program | years | | | (unclear whether group or individual) | <p>\$341 higher household savings.</p> <ul style="list-style-type: none"> • The program graduation variable itself provided a good predictor of household savings. • The strict program structure and intensive financial training over several years time might succeed in building the willpower needed to achieve savings goals independently, after leaving the IDA program. |
| Lyons, Chang, & Scherpf, 2006 All My Money Financial Education Program | Low-income adults in the Chicago area. | Eight sessions | 161 | <ul style="list-style-type: none"> • Making spending choices, • Envelope budgeting, • Understanding credit, • Handling credit problems, • Managing a checking account, and • Planning expenditures | Group Counseling sessions | <ul style="list-style-type: none"> • Findings from this retrospective pre-post study include that 85% reported an improvement in ability for monetary management. • The greatest improvement happened among those who responded that they had the worst financial behaviors before participating in the program. |
| Meier & Sprenger, 2009 IDA Program | Individual sessions in waiting room for tax filing assistance for low-income consumers | Single session | 521 | <ul style="list-style-type: none"> • Provided a free credit report, • How to read a credit report, and • Steps to improve or maintain credit score | One-on-one | <ul style="list-style-type: none"> • Success in financial education programs may be limited based on personal characteristics; time preferences have an effect on how much financial education benefits individuals. • Those who are more patient are likely to have better outcomes from financial |

| Authors & Initiative | Audience and Setting | # Sessions | # participants | Topics | Mode of Delivery | Key findings |
|--|--|---------------------|----------------|--|--|---|
| | | | | | | <p>education.</p> <ul style="list-style-type: none"> Individuals who opt into counseling are more likely to have a college education, know what a credit score is, have a credit card, and have debt in excess of \$1000. |
| Zhan, Anderson & Scott, 2006 Financial Links for Low-Income Persons (FLLIP) | Participants with an income of 200% or less of the Federal Poverty Level | one 12-hour session | 163 | <ul style="list-style-type: none"> Public and work related benefits, Savings and investment, Banking practices, and Credit use and interest rates | Group sessions | <ul style="list-style-type: none"> Increases in financial literacy increased by 37% ($p < .001$). Public and work-related benefit knowledge increased by 48% ($p < .001$). Savings and investment knowledge increased by 45% ($p < .001$). Banking practice knowledge increased 21% ($p < .001$) Credit use and interest rate knowledge increased by 23% ($p < .001$). |
| Zhan, Anderson & Scott, 2009 Financial Links for Low-income persons (FLLIP) | Immigrants with incomes less than 200% of the poverty level. | one 12-hour session | 33 | <ul style="list-style-type: none"> Opening banking accounts, Banking practices and fees, ATM usage and fees, Applying for bank loans, Household budgeting strategies, Investing, and | Financial education class; pre and post test given to participants | <ul style="list-style-type: none"> 23.1% fewer people said that they did not have the information they needed to open an account ($p < .05$) 36.4% fewer people said that banks charged too much for services ($p < .05$) 25% fewer people said that banks required customers to put in too much money to open an account ($p < .05$) |

| Authors & Initiative | Audience and Setting | # Sessions | # participants | Topics | Mode of Delivery | Key findings |
|----------------------|----------------------|------------|----------------|---|------------------|--|
| | | | | <ul style="list-style-type: none"> Insurance | | <ul style="list-style-type: none"> 25% fewer people said that banks made them keep more in accounts than they could afford ($p < .05$) 27.3% fewer people said that it cost too much to cash a check at the bank ($p < .05$) |

Health Literacy Intervention Literature

Table C-2. Description of Evaluations of Health Literacy Interventions

| Authors & Initiative | Audience and Setting | # of participants | Topics | Mode of Delivery | Key findings |
|---|--|-------------------|--|---|---|
| Champion, et al., 2006 Mammography Intervention for Low-Income African-American Women (No title) | Low-income African American women in the Midwest | 344 | <ul style="list-style-type: none"> Mammography adherence | <ul style="list-style-type: none"> Pamphlet Culturally appropriate video Interactive computer assistance program | <ul style="list-style-type: none"> Findings from this randomized controlled group design indicate that tailored, interactive interventions are more appropriate than non-interactive interventions These data indicate that tailored approaches are more effective than targeted messages either in print or video format. |
| Christie, et al., 2008 Patient Navigator and Colonoscopies | Low-income minorities over 50 years of age | 21 | <ul style="list-style-type: none"> Screening for colonoscopy | Counseling sessions with a patient navigator | <ul style="list-style-type: none"> Findings from this randomized controlled design found that 54% of the treatment group completed screening colonoscopy versus 13% of control group ($p = .058$). |
| Counsell, et al., 2007 The Geriatric Resources for Assessment and Care of Elders | Low-income individuals 65 and older | 951 | <ul style="list-style-type: none"> Patient-specific self care management skills, e.g., medication management and chronic pain management) | Ongoing support using in-home visits and follow-up phone contacts from a interdisciplinary team of health professionals | <ul style="list-style-type: none"> Program participants were more likely than usual care patients to have their conditions recognized and diagnosed and to get appropriate interventions and treatments. They also had improvements in general health, vitality, social health, and mental health. They had fewer emergency department visits and for high risk patients there were fewer hospital visits. 64% of participants were satisfied with their care in the program. |

| Authors & Initiative | Audience and Setting | # of participants | Topics | Mode of Delivery | Key findings |
|---|--|-------------------|--|--|---|
| Dansinger, Gleason, Griffith, Selker, & Schaefer, 2005 | Individuals who were overweight or obese at an academic medical center in a North East city. | 160 | <ul style="list-style-type: none"> • None—a study of the Atkins, Ornish, Zone, and Weight Watchers diets. | <ul style="list-style-type: none"> • Random assignment to 4 different diets | <ul style="list-style-type: none"> • Amount of weight loss was associated with self-reported dietary adherence level ($r = 0.60$; $P < .001$) but not with diet type ($r = 0.07$; $P = .40$). |
| Drago, 2009 Diabetes Education Program | Low-income patients waiting to be seen by a doctor at a local health clinic | 111 | <ul style="list-style-type: none"> • Recognizing symptoms of hypo- and hyperglycemia • Reading food labels • Managing medication • Preparing for doctor’s visits • Physical activity • Nutrition | <ul style="list-style-type: none"> • Individual training sessions while in waiting room for diabetic patients | <ul style="list-style-type: none"> • This study which did not include a control group found that 92% of patients demonstrated improvement in health literacy skills. |
| Ell, et al., 2009 Structured Patient Navigation | Low-income predominantly Latinas with breast or gynecologic cancer | 487 | <ul style="list-style-type: none"> • written resource navigation information compared to written with a structured patient navigator (nurse) | <ul style="list-style-type: none"> • Health education • Counseling vs. written description of services | <ul style="list-style-type: none"> • Treatment adherence across randomized groups was notably higher than reported in previous studies, suggesting that active telephone patient navigation or written resource informational materials may facilitate adherence among low-income, predominantly Hispanic women. Adherence may have also been facilitated by federal-state Breast and Cervical Cancer treatment funding. |
| Hostetter, 2008 Heart Failure Guidelines Applied | Heart failure patients in a hospital system | 2,379 | <ul style="list-style-type: none"> • Heart failure self-management, • The importance of a | <ul style="list-style-type: none"> • One-on-one counseling | <ul style="list-style-type: none"> • Patients receiving counseling were five times less likely to be readmitted into the hospital within 30 days. |

| Authors & Initiative | Audience and Setting | # of participants | Topics | Mode of Delivery | Key findings |
|---|--|-----------------------------|---|---|--|
| in Practice | | | low-salt diet, • Monitoring weight, • Medication reconciliation, and • Watching for symptoms that indicate decompensation (poor blood circulation) | | |
| Kagawa-Singer, Tanjasiri, Valdez, Yu, & Foo, 2009 The Life Is Precious program | Hmong women and men aged 40 years and older | 150 | • Breast cancer screenings | • Group sessions • Visually and linguistically appropriate flipchart • Video • Hmong language brochure | • Compared to baseline at follow-up treatment participants increased breast self exams from 36.2% to 59.8% ($p = <.001$) |
| Khankari et al., 2007 | Low-income and racially diverse primary care patients at an urban health center. | 154 patients and clinicians | • Clinicians: Communicating with patients about colorectal screening • Patients: Benefits of colorectal cancer screenings for at risk patients | • Individual patient-provider communication • Patient letter | • This pre-post study showed that at year 1 follow up rates of screening completion had increased to 27.9% ($p < 0.001$) • Physician recommendation had increased to 92.9% ($p < 0.001$) • Common reasons for patient in adherence was patient readiness (60.79%). |
| Martin et al., 2009 Chicago Initiative to Raise Asthma | Chicago residents (mostly low-income) with poorly | 42 | • Asthma self management | • Education pamphlets • 4 group sessions led | • The intervention group had significantly higher asthma self-efficacy at 3 months ($p < 0.001$) after the completion of the |

| Authors & Initiative | Audience and Setting | # of participants | Topics | Mode of Delivery | Key findings |
|---|--|-------------------|---|--|--|
| Health Equity | controlled asthma | | | by a community social worker and 6 home visits | <p>intervention.</p> <ul style="list-style-type: none"> • Asthma action plans were more common in the intervention group at 3 months ($p = .06$). • At 6 months, the intervention group had improved asthma quality of life ($p = .002$), and improved coping ($p = .01$) compared to controls. • Trends in behavioral and clinical outcomes favored the intervention group but were not statistically significant. |
| Montz & Seshamani, n.d. Nebraska WISEWOMAN program | Low –income and uninsured or under insured women | 10,000 | <ul style="list-style-type: none"> • Smoking Cessation • Improve diet • Exercise • Risk reduction | <ul style="list-style-type: none"> • Four months of tailored counseling • Risk reduction class (four weeks) or information materials | <ul style="list-style-type: none"> • 5.4% reduction has been seen in 10-year estimated chronic heart disease risk. • 7.5% reduction has been seen in 5-year estimated cardiovascular disease risk. • Smoking has declined 7.1% since the program began. |
| Percac-Lima et al., 2009 Culturally Tailored Patient Navigator Program | 52 to 79-year-old adults overdue for cancer screenings at an urban community health center serving a low-income and ethnically diverse population. | 1,223 | <ul style="list-style-type: none"> • Patient education • Procedure scheduling • Translation and explanation of bowel preparation • Insurance coverage | Patient provided with the aid of a community health worker known as a “navigator” mailed patient education materials | <ul style="list-style-type: none"> • Intervention patients were more likely to undergo CRC screening than control patients, $p < 0.001$; 21% vs. 10% for colonoscopy completion, ($p < 0.001$)36.4% intervention patients were more likely to undergo CRC screening than control patients (27% vs. 12% for any CRC screening $p < 0.001$; 21% vs. 10% for colonoscopy completion, $p < 0.001$). • The higher screening rate resulted in the identification of 10.5 polyps per 100 patients in the intervention group vs. 6.8 |

| Authors & Initiative | Audience and Setting | # of participants | Topics | Mode of Delivery | Key findings |
|---|--|-------------------|--|--|---|
| | | | | | in the control group ($p = .04$). |
| Piatt, et al., 2006 Chronic Care Model (CCM) | Patients with diabetes from 11 primary care practices in an underserved community | 119 | <ul style="list-style-type: none"> Diabetes self-management | Patients were randomized to receive usual care, a more educated provider, and to receive diabetes education and a provider trained in communication. | <ul style="list-style-type: none"> Compared to the usual care and the provider education group, the group that received the chronic care model decreased their blood sugar level significantly (-0.6%, $P=0.008$). The CCM group improved self-monitoring blood glucose ($+22.2\%$, $P=0.0001$) The CCM group also showed improvement in HDL cholesterol ($+5.5$ mg/dl, $P = 0.0004$), diabetes knowledge test scores ($+6.7\%$, $P=0.07$), and empowerment scores ($+2$, $P = 0.02$) |
| Resnick, Shaughnessy, Galik, Scheve, Fitten, Morrison, Michael, & Agness, 2009 PRAISEDD Intervention | Low-income, older adults that were residents of a senior housing community. | 22 | <ul style="list-style-type: none"> Diet Exercise Exercise 3X a week Medication | Group classes | <ul style="list-style-type: none"> There were significant decreases in systolic ($P = .02$) and diastolic blood pressure ($P = .01$) An insignificant improvement in cholesterol intake ($P = .09$). There were no changes in time spent in moderate-level physical activity, sodium intake, medication adherence, or self-efficacy and outcome expectations across all three behaviors. |
| Smith & Wollesen, 2010 Life Skills Progression | Individualized counseling during home visits for low-income pregnant women and new parents | 486 | <ul style="list-style-type: none"> Management of family healthcare | <ul style="list-style-type: none"> Weekly to monthly home visits Booklets in English and Spanish | <ul style="list-style-type: none"> After six months, health literacy scores were higher and continued to rise over time. Functional self care literacy scores increased |

| Authors & Initiative | Audience and Setting | # of participants | Topics | Mode of Delivery | Key findings |
|---|--|---|---|---|--|
| Valente, Murray, & Fisher, 2007 (unstated) | Patients and nurses at a VA hospital on the west coast | 300 patients and unknown number of nurses | <ul style="list-style-type: none"> • Drug allergies | Education form | <ul style="list-style-type: none"> • 30% of patients reported medication allergies, although 10-15% of patients had additional allergies listed in their charts that they did not remember. • Nurses increased reporting of adverse drug events from an average of three per a month to 48 per month. |
| Williams & Maleque, 2009 Patient Safe-D(ishcharge) | Frail older adults leaving a hospital | 261 | <ul style="list-style-type: none"> • educate patients about their discharge needs, • test understanding of those needs, and • improve medication reconciliation at admission and discharge | A written discharge form is developed by the nurse and clinician and the nurse reviews it with the patient upon discharge | <ul style="list-style-type: none"> • Very few intervention participants failed to understand their diagnoses, compared to roughly one in five of those in the control group. • Intervention participants were twice as likely as those in the control group to understand the tests they received in the hospital, and 50 percent more likely to understand the treatment received. • Nearly all intervention participants knew the dates and times of their required follow-up appointments, compared to less than 20 percent of those in the control group. |

Appendix D: Initiatives of Programs Interviewed

Consumer Education Initiatives within DHHS

Table D-1. Description of Consumer Education Initiatives from DHHS Agencies

| Agency and Initiative | Setting | Target Audience | Core Competencies and Behaviors | Mode of Delivery | Key Findings | Health or Financial Focus |
|--|---|---|---|---|---|---|
| Administration on Aging (AoA): Aging and Disability Resource Centers | <ul style="list-style-type: none"> States with partnerships in communities | <ul style="list-style-type: none"> All incomes Older Americans, all Americans | <ul style="list-style-type: none"> Raise awareness about long-term care services Change attitudes about financial issues Improve financial decision making | <ul style="list-style-type: none"> Web-based information Counseling sessions | <ul style="list-style-type: none"> Direct assistance (in-person, telephone) is important in helping consumers understand complex public programs and assisting older Americans | <ul style="list-style-type: none"> Financial |
| AoA: Eldercare Locator | <ul style="list-style-type: none"> Nationwide 23,000 visitors to the website, 14,000 calls a month on average | <ul style="list-style-type: none"> All incomes Older Americans | <ul style="list-style-type: none"> Help consumers manage finances and understand social security benefits Help locate resources for prescription drug coverage | <ul style="list-style-type: none"> Web-based information Telephone counseling | <ul style="list-style-type: none"> No recent findings A process evaluation of the tool will be conducted in 2010 | <ul style="list-style-type: none"> Financial |
| AoA: Medicare Improvements for Patients and Providers Act (MIPPA) Part D Outreach | <ul style="list-style-type: none"> Nationwide | <ul style="list-style-type: none"> Low-income Older Americans | <ul style="list-style-type: none"> Improve consumers' understanding of Medicare Part D Help people choose best plan and benefits for | <ul style="list-style-type: none"> Counseling (conducted through State Health Insurance Programs, Area Agencies on Aging, and Aging and Disability | <ul style="list-style-type: none"> Direct assistance (in-person, telephone) is important in helping consumers understand | <ul style="list-style-type: none"> Financial Health |

| Agency and Initiative | Setting | Target Audience | Core Competencies and Behaviors | Mode of Delivery | Key Findings | Health or Financial Focus |
|--|--|--|--|---|--|---|
| | | | circumstances | Resource Centers) | complex public programs and assisting older Americans | |
| AoA: National Center for Benefits Enrollment: Benefits Enrollment Centers and BenefitsCheckUp | <ul style="list-style-type: none"> • Benefits Enrollment Centers- 10 pilot sites • BenefitsCheckUp web-site – Nationwide | <ul style="list-style-type: none"> • Low-income • Older Americans | <ul style="list-style-type: none"> • Make people aware of benefits they may have • Encourage enrollment in public and private benefits plans | <ul style="list-style-type: none"> • Benefits Enrollment Centers – telephone assistance • BenefitsCheckUp – Web-based | <ul style="list-style-type: none"> • A process evaluation will be conducted in 2010 | <ul style="list-style-type: none"> • Financial |
| AoA: Pension Counseling and Information Program | <ul style="list-style-type: none"> • Regional • 6 regional centers in 27 states | <ul style="list-style-type: none"> • Hard-to-reach seniors, women, immigrants, caregivers | <ul style="list-style-type: none"> • Assist in accessing pensions • Help individuals make wise decisions about pensions | <ul style="list-style-type: none"> • Telephone counseling • Print materials, online tools and materials, media campaign | <ul style="list-style-type: none"> • No recent findings | <ul style="list-style-type: none"> • Financial |
| AoA: Women Investing in a Secure Retirement (WISER) | <ul style="list-style-type: none"> • Nationwide | <ul style="list-style-type: none"> • Low-income • Women (moderate and low-income, minority, non-English speaking, rural) • Minorities | <ul style="list-style-type: none"> • Improve financial planning • Plan for retirement | <ul style="list-style-type: none"> • Web-based information and tools • Pamphlets | <ul style="list-style-type: none"> • How information is delivered is important. It must use language and be in a format relevant to the target audience | <ul style="list-style-type: none"> • Financial |
| Administration for Children and Families (ACF): Assets for | <ul style="list-style-type: none"> • 350 grantees nationwide • State, local and | <ul style="list-style-type: none"> • Low-income • Target populations vary | <ul style="list-style-type: none"> • Promote asset building (house, small business, | <ul style="list-style-type: none"> • Training, counseling, ongoing guidance | <ul style="list-style-type: none"> • An impact evaluation showed an | <ul style="list-style-type: none"> • Financial |

| Agency and Initiative | Setting | Target Audience | Core Competencies and Behaviors | Mode of Delivery | Key Findings | Health or Financial Focus |
|--|--|---|---|---|--|---|
| Independence (AFI) | Tribal government agencies, community-based non profits | by grantee and community | postsecondary education/training) through Individual Development Accounts (IDAs) <ul style="list-style-type: none"> Promote use of mainstream financial services | | increase in the rate of home and business ownership, and pursuit of postsecondary education <ul style="list-style-type: none"> Intensive and ongoing coaching and counseling are necessary for achievement of long term financial goals | |
| ACF: John C. Chafee Foster Care Independence Program | <ul style="list-style-type: none"> States Tribes | <ul style="list-style-type: none"> Low-income Foster care youth | <ul style="list-style-type: none"> Improve personal financial management Engage in preventive health behaviors | <ul style="list-style-type: none"> In-person counseling | <ul style="list-style-type: none"> An impact evaluation found little impact on youth outcomes | <ul style="list-style-type: none"> Financial Health |
| ACF: Office of Head Start Priority in Innovation Grants | <ul style="list-style-type: none"> 3 grantees: 1 state Head Start Program, 1 university, 1 foundation | <ul style="list-style-type: none"> Low-income Parents Depends on the specific grant; some specific populations include the Marshalese, tribal programs, and Hispanic | <ul style="list-style-type: none"> Engage parents in learning about their children’s health care Explain how to react to child’s illness Nutrition | <ul style="list-style-type: none"> In-person trainings Books DVDs Fotonovelas | <ul style="list-style-type: none"> Grantees will conduct evaluations in upcoming year Pilot study of training materials showed Medicaid cost savings | <ul style="list-style-type: none"> Health |

| Agency and Initiative | Setting | Target Audience | Core Competencies and Behaviors | Mode of Delivery | Key Findings | Health or Financial Focus |
|---|--|--|---|---|--|---|
| families | | | | | | |
| ACF: Office of Head Start Add It Up for Families | <ul style="list-style-type: none"> Community-based 307 parents and 24 staff | <ul style="list-style-type: none"> Low-income Parents | <ul style="list-style-type: none"> Support math curriculum for Head Start Children and families Educate about banking basics, managing credit, budgeting, insurance | <ul style="list-style-type: none"> In-person workshops | <ul style="list-style-type: none"> Ongoing program Results not yet available | <ul style="list-style-type: none"> Financial |
| ACF: Office of Head Start Financial Stability for Families with Young Children | <ul style="list-style-type: none"> States | <ul style="list-style-type: none"> Low-income | <ul style="list-style-type: none"> Increase families' access to asset-building services Encourage access to mainstream financial institutions and matched savings | <ul style="list-style-type: none"> Demonstration Pilots Conferences | <ul style="list-style-type: none"> Ongoing program Results not yet available | <ul style="list-style-type: none"> Financial |
| ACF: Office of Refugee Resettlement Individual Development Account (IDA) Program | <ul style="list-style-type: none"> Public or private non-profits nationwide 22 grantees in 18 states | <ul style="list-style-type: none"> Low-income Refugees | <ul style="list-style-type: none"> Increase saving behaviors Promote asset building (house, small business, training/postsecondary education, vehicle) through IDAs Promote participation in | <ul style="list-style-type: none"> Trainings and counseling | <ul style="list-style-type: none"> A 2006 evaluation showed 81% of participants reached their financial goal The program substantially increased investment in communities | <ul style="list-style-type: none"> Financial |

| Agency and Initiative | Setting | Target Audience | Core Competencies and Behaviors | Mode of Delivery | Key Findings | Health or Financial Focus |
|---|--|--|--|---|---|---|
| financial institutions | | | | | | |
| ACF: Refugee Agricultural Partnership Program (RAPP) | <ul style="list-style-type: none"> Nationwide 10 grantees | <ul style="list-style-type: none"> Low-income Refugees | <ul style="list-style-type: none"> Increase access to fresh produce in food desert areas Teach refugees how to create community gardens and sell produce | <ul style="list-style-type: none"> In-person training | <ul style="list-style-type: none"> There is anecdotal evidence of a positive effect on improving food supply of families and communities | <ul style="list-style-type: none"> Health |
| ACF: Refugee Microenterprise Development Program (MED) | <ul style="list-style-type: none"> Nationwide 3,000-4,000 refugees from over 60 countries | <ul style="list-style-type: none"> Low-income Refugees | <ul style="list-style-type: none"> Assist refugees in achieving economic independence Build employment in refugee communities Provide microcredit loans to promote refugee-owned small businesses | <ul style="list-style-type: none"> Financial education and training Training and technical assistance for business owners | <ul style="list-style-type: none"> Low default rates on loan repayments attributed to program's financial education and counseling component | <ul style="list-style-type: none"> Financial |
| ACF: Street Outreach Program | <ul style="list-style-type: none"> State, local and Tribal government agencies, community-based non profits | <ul style="list-style-type: none"> Low-income Street youth | <ul style="list-style-type: none"> Prevent sexual abuse or exploitation of young people living on the street or in unstable housing Improve nutrition and hygiene Encourage youth to engage in | <ul style="list-style-type: none"> Street-based education and outreach Counseling and referrals Pamphlets | <ul style="list-style-type: none"> None | <ul style="list-style-type: none"> Health |

| Agency and Initiative | Setting | Target Audience | Core Competencies and Behaviors | Mode of Delivery | Key Findings | Health or Financial Focus |
|---|--|--|--|--|---|---|
| ACF: Transitional Living Program (TLP) | <ul style="list-style-type: none"> State, local and Tribal government agencies, community-based non profits | <ul style="list-style-type: none"> Low-income Homeless youth (16-21 years) | <p>preventive health behaviors</p> <ul style="list-style-type: none"> Help homeless youth find stable housing Provide life skills education including budgeting, use of credit, and money management | <ul style="list-style-type: none"> In-person skills training | <ul style="list-style-type: none"> None | <ul style="list-style-type: none"> Financial |
| Agency for Healthcare Research and Quality (AHRQ): Web-based materials | <ul style="list-style-type: none"> Nationwide | <ul style="list-style-type: none"> All Americans | <ul style="list-style-type: none"> Improve interactions with clinicians | <ul style="list-style-type: none"> Web-based information | <ul style="list-style-type: none"> Challenging to educate consumers about recommendations to seek less care Research is in progress | <ul style="list-style-type: none"> Health |
| AHRQ: Public Service Announcements | <ul style="list-style-type: none"> Locations with high proportions of African-Americans or Hispanics | <ul style="list-style-type: none"> African-Americans and Hispanics | <ul style="list-style-type: none"> Prevention activities | <ul style="list-style-type: none"> Television Print advertisements | <ul style="list-style-type: none"> None | <ul style="list-style-type: none"> Health |
| AHRQ: Advice Column | <ul style="list-style-type: none"> Nationwide | <ul style="list-style-type: none"> All Americans | <ul style="list-style-type: none"> Provide tips on evidence based care, navigating the health system | <ul style="list-style-type: none"> Web-based information | <ul style="list-style-type: none"> Consumers have difficulty using information about quality when making decisions | <ul style="list-style-type: none"> Health |

| Agency and Initiative | Setting | Target Audience | Core Competencies and Behaviors | Mode of Delivery | Key Findings | Health or Financial Focus |
|--|--|--|--|--|--|---|
| involving costs | | | | | | |
| Assistant Secretary for Planning and Evaluation (ASPE): Own Your Future & Long-term Care Awareness Campaign | <ul style="list-style-type: none"> State grantees 25 states participated | <ul style="list-style-type: none"> Medicare Beneficiaries Individuals between 45-70 years of age | <ul style="list-style-type: none"> Educate about ways to finance LTC Inform consumers that Medicare does not cover LTC | <ul style="list-style-type: none"> Letters mailed to beneficiaries Press conference Dissemination strategies vary by state. Can include media campaigns (newspaper articles, radio and TV PSAs, print materials, and web-sites) | <ul style="list-style-type: none"> Consumers trust information more when it comes from an “on the ground” effort vs. a national effort Formal evaluation of program to be conducted in upcoming year | <ul style="list-style-type: none"> Financial |
| ASPE: Cash and Counseling Next Steps Program | <ul style="list-style-type: none"> 15 state grantees | <ul style="list-style-type: none"> Disabled, older Medicaid recipients | <ul style="list-style-type: none"> Allow individuals to choose their personal care services Educate about how to use cash benefits to fund personal services | <ul style="list-style-type: none"> Personalized training and counseling | <ul style="list-style-type: none"> A program evaluation in 3 states showed that recipients were more likely to have their personal care needs met, and be more satisfied with their care | <ul style="list-style-type: none"> Financial |
| Assistant Secretary for Health (ASH), Office of Disease Prevention and Health Promotion (ODPHP): Healthfinder.gov | <ul style="list-style-type: none"> Nationwide | <ul style="list-style-type: none"> All Americans Low health literacy Low income | <ul style="list-style-type: none"> Encourage consumers to engage in preventive health behaviors | <ul style="list-style-type: none"> Web-based information and tools | <ul style="list-style-type: none"> Information created for low-literacy audiences is accessible to all Measuring | <ul style="list-style-type: none"> Health |

| Agency and Initiative | Setting | Target Audience | Core Competencies and Behaviors | Mode of Delivery | Key Findings | Health or Financial Focus |
|---|--|--|--|--|---|---|
| | | | | | effectiveness of a web-site is challenging. The site incorporates feedback surveys to get consumer feedback | |
| Centers for Medicare and Medicaid Services (CMS): Medicare Options Compare web-sites (Nursing Home Compare, Hospital Compare, Medicare Prescription Drug Finder) | <ul style="list-style-type: none"> Nationwide | <ul style="list-style-type: none"> Medicare beneficiaries Intermediaries, caregivers | <ul style="list-style-type: none"> Provide quality information to inform decision making about nursing homes and hospitals Help beneficiaries learn about and select a Medicare prescription drug plan | <ul style="list-style-type: none"> Web-based tools | <ul style="list-style-type: none"> Information must be presented differently based on consumers' decision making styles, such as whether they are active vs. passive | <ul style="list-style-type: none"> Health |
| CMS: Medicare & You Handbook | <ul style="list-style-type: none"> Nationwide | <ul style="list-style-type: none"> Medicare beneficiaries | <ul style="list-style-type: none"> Provide information on health plans, prescription plans Describe what Medicare covers Describe Medicare costs | <ul style="list-style-type: none"> Handbook is mailed to all beneficiaries and available online | <ul style="list-style-type: none"> Annual testing with consumers, providers and experts is done to compile the handbook | <ul style="list-style-type: none"> Health Financial |
| Health Resources and Services Administration (HRSA): Bright Futures | <ul style="list-style-type: none"> Community | <ul style="list-style-type: none"> All incomes Women | <ul style="list-style-type: none"> Encourage women to engage in preventive health behaviors | <ul style="list-style-type: none"> Web-based information and toolkits | <ul style="list-style-type: none"> Consumers were receptive to the tools, helped them interact | <ul style="list-style-type: none"> Health |

| Agency and Initiative | Setting | Target Audience | Core Competencies and Behaviors | Mode of Delivery | Key Findings | Health or Financial Focus |
|---|--|--|--|--|---|--|
| for Women | | | | | | with providers about healthy eating. <ul style="list-style-type: none"> Those who self-reported as over-weight reported a higher likelihood in changing behaviors |
| Indian Health Service (IHS): National Patient Education Initiative | <ul style="list-style-type: none"> 180 hospitals and clinics nationwide | <ul style="list-style-type: none"> Native Americans | <ul style="list-style-type: none"> Encourage patient-provider interaction Improve health literacy Increase patients' education about their health care Improve self management | <ul style="list-style-type: none"> In-person patient education Print materials | <ul style="list-style-type: none"> Difficulties in increasing use by physicians Pharmacists have become an unlikely user of the patient protocols | <ul style="list-style-type: none"> Health |

Consumer Education Initiatives of Other Federal Agencies

Table D-2. Description of Consumer Education Initiatives from non-DHHS Agencies

| Agency and Initiative | Setting | Target Audience | Core Competencies and Behaviors | Mode of Delivery | Key Findings | Health or Financial Focus |
|---|--|---|---|---|--|---|
| Department of Education (ED): Adult Numeracy Instruction Project | <ul style="list-style-type: none"> • Pilot test in 2 states from September 2010 to May 2011 | <ul style="list-style-type: none"> • Teachers | <ul style="list-style-type: none"> • Train teachers on effective math instruction techniques | <ul style="list-style-type: none"> • In-person teacher training | <ul style="list-style-type: none"> • Identifying effective training methods is important; developing training content should not be only priority • Program is too new to report information on findings | <ul style="list-style-type: none"> • Financial |
| Department of the Treasury (Treasury): Community Financial Access Pilot (CFAP) | <ul style="list-style-type: none"> • 8 pilot communities in 8 states | <ul style="list-style-type: none"> • Low- and moderate-income • Each pilot may have additional target populations | <ul style="list-style-type: none"> • Increase financial education about budgeting, credit, increasing savings • Increase access to financial services | <ul style="list-style-type: none"> • Varies by community | <ul style="list-style-type: none"> • Program is too new to report information on findings • Plan to compile a report containing lessons learned from pilot | <ul style="list-style-type: none"> • Financial |
| Treasury: Financial Education and Counseling (FEC) Pilot | <ul style="list-style-type: none"> • Eligible organizations nationwide | <ul style="list-style-type: none"> • Low-income | <ul style="list-style-type: none"> • Improve financial knowledge and decision making of | <ul style="list-style-type: none"> • Varies by community program | <ul style="list-style-type: none"> • Program is too new to report information on | <ul style="list-style-type: none"> • Financial |

| Agency and Initiative | Setting | Target Audience | Core Competencies and Behaviors | Mode of Delivery | Key Findings | Health or Financial Focus |
|--|---|--|---|--|--|---|
| Program | | | homebuyers • Assist homebuyers in creating budgets, building savings, planning for major purchases, and debt reduction | | findings | |
| Treasury: MyMoney.gov | <ul style="list-style-type: none"> Nationwide | <ul style="list-style-type: none"> All incomes All Americans | <ul style="list-style-type: none"> Portal to information about Federal financial literacy programs and resources Educate about wise financial practices | <ul style="list-style-type: none"> Web-based tools and information Print materials | <ul style="list-style-type: none"> Following two evaluations that indicated the site was difficult to navigate and, the web-site was redesigned to make it more interactive and user-friendly Financial efforts may be able to learn from programs that address health conditions with underlying emotional and psychological causes | <ul style="list-style-type: none"> Financial |
| Federal Deposit Insurance Corporation (FDIC): Money Smart Financial Education | <ul style="list-style-type: none"> Curriculum implemented nationwide | <ul style="list-style-type: none"> Low-income | <ul style="list-style-type: none"> Develop financial skills such as creating spending plans, managing | <ul style="list-style-type: none"> Web-based information and tools CD-ROM | <ul style="list-style-type: none"> Program participants more likely to open deposit | <ul style="list-style-type: none"> Financial |

| Agency and Initiative | Setting | Target Audience | Core Competencies and Behaviors | Mode of Delivery | Key Findings | Health or Financial Focus |
|---|--|---|--|---|---|---|
| Curriculum | | | credit, and managing checking and savings accounts | <ul style="list-style-type: none"> • Audio podcasts | accounts, save money using mainstream deposit product, use a budget, and have greater confidence about financing | |
| Federal Reserve System: Consumer Information Web page | <ul style="list-style-type: none"> • Nationwide | <ul style="list-style-type: none"> • All incomes • All Americans | <ul style="list-style-type: none"> • Inform consumers about Federal reserve activities and consumer programs | <ul style="list-style-type: none"> • Web-based information and tools | <ul style="list-style-type: none"> • There are plans to develop consumer materials in multiple languages | <ul style="list-style-type: none"> • Financial |
| Federal Reserve Board: Federal Reserve Education Web-Site | <ul style="list-style-type: none"> • Nationwide | <ul style="list-style-type: none"> • All incomes • All Americans | <ul style="list-style-type: none"> • Contains consumer education resources about issues such as banking, mortgages, and identify protection • Contains publications, classroom tools, and games about financial topics | <ul style="list-style-type: none"> • Web-based information and tools | <ul style="list-style-type: none"> • None | <ul style="list-style-type: none"> • Financial |
| United States Department of Agriculture (USDA): Financial Security Program | <ul style="list-style-type: none"> • Community | <ul style="list-style-type: none"> • All incomes, though some states target low-income | <ul style="list-style-type: none"> • Educate individuals and families on budgeting, saving, and planning for expenses | <ul style="list-style-type: none"> • Web-based tools • Approach varies by state and can include web-sites, media campaigns, | <ul style="list-style-type: none"> • Ongoing education throughout consumers' lives is important in | <ul style="list-style-type: none"> • Financial |

| Agency and Initiative | Setting | Target Audience | Core Competencies and Behaviors | Mode of Delivery | Key Findings | Health or Financial Focus |
|-----------------------|---------|---|--|--------------------------------|-----------------------------------|---------------------------|
| | | <ul style="list-style-type: none"> All Americans | <ul style="list-style-type: none"> Encourage individuals to avoid debt, improve credit, save and invest, and protect their financial identities | print materials, and trainings | building healthy financial habits | |

Consumer Education Initiatives of Private Organizations

Table D-3. Description of Consumer Education Initiatives from Private Organizations

| Agency and Initiative | Setting | Target Audience | Core Competencies and Behaviors | Mode of Delivery | Key Findings | Health or Financial Focus |
|---|--|--|--|---|---|---|
| AARP: Bank on 'City' (AARP is a partner) | <ul style="list-style-type: none"> Multiple cities throughout America | <ul style="list-style-type: none"> Elderly Low- and moderate-income Unbanked pre-retirees (50-64 years) | <ul style="list-style-type: none"> Encourage use of mainstream financial products and services such as checking and savings accounts Discourage use of financial products such as payday loans | <ul style="list-style-type: none"> Partnerships with city governments, private organizations, and financial institutions Media campaigns include PSAs and print ads | <ul style="list-style-type: none"> Understand the target audience and what influences their decisions (e.g. unbanked individuals may be intimidated by banks and may be more comfortable seeking payday loans from community based lenders, despite the associated risk) | <ul style="list-style-type: none"> Financial |
| AARP: Decide. Create. Share. | <ul style="list-style-type: none"> Nationwide | <ul style="list-style-type: none"> Baby boomer women (46-64 years) African American women Latina women | <ul style="list-style-type: none"> Encourage women to prepare for long term needs such as LTC insurance, health, money, and housing needs Increase women's knowledge of LTC | <ul style="list-style-type: none"> Community events Webinars Ads Web-based information and tools Mailings | <ul style="list-style-type: none"> Program is too new to report information on findings | <ul style="list-style-type: none"> Both |

| Agency and Initiative | Setting | Target Audience | Core Competencies and Behaviors | Mode of Delivery | Key Findings | Health or Financial Focus |
|---|--|---|---|---|---|---|
| AARP: Education on Health Care Law | <ul style="list-style-type: none"> Nationwide | <ul style="list-style-type: none"> Older Americans All Americans Some materials target specific segments (women, low-income, minorities, pre-retirees) | <ul style="list-style-type: none"> Educate about effects of the recent health care reform Encourage individuals to take advantage of provisions in the new health care bill | <ul style="list-style-type: none"> Web-based information, tools, and videos In-state events Tele-town halls Print materials | <ul style="list-style-type: none"> Program is too new to report information on findings | <ul style="list-style-type: none"> Health |
| AARP: Financial Freedom Tour | <ul style="list-style-type: none"> Nationwide | <ul style="list-style-type: none"> Pre-retirees (50-64 years) African Americans Latinos | <ul style="list-style-type: none"> Educate pre-retirees save for retirement Encourage use of AARP's online retirement savings calculator to examine current savings behavior, identify savings gaps, and set retirement savings goals | <ul style="list-style-type: none"> In-person seminars in participating states Webinars Tele-town halls Web-based information and tools Social media Print materials | <ul style="list-style-type: none"> Understand audience before developing an approach Consumer feedback is essential during development of message and materials | <ul style="list-style-type: none"> Financial |
| AARP: Wise Use of Medications campaign | Nationwide | <ul style="list-style-type: none"> Elderly Low-income Minorities Intermediaries (pharmacists, senior centers) | <ul style="list-style-type: none"> Educate on management and better use of medications Educate about prescription doughnut hole and how to get lower cost medications | <ul style="list-style-type: none"> Web-based information and tools Print materials DVD Media campaign involving a bus tour | <ul style="list-style-type: none"> Understand audience before developing an approach Consumer feedback is essential during development of message and | <ul style="list-style-type: none"> Health |

| Agency and Initiative | Setting | Target Audience | Core Competencies and Behaviors | Mode of Delivery | Key Findings | Health or Financial Focus |
|---|---|---|---|--|---|---|
| materials | | | | | | |
| Earned Assets Resource Network (EARN): Alumni Wealthcare Program | <ul style="list-style-type: none"> San Francisco/ Bay Area | <ul style="list-style-type: none"> Graduates of EARN's IDA program Low-income Unbanked | <ul style="list-style-type: none"> Provide coaching to support EARN alumni address ongoing financial issues such as eliminating debt, building emergency savings, etc. Provide access to EARN-approved, financial planning services | <ul style="list-style-type: none"> Monthly, in-person or phone, financial coaching and planning with EARN staff Participants can access technical financial advice from external EARN-approved providers | <ul style="list-style-type: none"> Ongoing financial education and counseling is necessary to ensure success | <ul style="list-style-type: none"> Financial |
| EARN: Individual Development Account (IDA) Program | <ul style="list-style-type: none"> San Francisco/ Bay Area | <ul style="list-style-type: none"> Low-income Unbanked | <ul style="list-style-type: none"> Promote asset building (home, small business, education) through matched savings accounts Promote use of mainstream financial services | <ul style="list-style-type: none"> In-person money management training Required ongoing workshops | <ul style="list-style-type: none"> Ongoing financial education and counseling is necessary to ensure success | <ul style="list-style-type: none"> Financial |
| EARN: Savings Accounts for Education (SAFE) | <ul style="list-style-type: none"> San Francisco/ Bay Area | <ul style="list-style-type: none"> Low-income youth (10-17 years) and parents | <ul style="list-style-type: none"> Provide matched savings accounts for parents and youth to save for education related expenses Provide ongoing | <ul style="list-style-type: none"> In-person orientation and 8 hours of money management training for youth and adults Ongoing in-person | <ul style="list-style-type: none"> None | <ul style="list-style-type: none"> Financial |

| Agency and Initiative | Setting | Target Audience | Core Competencies and Behaviors | Mode of Delivery | Key Findings | Health or Financial Focus |
|--|---|---|--|---|--|---|
| | | | workshops on saving for education, applying for financial aid, etc. | workshops related to financing education | | |
| Financial Literacy Center: Retirement Savings Planning Aid and Videos | <ul style="list-style-type: none"> • Dartmouth College | <ul style="list-style-type: none"> • Low-income employees • Women | <ul style="list-style-type: none"> • Raise awareness and understanding about future retirement needs • Reduce anxiety about financial needs related to retirement • Increase voluntary participation in retirement savings programs | <ul style="list-style-type: none"> • Print material (planning aid) • Videos | <ul style="list-style-type: none"> • Tailor communications and motivational materials for different employee audiences • Identify barriers faced by target audience and propose solutions • Provide precise, actionable steps to attain a goal or change behavior | <ul style="list-style-type: none"> • Financial |
| Financial Literacy Center: Financial Literacy Video Game | <ul style="list-style-type: none"> • N/A | <ul style="list-style-type: none"> • Low-income women | <ul style="list-style-type: none"> • Educate about managing credit, using a checking account • Educate about different methods of borrowing and interest rates • Explain the consequences of poor financial | <ul style="list-style-type: none"> • Video game | <ul style="list-style-type: none"> • Design intervention to meet the audience’s learning style • Material and delivery should be motivational and make learning enjoyable | <ul style="list-style-type: none"> • Financial |

| Agency and Initiative | Setting | Target Audience | Core Competencies and Behaviors | Mode of Delivery | Key Findings | Health or Financial Focus |
|---|--|--|---|---|---|---|
| behaviors | | | | | | |
| Health Education Council: Tobacco Cessation Programs | <ul style="list-style-type: none"> • Nationwide • African American Churches • Correctional facilities | <ul style="list-style-type: none"> • Low-income adults and young adults • African Americans • Prisoners • Prison employees | <ul style="list-style-type: none"> • Reduce tobacco use • Encourage tobacco control in correctional facilities | <ul style="list-style-type: none"> • In person training • Print materials • Curriculums • DVD | <ul style="list-style-type: none"> • Tailor materials and delivery technique to different audiences • Create partnerships with community based organizations and community leaders • | <ul style="list-style-type: none"> • Health |
| Indiana State University (ISU) Extension: Sharpen Your Financial Coaching Skills | <ul style="list-style-type: none"> • ISU Extension communities throughout Iowa | <ul style="list-style-type: none"> • Intermediaries who provide financial assistance to low income families | <ul style="list-style-type: none"> • Recognize the causes and effects of financial stress for low-income individuals and families • Equip intermediaries with knowledge and skills to provide coaching to improve financial behaviors and long-term security of low-income families • Cover topics such as communicating | <ul style="list-style-type: none"> • In-person sessions along with online trainings | <ul style="list-style-type: none"> • Program is too new to report information on findings | <ul style="list-style-type: none"> • Financial |

| Agency and Initiative | Setting | Target Audience | Core Competencies and Behaviors | Mode of Delivery | Key Findings | Health or Financial Focus |
|---|--|--|---|---|--|---|
| ISU Extension: Small Steps to Health and Wealth | <ul style="list-style-type: none"> ISU extension communities | <ul style="list-style-type: none"> Young and middle-aged adults Low-income | <p>about money, tracking spending, understanding credit</p> <ul style="list-style-type: none"> Educate consumers about relationship between physical and financial health Communicate behavior change strategies to improve both health and personal finances Provide financial education on topics including budgeting, managing cash flow, and saving. Provide health education on topics such as weight management, healthy eating habits, and exercise. | <ul style="list-style-type: none"> On-line training series Print materials Web-based information and tools | <ul style="list-style-type: none"> None | <ul style="list-style-type: none"> Both |
| National Council on Aging (NCOA): Economic Security Initiative | <ul style="list-style-type: none"> Eight cities throughout the US | <ul style="list-style-type: none"> Older adults (62 years and older) Middle- and low-income Women Minorities | <ul style="list-style-type: none"> Provide consumers with personalized financial assessment and economic security plans Help consumers find and manage public | <ul style="list-style-type: none"> In-person counseling and support | <ul style="list-style-type: none"> Program is too new to report information on findings | <ul style="list-style-type: none"> Financial |

| Agency and Initiative | Setting | Target Audience | Core Competencies and Behaviors | Mode of Delivery | Key Findings | Health or Financial Focus |
|---|---|---|---|---|---|---|
| benefits | | | | | | |
| NCOA: My Medicare Matters Campaign | <ul style="list-style-type: none"> • 40 metropolitan areas in 27 states (education and outreach campaign) • Nationwide (web-site) | <ul style="list-style-type: none"> • All Medicare beneficiaries | <ul style="list-style-type: none"> • Educate about Medicare prescription drug plan • Assist beneficiaries in making informed decisions about their prescription drug coverage • Maximize enrollment of eligible individuals in Medicare Part D Extra Help/Low-Income Subsidy (LIS) | <ul style="list-style-type: none"> • In-person education and counseling • Web-based information and tools • Media campaign | <ul style="list-style-type: none"> • Recruit and engage trusted community based partners • Clearly define roles and responsibilities for program partners • Personalized assistance is effective in conveying complex information to seniors | <ul style="list-style-type: none"> • Both |
| NCOA: Pack Your Bags Campaign | <ul style="list-style-type: none"> • Nationwide | <ul style="list-style-type: none"> • Elderly | <ul style="list-style-type: none"> • Educate seniors about safe and effective use of medications • Educate about how to save money with Medicare Part D | <ul style="list-style-type: none"> • In-person counseling and assistance | <ul style="list-style-type: none"> • One-on-one counseling is effective in conveying complex information to seniors | <ul style="list-style-type: none"> • Health |
| NCOA: Reverse Mortgage Counseling | <ul style="list-style-type: none"> • Nationwide (telephone counseling) • Eight states (in person counseling) | <ul style="list-style-type: none"> • Older adults (62 years and older) • Middle- and low-income | <ul style="list-style-type: none"> • Improve older adults' knowledge about reverse mortgage options among | <ul style="list-style-type: none"> • In person and phone-based counseling | <ul style="list-style-type: none"> • One-on-one counseling is effective in conveying complex | <ul style="list-style-type: none"> • Financial |

| Agency and Initiative | Setting | Target Audience | Core Competencies and Behaviors | Mode of Delivery | Key Findings | Health or Financial Focus |
|--|--|---|--|---|--|---|
| National Endowment for Financial Education (NEFE): Habitat for Humanity Homeowners Handbook | <ul style="list-style-type: none"> Nationwide | <ul style="list-style-type: none"> Habitat for Humanity homeowners | <ul style="list-style-type: none"> | <ul style="list-style-type: none"> Print materials Web-based information and tools | <ul style="list-style-type: none"> information to seniors Tailor materials to specific audience (e.g. Habitat homeowners vs. general homeowners) | <ul style="list-style-type: none"> Financial |
| NEFE: Welfare to Work Partnership | <ul style="list-style-type: none"> Nationwide | <ul style="list-style-type: none"> Employers who work with employees receiving public assistance | <ul style="list-style-type: none"> Educate about financial issues faced by welfare recipients Provide employers with suggestions on educating employees about financial topics such as benefits and financial products | <ul style="list-style-type: none"> Print materials | <ul style="list-style-type: none"> None | <ul style="list-style-type: none"> Financial |
| Stanford Chronic Disease Management Program: Chronic Care Self Management Program | | | <ul style="list-style-type: none"> Educate about techniques to deal with health problems, exercises to improve strength, flexibility and endurance, nutrition Help individuals better communicate with family, friends, and health | <ul style="list-style-type: none"> Series of in-person workshops over 6 weeks Print materials | <ul style="list-style-type: none"> Effective management of chronic illness, resulting from the program, has been associated with fewer hospitalizations and reductions in healthcare expenditures | <ul style="list-style-type: none"> Health |

| Agency and Initiative | Setting | Target Audience | Core Competencies and Behaviors | Mode of Delivery | Key Findings | Health or Financial Focus |
|-----------------------|---------|-----------------|--|------------------|--------------|---------------------------|
| | | | professionals • Inform about correct use of medications | | | |

Table D-4. Health and financial literacy initiatives, by target audience ^a

| Target Audience | Financial | Health |
|--------------------------------|--|---|
| General | <ol style="list-style-type: none"> 1. Federal Reserve Consumer Information web page 2. Federal Reserve Education web-site 3. Financial Security Program 4. Money Smart Adult Financial Education Curriculum 5. MyMoney.gov | <ol style="list-style-type: none"> 1. AHRQ web-based materials 2. AHRQ Advice Column 3. HealthFinder.gov 4. Chronic Disease Self-Management Program (Stanford)^a 5. Small Steps to Health and Wealth (ISU Extension)^a 6. Tobacco Cessation Programs (Health Education Council)^a |
| Youth/young adults | <ol style="list-style-type: none"> 1. John C. Chaffee Foster Care Independence Program 2. Transitional Living Program 3. Savings Account for Education (EARN)^a | <ol style="list-style-type: none"> 1. John C. Chaffee Foster Care Independence Program 2. Street Outreach Program 3. Tobacco Cessation Programs (Health Education Council)^a |
| Elderly and/or disabled | <ol style="list-style-type: none"> 1. Aging and Disability Resource Centers (ADRC) 2. Cash and Counseling Next Steps program 3. Eldercare Locator 4. <i>Medicare & You</i> handbook 5. Medicare Improvements for Patients and Providers Act (MIPPA), Part D, Extra Help/Low Income Subsidy (LIS) and Medicare Savings Program (MSP)^b 6. Medicare Options Compare web-sites (Nursing Home Compare, Hospital Compare, Medicare Prescription Drug Plan Finder) 7. National Center for Benefits Outreach Enrollment (NCBOE: Benefits Enrollment Centers (BECs) and BenefitsCheckUp 8. Own Your Future & Long-term Care Awareness Campaign 9. Pension Counseling and Information Program 10. Bank on "City" (AARP)^a 11. Decide. Create. Share. (AARP)^a 12. Financial Freedom Tour (AARP)^a | <ol style="list-style-type: none"> 1. Cash and Counseling Next Steps program 2. <i>Medicare & You</i> handbook 3. Medicare Improvements for Patients and Providers Act (MIPPA), Part D, Extra Help/Low Income Subsidy (LIS) and Medicare Savings Program (MSP)^b 4. Medicare Options Compare web-sites (Nursing Home Compare, Hospital Compare, Medicare Prescription Drug Plan Finder) 5. Decide. Create. Share. (AARP)^a 6. Economic Security Initiative (NCOA)^a 7. Educating on Health Care Law (AARP)^a 8. My Medicare Matters campaign (NCOA)^a 9. Pack Your Bags campaign (NCOA)^a 10. Reverse Mortgage Counseling (NCOA)^a 11. Wise Use of Medications campaign (AARP)^a |

| Target Audience | Financial | Health |
|--------------------------------------|---|---|
| Immigrants/ refugees | <ol style="list-style-type: none"> 1. Microenterprise Development (MED) Program 2. Refugee Agricultural Promotion Project 3. Refugee Individual Development Account Program 4. Pension Counseling and Information Program | |
| African Americans/ minorities | <ol style="list-style-type: none"> 1. Women's Institute for a Secure Retirement (WISER) 2. Decide. Create. Share. (AARP)^a 3. Financial Freedom Tour (AARP)^a | <ol style="list-style-type: none"> 1. AHRQ Public Service Announcements 2. National Patient Education Initiative 3. Decide. Create. Share. (AARP)^a 4. Educating on Health Care Law (AARP)^a 5. Tobacco Cessation Programs (Health Education Council)^a 6. Wise Use of Medications campaign (AARP)^a |
| Low income | <ol style="list-style-type: none"> 1. Assets for Independence (AFI) 2. Cash and Counseling Next Steps program 3. Community Financial Access Pilot (CFAP) 4. Financial Education and Counseling (FEC) Pilot Program 5. John C. Chafee Foster Care Independence Program 6. Medicare Improvements for Patients and Providers Act (MIPPA), Part D, Extra Help/Low Income Subsidy (LIS) and Medicare Savings Program (MSP)^b 7. Money Smart Adult Financial Education Curriculum 8. National Center for Benefits Outreach Enrollment (NCBOE): Benefits Enrollment Centers (BECs) and BenefitsCheckUp 9. Office of Head Start Add It Up for Families 10. Office of Head Start Financial Stability for Families With Young Children 11. Office of Refugee Resettlement Individual Development Account (IDA) Program 12. Pension Counseling and Information Program 13. Refugee Agricultural Partnership Program (RAPP) 14. Microenterprise Development (MED) Program | <ol style="list-style-type: none"> 1. Cash and Counseling Next Steps program 2. HealthFinder.gov 3. John C. Chafee Foster Care Independence Program 4. Medicare Improvements for Patients and Providers Act (MIPPA), Part D, Extra Help/Low Income Subsidy (LIS) and Medicare Savings Program (MSP)^b 5. Office of Head Start Priority in Innovation Grants 6. Refugee Agricultural Partnership Program (RAPP) 7. Street Outreach Program 8. Habitat for Humanity <i>Homeowners Manual</i> (NEFE)^a 9. My Medicare Matters campaign (NCOA)^a 10. Reverse Mortgage Counseling (NCOA)^a 11. Retirement Savings Planning Aid and Videos (Financial Literacy Center)^a 12. Small Steps to Health and Wealth (ISU Extension)^a 13. Tobacco Cessation Programs (Health Education Council)^a 14. Wise Use of Medications campaign (AARP)^a 15. Welfare to Work (NEFE)^a |

| Target Audience | Financial | Health |
|-----------------|--|--|
| | <ol style="list-style-type: none"> 15. Transitional Living Program (TLP) 16. Women Investing in a Secure Retirement (WISER) 17. Alumni Program (EARN)^a 18. Bank on “City” (AARP)^a 19. Individual Development Account (IDA) Program (EARN)^a 20. Savings Account for Education (EARN)^a 21. Sharpen Your Financial Coaching Skills (ISU Extension)^a 22. Small Steps to Health and Wealth (ISU Extension)^a | |
| Women | <ol style="list-style-type: none"> 1. Women's Institute for a Secure Retirement (WISER) 2. Boomer Women’s Long-Term Care Planning (AARP)^a | <ol style="list-style-type: none"> 1. Bright Futures for Women 2. Women's Institute for a Secure Retirement (WISER) 3. Boomer Women’s Long-Term Care Planning (AARP)^a 4. Educating on Health Care Law (AARP)^a 5. Financial Literacy Video Game (Financial Literacy Center)^a 6. Retirement Savings Planning Aid and Videos (Financial Literacy Center)^a |

^a Initiatives from private organizations.

^b The initiative is referred to as Part D Outreach in this report.