

## Background

### The Challenge

- Anyone can struggle with health information.
- Nearly 9 in 10 U.S. adults face health literacy difficulties

### Who Is Most Affected?

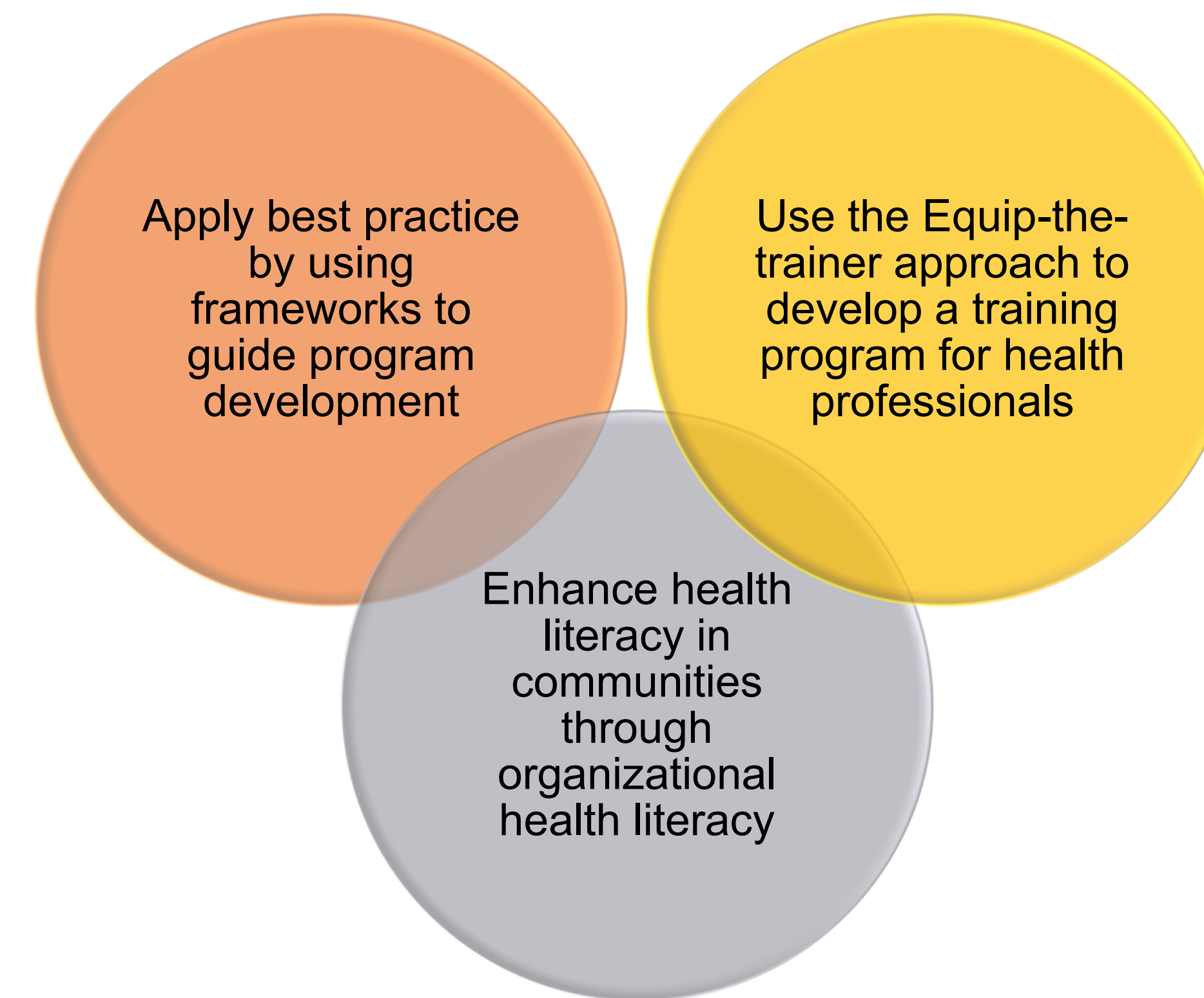
- Adults 65+; People with low income or education; Individuals identifying as Latino, Black, or American Indian/Alaska Native
- Non-native English speakers or those with limited proficiency; Immigrants
- Those with Medicaid, Medicare, or no insurance

### Why It Matters

Low health literacy leads to:

- Poor knowledge of conditions & services
- Difficulty with self-care and treatment adherence
- Misunderstanding medication instructions
- Lower preventive care use
- Increased hospitalizations & costs
- Poorer health outcomes and higher mortality

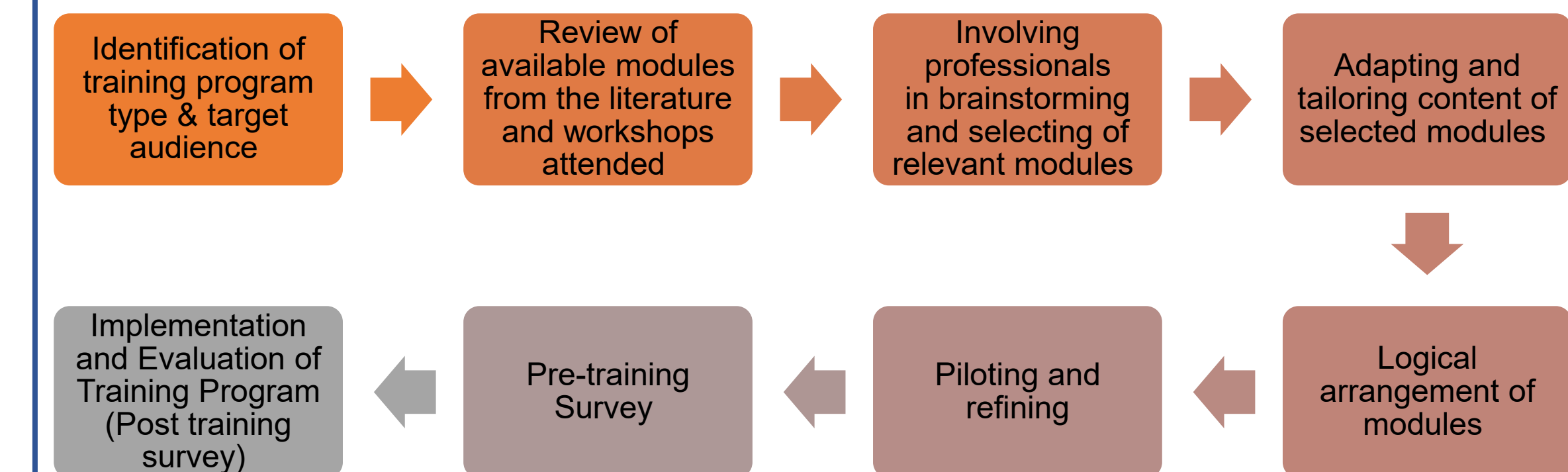
## Research Focus



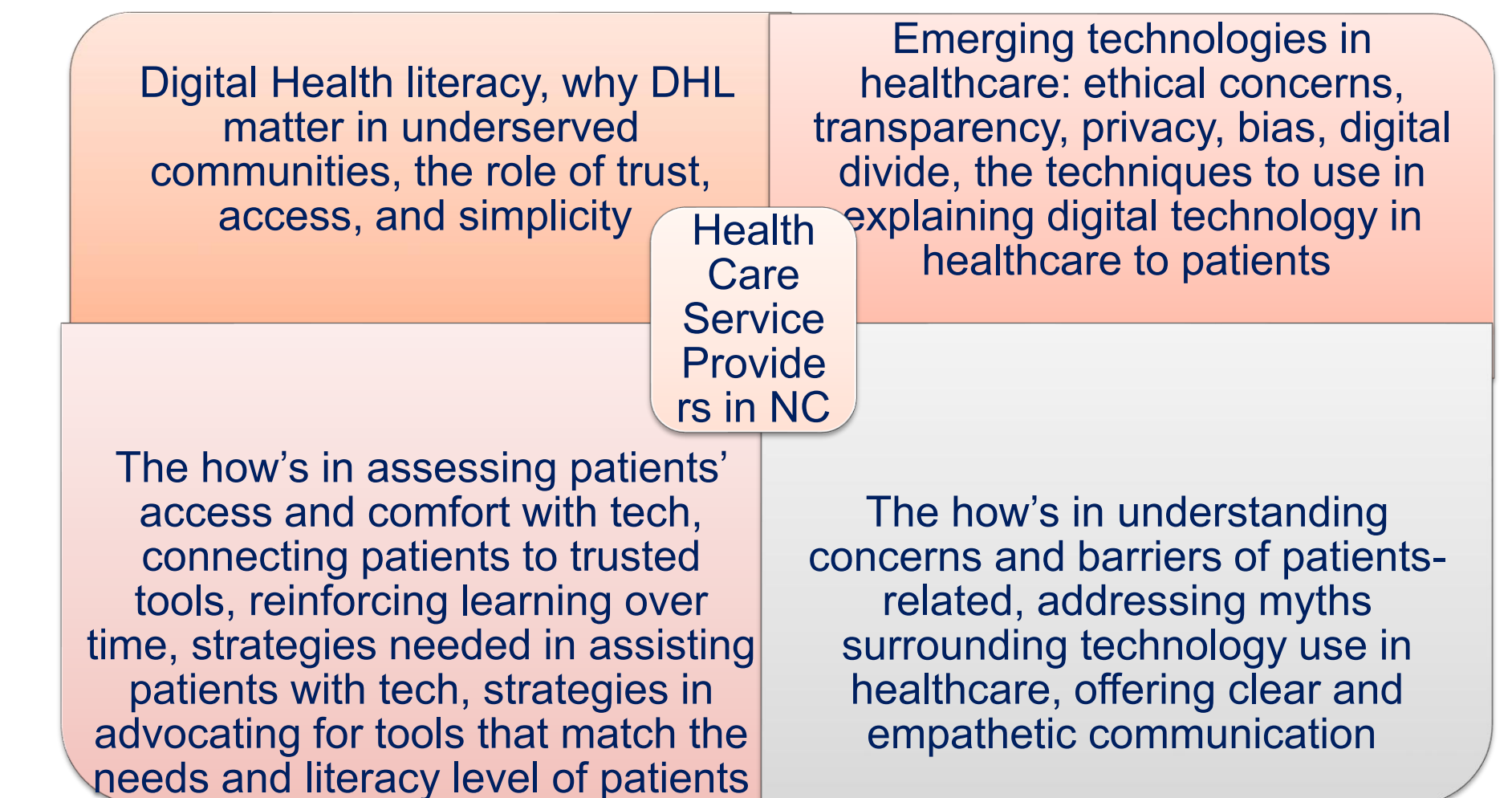
## Results/Outcome

- Developed a proposal for a micro-credential on Digital Health Literacy (DHL) for healthcare providers in North Carolina
- Proposal is currently being finalized with our affiliated institution

### Stages of the DHL Training Program



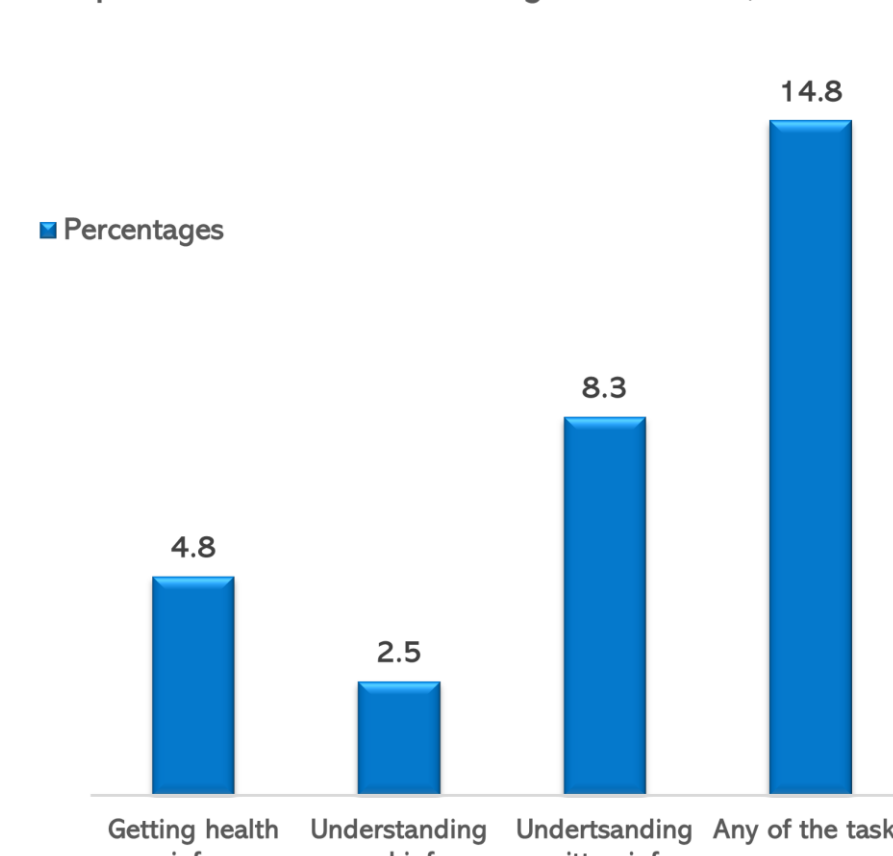
### Audience & Modules



## Introduction

- In NC, many adults have low health literacy, increasing their health risk
- Health **providers have a role** to play in promoting health literacy
- Lack of digital health literacy training leaves providers unprepared and risks widening disparities (Boshnjaku et al., 2025)
- 80% of **providers feel unprepared** to use AI; current courses lack practical focus (Taylor, 2025)
- Research indicates **provider and patient training programs are effective** in enhancing health literacy and improving health outcomes.
- **There is a need for frameworks to:**
  - a. clarify how factors such as technology access, skills, communication, and culture interact
  - b. inform the design and implementation of health literacy interventions

Reported HL Difficulties Among Adults in NC, 2020



## Methods

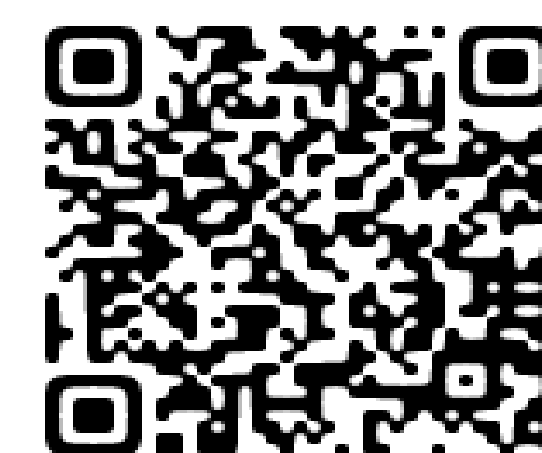
### Reviewed literature to:

- Understand the issue and its prevalence
- Explored existing and recommended interventions
- Identified the Digital Health Equity (DHE) and the Technology Acceptance Model (TAM) to inform the development of the training proposal

### Utilized resources from:

- Local, national, and international organizations
  - Academic institutions:
- To inform the development of the training proposal

## REFERENCES



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## Implications & Next Steps

- Patient autonomy is promoted through informed practices
- Enhance users' empowerment for better health outcome.
- To aim for equitable health outcomes, providers training is needed.
- Interdisciplinary approaches enhance training effectiveness.
- Create partnerships; crucial for success.
- Interdisciplinary approaches and teams needed for effectiveness.
- Continuous training is vital in the digital age; finalize DHL training