

Medical Group
Name or Logo-
*This is only a
suggested template
for groups without
policies and
procedures in place.



Policy and Procedure Template

Policy Title: Health Education Program	Policy Number:
	Approval Date:
	Date First Issued:
Impacted Department/Unit:	
•	•
Title of Primary Owner:	
Title of Secondary Owner:	
•	•

Purpose of Policy

To outline a comprehensive Health Education system including oversight of health education materials, programs, staffing, interventions, and services.

Scope of Policy

This policy applies to (*Group Name*) Health Education Program, as delivered directly by group, contracts, or referral.

Definitions

Health education: Development of individual group, institutional, community, and systemic strategies to improve health knowledge, attitudes, skills, and behaviors.

Health education materials: Designed to assist members to modify personal health behaviors, achieve and maintain healthy lifestyles, and promote positive health outcomes, including updates in current health conditions, self-care, and management of health conditions. Topics may include messages about preventative care, health promotion, screenings, chronic disease management, healthy living, and health communications.

Readability and suitability: Readability: How easy or hard it is to read and understand material; Uses the role of reading grade levels. Suitability: Appropriateness of a documents graphics, layout and typography, content, learning stimulation and motivation, literacy demand, and cultural appropriateness.

Health Educator: An employee with responsibility of carrying out a health education program, who provides information, advice, and recommendations on health education issues to staff, medical groups, and members (CHES or MCHES certification).

Health Promotion: Process of enabling people to increase control over and improve their health. It moves beyond a focus of the individual behavior and towards a wide range of social and environmental interventions.

P&P Title	P&P #
Page 1 of 3	

Threshold languages – For Medicare beneficiaries, these are the primary languages spoken by more than five percent of a plan benefit package (PBP) service area. For members with Medicare and Medicaid (dual-eligible members), DHCS determines the languages.

Evidence-based practice (EBP): The integration of: (a) clinical expertise/expert opinion, (b) external scientific evidence, and (c) client/patient/caregiver perspectives to provide high-quality services reflecting the interests, values, needs, and choices of the individuals served

Cultural competency: The ability of systems to provide care to patients with diverse values, beliefs, and behaviors, including tailoring delivery to meet patients’ social, cultural, and linguistic needs.

Policy Statement

(Group name) will maintain a comprehensive Health Education program and ensure appropriate health education materials are available for internal or referred programs. The program process is comprised of educational strategies and methods in collaboration with the health plan in an effort to provide materials that are appropriate for achieving behavioral change.

Procedure

1. The designated staff oversees the Health Education program provided by group staff that may include programs, services, functions, and resources necessary to provide health education, health promotion and education to all members. Describe how your group provides these programs and services
 - a. *Describe your* Health Education programs and services. This may include but are not limited to the following: individual classes, group classes, workshops, support groups, peer education programs, chronic disease management programs, and educational materials.
 - b. *Describe how* staff evaluates and looks to improve the effectiveness of the Health Education program by obtaining input from the members, group staff, care teams, and the community.
 - c. *Describe how* group ensure availability of translation services including interpreters, American Sign Language, and TTY/TDD

2. Material must be culturally and linguistically appropriate for the population and be obtained from credible and reliable sources. If the group is creating original health education material then:
 - a. *Describe your process* for handling requests for alternative formats of health education material including material in threshold languages.
 - b. *Describe your method* for ensuring readability and suitability using plain language guidelines. Reading levels to not go over an eighth grade reading level.
 - c. *Describe your process* for clinical review/approval to ensuring medical content accuracy.

3. *Describe how the following topics are addressed in you program*
 - a. Risk reduction and healthy lifestyles education classes concerning:
 1. Tobacco use and cessation
 2. Alcohol abuse or drug use
 3. Fall or injury prevention
 4. Nutrition, weight control, or physical activity

P&P Title	P&P #
Page 2 of 3	

- b. Self-care management of health conditions education classes concerning:
 - 1. Asthma/COPD
 - 2. Diabetes
 - 3. Hypertension
 - 4. CHF

- 4. Referral system in place (*group to add description*)
 - a. Educational classes can be made available through referral to the contracting hospital(s), health and wellness center, or other outside contracted vendors.
 - b. Referrals to community resources can be made as necessary with assistance from the social service department or other community sources..
 - c. Evidence of program availability provided in pamphlet, flyer, class description, or class schedule.

- 5. *Describe methods for offering annual staff trainings:*
 - a. Availability of health education programs, services, and material
 - b. Cultural competency and health literacy

Oversight of the Policy

Describe your group’s process for annual evaluation of the program:

Regulatory citation/requirement, accreditation agency standard and/or requirement DHCS

Health Plan contracted requirements as outlined in Provider Operations Manuals (POM)

Revision History					
Revision Number	Reason	Reviewed & Approved by Primary owner	Reviewed & Approved by Secondary Owner(s)	Approved by CMO or Compliance Officer	Effective Date of Revision
New	First issued				
1					

P&P Title	P&P #
Page 3 of 3	