

**This is a reprint of an Innovation Profile originally published on the US Department of Health and Human Services / Agency for Healthcare Research and Quality (AHRQ) web site. The original profile may be found at:**

<http://www.innovations.ahrq.gov/content.aspx?id=2585>



**P Innovation Profile:**

## **Interactive Kiosks Enhance Access to Health Care Information for Underserved Women, Leading to Increased Motivation to Adopt Healthier Behaviors**

### **Snapshot**

#### **Summary**

The Women's Wellness Guide delivers authoritative, bilingual health care information to underserved women across Pennsylvania via touch-activated, interactive kiosks. The program, which has been customized to address a low-income, low-literacy audience, aims to improve health literacy and lifestyle behaviors by providing easily accessible information and education related to diseases and conditions common in women. Currently, the program operates health education kiosks in women's prisons, prison waiting rooms, public assistance offices, health care facilities, and Women, Infants, and Children centers. Data suggest that the program has enhanced access to health care information and increased the motivation to adopt healthier behaviors. Users and staff have reported high levels of satisfaction with the program.

**Evidence Rating** (*What is this?*)

**Suggestive:** The evidence consists of post-implementation usage data from one kiosk, user responses to an internal self-assessment questionnaire, and anecdotal feedback from users and staff.

**Developing Organizations**

Pennsylvania Commission for Women and St. Andrew Development, Inc.

The Pennsylvania Commission for Women originated the idea for the kiosks. St. Andrew Development, in concert with the Commission for Women, developed the model and content, and implemented the taxonomy, programming, and quantification elements.

**Date First Implemented**

2008

The first kiosk launched at the Allegheny County Jail in Pittsburgh in 2008.

**Patient Population**

Gender > Female; Vulnerable Populations > Illiterate/Low-literate; Impoverished; Medically uninsured; Non-English speaking/limited English proficiency; Prisoners; Women

# What They Did

## ***Problem Addressed***

**Low-income women are less likely to be insured or have a regular source of medical care, leaving them subject to misinformation regarding their health and increasing the risk of developing poor lifestyle habits, illness, and disease. Many underserved women do not have Internet access in their homes, and those who do often lack the time or expertise to retrieve authoritative medical information online.**

- **More uninsured, with less access to regular medical care:** According to data from the National Health Interview Survey, 37.4 percent of adults living below the U.S. Census Bureau's poverty threshold lacked health insurance in 2008, as compared to only 11.9 percent of adults with incomes greater than 200 percent of the poverty threshold.<sup>1</sup> Uninsured adults are twice as likely to have no regular source of health care, and four times more likely to delay or forgo needed medical care than the insured, putting them at risk for serious and long-term health problems.<sup>2</sup>
- **Limited access to information:** While many common diseases and health conditions in women can be controlled or even prevented through lifestyle changes, many underserved women do not have access to information to help them make these changes. Only 35 percent of homes with less than \$50,000 in annual income have broadband Internet access, compared to 76 percent of households earning more than \$50,000 per year.<sup>3</sup> Those underserved women who do have home Internet access often lack the technical knowledge and time to retrieve authoritative medical information from the Web.

## ***Description of the Innovative Activity***

**The Women's Wellness Guide delivers authoritative, bilingual health care information to underserved women across Pennsylvania via touch-activated, interactive kiosks. The program, operating in rural and urban locations where these women often congregate, provides easily accessible information and education related to prevention and appropriate lifestyle behaviors.** Key elements of the program include the following:

- **Interactive women's health information:** The program provides women's health information, focusing on prevention and education, via touch-activated kiosks. Provided in both English and Spanish, all information has been customized to reach a lower income, low-literacy audience. Key components include:
  - **Authoritative, medically vetted content:** Content comes from leading health care sources such as the Pennsylvania Department of Health, the Centers for Disease Control and Prevention, the American Cancer Society, and other respected organizations. Users can choose among 19 different health-related topics, including heart disease and stroke, breast cancer, cervical cancer, ovarian cancer, lung cancer, colon cancer, skin cancer, asthma, diabetes, depression, domestic violence, diet and exercise, HIV/AIDS, smoking, sexually transmitted diseases, and weight management. Each topic covers disease signs and symptoms, prevention, personal patient vignettes, questions to ask a doctor or health care provider, insurance options, and referrals for locating free or reduced cost treatment.
  - **Interactive component:** Users navigate the information using touch screens. Each screen is narrated, making the content accessible for a low-literacy audience; however, users can elect to

turn the sound off and quietly read the information presented. The program delivers personal vignettes for each health topic in a conversational “question-and- answer” format, allowing users to engage more closely with the material.

- **Referrals and follow up:** Many health topics provide follow up contact information (mostly hotlines) for users who wish to speak to a health professional for more information. Examples of referral hotlines include the Pennsylvania Breast Cancer Coalition, the Pennsylvania Coalition Against Domestic Violence, the American Cancer Society, and the Pennsylvania Commission for Women.
- **Moveable kiosks, placed in locations where underserved women congregate:** The stand-alone kiosks are moveable, allowing the program to offer health education in a variety of settings. Thirteen Women’s Wellness Guide kiosks are currently distributed to numerous sites throughout Pennsylvania. Project leaders select sites where large numbers of underserved women generally gather. Current sites include women's prisons; prison waiting rooms; public assistance offices; Women, Infants, and Children centers; supermarkets; and health care facilities. Within a site, the kiosks are placed in easy-to-find locations, with signage used to help attract and direct potential users. While a grant allows current sites to receive their kiosks for free for a period of 4 years, other organizations will be able to purchase kiosks for permanent use in the future.
- **Corresponding Web site:** A Women’s Wellness Guide Web site is available for those women able to access the Internet from home. The site mirrors the kiosk in content, with interactive material and links to relevant resources.

## ***References/Related Articles***

The Pennsylvania Commission for Women Web site is available at:

[www.pcw.state.pa.us/](http://www.pcw.state.pa.us/).

The St. Andrew Development Web site is available at:

[www.StAndrew.com](http://www.StAndrew.com)

## ***Contact the Innovators***

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## Did It Work?

### **Results**

**Post-implementation data from one kiosk placed in a prison setting suggests that the program has enhanced access to health care information and increased the motivation to adopt healthier behaviors. Feedback from users and staff at kiosk sites has been overwhelmingly positive.**

- **Many women served:** A kiosk placed at Camp Hill Prison received 11,413 “hits” (specific touches where users seek information) from January 20, 2008 to April 28, 2009. Many users would likely not have had access to such information in the absence of the kiosk program.
- **An impetus to make lifestyle changes:** Roughly 9 in 10 (89 percent) respondents to an internal self-assessment questionnaire indicated that were likely, more likely, or most likely to make positive lifestyle changes after using the kiosk.
- **Positive feedback from users and staff:** An internal self-assessment questionnaire embedded into five health topic modules found that 92 percent of respondents at the Camp Hill Prison site characterized their kiosk experience as helpful, somewhat helpful, or very helpful. Staff at sites where kiosks have been placed report that the kiosks are frequently used, and they appreciate the added service it provides to their patients and clients.

### **Evidence Rating** (*What is this?*)

**Suggestive:** The evidence consists of post-implementation usage data from one kiosk, user responses to an internal self-assessment questionnaire, and anecdotal feedback from users and staff.

## ■ How They Did It

### ***Context of the Innovation***

Established by Executive Order in 1974, the Pennsylvania Commission for Women identifies and advances the diverse needs and interests of Pennsylvania women and girls; informs, educates, and advocates for its constituents; and seeks to empower women and girls to reach their highest potential. When Executive Director Leslie Stiles attended a conference featuring the use of kiosks to address health-related topics, she became interested in developing a similar program to provide medical information for women who generally do not have access to such resources. She contacted Frank McKee, President of St. Andrew Development, Inc., an expert with over 10 years of experience in developing health education kiosks, to help create and implement the model and content.

### ***Planning and Development Process***

Key steps in the planning and development process included the following:

- **Developing and customizing content:** St. Andrew Development compiled health care content from a variety of authoritative sources. The Pennsylvania Commission for Women edited the content for appropriateness and consistency, sending it to two Commissioners who were also physicians for approval. The Commission also reviewed all graphics to ensure that they represented the diversity and experiences of the target audience.
- **Conducting focus group:** St. Andrew Development conducted a focus group of 15 users from a nearby inner-city community. Company representatives led a question-and-answer session with participants, then observed them as they used the kiosk. Results informed the kiosk development process.
- **Establishing participating sites:** The Pennsylvania Commission for



Women identified sites across the state frequented by underserved women, and then contacted representatives from these sites to request their participation in the program.

- **Placing kiosks and training site staff:** St. Andrew Development staff placed each kiosk and offered brief training to site staff on the basics of operating the unit.

### ***Resources Used and Skills Needed***

- **Staffing:** Existing staff at the Pennsylvania Commission for Women and St. Andrew Development participated in the development and ongoing maintenance of the program, with no new staff being hired or allocated to the project. No new staff were added at kiosk sites.
- **Costs:** The Pennsylvania Commission for Women pays annual maintenance fees of \$1,200 per kiosk. Eventually, kiosks will be available for purchase at a cost of \$7,900 each.

### ***Funding Sources***

Highmark Foundation; Pennsylvania Department of Public Welfare; St. Andrew Development, Inc.

The Highmark Foundation provided initial funding for primary programming and content, the production of two kiosks, and marketing. An additional grant from the Pennsylvania Department of Public Welfare facilitated the implementation and operation of 11 additional kiosks for 4 years and the addition of new content and features.

## Adoption Considerations

### ***Getting Started with This Innovation***

- **Have a clear vision:** Determine goals and priorities early, and ensure that the project is guided by them throughout.
- **Be willing to adapt:** Remain true to project objectives, but be flexible enough to adapt along the way as new ideas or challenges arise.
- **Build a solid vendor-client partnership:** A mutually-beneficial, trusting relationship is at the heart of any collaborative project.

### ***Sustaining This Innovation***

- **Always look ahead:** Keep abreast of current trends and technology, modifying or adding program elements as appropriate. The Pennsylvania Commission for Women hopes to integrate the Women's Wellness Kiosk with women's personal communicators (e.g. cell phones) in the future, in order to communicate newsworthy health items and other helpful information.

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<sup>1</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January-September 2008. Available at:

<http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur200903.htm#T4>.

<sup>2</sup> The Kaiser Commission on Medicaid and the Uninsured. The Uninsured and the Difference Health Insurance Makes. September 2008. Available at:

<http://www.kff.org/uninsured/upload/1420-10.pdf>.

<sup>3</sup> United States Census Bureau. Computer and Internet Use in the United States. October 2007. Available at:

<http://www.census.gov/population/www/socdemo/computer/2007.html>.

## Innovation Profile Classification

Patient Population: Gender > Female; Vulnerable Populations > Illiterate/Low-literate; Impoverished; Medically uninsured; Non-English speaking/limited English proficiency; Prisoners; Women

Stage of Care: Preventive care

Setting of Care: Ambulatory Setting > Hospital outpatient facility, Retail setting; Safety Net Provider > Safety net provider,

Patient Care Process: Preventive Care Processes > Primary prevention; Patient-Focused Processes/Psychosocial Care > Counseling; Improving health literacy; Improving patient self-management; Language and translation services; Patient education; Population Health Processes > Disparities reduction

IOM Domains of Quality: Equity; Patient-centeredness

Organizational Processes: Technology - Other

Developer: Pennsylvania Commission for Women; St. Andrew Development, Inc.

Funder: Highmark Foundation; Pennsylvania Department of Public Welfare



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