
REQUEST FOR PROPOSALS (RFP)

Community-Based Initiatives for Health Literacy and Action

ISSUE DATE: December 16, 2021

APPLICATION DUE DATE: January 12, 2022

REPLY TO:

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RELEASED BY:

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TABLE OF CONTENTS

SECTION I: SUMMARY OF THE REQUEST FOR PROPOSALS.....3

SECTION II: SCOPE OF SERVICES.....6

SECTION III: COMPLETING THE APPLICATION.....12

SECTION IV: EVALUATION AND AWARD PROCEDURES.....13

SECTION IV: ATTACHMENTS/APPENDICES.....16

SECTION I: SUMMARY OF THE REQUEST FOR PROPOSALS

This Request for Proposals (RFP) is issued by the Fund for Public Health in New York City (FPHNYC), on behalf of the New York City Department of Health and Mental Hygiene’s (Health Department) Center for Health Equity and Community Wellness. It seeks community partners to support equitable promotion of health literacy among residents in four NYC zip codes that are predominantly home to Black, Indigenous, and People of Color (BIPOC) and that have been disproportionately impacted by the COVID-19 pandemic.

1. RFP Timetable

Request for Proposals (RFP) Release	December 16, 2021
Deadline for Written Questions	December 31, 2021
Q&A Posted	January 6, 2022
Application Deadline	11:59pm EST, January 12, 2022
Expected Funding Notification*	January 31, 2022
Expected Project Start Date*	February 14, 2022

*Funding notification and project start dates are target dates only. FPHNYC may amend the schedule as needed.

2. Applicant Eligibility

Interested and qualified Applicants that can demonstrate their ability to successfully provide the services outlined in Section II, Scope of Services, of this RFP are invited to submit a proposal, provided they meet the following minimum requirements:

- A. Applicants must be a Community or Faith-Based Organization (C/FBO) with 501(c)(3) nonprofit status.
 - Organizations without 501(c)(3) status may apply through an organization serving as a fiscal sponsor provided that the fiscal sponsor organization can provide proof of 501(c)(3) nonprofit status. More information on establishing a fiscal agent can be found here: <https://www.councilofnonprofits.org/tools-resources/fiscal-sponsorship-nonprofits>.
 - Applications will also be accepted from organizations working jointly or as part of coalitions. If applying as a coalition, one organization must serve as the lead applicant when submitting a proposal. Any proposed sub-awarding of funds should be clearly outlined in the application.
- B. Applicants must have a history of working with the specific focus population connected to the zip code they are proposing to serve. See Section I, 3 – Identified Service Locations on page 4 for zip codes and assigned priority populations.

- C. Current Community Disparities Grant (CDG) and Vaccine Equity Partner Engagement (VEPE) awardees are eligible to apply as long as they are not currently operating under these awards in the zip code they are proposing to serve for the CIHLA RFP. Current Test and Trace (T2) awardees are eligible to apply regardless of current assigned zip codes.
- D. Applicants must have a site in New York City and serve people in the five boroughs.
- E. Applicants, or their fiscal sponsor, must agree to register as a City of New York approved vendor. Further detail on registering as an approved vendor can be found Section IV, D – Additional Information on page 15.
- F. If awarded, Applicants, or their fiscal sponsor, must agree to provide proof of required insurance coverage prior to work commencing. Further detail on insurance requirements can be found in Section IV, D – Additional Information on page 15. Guidance will be provided to assist Contractors with meeting this requirement.
- G. Applicants must be committed to having collaborative, non-competitive, relationships with grantees from other city/FPHNYC COVID-19 grants in their catchment area with whom they may share similar deliverables.

3. Identified Service Locations

A total of 8 awards will be made, two CBOs/FBOs for each of the zip codes listed below. Applicants can apply to work in only one of the zip codes below.

Zip code	Populations
11233	US-born Black individuals
10456	Dominican individuals or those of Dominican decent
10029	Indigenous individuals from Mexico, Guatemala, Honduras and El Salvador
11368	Ecuadorian individuals or those of Ecuadorian decent

4. Anticipated Funding and Payment Structure

- Successful proposals will be funded for a 16-month project period, with contracts awarded between February 14, 2022, and June 30, 2023. Please note: Year 1 contracts will align with the Health Department’s fiscal year which ends on June 30, 2022. Provided satisfactory performance, available funds, and continued need, organizations will be asked to renew contracts for Year 2.
- Recipients are expected to be operational as soon as possible following contract execution.

- The payment structure of the contracts awarded from this RFP will be deliverables-based, with payment contingent upon successful completion and acceptance of the services outlined within the agreement.
- Awards will not exceed \$187,000 over a 16-month period. Applicants' budgets should be completed for a 4.5 month period.

5. Funding Priorities and Preference Factors

In awarding contracts, priority will be given to the following:

- a. Applicants with a physical location in the zip code they are proposing to serve or in a zip code that is adjacent to the zip code they are proposing to serve.
- b. Applicants with a history of working in the zip code they are proposing to serve.
- c. Applicants whose organizations have a majority BIPOC (Black, Indigenous, People of Color) staff and leadership, including board leadership.
- d. Applicants who demonstrate capacity to start work and scale up quickly.

SECTION II: SCOPE OF SERVICES

A. Background/Purpose

The COVID-19 pandemic continues to have disproportionate and severe impacts on communities of color and other populations. The health inequities laid bare by COVID-19 are rooted in this country's history of systemic and institutional racism and disinvestment. The Health Department's [COVID-19 Equity Action Plan](#) recognizes that underinvestment and structural racism are the root causes of the disproportionate burden of COVID-19 cases, hospitalizations, and deaths seen in priority neighborhoods. DOHMH is working to ensure that pandemic recovery efforts are equitable and responsive to the needs of communities hit hardest by COVID-19.

Four BIPOC communities that have been disproportionately affected by the COVID-19 pandemic include:

- Bedford-Stuyvesant, Brooklyn – 11233, US-born Black people
- Morrisania, Bronx – 10456, Dominican individuals or those of Dominican descent
- East Harlem, Manhattan – 10029, Indigenous people from Mexico, Guatemala, Honduras and El Salvador
- Corona, Queens – 11368, Ecuadorian individuals or those of Ecuadorian descent

These zip codes have a total population of approximately 350,000, of which 85% are Black or Latinx. There are pervasive inequities in COVID-19 cases, hospitalization, death, and vaccination rates in all four zip codes. While many factors, such as the overrepresentation of Blacks and Latinos in the “essential” workforce and lack of isolation space for individuals with COVID-19, contribute to these disparities, another contributor is likely low health literacy.¹ Researchers have established links between low health literacy and poorer medical outcomes and high rates of hospitalizations.² Many racial and ethnic minorities, non-native speakers of English, often have low health literacy levels (over 40% of Hispanic adults and 24% of Black adults have below basic health literacy compared to 9% of whites).³ Therefore, investments in building health literacy are required to ensure that Black, Indigenous and People of Color (BIPOC) communities have the information and skills they need to make informed decisions, navigate systems, and advocate for equitable systems during COVID-19 and into the future. These disparities also reflect systemic and structural racism and years of disinvestment.

¹ Scott C. Ratzan & Ruth M. Parker (2020) Vaccine Literacy—helping Everyone Decide to Accept Vaccination, *Journal of Health Communication*, 25:10, 750-752, DOI: 10.1080/10810730.2021.1875083

² Berkman ND, Sheridan SL, Donahue KE, Halpern DJ, Crotty K. Low health literacy and health outcomes: an updated systematic review. *Ann Intern Med*. 2011 Jul 19;155(2):97-107. doi: 10.7326/0003-4819-155-2-201107190-00005. PMID: 21768583.

³ Kutner, M., Greenberg, E., Jin, Y., and Paulsen, C. (2006). *The Health Literacy of America's Adults: Results From the 2003 National Assessment of Adult Literacy (NCES 2006–483)*. U.S. Department of Education. Washington, DC: National Center for Education Statistics.

There are several different levels to health literacy. The health literacy environment is the infrastructure, policies, processes, materials, people and relationships that make up the health system and have an impact on the way that people access, understand, appraise and apply health-related information and services. Personal health literacy is the degree to which individuals can find, understand, and use information and services to inform health-related decisions and actions for themselves and others; and organizational health literacy is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

The Community-Based Initiatives for Health Literacy and Action Project (CIHLA) will focus on increasing the health literacy of four Black, Indigenous, People of Color (BIPOC) zip codes that have been disproportionately impacted by COVID-19. CBOs/FBOs will work to (1) examine current health literacy practices and environments and provide resources (where necessary) to augment current practices, (2) develop, implement and adapt health literacy materials and messaging and engagement strategies for and by the disparate populations, and (3) develop communities of practice⁴, strengthen networks and build infrastructure to inform policies and procedures to strengthen methodologies and tools to adhere to the [National Standards for Culturally and Linguistically Appropriate Services \(NCLAS\)](#), meet [Healthy People 2030](#) goals, advance health equity strategies that are rooted in lived experiences, local knowledge, and anti-racist practices.

The health literacy intervention will be designed to center the knowledge of trusted messengers and build CBOs' capacity to (1) provide health information, services, and resources in a manner that is responsive to the health literacy, cultural, and linguistic needs of the communities they serve; (2) advocate for improving systems that impact access to health information, services, and resources for improved communication and (3) support their communities to navigate health-related systems and advocate with health providers. Given that health literacy skills transcend a specific disease, the goal of the intervention is to support CBOs as health literate organizations in their communities, now (COVID-19 related), and into the future. The immediate goal is for community members to experience fewer health literacy-related barriers to accessing, understanding, and utilizing COVID-19 health information, resources, and services in their COVID-19 prevention and treatment decision-making.

B. Project Scope and Goals

The US Department of Health and Human Services Office of Minority Health (OMH) has awarded funds to the Health Department for the Community-Based Initiatives for Health Literacy and Action Project (CIHLA) to increase health literacy in four zip codes across New York City that have experienced great health disparity exacerbated by the COVID-19 pandemic.

⁴ A community of practice is a group of people who share a concern or passion for something they do and learn how to do it better as they interact regularly

Project Goals: The following are the Health Department’s goals for this OMH-funded project:

- a. **Goal 1.** Increase individual health literacy in Black, Indigenous, People of Color (BIPOC) populations in four communities that have been disproportionately impacted by COVID-19
- b. **Goal 2.** Improve health literacy capacity of community partner organizations to develop and disseminate tailored health information rooted in knowledge, stories, and lived experiences of disparate populations.
- c. **Goal 3.** Expand community health literacy environment by strengthening local narrative infrastructure to provide culturally and linguistically appropriate health information and services for BIPOC populations rooted in local knowledge of disparate populations.

C. Requirements for payment

Each award will be up to \$187,000 for a 16-month period. Payment will be based on performance of all the required deliverables listed below. Year 1 contracts will align with the Health Department’s fiscal year (FY), which ends on June 30, 2022. Contractors will be expected to invoice monthly for completed deliverables and will be required to submit consistent and complete reporting for each deliverable.

(1) TAILORED MESSAGING	
<u>Goal:</u> Increase individual health literacy in Black, Indigenous, People of Color (BIPOC) populations in focus zip code that have been disproportionately impacted by COVID-19	
<u>Deliverable</u>	<u>Proposed Funding for 4.5 months of FY22:</u>
<p>A. Create at least 5 tailored and accessible messaging products:</p> <ul style="list-style-type: none"> • Eligible products include posters, palm cards, flyers, infographics, public service announcements, videos, podcasts, or other forms of messaging approved by the Health Department. • Products will be submitted to the Health Department upon completion and before dissemination, to ensure information aligns with current health guidance. • Printing/production costs can be included under this deliverable. • Message products will <u>not</u> be co-branded with DOHMH logo or any City of New York logos. • Organizations may need to revise products as new public health information becomes available. 	Up to \$8,437

<ul style="list-style-type: none"> Tailored messaging means audiences' ethnicity, language, gender/gender identify, cultural background, and specific characteristics are taken into account when developing materials and messaging. 	
(2) COMMUNITY OUTREACH & ENGAGEMENT	
<u>Goal:</u> Utilize different communication strategies and local media platforms to engage and increase health literacy of BIPOC community members in focus zip code.	
<u>Deliverables</u>	<u>Proposed Funding for 4.5 months of FY22:</u>
<p>A. Widely disseminate information on COVID-19 vaccines with (1) timely updates to networks when new information is released (the Health Department will provide timely updates for distribution) and (2) distribution of at least 1 tailored digital video, audio, or photo message weekly (C/FBOs are responsible for producing their own content or using accurate, culturally appropriate messages created by other trusted sources. At least half of all content needs to be produced by the C/FBO and tailored to their specific audience).</p> <ul style="list-style-type: none"> Eligible distribution methods include listservs, local media, social media, messaging apps, webinars, phone trees, or other pre-approved methods for messaging. Number of community members reached, platforms used, and other relevant information must be submitted to the Health Department weekly. 	Up to \$5,625
<p>B. Plan and implement at least 2 in-person engagement events (minimum 6 hours per week) every week for community members to access vaccine information and discuss fears and concerns around the COVID-19 vaccine.</p> <ul style="list-style-type: none"> Options for events include flyering, public tabling, door-to-door, or other in-person engagements. C/FBOs are expected to distribute their own flyers; Health Department flyers will also be available for use All in-person activities must adhere to public health requirements, such as social distancing and face coverings (resources, such as face coverings, may be requested from the Health Department at no cost). 	Up to \$22,500

<ul style="list-style-type: none"> Number of materials distributed, number of community members reached, zip codes of outreach, and other relevant information must be submitted to the Health Department weekly. <p>Definitions: Canvassing – distributing information or materials throughout a geographic area; Flyering – posting or distributing information flyers in an area or at an event; Tabling – setting up a table at a specific location to distribute literature or provide information</p>	
<p>(3) Organizational Health Literacy</p>	
<p><u>GOAL:</u> Improve health literacy capacity of community partner organizations to develop and disseminate tailored health information rooted in knowledge, stories, and lived experiences of BIPOC populations.</p>	
<p><u>Deliverables</u></p>	<p><u>Proposed Funding for 4.5 months of FY22:</u></p>
<ul style="list-style-type: none"> A. Participate in baseline and follow-up surveys and interviews on organizational health literacy. B. Participate in biweekly community of practice with other recipient community partners to build trust, foster connection, and share best practices on health literacy. C. Implement quality improvement plans based on baseline follow-up findings and consultations to advance Healthy People 2030 objectives. D. Participate in quarterly quality improvement assessments, consultation, and activities (e.g. trainings). E. Work with the Health Department and contracted media/communications partners to support tailored content development, dissemination, story collection, best practice development, and other related work. 	<p>Up to \$10,400</p>
<p>(4) EVALUATION</p>	<p><u>Funding for 4.5 months of FY22:</u></p>
<p><u>GOAL:</u> Expand community health literacy environment by strengthening local narrative infrastructure to provide culturally and linguistically appropriate</p>	

health information and services for BIPOC populations rooted in local knowledge of disparate populations.	
<u>Deliverable</u>	
A. Develop open-source library of health literacy communication assets for BIPOC populations through the following activities. <ul style="list-style-type: none"> • Participate in storytelling and dissemination strategies workshop. • Convene community members to share COVID-related stories and experiences. Organizations will need to submit two (2) to four (4) stories per month, starting by month three. 	\$5,625

E. Recipient Requirements

- Recipients will be required to name a dedicated project lead who will serve as the main programmatic point of contact for the Health Department and FPHNYC. The project lead should be the individual responsible for day-to-day management of the project, including weekly reporting.
- Recipients will also be required to name a fiscal/administrative contact who will serve as the main point of contact for contract administration and invoicing. This should not be the same person as the programmatic contact.
- Recipients will be required to develop appropriate data collection, storage, and reporting methods to capture data and report it back to the Health Department.
- All project staff/volunteers from the recipient organization will need to complete up to three sets of trainings, including but not limited to an orientation, a health and safety training for all community-facing staff, vaccine training, data portal training, health literacy trainings, communications trainings, and Roots of Health Inequity course.
- Recipients may be asked to collaborate with and align activities with partners and others working in the neighborhood on COVID-19 vaccine efforts. Recipients will be required to wear Personal Protective Equipment (PPE) and follow public health guidance for any in-person activities (PPE can be requested from the Health Department at no cost if needed for completion of deliverables).
- If Recipient agrees, Recipient will allow for their involvement in program to be publicly posted to help boost community member awareness of this funded resource.
- Recipients may be asked to present their work to the Health Department or other stakeholders.
- Participate in strategic planning meetings as needed with Health Department program team.
- Participate in biweekly Health Department -led citywide partners' forum.
- Participate in monthly borough-wide coordination meetings.

- Participate in individual weekly check-ins with the Health Department to facilitate cross education and develop plans for operational activities informed by existing data and community feedback.

Additional information:

1. Upon request by Recipient, Health Department representatives may be able to provide guidance and capacity building during implementation of award, capacity permitting.
2. Health Department and/or its partners may be able to provide one or more of the following capacity building supports to recipients:
 - a. Design and production support for messaging and product development
 - b. Racial justice and trauma-informed framing
 - c. Best practices for facilitating community meetings
 - d. Vaccine expertise by immunologists and public health experts
 - e. Qualitative data collection and analysis guidance

SECTION III: COMPLETING THE APPLICATION

To be considered for an award, Applicants must submit their completed application by Wednesday, January 12, 2022, at 11:59 p.m. EST. All applications must be submitted online via Survey Monkey using the following link: <https://www.surveymonkey.com/r/W7DGP2T>

Before getting started, Applicants should review the application and submission instructions included below. An Application Guide containing the complete list of application questions, instructions, and other helpful tips for completing the application has been posted along with this RFP. Applicants are encouraged to utilize this resource in planning and preparing their submissions.

The application consists of the following sections:

- Section I: Applicant Eligibility Questionnaire
- Section II: Applicant Information
- Section IIa: Fiscal Sponsor Information (to be completed by organizations using a fiscal sponsor only)
- Section III : Qualifications & Experience
- Section IV: Proposal
- Section V: Proposal Budget

Please note that Applicants must first complete a questionnaire to determine their eligibility for award. After demonstrating that the RFP's minimum requirements have been met, Applicants will be able to complete the full application.

Application Instructions:

- Applicants should prepare answers to all application questions, complete all attachments, and gather all file uploads prior to beginning their online application. A checklist of all required forms and documentation is included in the Application Guide.
- **The application cannot be saved and returned to for completion.** Applicants should ensure they have plenty of time to complete the full application in one sitting.
- Questions requiring a response are marked with an asterisk.
- The following required forms must be downloaded from FPHNYC's website:
<https://www.fphnyc.org/get-involved/rfps/>
 - a. Applicant Signature Form
 - b. Coalition Member Commitment Form (if applicable)
 - c. Subcontractor Commitment Form (if applicable)
 - d. Acknowledgement of Addenda
 - e. Proposal Budget Form
 - f. IRS Form W-9
- Once submitted, Applicants will see the following confirmation message, "Your application has been successfully submitted and will be reviewed by the selection committee."
- Applicants are strongly encouraged to submit their applications at least 48 hours prior to the due date and time. This will allow sufficient opportunity for the Applicant to obtain assistance should there be a technical issue with the submission process.
- **Late applications and applications submitted via email will not be accepted.**

SECTION IV: EVALUATION AND AWARD PROCEDURES

All proposals submitted within the stated deadline will be reviewed to determine if they meet the minimum requirements of this RFP and have responded to all necessary questions and requests. The Evaluation Committee will evaluate and rate all qualified proposals based on the Evaluation Criteria described below.

A. Proposal Evaluation Criteria

The criteria, and the relative weight of each, that will be utilized to evaluate proposals are:

1. Applicant's relevant qualifications and experience	30%
2. Applicant's proposed plan and approach	60%
3. Applicant's budget and capacity	5%
4. Applicant's staff and leadership are majority BIPOC/from neighborhoods and communities served	5%

B. Selection Process

The review process consists of the following steps:

- **Adherence to Mandatory Minimum Requirements:** All applications will undergo an initial administrative review for completeness. For an application to be evaluated, it must include all required components and meet all required eligibility criteria.
- **Proposal Evaluation:** All responsive proposals will be judged by a review committee consisting of Health Department employees. The Committee will evaluate applications and score Applicants according to the criteria listed above. Each application will be scored by at least three reviewers.

After scoring, the Committee will rank Applicants within each competition according to final weighted score. The highest-ranking Applicants within each zip code will move on to the next round of review.

- **Final Review and Selection:** In the third and final round of review, a selection committee comprised of leaders in Health Department's Center for Health Equity and Community Wellness will evaluate proposals based on technical merit and community needs. The Applicants with the highest total score per priority zip code will be considered first for possible funding. The Committee may make exceptions in order to ensure reach across a broad range of racial/ethnic, cultural, linguistic, and other communities.

C. Award Process

Each Applicant submitting a proposal will be notified in writing regarding the decision concerning their proposal. Once selections are made, designated recipients will enter a contract with the Fund for Public Health in New York. Final contract execution is contingent upon successful completion of contract negotiations and demonstration of compliance with all requirements of FPHNYC, Health Department, and the City of New York, or any other applicable federal and state laws and policies.

At the discretion of FPHNYC and the Health Department, final awards may be less than requested to distribute funds among awardees and ensure adequate distribution of services throughout priority neighborhoods and communities. FPHNYC also reserves the right to adjust deliverables and timeframes in response to changes in priorities or need as a result of the COVID-19 pandemic.

D. Additional Information

Right to Amend, Cancel this RFP, or Solicit a New RFP

FPHNYC may amend or cancel this RFP at any time, without any liability to FPHNYC, and/or the Health Department. FPHNYC or the Health Department may solicit new requests for information and/or proposals regarding the services addressed in this RFP at any time.

Right to Reject Proposals

FPHNYC may reject any or all proposals received and may ask for further clarification or documentation. Submitted information that does not respond to all items in this RFP may be excluded from further consideration and alternative information packages may not be considered.

Insurance

Applicants selected for award will be required to maintain a commercial general liability insurance policy in the amount of \$1,000,000 per incident and \$3,000,000 aggregate. Contractors will also be required to provide proof of worker's compensation insurance coverage at the statutory limits. FPHNYC and the City of New York shall be named as Additional Insureds on the commercial general liability policy and as Certificate Holders for all other required insurance. Contractors will need to demonstrate that necessary insurance coverage is in place from the start of the contract.

NYC Vendor Registration

This project is being supported, in part, with funding from the NYC DOHMH, which requires that vendors register in the City's Payee Information Portal (PIP). In PIP, vendors can view financial

transactions with the City of New York, register for Electronic Funds Transfer payments and more. For more information, please visit: [Welcome to NYC Payee Information Portal: Home](#)

Depending on award size, vendors may also be required to register in PASSPort, the City's digital procurement system. PASSPort training and information materials are available through videos, user guides and FAQs at [About / Go to PASSPort - MOCS \(nyc.gov\)](#).

Proposal Costs

The Applicant will be solely responsible for any costs incurred in preparing, delivering, or presenting responses to this RFP. Applicants will not be reimbursed for any costs incurred in preparing proposals.

Fulfillment of Requirements

By submitting an information package, the Applicant acknowledges that the respondent has read and understands this RFP and can fulfill all requirements.

Submitted Information

Once submitted, responses will be the property of FPHNYC and will not be returned.

SECTION V: ATTACHMENTS/APPENDICES

A. Terms and Definitions

Health literacy addresses both personal health literacy and organizational health literacy and provides the following definitions:

- **Personal health literacy** is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

- **Organizational health literacy** is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

Healthy People 2030: Health Literacy Definitions and Objectives

Healthy People 2030 sets data-driven national objectives to improve health and well-being over the next decade (8). Healthy People 2030 recognizes that achieving health and well-being requires eliminating health disparities, achieving health equity, and attaining health literacy.

Health Literacy Definition and Impact on Health

Healthy People 2030 has elevated the importance of health literacy by declaring it a foundational principle and overarching goal, and by adopting two definitions that together constitute health literacy.

- Personal Health Literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and their others.

- Organizational Health Literacy is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and their others.

There are six Healthy People 2030 Health Literacy Objectives:

- HC/HIT-01: Increase the proportion of adults whose health care provider checked their understanding

- HC/HIT-02: Decrease the proportion of adults who report poor communication with their health care provider

- HC/HIT-03: Increase the proportion of adults whose health care providers involved them in decisions as much as they wanted

- HC/HIT-D10; Increase the proportion of people who say their online medical record is easy to understand

- HC/HIT-D11 Increase the proportion of adults with limited English proficiency who say their providers explain things clearly

- HC/HIT-R01: Increase the health literacy of the population

A selected Healthy People 2030 Immunization and Infectious Diseases Objective is also noted below:

- IID-D02: Increase the proportion of people with vaccination records in an information system