

EMPOWERING AMERICANS TO TAKE GREATER RESPONSIBILITY FOR THEIR HEALTH

A ROADMAP FOR BUILDING A NATIONAL SELF-CARE MOVEMENT IN THE U.S.

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PUTTING SELF-CARE ON THE RADAR

Self-care has the potential to improve individual health and reduce medical costs at a time when the U.S. health system is in a state of crisis. The nation already spends over \$3 trillion annually on health care but due to an impending “age wave,” 80% of Americans are likely to have at least one chronic condition by 2030, costing society more than \$42 trillion in medical expenditures and losses in productivity.^{a,b,c}

SELF-CARE DEFINED

Self-care represents the decisions and actions that individuals as patients and caregivers take to promote wellness, prevent disease, treat minor ailments and manage health conditions.

CONSUMER BENEFITS

- Improved health
- Greater quality of life
- Better symptom management
- Less pain, stress, tiredness
- Increased life expectancy

SELF-CARE LOWERS COSTS

UK studies link self-care to:^c

- 40% drop in doctor visits
- 50% fewer trips to the ER
- 50% cut in hospital admissions
- 50% drop in hospital stays

SELF-CARE REDUCES THE IMPACT OF CHRONIC DISEASE

Millions of consumers see a doctor or go to the ER for ailments that can be effectively treated with self-care and OTC drugs.

2015 Chronic Disease Burden
59% of Population^b
\$5,000 per person cost^e

2030 Chronic Disease Burden
80% of Population^b
\$8,600 per person cost^c

Possible Savings

\$6.6 billion to the US economy if 10% of those with a chronic disease adopt self-care practices^f

AMERICANS ARE READY FOR SELF-CARE^h

95%

link self-care with healthy habits

92%

want **better control** of their health

88%

are **confident** about taking responsibility for health decisions

88%

say they could make more **decisions** about their health

64%

track health indicators



MANY COSTS FOR MINOR AILMENTS ARE UNNECESSARY⁹

Adopting self-care behaviors reduces the burden of chronic diseases, which account for most deaths, disability and health costs in the U.S.

10%
avoidable
doctor visits

\$102
billion annually to
the health system

240
million use OTCs



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PRIORITIES TO BUILD A NATIONAL SELF-CARE MOVEMENT

1 Elevate Self-Care as a
Component of Health Care

2 Mount a Sustained
Awareness Campaign

3 Help Health Professionals
to Advance Self-Care

4 Agree on a Common
Definition for Self-Care

5 Develop Self-Care Tools
for Low Health Literacy

6 Address Legislative/
Regulatory Barriers





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The majority of health-related care in this country does not involve physician appointments and hospitalizations. Rather, most care Americans receive is due to the efforts of everyday people managing their own health through “self-care” — broadly defined as the actions and decisions individuals take for themselves and their families to stay well, prevent disease, manage their minor ailments and maintain control over their chronic diseases and conditions.

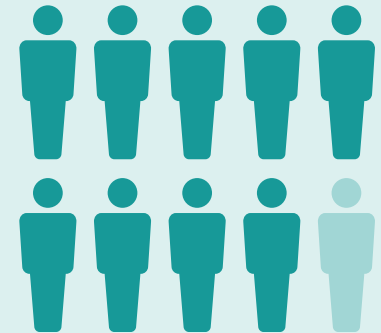
In countries like Canada, where self-care has become a national movement, it is estimated that over 80 percent of all health care is self-care¹ and it is likely the same is true in the U.S. This is because the vast majority of health problems people confront involve minor ailments, such as headaches and joint pain, sore throats, coughs and colds, and gastrointestinal distress, which can be effectively treated with over-the-counter (OTC) medicines. The same is true for chronic medical conditions like arthritis, diabetes and hypertension where patients

can be taught the skills to manage all that a long-term disease entails including symptoms, treatment, physical and social consequences and lifestyle changes.

Recognizing that health systems are paying unnecessarily high costs for self-treatable conditions, many nations are implementing policies that support self-care, backed by a growing body of evidence that self-care can improve health outcomes, improve symptom management, and bring health expenditures under control.

At the same time, the Institute of Medicine (IOM) includes self-care as one of four pillars to build a better health delivery system in the U.S. In its landmark 2013 report, *Bringing a Health Systems Approach to Health*, the IOM concludes that up to 30 percent of the nation's health expenditures are unnecessary or wasted³ and calls for moving to a consumer-driven health delivery system where consumers are full partners with health professionals in decisions about their care.

IN FACT



In Canada, opinion polls find that **90 percent** of the public agrees with the statement:

“IF OUR HEALTHCARE SYSTEM IS TO REMAIN SUSTAINABLE, IT IS MORE IMPORTANT THAN EVER THAT GOVERNMENTS IN CANADA PROVIDE CANADIANS WITH THE TOOLS THEY NEED TO PRACTICE RESPONSIBLE SELF-CARE FOR HEALTHY LIVING.”





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The IOM's call for change also comes at a time when society is changing and the public wants more information, choice and control over the health care they receive. The most recent evidence is a national survey of more than 2,000 adult Americans commissioned by the National Council on Patient Information and Education (NCPIE) and conducted by the research firm Ipsos, which shows that people are taking greater ownership of their health beyond the doctor's office. Among the findings, consumers associate self-care practices with better preventive care (87 percent), improved consultations with doctors (83 percent) and being proactive in scheduling wellness checkups (80 percent). Additionally, 64 percent say they could make more decisions about health-related matters with increased self-care knowledge and skills.

Yet, the U.S. has yet to embrace self-care as an essential component of the nation's health system, despite increasing public support and the IOM's recommendations. As a result, both the public and health professionals are confused about the meaning of self-care and consumers generally remain unclear about the regulatory environment and their ability to access, purchase, and use OTC medications.

There are serious consequences to the nation's limited awareness and appreciation of self-care principles. Besides not achieving the IOM's goal of moving to a patient-centered health system, the impact will be escalating costs for treating chronic conditions like arthritis, diabetes, and hypertension where self-care strategies can improve disease management. Also of significance are the billions spent on avoidable physician

services and emergency room visits because Americans lack the self-care skills to manage their minor illnesses and injuries. Currently, more than \$18 billion is spent annually on "avoidable" emergency room visits alone.⁴

As a nonprofit multi-stakeholder coalition advancing the appropriate use of medicines, NCPIE seeks to be the agent for meaningful change. Towards this end, NCPIE convened a group of advisors from leading professional societies, voluntary health organizations, government agencies and industry with the goal of assessing the opportunities for self-care in the U.S. and agreeing on a roadmap for action. What follows are the findings from this comprehensive review and a blueprint for accelerating progress, especially regarding the appropriate selection and use of over-the-counter (OTC) medicines and other self-care strategies that are necessary for the treatment of minor ailments and the daily management of chronic conditions.

NCPIE calls on all stakeholders — the public health community, health professionals, voluntary health and caregiving organizations, patient advocates, consumer leaders, policymakers, health plans and members of industry — to join us in our goal of building a self-care movement in the U.S. By joining together, we can create an environment in which self-care is accepted as a necessary and valuable component of the health care system and Americans feel empowered to take an active role in decisions about their care. It is time to make self-care a national priority.

Wm. Ray Bullman, M.A.M.

Executive Vice President, NCPIE



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Empowering Americans to take greater ownership of their health has never been more important.

The nation's healthcare tab reached \$3.35 trillion in 2016 — an average of \$10,345 per citizen — and these costs will only increase as more adults reach retirement age and face higher rates of chronic conditions. By 2030, 80 percent of Americans could have at least one chronic condition, costing society more than \$42 trillion in medical expenditures and losses in productivity.

Because these projections are not just a U.S. problem, other nations have implemented policies that support self-care — which emphasizes the actions individuals can take to maintain good health and manage their minor ailments and long-term conditions. These actions are based on growing evidence that self-care improves health outcomes, enhances symptom management, and brings health expenditures under control. Moreover, there is increased recognition that the vast majority of health problems people confront involve minor ailments, such as

headaches and joint pain, sore throats, coughs and colds, and gastrointestinal distress, which can be effectively treated with OTC medicines.

The same is true for chronic medical conditions like arthritis, diabetes and hypertension where patients can be taught the skills to manage all that a long-term disease entails including symptoms, treatment, physical and social consequences and lifestyle changes. These projections are backed by compelling estimates of savings to the U.S. economy.

At the same time, the Institute of Medicine (IOM) includes self-care as one of four pillars to build a better health delivery system in the U.S., concluding that shared decision-making between consumers and health providers will significantly reduce the estimated 30 percent of the nation's health expenditures that are unnecessary or wasted. Also of significance, a national survey commissioned by the National Council on Patient Information and Education (NCPIE) in 2014 shows that Americans are ready to take on this role.

AS CURRENTLY PROJECTED



Americans could avoid approximately **50 million** unnecessary visits to primary care physicians each year and save over **\$5 billion** per year with increased self-care.



\$6.6 billion in avoidable health costs would be saved annually if 10 percent of Americans with chronic diseases adopted self-care practices.



Greater use of self-care could potentially net the economy up to **30 percent** of the health costs that the Institute of Medicine projects are unnecessary or wasted.

SURVEY FINDINGS



80 percent of U.S. adults believe they are expected to be active in managing their own health.



Already, many consumers are taking self-care actions, including **tracking their health indicators** such as their blood pressure (64%) and using OTC medicines to manage acute health conditions (59%).



Almost **two-thirds** of adult Americans (64%) feel they could be making more decisions about their health and wellness.



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Yet, the U.S. has yet to embrace self-care as an essential component of the nation's health system, despite increasing public support and the IOM's recommendations. What is stalling progress is self-care is not on the national radar, complicated by no standard definition to unite the public health community, public confusion about what self-care entails, low health literacy skills among medically underserved consumers, and insufficient education, training and information resources for healthcare professionals to support and counsel patients on self-care options. Also impeding progress is the lack of an underlying framework to build a national self-care movement in the U.S., similar to the efforts that are proving successful in Canada, the UK, Australia and a number of other countries.

Because the stakes are high, NCPIE convened a panel of experts and sought their input, which enabled NCPIE to formulate six national priorities that can have a significant impact in improving the climate for self-care in this country. Ultimately involving the support and active participation of many constituencies — the federal government, state and local government agencies, professional societies and health care practitioners, health educators, patient advocates, consumer leaders, policymakers, health plans and members of industry — this platform calls for action in the following areas:



#1 Elevate self-care as an essential component of health care.

Despite evidence that self-care improves health outcomes, enhances symptom

management, and brings health expenditures under control, self-care is not on the radar of policymakers and many health professionals, resulting in inconsistent government policies and a lack of resources for research, education, and professional development. Overcoming this problem will require sustained awareness-building and specific policies to end the roadblocks to greater self-care practices. However, an immediate way to elevate self-care is to follow the lead of the UK and other countries by designating a yearly observance of self-care with resources for stakeholders to conduct a coordinated education effort. In 2016, 10 states passed resolutions to establish "Self-Care Month" in February. If other states followed suit, there would be a readymade platform to introduce Americans to the benefits and use of self-care.



#2 Agree on a common definition of self-care to unite the public health community.

Today, competing definitions are used for self-care that reflect different views about its purpose, which has impeded education efforts. Therefore, NCPIE has synthesized the existing terms to develop a new working definition that is simple, direct and supports the patient-centered approach to healthcare decision-making:

Self-care represents the decisions and actions that individuals as patients and caregivers take to promote wellness, prevent disease, treat minor ailments and manage health conditions.

Whether this definition is ultimately accepted, it is imperative that the public health community reach agreement on standard terminology that will unite all stakeholders in building a self-care movement in the U.S.



#3 Mount a unified and sustained national awareness campaign that empowers Americans to make self-care decisions at different life stages.

To motivate patients and practitioners to embrace self-care practices, actionable messages must be communicated as part of a unified and sustained public education campaign that makes self-care meaningful to the public, offers solutions-oriented information and tools to consumers and practitioners, and raises awareness of the role of community pharmacists as a "go-to resource" on medication management and treating common conditions. However, because the public's need for self-care information changes over time, NCPIE identified four life stages requiring targeted self-care education: children and adolescents, working age adults, older adults and caregivers. Reaching these different audiences will require customized messages and content that can be delivered through health professionals, pharmacies, schools, employee wellness programs, senior centers, and existing government programs as well as the national media and targeted social media platforms.

As a national coalition with the network in place to mobilize these constituencies, NCPIE can serve as the catalyst and convener so stakeholders will have the building blocks to communicate effectively.



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#4 Address the self-care information needs of Americans with low health literacy.

Because a third of the adult population (36 percent) has difficulty reading health information and understanding basic medical instructions to adhere to medication regimens, an immediate priority is to create information aides in plain language for a variety of reading levels, including materials to be used interactively between consumers and providers that adhere to National Standards on Culturally and Linguistically Appropriate Services (CLAS). It will also be important for stakeholders to advocate for a national investment in self-care research with the goal of identifying interventions that are applicable to hard-to-reach populations, such as those with poor health literacy.



#5 Create a supportive environment for health professionals to advance self-care.

Recognizing the important role physicians and nurses can play in supporting/ counseling patients about self-care, professional societies can benefit from the insights, resources and curricula from other countries as well as developing self-care training programs for providers in the U.S.

Even with their training, pharmacists who are on the front lines in educating and counseling consumers on medication use, lack recognition as healthcare providers under federal law and their services are not currently covered. This has resulted

in almost 70 percent of Americans not receiving counseling when they pick up their prescriptions. Currently, 38 states are pressing for federal legislation to designate pharmacists as healthcare providers and expand coverage under Medicare B for pharmacists' services, and similar legislation is working its way through other state legislatures. Additionally, there is a pressing need to develop updated guidelines so institutions and health professionals will have practical solutions for meeting the requirements of the Health Insurance Portability and Accountability Act's (HIPAA) Security Rule, while still being able to harness the power of mobile devices to improve patients' self-care practices.



#6 Address roadblocks to greater self-care practices.

Because some federal and state laws are impediments to building a supportive self-care movement in the U.S, public health advocates are calling for policies that will provide broader supportive self-care practices, such as passage of the "Pharmacy and Medically Underserved Areas Enhancement Act" (H.R. 592; S. 109), which would remunerate pharmacists to provide medication management and preventative services to millions of Americans in medically underserved areas (MUAs) under Medicare Part B. On the grassroots level, 38 states have passed laws recognizing pharmacists as healthcare providers and similar legislation is working its way through other state legislatures.

NCPIE notes that advocates are also calling for changes to remove the requirement that consumers produce a doctor's prescription when buying OTC cold and allergy medicines containing pseudoephedrine

(PSE), since these products can only be sold "behind the counter" in pharmacies.

The ramifications of limited self-care affect the health outcomes of Americans and virtually every aspect of the health system, presenting a compelling case for all stakeholders to work collectively to elevate self-care as a critical component of disease prevention and improved health. Thus, an agenda that addresses barriers and builds the knowledge and skills of patients and health professionals alike is a critical step to improving the health status of all Americans.

Clearly, the time for action is now.





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A COMPELLING CASE FOR SELF-CARE

If there was ever a time for a self-care movement in the U.S., it is now. Not only do Americans want more information, choice and control over their health but the following factors underscore the need to integrate self-care at every stage of the health continuum, including the prevention and care of illness, symptom relief and chronic illness.

MORE AMERICANS ARE LIVING LONGER AND FACE AGE-RELATED CHANGES IN THEIR HEALTH

Today, 46 million adults are aged 65 years and above.⁵ This translates into one in seven Americans,⁶ many of whom will experience common age-related ailments, such as joint pain, where self-care can play a role. More significantly, the nation is on the cusp of an impending “age wave” that will only intensify the need for self-care solutions in the years ahead. According to some estimates, by 2030 when all of the 78 million Baby Boomers (born between 1946 and 1964) reach retirement age, almost one in every five Americans — some 72 million people — will be 65 years or older.⁷

By 2050, the 65+ population is projected to be between 80 and 90 million.⁵

ADVANCING AGE INCREASES RATES OF CHRONIC DISEASE AND ADVERSE HEALTH CONDITIONS

Chronic diseases now account for seven in every ten deaths and cost the nation the equivalent of \$5,000 per person in health spending each year.⁸ However, this is the tip of the iceberg: incurable illnesses and conditions such as cancer, diabetes and heart disease are on the rise, due to the aging of America.

At the same time, older adults living with multiple chronic conditions face the challenge of “polypharmacy,” which is generally defined as the use of a large number of prescription medicines, OTC drugs, vitamins and dietary supplements by the same person, at the same time. According to a recent study in the *Journal of the American Medical Association* (JAMA), 39 percent of those over age 65 now take five or more medications to treat their chronic diseases,¹¹ which leads

LATEST ESTIMATES

92%

of older adults have at least one chronic disease and **77 percent** have at least two diseases.⁹

80%

of seniors over age 65 live with multiple chronic conditions. This includes **14 percent** of Medicare beneficiaries who have six or more long-term diseases.¹⁰

95%

of health spending on older adults is for **chronic disease treatment**.⁷¹





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to confusing medication regimens and schedules and the increased possibility of side effects and harmful drug interactions.

These statistics underscore the importance of self-care to reduce the impact of chronic disease by preventing or better managing chronic conditions through early detection, lifestyle changes, prescription medicine adherence and the safe and appropriate use of prescription and OTC medicines.

SELF-CARE PRODUCES BETTER HEALTH OUTCOMES

Empowering consumers to adopt self-care practices has also been shown to improve health outcomes, leading to less use of costly health services. According to a range of studies around the world:

- Self-care education increased by 16.7 percent the number of hypertension patients who adhere to their blood pressure medications.¹²
- Self-monitoring and self-treatment of oral anticoagulants to prevent blood clots significantly reduced the number of thromboembolic events and mortality, compared with usual care.¹³
- Self-care and self-medication practices among Canadian chronic obstructive pulmonary disease (COPD) patients reduced hospitalizations by 39.8 percent at 12 months and decreased emergency room visits by 41 percent.¹⁴
- In China, self-care education improved symptom management and the health outcomes of patients with a range of chronic diseases, reducing the number of costly hospitalizations within six months.¹⁵

- In the U.S., Stanford University's Chronic Disease Self-Management Program (CDSMP), where individuals with chronic conditions manage their own care, has been credited with \$714 per person savings in emergency room visits and hospital utilizations.¹⁶

- Based on the study of Stanford's self-management program, researchers project potential savings of \$6.6 billion to the U.S. economy if 10 percent of Americans with one or more chronic conditions were to utilize self-care practices like the CDSMP model.¹⁴

MANY COSTS FOR COMMON AILMENTS ARE UNNECESSARY

OTC medicines provide symptom relief to an estimated 240 million Americans for such common ailments as headaches, body pain, colds, allergies, heartburn, lower gastrointestinal (GI) tract issues, dermatitis, and fungal infections. As a result, OTC drugs contribute \$102 billion annually in value to the health system.¹⁷

Yet, studies in other countries show that each year, millions of consumers opt to see a doctor or go to the emergency room for symptoms that could be treated with self-care and OTC drugs. According to recent research:

- Each year in the UK, there are 57 million unnecessary visits to a physician and 3.7 trips to an emergency room for minor illnesses and injuries that collectively cost an estimated £2.3 billion annually to the health system. This translates into more than \$2.8 billion.¹⁸

- 25 million physician visits annually in Australia involve unnecessary treatment for a common health problem, resulting in almost 15 million prescriptions that could have been avoided through OTC drug management.¹⁹

- In 2015, the UK government's National Health Service spent £142 million, or \$179 million, on physician prescribing of acetaminophen, ibuprofen and aspirin, all of which could be purchased cheaply as OTC medicines.²⁰

There is also growing evidence that teaching consumers about self-care will reduce these unnecessary expenditures. According to estimates in the UK, greater reliance on self-care has the potential to decrease physician appointments by 40 percent, reduce outpatient visits by 17 percent, and cut in half hospital admissions and length of stay.²¹

VALUE OF OTC MEDICINES

Every dollar spent on OTC medicines saves \$6-\$7 for the U.S. health system.

If OTC drugs did not exist, 56,000 medical practitioners would need to work full-time to accommodate the increase in office visits by consumers seeking prescriptions for self-treatable conditions.⁷²





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Reinforcing these findings, the European Union projects that simply shifting 5 percent of medical care to self-medication in EU countries will yield more than €16 billion annually in savings,²² which translates into about \$20.6 billion. Similarly, the Australian government calculates that reducing the costs for physicians to treat nonessential ailments will save \$260 million in Australian currency a year,²³ the equivalent of \$193 million US dollars.

TECHNOLOGY OFFERS GREAT PROMISE TO BUILD SELF- CARE SKILLS

For the many Americans wanting to take a more active role in managing their health, technology offers great promise in building self-care skills. As documented by a number of recent studies:

- Seven in ten adult consumers (72 percent) searched for a health-related topic online in 2012 — and the number is likely even larger today.²⁴
- Even though older adults are not as active online as younger generations,

the Pew Research Center reports that 70 percent fill their prescriptions online and 58 percent communicate with their health providers via email.²⁴

- The public is also increasingly turning to a wide range of mobile devices for their health information. Based on 2016 data, 77 percent of Americans now own a smartphone, 69 percent of U.S. adults are social media users and 51 percent of consumers now own a tablet computer compared to just 3 percent in 2010.²⁵
- At the same time, a 2016 report, *The Wearable life 2.0: Connected Living in a Wearable World*, from the PwC Health Research Institute finds almost half of Americans (49 percent) now own a wearable device for a variety of purposes, including to monitor their physical activity and sleep levels and track medical information.²⁶
- Additionally, research finds that health professionals are embracing mobile technology in clinical settings to access decision tools, learn about new treatments, look up reference

information, and manage patients' care. A 2011 survey of almost 3,800 physicians revealed that 83 percent owned at least one mobile device and about one in four doctors were "super mobile" users of smartphones and tablets in their medical practices.²⁷ This trend has only intensified over time.

What these findings demonstrate is the ability to utilize technology, and especially mobile applications and social media channels, to assist pharmacists and other health professionals in making self-care recommendations. According to early studies conducted by the Centre for Global eHealth Innovation at Toronto's University Health Network (UHN), smart phone software improves the self-care skills of patients managing their chronic diseases and medications. This includes a trial of adults with diabetes and hypertension, which showed better blood pressure control when patients were able to send the results of regular self-monitoring directly to their family doctor wirelessly via mobile phone and a Bluetooth monitoring device.²⁸



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NOW IS THE TIME FOR ACTION

As these developments make clear, the timing is right for building a self-care movement in this nation. Not only is there a growing need for self-care as a component of the health delivery system but significant experience exists in other countries that can be leveraged to build a national infrastructure in which self-care education and skills building takes hold in the U.S. and flourishes.

As a first step in this process, in 2014, NCPIE commissioned a national survey of consumers and primary care physicians to determine existing perceptions, behaviors and trends regarding self-care principles.

The poll revealed that although Americans know they should be doing more to manage their health, many lack the information and skills to fully engage in self-care and instead continue to rely on physicians to treat minor conditions that add unnecessary personal expense and costs to the health system.

Based on these findings, NCPIE created materials and hosted a webinar to equip health professionals with the insights and tools to discuss self-care with their patients. Yet, this initial effort, while a good start, has only scratched the surface of

what needs to be done to make self-care a national priority in the U.S. Therefore, in September 2016, NCPIE convened a panel of healthcare leaders to provide input into opportunities for self-care in today's changing healthcare environment, identify the barriers, and chart the distinct differences that exist at different ages and stages of life for consumers to implement a self-care regimen.

The result of this hands-on process by NCPIE is the first National Self-Care Action Plan in the U.S., which offers realistic solutions for accelerating the adoption of self-care principles, practices and policies to reduce healthcare costs and improve the quality of care in this country.





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SELF-CARE IN TODAY'S ENVIRONMENT

Although the U.S. lags behind some other developed countries in implementing a national self-care strategy, three important developments provide the impetus for change:

1. **The move to a patient-centered health system**
2. **Evolving perceptions of the role of consumers as healthcare decision-makers**
3. **Accelerated use of technology in changing consumer behaviors**

The following is a look at both the positive trends and the different medication management and self-care needs of Americans at different ages and stages of life.

THE GOOD NEWS: AMERICANS ARE READY FOR SELF-CARE

For over 30 years, Americans have collectively and individually pressed for a greater say in their health decisions. Their

call led to the publication in 2001 of the Institute of Medicine's (IOM) landmark report, *Crossing the Quality Chasm: A New Health System for the 21st Century*, which advocates for moving to a "patient-centered" health system where consumers are empowered to take a more active role in decisions about their health.

At the same time, technology has made information more accessible and consumers now have access to over 300,000 OTC medicines in 80 therapeutic classes, a dramatic increase since 2001 due in part to the number of prescription drugs that have "switched" to nonprescription medications. Over the last 15 years, more than 35 OTC products have come to the market either directly as a nonprescription medication or as a nonprescription switch.²⁹

As a result, Americans now have more control than ever over the way they choose goods and services, paving the way for an emerging consciousness about self-care in the U.S. One of the most promising developments involves the results of a national survey of 2,024 adults aged 18 and

SURVEY FINDINGS

95%

agree that self-care is strongly connected to taking **personal responsibility** for their health

80%

believe they are expected to be **active in managing** their health in the future

69%

have **active discussions** with their doctor about their health

65%

consult with their health provider on ways they can manage their own care more effectively

64%

keep track of their blood pressure and other health indicators

64%

use OTC medicines to manage acute health conditions



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above and 516 primary care physicians commissioned by NCPIE in 2014. Conducted by the research firm Ipsos in collaboration with Pfizer, the survey found many Americans are ready to adopt self-care skills.

These are positive developments. Consumers recognize the value of self-care as well as the value of engaging actively with their healthcare providers for support as needed. For the public to gain the essential knowledge and skills to take better control of their health requires a national commitment to self-care education that builds awareness of self-care principles, gives consumers needed information and resources, and

equips healthcare providers with the tools needed to assist Americans appropriately. At the same time, it is essential to recognize and address barriers to greater adoption of self-care through consensus and collective action.

SELF-CARE NEEDS VARY AT DIFFERENT LIFE STAGES AND MUST BE ADDRESSED

Unlike many other aspects of health education, self-care is a part of daily living and addresses the health needs of Americans at different ages — from early childhood to old age. Accordingly, consumers play different decision-making roles depending on their life

stage and whether they are acting for themselves, as parents, or as caregivers for family members.

Reflecting these challenges, NCPIE reviewed research on informed self-care among different age groups and their specific challenges in taking OTC medicines, one of the most pressing self-care needs. This assessment identified four stages of life requiring targeted self-care education:

1. Children and adolescents
2. Working age adults
3. Older Americans
4. Caregivers





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The following provides a snapshot of the self-care issues for these different populations and existing resources.

#1 Self-Care Issues Affecting Children

Over 70 million Americans are between the ages of 0-18 years³⁰ and their self-care needs vary significantly when treating minor ailments and acute conditions with OTC medicines. Among the youngest population — the estimated 20 million children ages 0-4 years³¹ — the key challenge is the safe and effective use of the OTC pain relievers acetaminophen and ibuprofen in infants, toddlers and young children. Other self-care concerns include avoiding aspirin use, not combining medicines with the same active ingredient, storing and disposing medicines safely, and guarding against accidental ingestion of medicines by young children, which accounts for a large percentage of emergency room visits each year.

Looking at older children ages 5-11 years — about 28 million Americans³¹ — the major concerns are dosing of OTC medicines based on age and weight, when and how long to use cough suppressants, and the appropriate use of OTC remedies for stomach ailments. These challenges also apply to the 12.3 million children ages 12-14 and the 12.6 million children ages 15-17.³¹ Moreover, in the early teen years, adolescents begin to self-medicate, are active users of social media, and require education on how to take OTC medicines safely. According to research findings, 50 percent of teens start taking OTC medicines in the home without a parent's supervision as early as ages 11

and 12 and by the time they reach age 16, approximately 90 percent of teens admit taking OTC medicines on their own.³² As a result, there are approximately 10,000 children and teens seen in emergency rooms because of errors made in the self-medication of OTC medicines.³³

Although these self-care issues can be difficult for parents and caregivers, there is no shortage of research-based educational programs on the safe use of OTC medicines in children and teens (Appendix 1 contains a list of NCPIE-developed or recommended resources). Thus, the immediate self-care priorities are to ensure that existing materials reach health professionals, schools, parents and teens and to determine what information, tools and programs are lacking. This will require conducting a needs assessment to identify the gaps in resources by age level and to determine what information channels, including digital and social media, are most effective in reaching these different audiences. It will also be valuable to build an online clearinghouse of health literacy, safe medicine use and self-care resources and existing programs so stakeholders will be able to use the range of materials and tools that are now available.

#2 Self-Care Issues Affecting Working Adults

About 122 million adults are employed on a full-time basis,³⁴ based on projections from the Bureau of Labor Statistics, and self-care is especially important for them to remain healthy and reduce their healthcare costs. Specifically, self-care skills are associated with better sleep regimens, stress reduction, managing behavioral

health disorders, pre-diabetes and pre-hypertension. In addition, a report from the Families & Work Institute finds working adults experience minor ailments, such as headaches, upset stomachs or insomnia, more frequently today,³⁵ also supporting an expanded role for self-care.

Unfortunately, however, lack of awareness of self-care practices and work-related challenges are barriers to greater adoption of self-care regimens among working adults. Studies document such obstacles as having too many responsibilities and the lack of time; self-esteem issues; and under-earning, which leads to the need for second jobs.

Compared to self-care education and tools for children and older adults, NCPIE's assessment finds a dearth of information for working adults who would benefit from learning self-care skills. Because this population is diverse and spans different ages and lifestyles, NCPIE recommends reaching these individuals through content that can be delivered through employee wellness programs and in workplace settings. Important topics include health screenings, nutrition, stress reduction, physician visits, safe medicine use, and disease prevention measures, managing chronic diseases, and maximizing health spending dollars.

Among young adults who are more interested in lifestyle and health/wellness messages, other approaches are to utilize social media channels to elevate the importance of self-care principles and work through national pharmacy chains, college campuses and fitness centers to reach young adults directly.



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#3 Self-Care Issues Affecting Older Adults

Currently, those aged 65 and above — 46 million Americans — account for 34 percent of all prescription medication use and 30 percent of all OTC drug use.³⁶ They also are more likely to experience serious adverse drug events, which can result in additional illness, drug-related hospitalizations and even death.

Yet, NCPIE's assessment reveals a number of challenges that must be addressed if older adults' self-care skills are to improve. Currently, almost 40 percent of seniors are unable to read prescription labels and 76 percent are unable to understand the information given to them on medicine use.³⁷ Moreover, the Ipsos survey commissioned by NCPIE finds older adults need more customized information to understand and act on self-care principles. In the Ipsos poll, 44 percent of older adults said that don't feel they have enough information to decide which OTC medicine is right for them.

With these issues in mind, NCPIE recommends adding self-care messages and content into existing self-management and disease prevention programs that now reach Medicare and Medicaid beneficiaries through pharmacies and health settings (Appendix 2 contains a list of recommended resources). This represents a cost-effective means of educating older adults about self-care and getting information to them quickly. Another avenue is for stakeholders to work with the Department of Health and Human Services (HHS) to incorporate self-care education into existing government initiatives. This could

include adding self-care information to the "Welcome to Medicare" preventive visit and yearly "Medicare Wellness" visits and using the Center for Disease Control's (CDC) Diabetes Prevention Program (DPP) as a model to include self-care programs as a covered Medicare benefit.

#4 Self-Care Issues for Caregivers

Providing self-care resources and tools is also a priority for the large number of Americans — more than 65 million each year³⁸ — who act as family caregivers and make health decisions for a chronically ill, disabled, or aged family member or friend. The majority of these individuals are women (66 percent), many of whom have children or grandchildren living with them under the age of 18.³³ In addition, most caregivers are employed (60 percent),³⁹ spend an average of 20 hours per week providing care,³² and often must make some adjustments to their work life, from reporting late to work to giving up work entirely (66 percent).

Because family caregivers provide care to both children and other adults, their need for self-care information crosses all ages and life stages. According to the latest estimates, 37 percent of caregivers administer medications and other forms of medical treatment to a family member or friend as part of their responsibilities and 77 percent say they need advice about how and when to give medications.⁴⁰ Moreover, the recent report, *Caregiving in the U.S.*, from AARP and the National Alliance for Caregiving, estimates that two in three family caregivers monitor the condition of their loved one or friend to adjust care (66 percent), 63 percent communicate with health care professionals, and about six in ten assist with

medical/nursing tasks (57 percent) — often without any preparation.⁴¹ As a result, the report finds that 84 percent of caregivers say they could use more information or help on caregiving topics,³⁵ such as the appropriate use of OTC medicines.

Due to the prolonged stress and physical demands of caregiving, there is also widespread recognition that learning self-care skills is just as important to caregivers for themselves as for those to whom they provide care. Besides being at increased risk for depression and chronic illnesses, studies link the stresses of caregiving with increased rates of physical ailments, such as acid reflux, headaches, and pain/aching⁴² where self-care with OTC medicines can help resolve these problems. Caregivers are less likely to engage in preventive health behaviors and need readily available self-care information on stress reduction.³⁶

According to NCPIE's review of self-care resources, a number of educational programs and tools currently exist about how to safely give medicines to others (Appendix 3 contains a list of NCPIE-developed or recommended resources). Additionally, caregiving organizations and agencies such as the Veterans Administration make available guides for improving caregivers' own self-care, although few if any provide information on the use of OTC medicines to alleviate physical ailments or the importance of prescription medicine adherence. Addressing these gaps will require greater coordination among stakeholders so self-care materials will address the different roles of caregivers both in providing care and in taking care of themselves. It will also be valuable to document and include links to existing caregiving materials through an online clearinghouse of self-care resources.



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SELF-CARE IN AMERICA: FACTORS IMPEDING PROGRESS

Despite growing recognition of the role self-care plays in the efficient functioning of the health system, progress has been slow in adopting self-care regimens in the U.S. due to a number of pervasive barriers. The following is a look at the contributing factors with a specific focus on the appropriate selection and use of OTC medicines and other strategies that are necessary for optimal health outcomes.

THERE IS NO STANDARD DEFINITION OF SELF-CARE TO UNITE THE PUBLIC HEALTH COMMUNITY

Although self-care is recognized as an essential component of public health, a universally recognized definition does not exist. Instead, a number of competing definitions are used that reflect different views about the purpose of self-care.

Since competing terms hamper consensus on shared goals for education and policy, NCPIE's Self-Care Advisory Team considered how self-care is described by the leading public health bodies to

determine common principles. Setting the foundation is the World Health Organization's (WHO) 2009 definition, which stresses the role of self-care within the context of primary healthcare. Often referred to as the 'WHO 2009' definition, it states:⁴³

"Self-Care is the ability of individuals, families and communities to promote health, prevent disease, and maintain health and to cope with illness and disability with or without the support of a health-care provider."

The UK's National Health Service landmark 2005 report, Self-Care – A Real Choice, also integrates self-care as a component of the health system but goes into more detail. It reads:⁴⁴

"Self-care is a part of daily living. It is the care taken by individuals towards their own health and wellbeing, and includes the care extended to their children, family, friends and others in neighbourhoods and local communities. Self-Care includes the actions

7 PILLARS OF SELF-CARE

The International Self-Care Foundation (ISF) in Canada narrowed the focus to seven "pillars" for good self-care, which form a **framework for education and awareness-building**.⁴⁵

#1 HEALTH LITERACY

the capacity of individuals to obtain and understand basic health information.

#2 SELF-AWARENESS

focusing on awareness of such measures as one's body mass index and blood pressure and cholesterol numbers.

#3 PHYSICAL ACTIVITY

activities such as walking, cycling, and running that are associated with improved health.

#4 HEALTHY EATING

getting the proper nutrition to help the body function at its best daily.

#5 RISK AVOIDANCE OR MITIGATION

this includes not smoking, practicing safer sex, limiting alcohol intake, getting vaccinated, and using sunscreens.

#6 GOOD HYGIENE

beyond personal hygiene, this includes hand-washing and washing food.

#7 RATIONAL AND RESPONSIBLE USE OF HEALTH PRODUCTS AND SERVICES

accessing medical help when needed, diagnostic tests and medications when warranted, and being aware of the dangers in any medical procedure.



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individuals and caregivers take for themselves, their children, their families and others to stay fit and maintain good physical and mental health; meet social and psychological needs; prevent illness or accidents; care for minor ailments and long-term conditions; and maintain health and well-being after acute illness or discharge from hospital."

From this pioneering work, NCPIE Self-Care Project Advisory Team considered ways to synthesize this thinking with the goal of developing a definition that supports the patient-centered approach to healthcare decision-making. Recognizing the need for clarity, the experts agreed that a unifying definition must focus on the individual, acting on his or her own behalf or on behalf of others, and not the specific aspects of self-care. Accordingly, the PAT reached consensus on this more simple and direct definition of self-care:

Self-care represents the decisions and actions that individuals as patients and caregivers take to promote wellness, prevent disease, treat minor ailments and manage health conditions.

It is hoped that this working definition will serve as the basis for the public health community to reach agreement on standard terminology for self-care principles and practices that will unite all stakeholders in building a self-care movement in the U.S.

THE PUBLIC IS LARGELY UNAWARE OR CONFUSED ABOUT SELF-CARE

While new opinion research points to a greater interest in self-care among the American public, it is safe to say that most U.S. consumers have never heard the term "self-care" and are not aware of self-care's benefits and underlying principles. Compounding the problem are some persistent attitudes and beliefs that represent significant barriers to self-care adoption.

To document these obstacles, NCPIE reviewed published studies on self-care awareness, which reveal a disconnect between consumers' good intentions and their actions, especially when people feel unwell. For example, a 2016 survey of 5,011 UK adults commissioned by the Proprietary Association of Great Britain (PAGB) showed even though 92 percent of British consumers say it is important to take responsibility for their health, nearly half (46 percent) admit they still go to a physician for conditions they could treat at home.⁴⁶

Contributing factors include confusion about the right time to practice self-care, the belief that health practitioners will prescribe more effective therapies, and concerns about wasting a clinician's time asking questions.⁴⁷ Studies also reveal that people who self-treat their minor ailments often have unrealistic expectations about how quickly the problem should resolve and thus, seek a physician's care unnecessarily. According to PAGB's 2016 data, British consumers typically abandon self-care for a visit to the doctor within 4 -7 days due to poor understanding of the normal progression of symptoms and to be reassured nothing more serious is wrong.⁴¹





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Corresponding to these findings, research in the U.S. documents a significant gap in the ability of Americans to self-treat minor health problems and manage their chronic diseases resulting from limited information and education about self-care reaching the public. As a case in point, studies show that essential consumer medication information (CMI) about prescription medicines — such as facts about dosage, side effects and drug interactions — is not consistently conveyed or mediated during medical visits and/or when patients pick up their prescriptions in pharmacies, despite significant improvements in making this information more readable and user-friendly.⁴⁸

A similar information gap exists on the appropriate use of OTC medicines, which is a key component of self-care. Although the standardized Drug Facts label has been required since 2002 on more than 100,000 OTC drug products,⁴⁹ nationally representative surveys conducted for NCPIE and other organizations show less than half American adults report consulting the OTC Drug Facts Label for active ingredients (44 percent), side effects (20 percent), or dosage instructions (34 percent) and 8 percent do not consult the label at all.⁵⁰ Additionally, 38 percent of consumers polled in the 2014 Ipsos survey expressed uncertainty that they have enough information to decide which OTC is right for them.

Responding to this challenge will require conducting a unified and sustained national awareness campaign that “begins at the beginning” by making self-care meaningful to the American public. Only by defining self-care in personal terms and making people aware of the control they have in their everyday lives to manage their own health and make informed decisions for others will stakeholders be successful in engaging consumers, which is the first step in stimulating interest and encouraging action.

At the same time, data from the UK underscores the need for educating consumers to seek the advice of pharmacists in selecting the right course of treatment for common conditions. As documented in PAGB’s 2016 survey, half of the British public (47 percent) made unnecessary trips to their family doctor for a minor ailment instead of first seeking advice from a pharmacist based on not understanding the specialized role of the pharmacist in medication management coupled with the belief that pharmacists are not as well qualified as physicians and nurses to discuss treatment options.⁵¹

LIMITED HEALTH LITERACY IS COMMON IN THE U.S.

Low health literacy — the limited ability to access, understand, and act on health-related information — is pervasive in

North America. Estimates in the U.S. suggest that 90 percent of the adult population has basic or below basic low health literacy.⁵² In Canada, about 60 percent of adults aged 16 and older had poor health literacy skills as measured by the 2007 International Adult Literacy and Skills Survey.⁵³ This translates into millions of consumers who are unable to share personal information such as their health history with providers, calculate their cholesterol and blood sugar levels, compare different OTC medicines, and understand medication labels.

POOR HEALTH LITERACY

“Poor health literacy is a stronger predictor of a person’s health than age, income, employment status, education level, and race.”

— American Medical Association





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On a macro level, poor health literacy results in medication errors, low rates of prescription medicine adherence due to poor communication between providers and patients, and ineffective management of chronic conditions, resulting in increased illness and disability and four times higher health care costs.⁵⁴ When poorer health outcomes, reduced productivity, increased medical expenditures and compromised public health are taken into account, studies estimate that low health literacy costs the U.S. economy up the \$236 billion every year.⁵⁵

Also contributing to this price tag are inadequate self-care skills, where poor health literacy plays a significant role. Because people with limited health literacy often lack basic knowledge about the causes and have difficulty making simple health decisions, studies find these consumers are more likely to skip important preventive measures such as mammograms, Pap smears, and flu shots, are prone to missing medical appointments, and have difficulty adhering to treatment recommendations.⁵⁶ Adding to the challenge, estimates suggest that those with low English proficiency tend to have greater rates of low health literacy,⁴⁹ which leads to major disparities in the extent to which they are able to access health services, communicate with health professionals, and adopt self-care practices.

Recognizing that individual perceptions of health are shaped by cultural beliefs as well as awareness and influence health literacy, in 2000, the Office of Minority Health (OMH) within the Department of Health and Human Services (HHS) developed National Standards on Culturally and Linguistically Appropriate

Services (CLAS)⁵⁷ to provide a common understanding and consistent definition of culturally and linguistically appropriate health communications. Intended as a blueprint for health professionals and organizations, these standards stress the importance of providing patients and caregivers with easy-to-understand print and multimedia materials and signage in the languages they commonly use.

At the same time, health communications specialists recommend creating information aides in plain language at the 5th grade reading level, which is the average for American consumers.⁵⁸ This includes materials to be used interactively between consumers and providers that adhere to clear communication principles, such as using color coding, pictures and step-by-step instructions. Further, experts suggest that printed and online materials use common words; information that is grouped into meaningful sections with clear headings; and design layouts that

involve a lot of white space, a large and familiar font, upper and lowercase letters (use of all caps can make text difficult to read), and bullets, a question and answer (Q & A) format and graphics that break up and clarify the text.

U.S. HEALTH PROFESSIONALS LACK THE KNOWLEDGE TO PROMOTE SELF-CARE PRACTICES

Consumers can benefit from encouragement and advice from physicians and other healthcare professionals (HCPs) to be successful in practicing self-care. Yet, many physicians, nurses and other HCPs are not prepared to discuss this topic with their patients due to their lack of education and training in self-care principles; not having sufficient information tools to advise consumers about their self-care options; and the time constraints of their practices that limit interactions with their patients, especially regarding medication counseling.





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As reported in the *Annals of Internal Medicine*, on average, physicians only spend about a fourth (27 percent) of their office time examining and talking to patients while half (49.2 percent) the time goes to reviewing test results, logging information, writing medication orders, and other tasks.⁵⁹ As a consequence, studies find that only about 60 percent of essential drug information is conveyed during medical visits and when drug counseling is done in the office visit, most physicians report spending about 90 seconds on the topic with the patient.²⁷

While time management is an issue that many physicians can't control, research underscores the need for physicians and nurses to discuss self-care so their patients will feel comfortable managing their everyday ailments and adopt healthy behaviors that will maintain their health and wellness. A recent study examining the behaviors of 500,000 British patients who went to their GP for a minor ailment found 84 percent of these consumers who received counseling about self-care agreed to self-treat the next time.⁶⁰ Based on this research and estimates that 18 percent of a GP's workload in the UK involves minor ailments not requiring treatment, the British medical community now sponsors education programs so GPs and nurses have the tools to support self-care for patients with impressive results.

More than nine out of ten British GPs now believe that self-care by patients is a valuable component of general practice.⁶¹

Applying these results to the U.S., it is clear that health professionals can play important roles in promoting self-care and encouraging patients to consult with a pharmacist on medication management.

Therefore, an element of a national self-care education effort must include equipping health professionals in general practice — physicians, physician assistants, nurse practitioners and nurses — with the training and information tools to have these conversations.

COMMUNITY PHARMACISTS ARE A CRUCIAL RESOURCE FOR SELF-CARE COUNSELING

According to research findings, the increased use of self-care — including the use of OTC medicines — could save the U.S. health system \$5.2 billion a year.⁶² However, realizing these savings will require mobilizing community pharmacists to take the lead in informing consumers of their self-care options. Today, 93 percent of Americans live within five miles of a community pharmacy,⁶³ making these specialists among the most accessible to the public.

Yet, research shows almost 70 percent of Americans don't receive counseling when they pick up their prescriptions, underscoring some persistent challenges that impede pharmacists' ability to advise consumers on medication management and self-care. The major barriers, according to the APhA survey, are time and work flow challenges, (85 percent), lack of reimbursement for self-care counseling (55 percent), and physicians being unwilling to coordinate care (28 percent). If more Americans are to benefit from greater education and counseling on self-care practices, supportive policies are needed to resolve these problems. Additionally, research from the UK underscores the need to educate consumers about the role of pharmacists as self-care counselors so more Americans will seek their advice.

SURVEY FINDINGS

A recent survey from the American Pharmacists Association (APhA) reveals that:⁶⁴

Community pharmacists now offer **counseling** on self-care topics or OTC medicines an average of

7.2 times a day.

The most **common advice** from community pharmacists involves selecting OTC medicines based on

specific symptoms, **90%**

potential interactions with other medications, **37%**

dosing and administration, and **34%**

when to seek medical attention. **22%**

Besides in-store counseling, pharmacies distribute printed materials and use

**websites,
online videos
and apps**

to **provide self-care information** to consumers.



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At the same time, the National Center for Complementary and Integrative Health (NCCIH), part of the National Institutes of Health, has been charged with developing and disseminating objective, evidence-based findings on complementary and integrative health (CAM) interventions, including self-care. By investing in new research on self-care, NCCIH will be able to answer important questions about health interventions that can be easily adopted or are applicable to hard-to-reach populations, such as those with poor health literacy.

POLICIES SUPPORTING SELF-CARE ARE LONG OVERDUE

Especially because healthcare costs are escalating, many countries are embracing self-care to reduce these expenditures and improve health outcomes, resulting in government-sponsored initiatives and public-private partnerships that incorporate self-care principles into each nation's health delivery system.

The model is the UK, where the Department of Health issued a six-point blueprint, *Save our NHS: Time for Action on Self Care*, as a mandate and then launched a national campaign that entails a patient portal, condition-specific patient education programs, and training programs for health professionals. The UK campaign also involves a new entity, the [Self-Care Forum](#), which spearheads national education efforts in the UK and conducts Self-Care Week, held every year in November to build awareness and support for self-care. Based on the UK's results, Canada and other countries, including Australia, Germany and New Zealand, launched similar education and training efforts, producing a decade's worth of experience on ways countries can move the needle on self-care education and utilization.

What this means is that extensive information now exists — research findings, best practices, information tools, training programs and other resources — that can serve as the foundation to build a

national self-care movement in the U.S. Yet, a number of legislative and regulatory barriers also exist and must be considered for a U.S. movement to succeed.

At the federal level, an immediate challenge is only allowing Americans to use a health savings account (HSA) or a flexible spending arrangement (FSA) to pay for their OTC medicines if they have a doctor's prescription. For years, individuals contributing to their HSA or FSA could set aside pre-tax dollars to pay for the OTC drugs they purchased. However, this changed in 2011 under a provision of the Affordable Care Act (ACA) and now an estimated 50 million consumers⁶⁶ are paying as much as 39 percent more for their non-prescription medications than if OTCs were HSA- and FSA-eligible.⁶⁷ Another consequence is added cost to the health system due to physician visits and the extra time for physicians and pharmacists to order and fill prescriptions that would otherwise not be needed.

Realizing the problems caused by preventing consumers from using their HSA or FSA to pay for their OTC medicines, in January 2017 members of Congress introduced companion bills in the Senate and House of Representatives to restore OTC eligibility in tax-preferred accounts.

Called the “Restoring Access to Medication Act” (S. 85 and H.R. 394), the proposed legislation has received widespread support from medical and pharmacy societies, consumer, organizations, patient advocates, insurers, and large employers.



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Also requiring Congressional action is legislation to recognize pharmacists as healthcare providers under federal law (Section 1861 of the Social Security Act) so their time for educating and counseling patients will be covered under health insurance plans. Today, almost all other health professional groups, including chiropractors and midwives, are reimbursed for their services. In contrast, payments to pharmacists are mostly limited to those practicing in hospitals and outpatient settings and for medication therapy management provided to older adults under Medicare Part D.

To remedy this situation, the pharmacy community is working to pass federal legislation, the “Pharmacy and Medically Underserved Areas Enhancement Act” (H.R. 592; S. 109), which would pay pharmacists to provide medication management and preventative services to millions of Americans in medically underserved areas (MUAs) under Medicare Part B. Action is also taking place at the grassroots level where 38 states have passed laws recognizing pharmacists as healthcare providers and similar legislation is working its way through other state legislatures.

Some state efforts are of concern because they would make it more difficult for consumers to buy non-prescription medicines. This includes imposing sales taxes on OTC medicines, which makes them less affordable and is inconsistent with favorable tax policies for prescription medications. While 43 of the 44 states with a sales tax currently exempt prescription drugs, only 15 states and the District of Columbia exempt OTC medicines.⁶⁸

Additionally, some states limit sales of OTC cold, allergy and sinus medicines containing pseudoephedrine (PSE), an ingredient that can be used in the illegal manufacture of methamphetamine even though since 2006, the Drug Enforcement Administration (DEA) has required pharmacies and other retailers to place OTC products containing PSE “behind the counter” or in a locked cabinet and only sell small quantities to consumers producing a federal or state-issued photo ID as a way to fight clandestine meth labs. Moreover, the OTC drug industry helped establish and pay for the National Precursor Log Exchange (NPLEX), a real-time multi-state interoperable electronic system by which retailers are able to block illegal sales of OTC medicines containing PSE that attempt to exceed daily and monthly gram limits. Currently, 31 states use the NPLEX system.⁶⁹

Despite such controls, some states have proposed legislation to require consumers to also produce a doctor’s prescription when buying OTC medications containing PSE. Because more than 18 million American families rely on these medicines every year,⁶⁰ advocates are working to address these measures to balance access and public safety.

SELF-CARE IS NOT ON THE PUBLIC’S RADAR

In addition to the legislative challenges, a significant hurdle for stakeholders is overcoming poor understanding of self-care and its importance to better health outcomes. Ultimately, this can be redressed through a sustained national education campaign that defines self-care in

meaningful terms for consumers, develops user-friendly information tools, and supports health professionals in promoting self-care so consumers can take better control of their health.

In some states, policymakers have supported efforts to establish a “Self-Care Month” in the U.S. In 2016, legislatures in 10 states — Colorado, Georgia, Hawaii, Kansas, Kentucky, Mississippi, Nevada, New Mexico, Tennessee and Vermont — passed resolutions creating this new health observance in February as a platform for introducing the principle and benefits of self-care to Americans.





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ADVANCING SELF-CARE IN AMERICA: A NATIONAL ACTION AGENDA

Empowering Americans to take greater ownership of their health has never been more important. Greater use of self-care will also lead to less demand for avoidable physician services and emergency room visits for minor ailments, potentially netting the U.S. economy up to 30 percent of the health costs that the Institute of Medicine projects are unnecessary or wasted.²

The price tag associated with preventable health costs should be reason alone for the public health community to embrace self-care as a national priority. Of added significance, Americans are ready to adopt self-care practices: NCPIE's national self-care survey finds many consumers are already taking a more active role in their care and 64 percent believe they could be making more self-care decisions. The underlying problem is no framework

currently exists in the U.S. to build a self-care movement where stakeholders will work collectively to support self-care principles and policies across the health continuum.

Because the stakes are high, NCPIE convened a panel of experts to provide input that enabled the Council to formulate six national priorities that can have a significant impact in improving the climate for self-care in this country. Ultimately involving the support and active participation of many constituencies — the federal government, state and local government agencies, professional societies and health care practitioners, health educators, patient advocates, consumer leaders, policymakers, health plans and members of industry — this platform calls for action in the following areas:

HEALTHCARE COSTS

In 2016, the nation's
healthcare tab reached

\$3.35
trillion,



which is an average of

\$10,345

for every man, woman and child.
These costs will only increase in the years ahead as more adults reach retirement age and face higher rates of chronic conditions where self-care strategies can improve disease management.





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#1 Elevate self-care as an essential component of health care.

Despite evidence that self-care improves health outcomes, enhances symptom management, and brings health expenditures under control, self-care is not on the radar of policymakers and many health professionals, resulting in inconsistent government policies and a lack of resources for research, education, and professional development. Overcoming this problem will require sustained awareness-building and specific policies to end the roadblocks to greater self-care practices. However, an immediate way to elevate self-care is to follow the lead of the UK and other countries by designating a yearly observance of self-care with resources for stakeholders to conduct a coordinated education effort. In 2016, 10 states — Colorado, Georgia, Hawaii, Kansas, Kentucky, Mississippi, Nevada, New Mexico, Tennessee and Vermont — passed resolutions to establish “Self-Care Month” in February — an example of replicable action at the state level.



#2 Agree on a common definition of self-care to unite the public health community.

Today, competing definitions are used for self-care that reflect different views about its purpose, which has impeded education efforts. Therefore, NCPIE’s Self-Care Project Advisory Team synthesized the existing terms to develop a new working definition that is simple, direct and

supports the patient-centered approach to healthcare decision-making. Whether this definition is ultimately accepted, it is imperative that the public health community reach agreement on standard terminology that will unite all stakeholders in building a self-care movement in the U.S.



#3 Mount a unified and sustained national awareness campaign that empowers Americans to make self-care decisions at different life stages.

To motivate patients and practitioners to embrace self-care practices, actionable messages must be communicated as part of a unified and sustained public education campaign that makes self-care meaningful to the public, offers solutions-oriented information and tools to consumers and practitioners, and raises awareness of the role of community pharmacists as a “go-to resource” on medication management and treating common conditions.

However, because the public’s need for self-care information changes over time, NCPIE identified four life stages requiring targeted self-care education: children and adolescents, working age adults, older adults and caregivers. Reaching these different audiences will require customized messages and content that can be delivered through health professionals, pharmacies, schools, employee wellness programs, senior centers, and existing government programs as well as the national media and targeted social media platforms.



#4 Address the self-care information needs of Americans with low health literacy.

Because a third of the adult population (36 percent) has difficulty reading health information and understanding basic medical instructions to adhere to medication regimens, an immediate priority is to create information aides in plain language for a variety of reading levels, including materials to be used interactively between consumers and providers that adhere to National Standards on Culturally and Linguistically Appropriate Services (CLAS). It will also be important for stakeholders to advocate for a national investment in self-care research with the goal of identifying interventions that are applicable to hard-to-reach populations, such as those with poor health literacy.



#5 Create a supportive environment for health professionals to advance self-care.

Recognizing the important role physicians and nurses can play in counseling patients about self-care, professional societies can benefit from the insights, resources and curricula from other countries to short-circuit the process of developing self-care training programs for providers in the U.S.

Even with their training, pharmacists who are on the front lines in educating and counseling consumers on medication use, lack recognition as healthcare providers



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under federal law and their services are not currently covered. This has resulted in almost 70 percent of Americans not receiving counseling when they pick up their prescriptions. Currently, 38 states are pressing for federal legislation to designate pharmacists as healthcare providers and expand coverage under Medicare D for pharmacists' services, and similar legislation is working its way through other state legislatures. Additionally, there is a pressing need to develop updated guidelines so institutions and health professionals will have practical solutions for meeting the requirements of the Health Insurance Portability and Accountability Act's (HIPPA) Security Rule, while still being able to harness the power and reach of technology to improve patients' self-care practices.



#6

Recognize legislative changes
to remove the roadblocks to
greater self-care practices.

Some federal and state laws are viewed as barriers to building a self-care movement in the U.S. Public health leaders are calling for policies that will support self-care practices, starting with passage of the "Pharmacy and Medically Underserved Areas Enhancement Act" (H.R. 592; S. 109), which would remunerate pharmacists to provide medication management and preventative services to millions of Americans in medically underserved areas (MUAs) under Medicare Part B. Action is also taking place at the grassroots level where 38 states have passed laws recognizing pharmacists as healthcare providers and similar legislation is working its way through other state

legislatures. Also at the federal level, the requirement of allowing consumers to use a health savings account (HSA) or a flexible spending arrangement (FSA) to pay for their OTC medicines only if they have a doctor's prescription is viewed as an impediment. The law also adds cost to the health system due to unnecessary physician visits and the extra time for physicians and pharmacists to order and fill prescriptions that would otherwise not be needed. Another priority is to reconsider the requirement that consumers produce a doctor's prescription when buying OTC cold and allergy medicines containing pseudoephedrine (PSE) when these products are highly regulated by the Drug Enforcement Administration (DEA) and can only be sold "behind the counter" in pharmacies.

THE PATH FORWARD

The ramifications of limited self-care affect the health outcomes of Americans and virtually every aspect of the health system, presenting a compelling case for all stakeholders to work collectively to elevate self-care as a critical component of disease prevention and improved health. This requires changes in the knowledge, attitudes, and skills of patients, health professionals, and policymakers alike as well as new resources and policy changes that will allow self-care practices to take hold. While no single strategy will guarantee that consumers have the knowledge and confidence to take more personal responsibility for their health, it is hoped that this roadmap will serve as the spark for making self-care a reality in this country.





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NCPIE's Mission: Promoting the wise use of medicines through trusted communication for better health.

Established in 1982, the National Council on Patient Information and Education (NCPIE) is a 501(c)(3) nonprofit coalition of diverse consumer, government, patient advocacy, health professional and public health organizations working together to improve health and stimulate conversation between healthcare professionals and patients about the safe, appropriate use of medicines. We help consumers make sound decisions about their health and about the prescription and over-the-counter medicines they take.

Harnessing the expertise and reach of our members, NCPIE develops and

provides valuable education programs and community resources for consumers and healthcare professionals, serving as a trusted source of information on issues such as healthcare provider-patient communication, medication adherence, medication risk and error reduction, and prescription drug abuse prevention. Our content always provides actionable health tips and specific questions to address with healthcare providers.

NCPIE sponsors the national "Talk About Your Medicines" Month each October to keep the spotlight on the role that high quality medicine communication can play in promoting better medicine use and better health outcomes.

Visit www.BeMedWise.org to learn more.

OUR VALUES



TO REPRESENT

a wide spectrum of organizations serving the public health through educational and advocacy programs



TO EMPOWER

consumers to be more informed about and active in decisions affecting their use of medicines



TO BE A CATALYST

convener; collaborator and clearinghouse for the development of new, useful, and scientifically accurate information about medicine use that is disseminated in multiple formats to a wide range of audiences





APPENDIX 1

SELF-CARE INFORMATION ADDRESSING CHILDREN AND TEENS

Rationale: Survey data show that 50 percent of teens begin to self-medicate with over-the-counter medicines in their homes as early as ages 11 to 12. Each year, OTC medicine errors and misuse result in over 10,000 ER visits for kids younger than 18 each year.

Target Audiences: Existing programs and materials designed to target teens who self-medicate with OTC medicines and parents and adults who interact with children / adolescents.

[Resources for teens and young adults](#)

SCOUTSTRONG BeMedWise: developed by the National Council on Patient Information and Education (NCPIE) in collaboration with the Boy Scouts of America (BSA). This interactive program uses an award program to educate members of Boy Scouting, Venturing, and American youth in general (ages 11 – 17) about the benefits of OTC medicines and the harm that they can cause if they are misused. The online program includes a 4-part, online educational curriculum that addresses such topics as: what is self-care, the difference between prescription and OTC medicines, taking OTC drugs safely, reading and following the Drugs Facts OTC label, and getting permission from an adult before using any medicine.

The Acetaminophen-Savvy Resource Guide for College-Age Students: This online resource provides tools to educate students in dorms, campus organizations, classes and other places where students congregate, including the campus health center, student center and cafeteria. Topic areas include: the safe use of medicines that contain acetaminophen, the consequences of potential overdose, and the importance of reading and following dosing directions on the Drug Facts OTC label.

Medicines in My Home (MIMH): is a multimedia educational program developed by the Food and Drug Administration to teach consumers from adolescence through adulthood how to choose over-the-counter medicines and use them safely. MIMH includes a Students' Room for middle school students (Grades 6 through 8) who want to learn how to choose OTC medicines and use them safely. Older students are also welcome in this room.

Over-the-Counter Medicine Safety: developed by Scholastic, Inc. and the American Association of Poison Control Centers (AAPCC). OTC Medicine Safety is a website where educators, students, and families can access valuable information and resources about OTC medicine safety.

[Resources for parents/adults interacting with children](#)

The Acetaminophen Safe Use Program for Teen Influencers: produced by the National Council on Patient Information and Education (NCPIE). This program assists parents in talking to teens about acetaminophen and its safe use.

A Parent's Guide to Safe Medicine Use: developed by the Consumer Healthcare Products Association. This guide assists parents/adults with decision-making on choosing an OTC medicine for a child and provides tips for teaching children how to read labels, understand their symptoms and help in deciding on the most appropriate OTC medication.

Pocket Video Series: produced by the Alliance for Aging Research. This series addresses the family's use of OTC medicines with specific videos on over-the-counter pain medicines, safely storing and taking OTC pain medication, and safe medication disposal.

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Safe Kids Worldwide: Safe Kids makes available these materials to inform parents about the importance of keeping young children away from medicines: [Safe Medicine Storage: A Look at the Disconnect Between Parent Knowledge and Behavior](#) (March 2017) and [The Rise of Medicine in the Home: Implications for Today's Children](#) (March 2016).

Up and Away and Out of Sight: an initiative of the Centers for Disease Control and Prevention (CDC), the Consumer Healthcare Products Association Educational Foundation and numerous stakeholder organizations. This website provides information and tips to parents, grandparents and caregivers about safe medicine storage to keep children safe.

What's Your Family's Medicine Action Plan?: developed by Scholastic, Inc. and modeled after FDA's Medicines in My Home program, this online tool helps parents create an action plan about storing and using OTC medicines safely and is available in 6 languages.

[Resources for teachers
and community leaders](#)

OTC Medicine Safety: Lesson Plans & materials for Teachers: developed by Scholastic, Inc. This program contains 4 lesson plans and supplemental resources, including a digital book, medicine safety videos, and family resource information sheets, that are available in 6 languages.



APPENDIX 2

SELF-CARE INFORMATION FOR OLDER ADULTS

Rationale: Currently, those aged 65 and above – 46 million Americans – account for 34 percent of all prescription medication use and 30 percent of all OTC drug use

Target Audiences: Existing programs and materials for older adults regarding safe and appropriate medicine use.

Resources for older adults

Know Your OTCs: Produced by the Consumer Healthcare Products Association Educational Foundation. This is a comprehensive online resource for consumers, which includes modules on how to read the Drug Facts OTC label and a section called [Medicine Cabinet](#) where older adults can search for information about specific ingredients in OTC medicines.

Get Relief Responsibly®: a program developed by Johnson & Johnson McNeil Consumer Healthcare on the appropriate use of OTC medicines and how to choose, use, store and dispose of them safely.

Medication Use Safety Training for Seniors (MUST for Seniors): Developed by the National Council on Patient Information and Education (NCPIE). This is a comprehensive online education campaign and interactive workshop designed to promote safe and appropriate medication use. Resources include a ready-to-use PowerPoint presentation with presenter notes and handouts, tips for taking medications safely, feature articles, and videos with experts.

Medicines in My Home (MIMH): is a multimedia educational program developed by the Food and Drug Administration to teach consumers from adolescence through adulthood how to choose over-the-counter medicines and use them safely. MIMH includes a Consumers' Room with a range of materials for adults on the safe use of over-the-counter (OTC) medicines.

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SELF-CARE INFORMATION FOR CAREGIVERS

Rationale: More than 65 million people provide care for a chronically ill, disabled, or aged family member or friend during any given year and spend an average of 20 hours per week providing care for their loved one.

Target Audiences: Existing programs and materials addressing for family caregivers regarding safe medicine use across the life stages.

[Resources for family caregivers](#)

Caregiver Corner: Using Acetaminophen Safely: Where You Can Find What You Need to Know: developed by the National Council on Patient Information and Education (NCPIE) as part of its Medication Use Safety Training (MUST) for Seniors™ online educational campaign. This resource focuses on seniors in their role as caregivers and provides information and tips regarding OTC and prescription medicines containing acetaminophen.

Taking Care of Your Loved Ones, Young and Old: produced by the National Center for Improving Medication Management (CIMM) and the National Council on Patient Information and Education (NCPIE) as part of The Medicine Safety: A Toolkit for Families program. This online resource contains sections on keeping a family medical record, children and medicines, pregnant and nursing moms and medicines, and older adults and medicines.

Talk With Your Child's Caregiver About Medicine Safe Use: developed by the Consumer Healthcare Products Association Educational Foundation as part of the Know Your OTCs campaign. This online information addresses the importance of developing a list of all OTC and prescription the child is taking, knowing where to locate them and creating a list of important phone numbers to call in case of an emergency.

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PUTTING SELF-CARE
ON THE RADAR

MESSAGE FROM NCPiE

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RESOURCES FOR:
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REFERENCES

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SUPPORT

Support for development of
this document was provided by
Pfizer Consumer Health.

