



# Improving Public Housing Health Center Service Delivery Through Cultural Competence and Health Literacy

Learning Collaborative: Session 1



National Center for Health in Public Housing  
*a project of North American Management*

Wednesday, March 18, 2020



# NATIONAL CENTER FOR HEALTH IN PUBLIC HOUSING



## DISCLAIMER:

The National Center for Health in Public Housing (NCHPH), a project of North American Management, is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Cooperative Agreement (NCA) for \$608,000, and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.



MUTE



CHAT



RAISE HAND

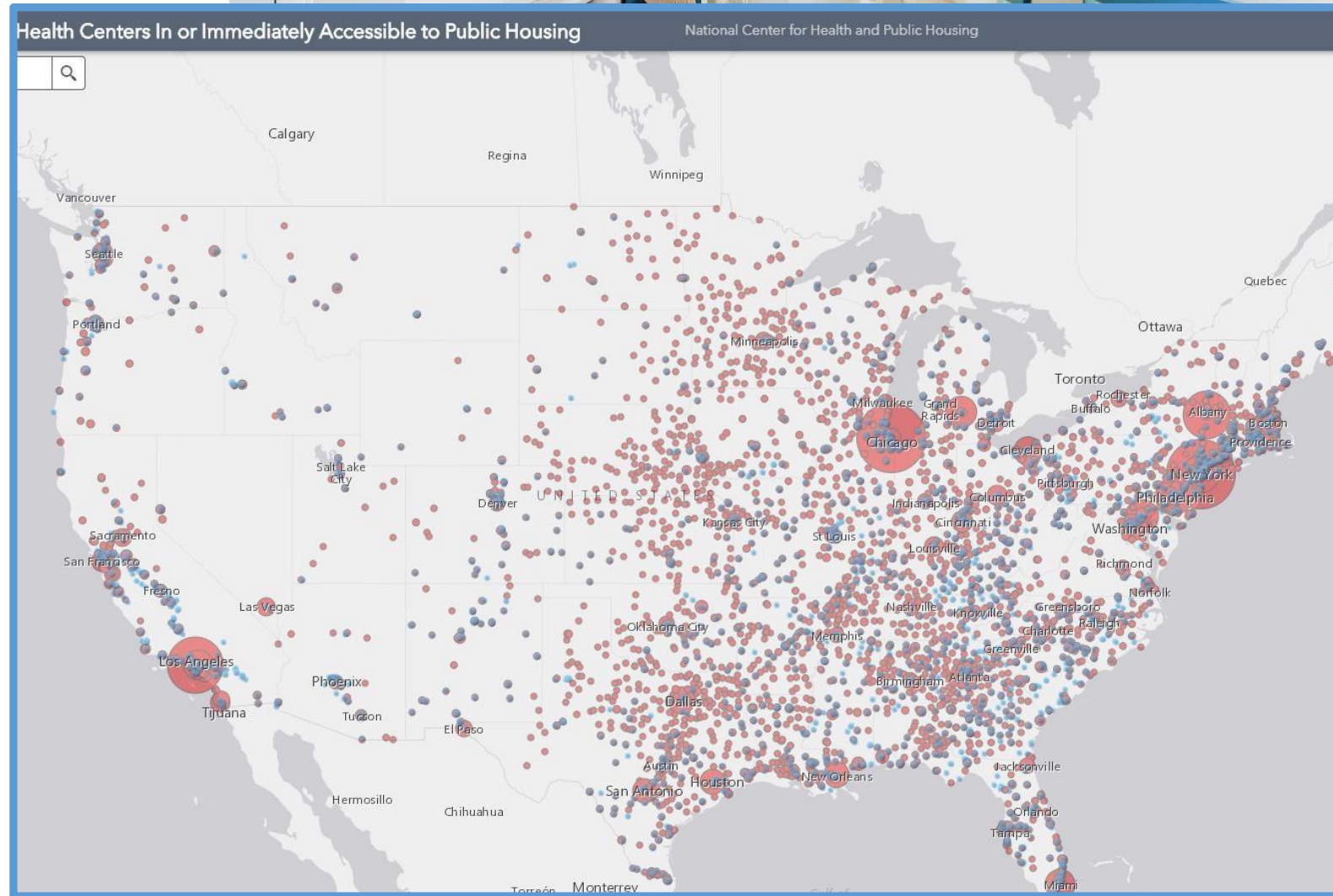


Q&A

# Health Centers close to Public Housing

- 1,400 Federally Qualified Health Centers (FQHC) = 28.4 million
- 385 FQHCs In or Immediately Accessible to Public Housing = 4.4 million patients
- 107 Public Housing Primary Care (PHPC) = 817,123 patients

Source: [UDS](#)



## Public Housing Demographics

2.2 million  
residents

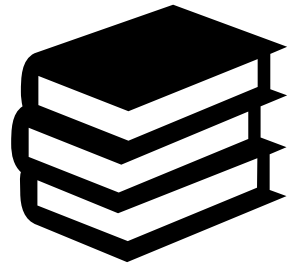
2.2 persons/  
household

38% children

59% female

55% less than  
high school  
diploma

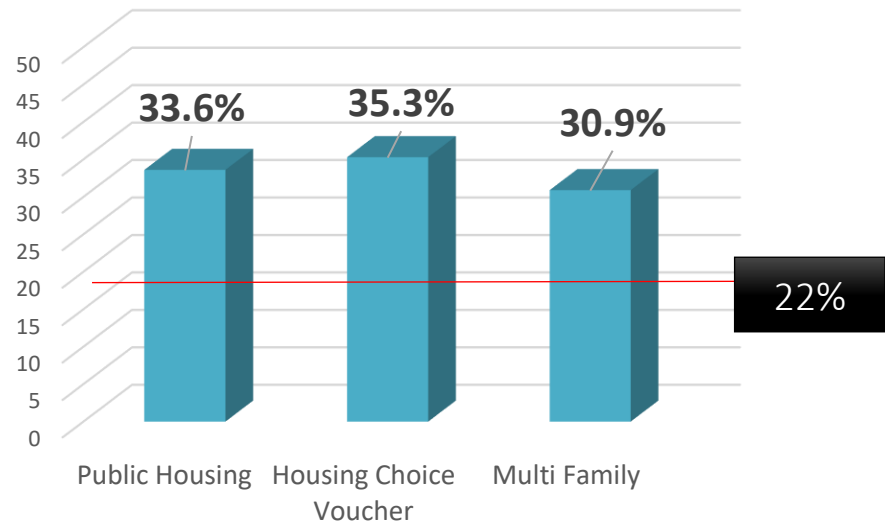
83.2% below  
federal  
poverty



# A Health Picture of HUD-Assisted Adults, 2006-2012

Adults in HUD-assisted housing have higher rates of chronic health conditions and are greater utilizers of health care than the general population.

## Adult Smokers with Housing Assistance



Source: Helms VE, 2017

	HUD-Assisted	Low-income renters	All Adults
Fair/Poor Health	35.8%	24%	13.8%
Overweight/Obese	71%	60%	64%
Disability	61%	42.8%	35.4%
Diabetes	17.6%	8.8%	9.5%
COPD	13.6%	8.4%	6.3%
Asthma	16.3%	13.5%	8.7%



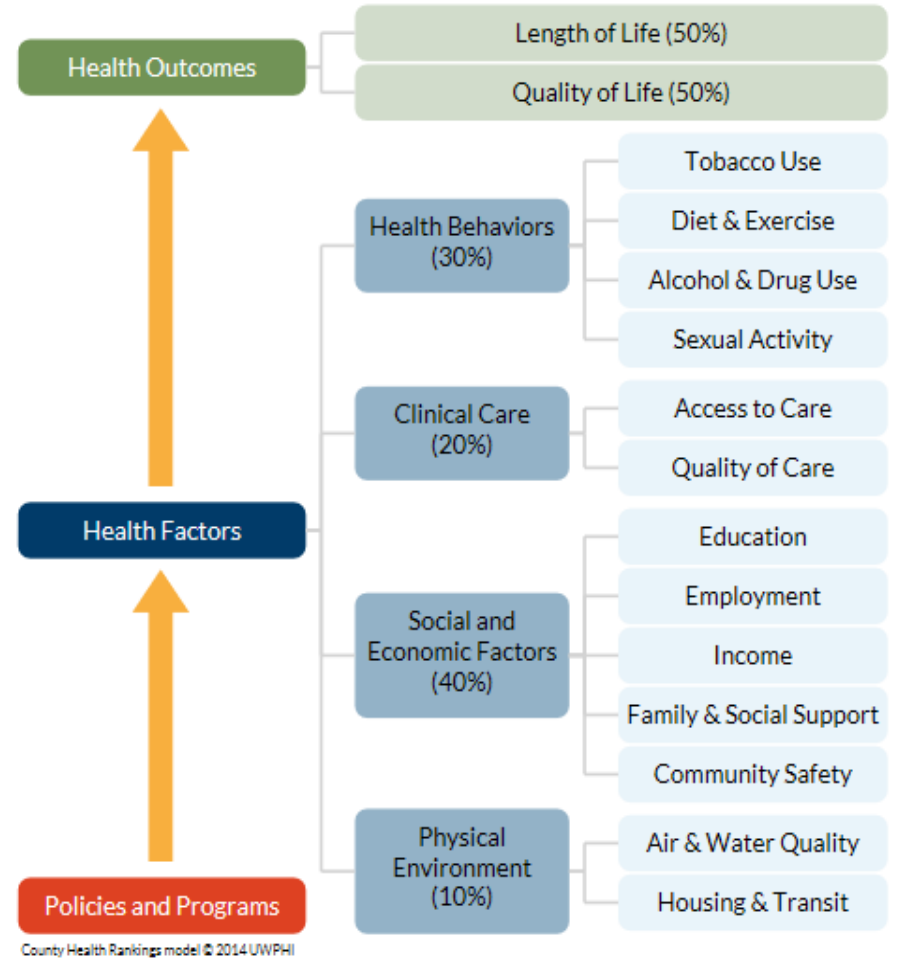
# Child Health Outcomes

- 76% lived at or below poverty level
- 75% in single female-headed households (compared to 27% of the gen pop)
- 4.3% in a household with a college degree or higher
- 27% lived in a household without a high school diploma or GED.
- 14.2% had two or more ER visits in the last year (compared to 8.5% in the gen pop)
- More likely to miss school due to illness or injury.
- 1 in 4 have a learning disability compared to 1 in 5 children in the general population.
- 16% have ADHD or ADD (compared to 12.7% of children in the gen pop)

Source: A Health Picture of HUD-Assisted Children 2006-2012



# Impacts of Housing on Health

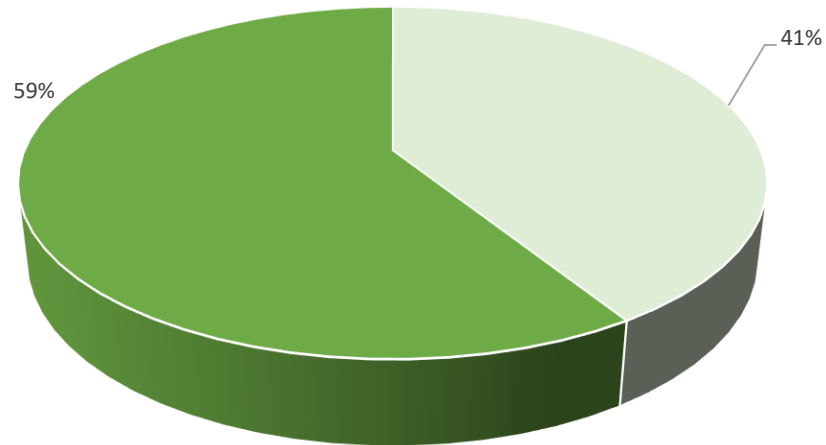




# Percentage of Latino Population in PHPC Program and Health Center Program Settings

## PHPC

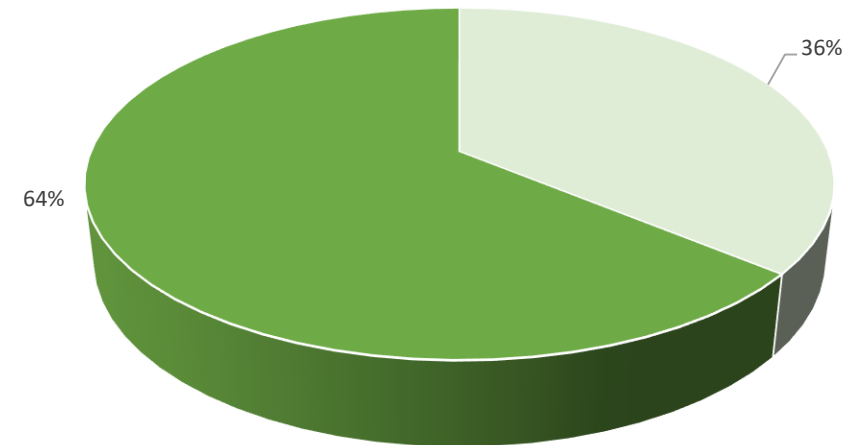
Percentage of Hispanic/Latino in PHPC Settings



- % of Hispanic/Latino in PHPC Settings
- % of Non-Hispanic/Latino in PHPC Settings

## Health Centers

Percentage of Hispanic/Latino Population in HC Settings

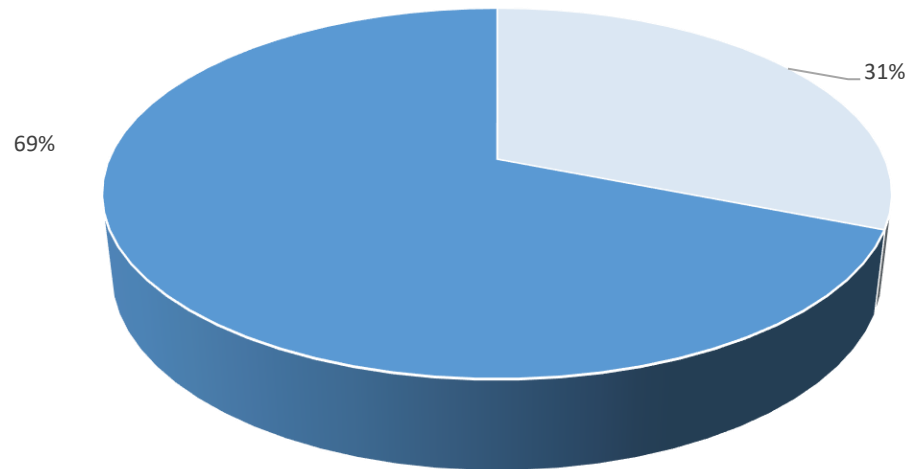


- % of Hispanic/Latino in HC Settings
- % of Non-Hispanic/Latino in HC Settings

# Patients by Linguistic Barrier to Care

## PHPCs

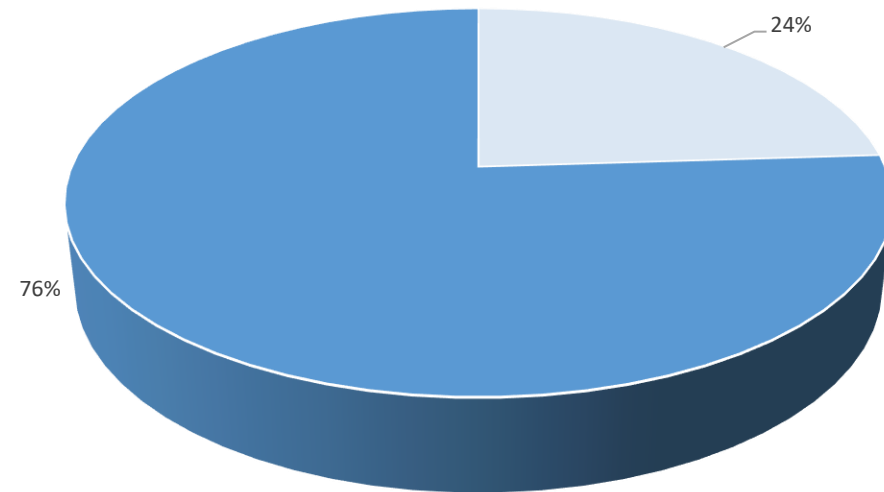
Patients by Linguistic Barriers to Care



- Patients Best Served in a Language Other than English
- Patients Served in English

## Health Centers

Patients Best Served in a Language Other than English



- Patients Best-Served in a Language Other Than English
- Patients Served in English

**Abdín Noboa-Ríos, Ph.D.**



# **Making the Case:**

**Increasing knowledge about the need for health literacy and culturally-competent care**

***Abdín Noboa-Ríos, Ph.D.***

**LC Session 1: March 18, 2020**

# Cultural Shifts in America

# True/false Quiz on Demography

- 1. Current demographic shifts across the country are uniquely different from previous shifts in U.S. history.**
  - true
  - false
- 2. Demographic shifts always imply cultural change.**
  - true
  - false
- 3. Current demographic shifts convey changes in the healthcare system.**
  - true
  - false

# Cultural Shifts in America

- 1. Demographic trends will change the face of America considerably.**
- 2. As a result, changes in demography will *always* convey cultural shifts.**
- 3. These cultural shifts will inevitably lead to a different healthcare system.**
- 4. Such changes in healthcare will demand greater cultural competence.**

# America's Demographic Shift

- **By nature, this implies cultural changes.**
- **This implies major adjustments.**
- **It also implies changes in health care.**
- **Current trends will continue long-term.**

*Conclusion:* As the Face of America is altered, conditions will change



# Cultural Shifts Convey Changes in:

- **National culture**
- **Heightened multiculturalism**
- **Diverse attitudes and behaviors**
- **Music**
- **Food**
- **Dress**
- **Altering world views**
- **Greater diversity**
- **More linguistic tolerance**

## The Challenge:

**Major growth among racial minorities will create challenging conditions nationwide**

- Latinos and Asian/Pacific Islanders are growing considerably faster than all other groups in America.
- This will affect the delivery of health care significantly.

# Significance

**The future of America is fully linked to the progress and prosperity of these rapidly growing populations.**

**For America to succeed, Brown people must succeed.**



**What do  
these trends  
indicate?**

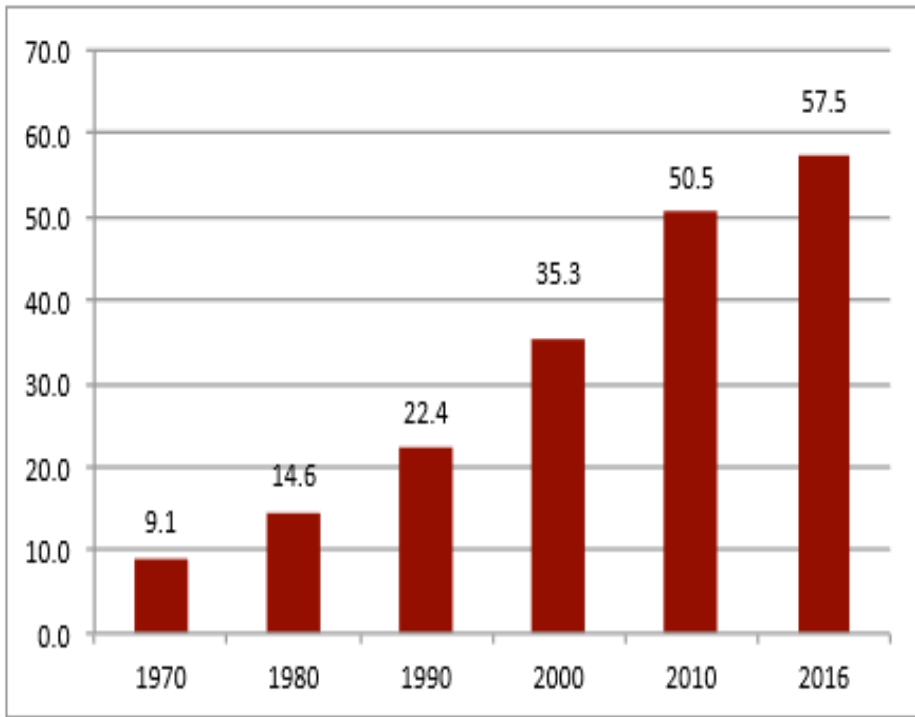
- 1. White population is decreasing at 5% yearly**
- 2. Black population has plateaued at 13% yearly**
- 3. Asian American population is growing significantly, but  $\frac{3}{4}$  due to immigration**
- 4. Therefore, racial minorities are increasing much faster than whites**
- 5. The result? Minorities, and specifically Latinos, will become the future of this country**



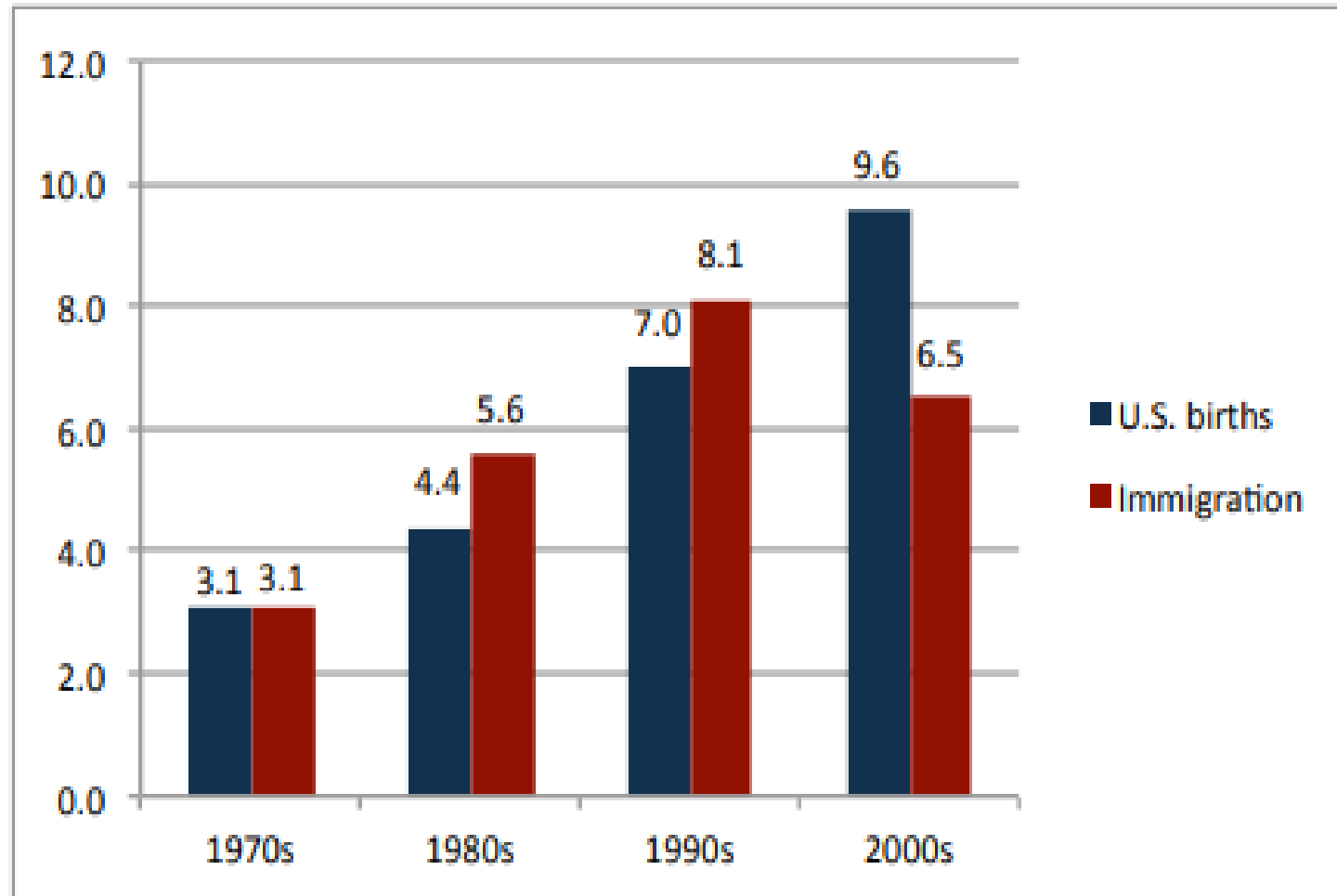
# **Among Latinos, growth is phenomenal**

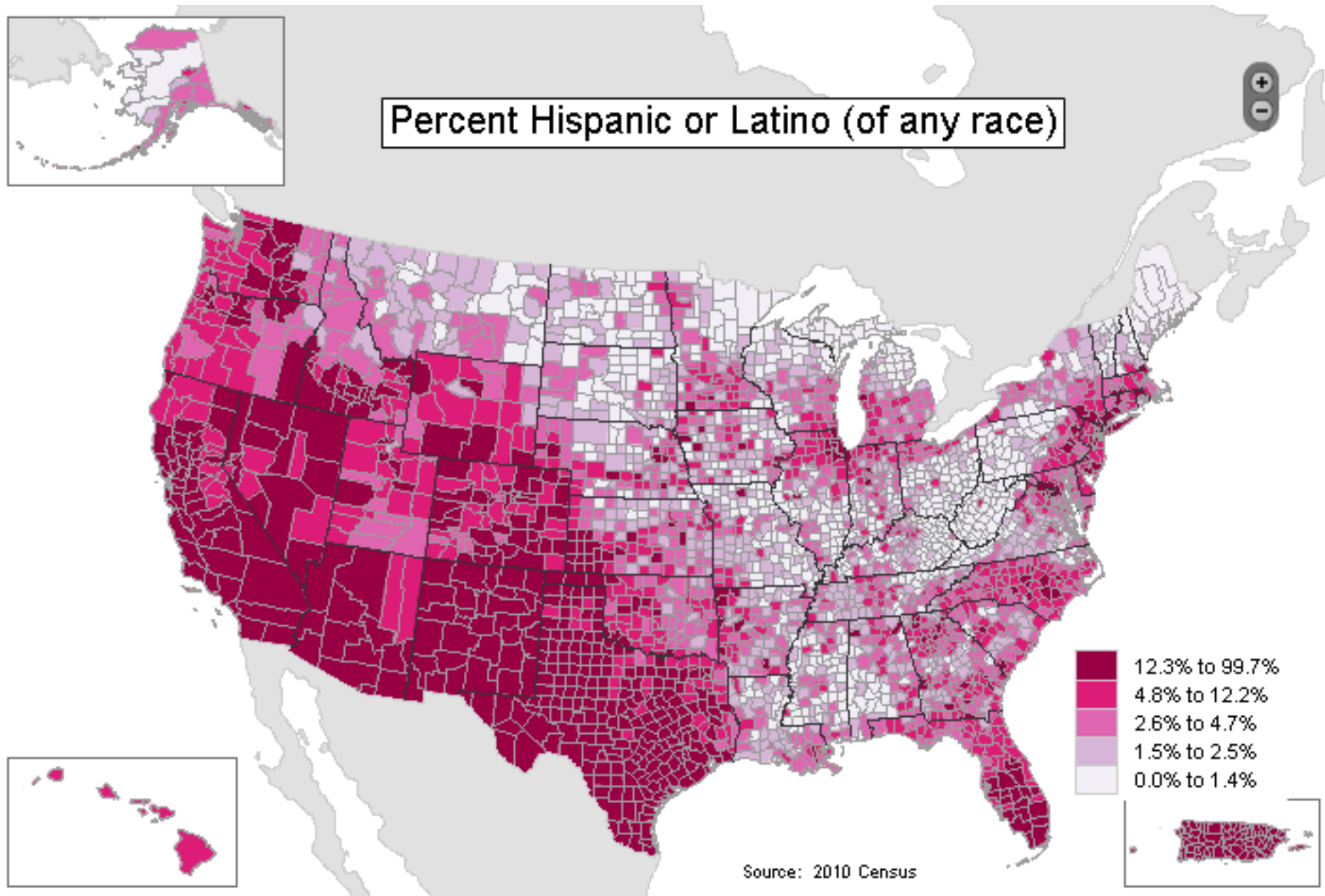
- 1. End of last century: Latinos had become the largest racial minority nationwide.**
- 2. 2011: More minority babies were born than White babies, with Latinos as the large majority.**
- 3. AY2014-2015 marked the first time public-schools (K-12) became a nonwhite majority.**
- 4. Last year, among the 15 largest school districts, Latinos represented the highest percent in 13 of these districts.**
- 5. By end of this generation, the U.S. will be a majority-minority nation ( $\approx$ 2043), with Latinos nearly 1-in-3 residents.**

# Hispanic Population Growth, 1970- 2016



# Different from Asian/Pacific Islanders, the Hispanic Growth is not due to immigration: U.S. Births v. Immigration (1970s to 2000s)

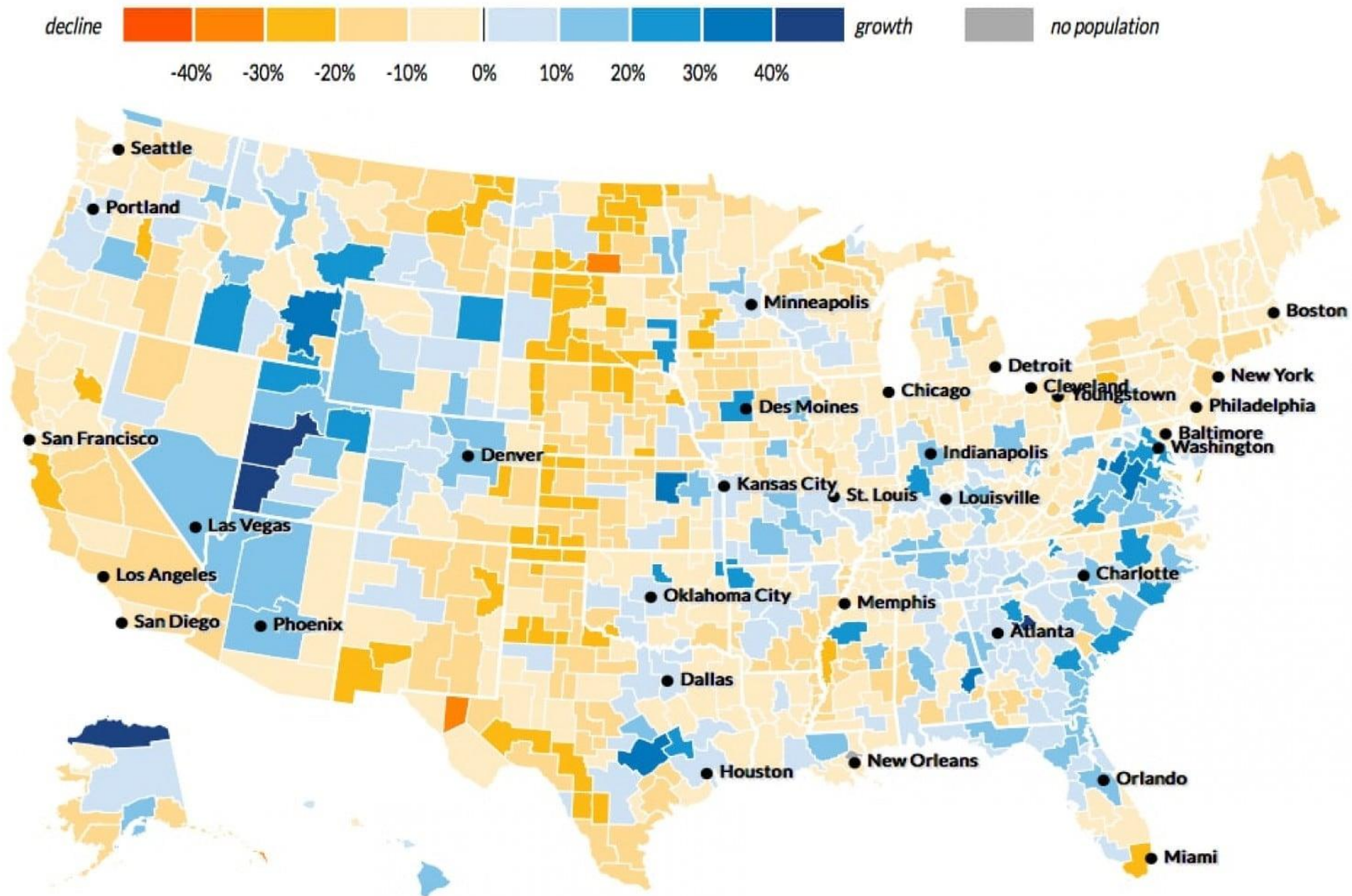




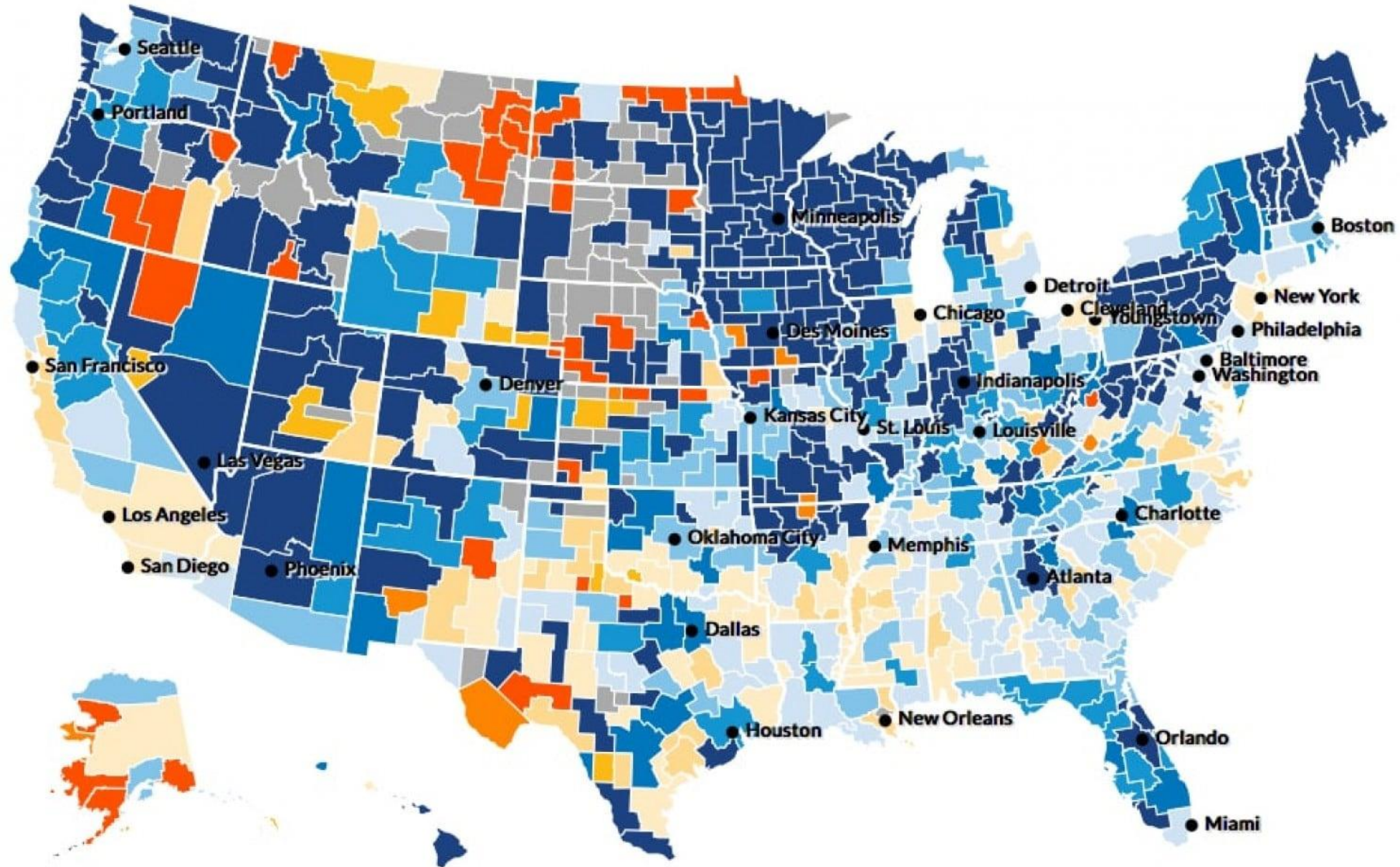
Percentage of Hispanic or Latino (of any race), demographic map from US 2010 census using quantile classification bands (equal number of records in each class)  
 US Census / US Census



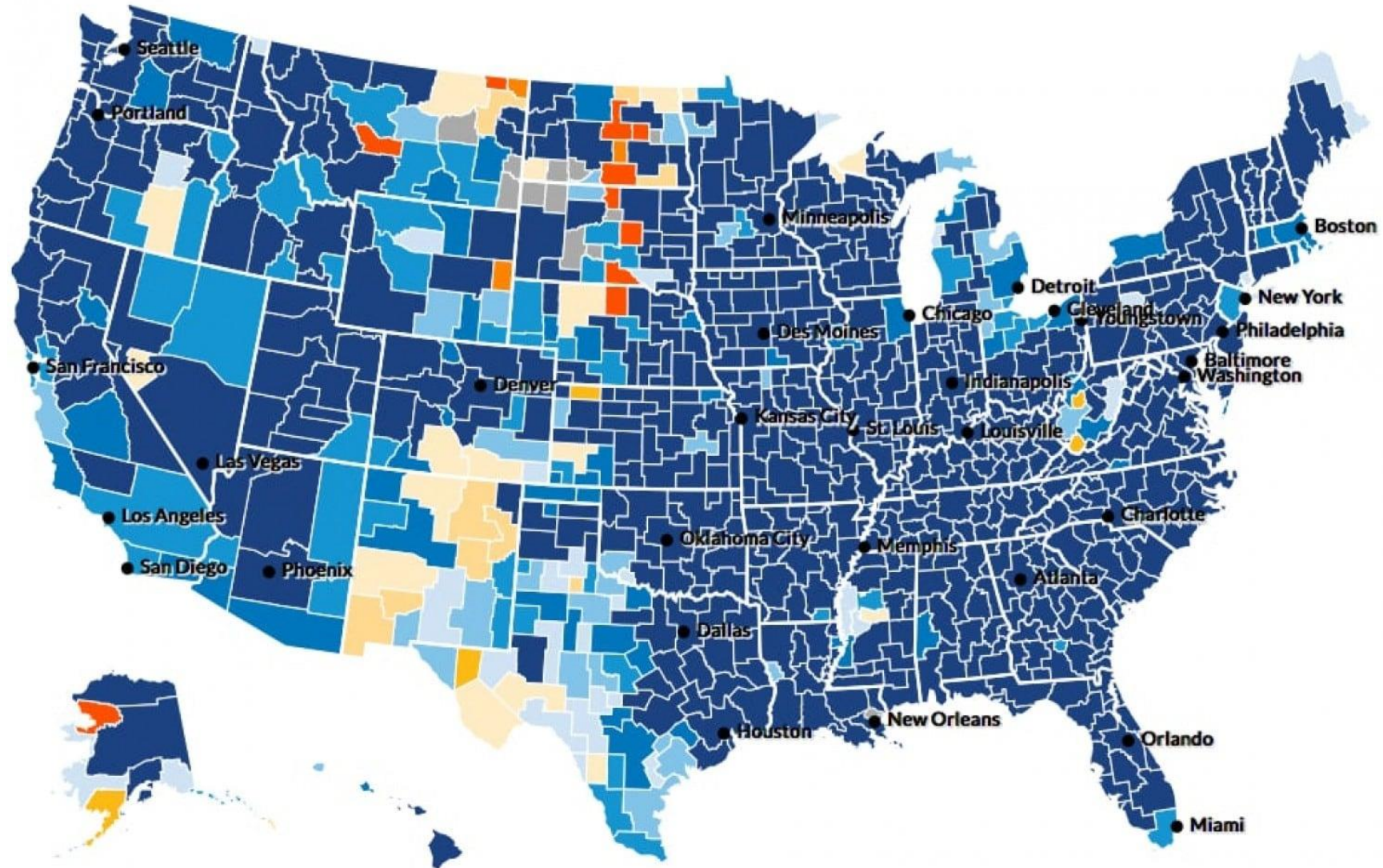
# Projected White Population Change, 2010-2030



# Projected Black Population Change, 2010-2030

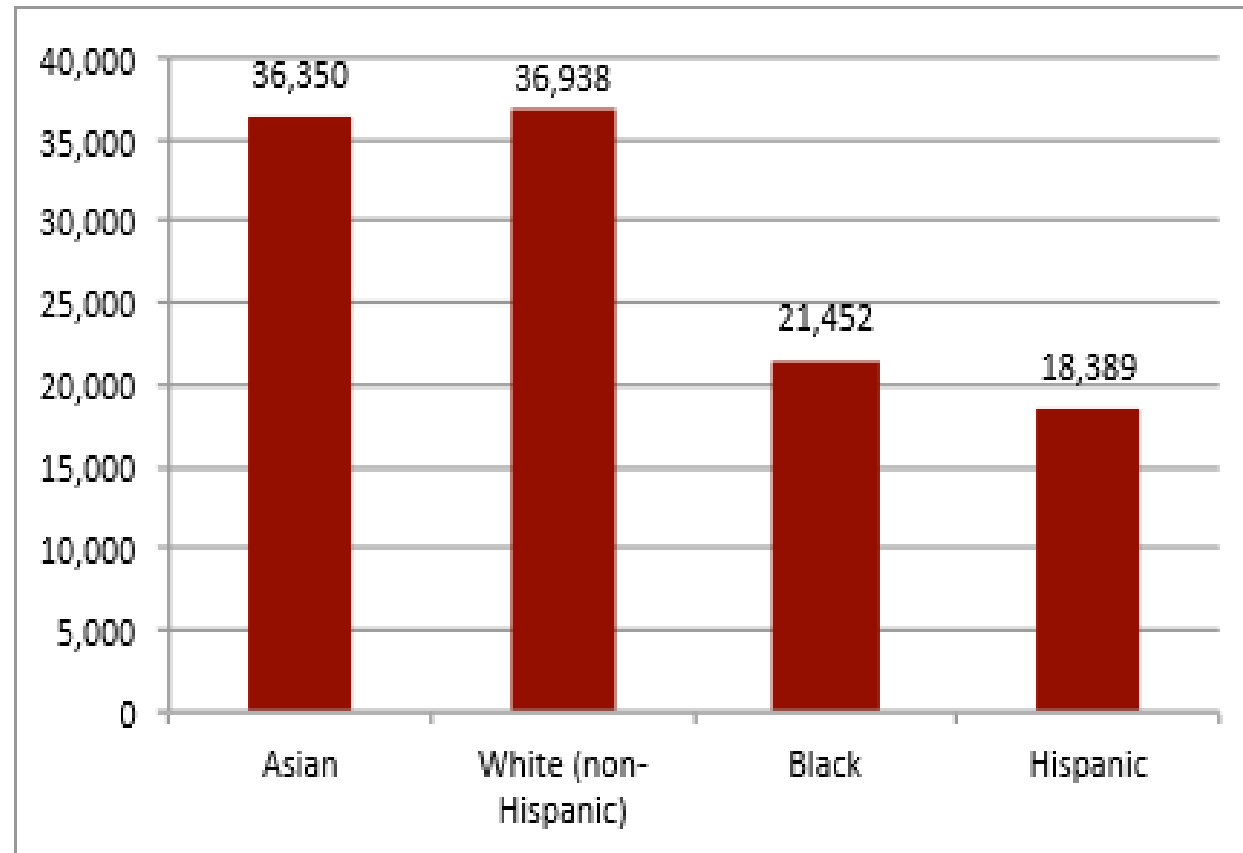


# Projected Hispanic Population Change, 2010-2030



# Median Per Capita Income, by Race: 2016

---

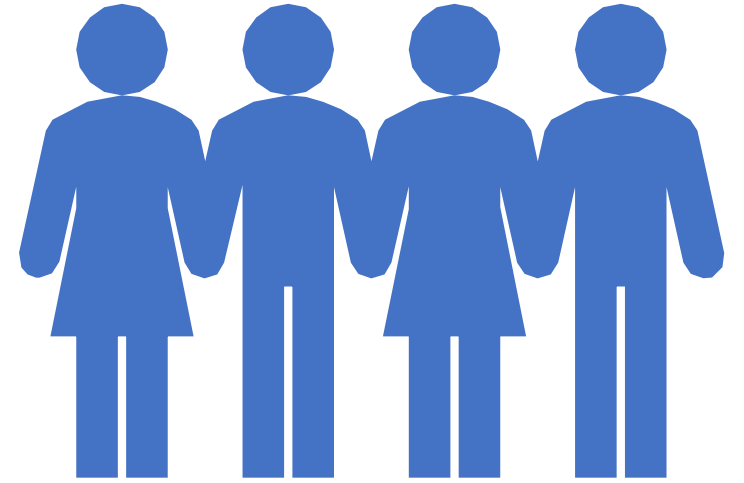




**Shifts in the general makeup of the country will be causing significant changes in the overall national culture as this change will create major challenges to the healthcare industry.**

# What's going on?

- **Dramatic demographic shifts are occurring, where Latinos are front and center.**
- **Major 'browning' and 'Latinization' of America is taking place.**
- **Nearly half the country (largely minority) has been ignored and grossly underserved, especially for health care, housing, and education.**





**Implication?**

**No country can sustain a prosperous future if half its population is in poor health, poorly paid, and grossly undereducated.**

# Questions re. cultural competence

**1. Have you ever participated in a cultural competence training**

yes

no

**2. If “yes,” how helpful was it?**

very helpful

somewhat helpful

barely helpful

not helpful



# **Cultural Competence**

**The capacity to work  
effectively with persons from  
different cultural backgrounds  
and beliefs, not just racial  
minorities.**

**As health care is a cultural construct based on beliefs about the nature of illness and the human body, cultural competence impacts care because it ...**

- 1. Helps interpret alternate views regarding health and healing**
- 2. Helps us to better understand how health is being perceived**
- 3. Is more respectful about what type of health care is acceptable**
- 4. Helps to differentiate among multiple types of treatment**
- 5. Offers alternative ways providers can address and better communicate basic information to different groups**
- 6. It also implies different standards for higher-quality healthcare to diverse populations**

**Bottom line: increase overall patient comfort and access to health care**

# Cultural Competence: 5 Axioms

1. It is not about affirmative action ... but about the Browning of the nation.
2. So, it is not about counting heads, but about making heads count.
3. It is less about individual differences and more about institutional climate and overall cultural acceptance.
4. It is also not just about cultural competence, but about managing and balancing differences in society.
5. In fact, it is about a new paradigm ... “Treating others as they would like to be treated” (platinum rule) v. “Treat others as you would like to be treated” (golden rule).

# Health Disparities among Diverse Groups

**Health disparities refers to differences in health that are closely linked with social and economic disadvantages.**

# Facts about Hispanic Health

1. **Demographically, Latinos are >80% of immigrants, about 10 million are non-citizens, and 90% of all non-English speakers. Also, 1-in-5 (19%) live below the poverty line, with 1-in-4 (23%) unemployed. Yet, the U.S. is now the second largest Spanish-speaking nation in the world.**
2. **Latinos are least likely to see a medical doctor among all racial groups.**
3. **Latinos are 23% more obese than counterpart Whites.**
4. **More than 1-4 Hispanic adults lack a usual health provider and almost half never visit a medical during a typical year.**
5. **1-in-4 Hispanics also do not have insurance compared to 12% for Blacks, and 3 times more likely to be uninsured than Whites. Hence, they are 50% more likely to die from diabetes or liver disease than Whites, yet with nearly similar prevalence rates.**
6. **Health risks vary depending on whether Latinos are born in the U.S. or abroad; with better health outcomes for those born in the Caribbean and Latin America.**
7. **As Hispanics are more than a decade younger than Whites, the steps they now take to avert disease will go a long way. Hence, early detection and follow-up are critical.**
8. **Shockingly, despite poor health, the Hispanic life span is 81.8 years v. 78.8 years for Whites.**

# Facts about African American Health

1. **After 250 years of social segregation and discrimination, current health data confirm African Americans are the least healthy racial group in America.**
2. **While leading causes of death have decreased from 1999 to 2015 for African Americans, they are more like to die at earlier ages from all causes. Life expectancy is 4 years lower than for Whites.**
3. **It is now clear that Blacks receive fewer medications due to low income and insurance status, but also to misinformation, while oftentimes lacking basic information altogether.**
4. **While prevalence rates are similar to Whites, young African Americans are living with diseases more common at older ages for others. [Ex: at ages 18-49 African American are twice as likely to die from heart disease than Whites, and 50% more likely to have high blood pressure, diabetes, and stroke at ages 35-64.]**
5. **Violence is a major determiner of health disparities. It is a major cause of injury, disability, and premature death. Black males are 6 times more likely to die of homicide than Whites, with firearms as the leading cause.**
6. **About half of all inmates in U.S. jails and prisons are Black, with Latinos as 2nd largest group. They suffer from infectious and chronic diseases at rates 4 to 10 times the total population, and with HIV rates that are 13 times higher.**
7. **National surveys show lower rates of mental illness for both Black [and Latinos] as compared to Whites. Yet they suffer from more psychological distress than Whites. Even the proportion of youth contemplating suicide was 40% lower among Blacks compared to Whites.**

# Facts about Minority Health

- 1. More than 1-in-5 (22%) patients speak a language other than English.**
- 2. About 1 in 7 (14.6%) U.S. residents are foreign-born and more likely to lack health insurance.**
- 3. Latinos and Blacks are much more likely to distrust the medical profession than Whites.**
- 4. All too many minority patients are afraid of doctors, while physicians are uncomfortable conversing with patients that are culturally different.**
- 5. Typical physicians interrupt patients within the first 20 seconds of conversation, regardless of language, and more likely with racial minorities.**
- 6. Good news is that patient satisfaction is greatly increased by enhancing cultural understanding, while the risk of malpractice is also greatly reduced, saving both time and money.**

# Vital statistics on top 10 prevalence rates, by racial group, 2017

Rank	Whites	Hispanic	Blacks	Asian/PI	NA/Alaskan
1	Heart Disease	Heart Disease	Heart Disease	Cancer	Heart Disease
2	Cancer	Cancer	Cancer	Heart Disease	Cancer
3	Chronic Lower Respiratory Disease	Accidents	Accidents	Stroke	Accidents
4	Accidents	Stroke	Stroke	Accidents	Diabetes
5	Stroke	Diabetes	Diabetes	Diabetes	Chronic Liver Disease & Cirrhosis
6	Alzheimer's disease	Chronic Liver Disease & Cirrhosis	Chronic Lower Respiratory Disease	Alzheimer's disease	Chronic Lower Respiratory Disease
7	Diabetes	Chronic Lower Respiratory Disease	Homicide	Influenza and Pneumonia	Stroke
8	Influenza and Pneumonia	Alzheimer's disease	Chronic Liver Disease & Cirrhosis	Chronic Lower Respiratory Disease	Suicide
9	Suicide	Influenza and Pneumonia	Alzheimer's disease	Chronic Liver Disease & Cirrhosis	Influenza and Pneumonia
10	Kidney Diseases	Kidney Diseases	Septicemia	Essential Hypertension	Alzheimer's disease

Source: NCHS, National Vital Statistics System, Morbidity, 2017.



# Health Literacy

**Is about the skills needed to  
act on information that will  
lead to a more healthy life.**

***Culture affects how people understand  
and respond to information about health.***

# Linguistic Diversity

**1. What has been your experience working with individuals with limited English proficiency?**

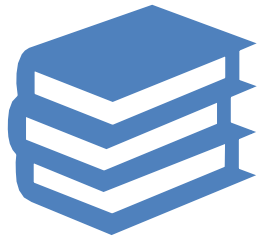
- very often
- sometimes or periodically
- hardly at all
- never

# Sample issues and concerns around health literacy

1. **1-in-2 adult patients has difficulty understanding basic health information, regardless of language. This is especially true among the elderly. [This includes directions re. meds and dosage, including simple instructions like taking a pill 3 times/day.] [Many patients don't know how to read a prescription label or even a nutritional label.]**
2. **Mismatch between a clinician's level of communication and a patient's level of comprehension.**
3. **Overestimation of patient's health literacy level based solely on subjective assessment.**
4. **Incompatibility among patient-provided-system knowledge of health literacy policy, procedures, practices and guidelines.**
5. **Adherence needs critical cultural orientation.**
6. **Comfort and privacy is difficult to maintain and at times embarrassing, especially when another practicing doctor or attendant is brought into the relationship without patient consent.**
7. **Patients are often afraid to disagree with physicians, especially when there are language barriers or wide educational differences.**
8. **It is confusing for many to know that more than one physician may be necessary for treatment.**
9. **Patients may need to bring others into the conversation to help make decisions and ensure security.**
10. **Accommodations are important for interpreters of the same gender.**

# Next Session:

## Tuesday, April 15, 2020 @ 1:00 pm EDT



### Topic:

**Building Capacity – How to Improve Health Literacy Among Vulnerable Populations**

### Objectives:

- Describe evidence-based strategies to improve health literacy in minority populations.
- Explain challenges of implementing health literacy strategies and how to overcome those challenges.
- Compare relevant health literacy toolkits.

Registration Link: <https://attendee.gotowebinar.com/register/4816788223120749835>

12

# Q&A



If you would like to ask the presenter a question, please submit it through the questions box on your control panel.



If you are dialed in through your telephone and would like to verbally ask the presenter a question, use the “raise hand” icon on your control panel and your line will be unmuted.



- When? June 18 – 19, 2020
- Symposium Registration, Call for Abstracts and Posters, and sponsorship opportunities are now available for our 2020 Symposium.
- Early-bird registration March 31, 2020
- For more information visit: [NCHPH.org](https://www.nchph.org)

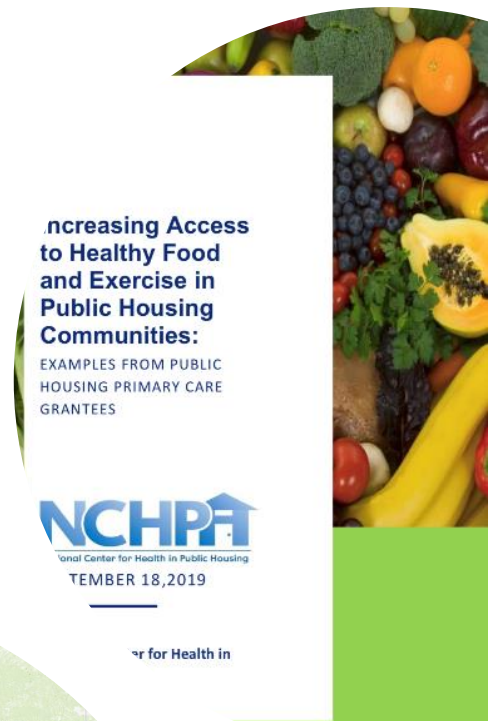
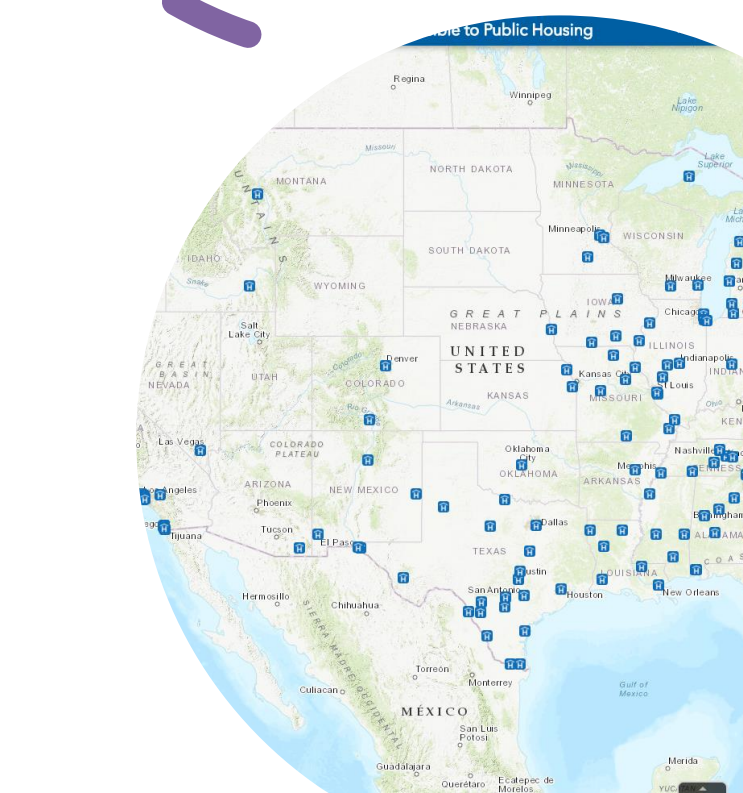
# Join Our Mailing List and Receive:



- HRSA Updates
- Medicare Updates
- Funding Opportunities
- Senior Programs
- Resources and Services

# Visit Our Website: <http://nchph.org>

- Webinars
- Monographs
- Publications
- Interactive Maps
- Provider and Resident-Centered Factsheets
- Training Manuals
- Newsletters
- Annual symposiums
- One-on-One







# Contact Us

Robert Burns  
Director of Health  
Bobburns@namgt.com

Dr. Jose Leon  
Chief Medical Officer  
jose.leon@namgt.com

Saqi Maleque Cho DrPH, MSPH  
Manager of Policy, Research, and  
Health Promotion  
Saqi.cho@namgt.com

Fide Pineda Sandoval  
Health Research Assistant  
Fide@namgt.com

Chantel Moore  
Communications Specialist  
Cmoore@namgt.com

Please contact our team for  
Training and Technical Support  
703-812-8822

# THANK YOU!

