

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

Learning Collaborative: Session 2



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

Wednesday, April 22, 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

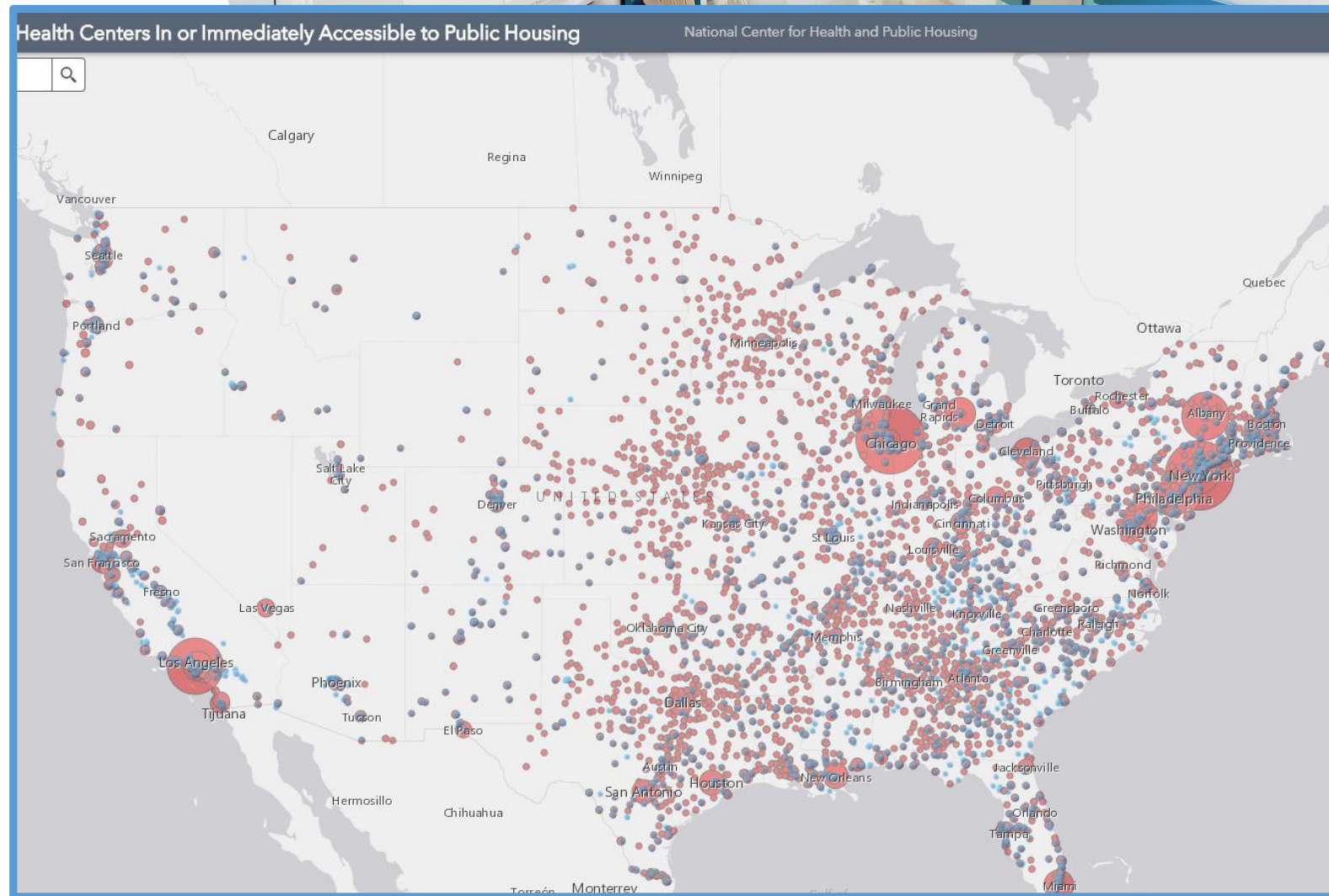


Q&A

# 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](#)



Abdín Noboa-Ríos, Ph.D.



# **Building Capacity:**

**How to improve health literacy among Vulnerable Populations**

***Abdín Noboa-Ríos, Ph.D.***

**LC Session 2: April 22, 2020**

# True/false Quiz on Health Literacy

- 1. Patient knowledge about health literacy is primarily about health information.**
  - true
  - false
- 2. Health literacy is mostly related to reading literacy.**
  - true
  - false
- 3. How we communicate about health is just as important as what we communicate.**
  - true
  - false

# Everyone benefits from health literacy

- 1. The patient**
- 2. Clinical staff**
- 3. Provider agencies**
- 4. Community and society**
- 5. Overall economy**



# What is meant by the term “Health Literacy”

**Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and take appropriate action for healthy decision-making.**

- **About 80% of seniors have low levels of health literacy**
- **About 90% of English language learners (ELLs) have low health literacy**

# Overall Literacy: Reading & Numeracy

- **About 14% of the U.S. population (32 million) have low reading and numeracy skills**
- **Latinos, in particular, have lower levels of literacy compared to average American adults—44% v. 14%**
- **In 2013, the U.S. ranked lower than 15 of 22 OECD countries worldwide in an international literacy test (PIAAC)**

# General adult literacy v. health literacy

**While adult literacy hovers around 14%, current estimates are that 9-in-10 adults lack the skills to fully manage their health care and prevent disease.**

**Low health literacy is considerably higher than general adult literacy**

**Health Challenge:**  
**Low health literacy is linked to:**

- 1. Poor health outcomes**
- 2. Greater likelihood to misread prescription labels**
- 3. Increased hospitalization rates and ER visits**
- 4. Less use of preventive care**
- 5. Lower prescription and health plan adherence**
- 6. Higher mortality rates**



**Health  
literacy is  
about ...**

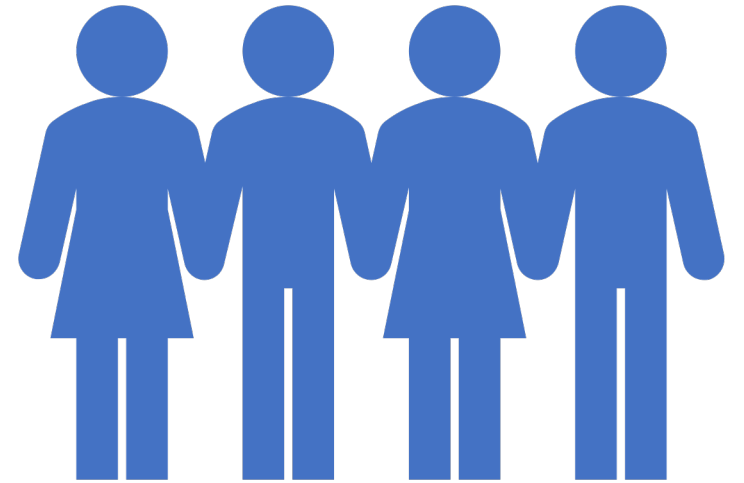
- ***Patients*** having a role in letting providers know about their concerns and sharing their questions

**AND**

- ***Providers*** having a role in building trusting relationships with patients that deliver messages in ways that patients can understand and feel comfortable to ask questions without embarrassment

# Patients tend to ask 3 major questions:

- What is my main *problem*?
- What do I need to *know*?
- Why is this *important* for me?



**Providers  
must ...**

**Check for  
understanding by  
using health literacy  
strategies**

**THIS IS KEY**

# Health Literacy is not just about reading, but about understanding

## It requires:

- Patients to *process* information to get to the right conclusion

## **THEN**

- For patients to *act* on this information to take care of themselves



# Nutritional questions from an ice cream label:



1. If you were to eat the entire container, how many calories will you consume?
2. If you are allowed to eat 60 grams of carbohydrates, how many servings of ice cream can you have?
3. If you ate 2,500 calories/day, what percent of your daily calorie intake will you eat if you had only one serving?
4. If you were to reduce sodium intake, would this be a good source of nutrition?

# Questions a patient can answer from prescription bottle



1. How many pills can this patient take daily?
2. At what time of the day should the patient be taking pills?
3. For how long a period of time can these pills be taken?
4. Must patient take pills all the time?
5. Can the prescription be refilled?

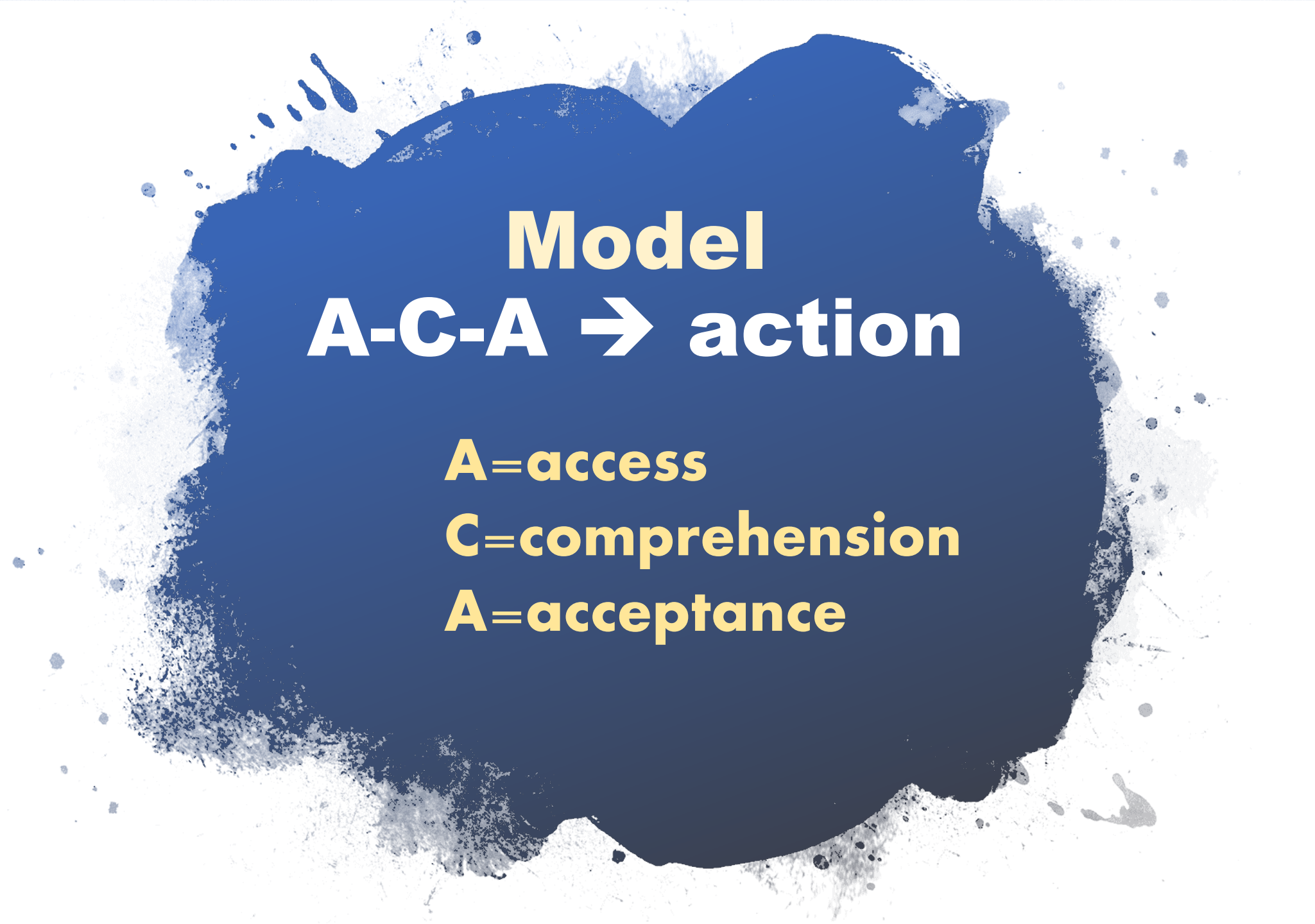
# Patients should also be able to answer additional questions, but how?

- 1. Should patient be taking this medication before or after a meal?**
- 2. Can this medicine be taken without liquids?**
- 3. Does it matter if medication is taken with water as different from drinking it with coffee or juice?**
- 4. What are some side effects to the medication?**
- 5. What happens if you stop taking the medicine?**



**7 practical  
strategies  
providers should  
use:**

- 1. Look for clues regarding non-adherence**
- 2. Use AV aids, models, and illustrations instead of words**
- 3. Use demonstration [e.g., show bottle of pills with label and walk through the process]**
- 4. Highlight or circle important points from a handout, as information is not always clear**
- 5. Use plain language, speak slowly and avoid jargon or acronyms**
- 6. Check for understanding by touching base with patient**
- 7. Reference local resources to encourage patient to self-navigate their care. [this means knowing the environment, the community]**



**Model**  
**A-C-A → action**

**A=access**

**C=comprehension**

**A=acceptance**

# The ACA model requires major motivation for action

*What is missing from the model?*

**There needs to be a driving motivation (e.g., reason or purpose) for patient to act on their best interest!**

- 1. *Why?* Patient must be VESTED in the process**
- 2. *How?* Patient must be engaged, involved, interested, and enthused about taking care of themselves**
- 3. *Result?* Patient will view their health as a personal goal and an important challenge for a higher quality of life.**

# More Questions re. Health Literacy

- 1. Health literacy is primarily about getting patients to act on their health knowledge.**
  - true
  - false
- 2. Health literacy greatly also relates to what is going on regarding our current COVID-19 pandemic.**
  - true
  - false

There are two levels of  
health literacy

**Individual level**

**and**

**Societal/community level**



# What is being learned from the pandemic?

- 1. The understanding of health and its consequences at all levels of society—employment, income, social engagement, economy.**
- 2. Leaders can enact policy, but it doesn't mean people will follow**
- 3. High respect and acceptance is afforded to officials that can communicate clear/sound policy and gain public confidence**
- 4. Caution is sought regarding mixed messages and misinformation. Expanding the myth that Blacks were exempt from Covid-19, for example, was damaging to African Americans, exacerbating already bad conditions**
- 5. Highly vulnerable populations are always prone to attain higher rates of mortality during a pandemic. This includes the following population sectors:**

# Most vulnerable groups:

- 1. Incarcerated populations (e.g., jails, prisons, detention centers, immigrant shelters)**
- 2. Nursing homes**
- 3. The homeless**
- 4. Residents of low-income housing**
- 5. Senior citizens**
- 6. Persons with pre-existing conditions**
- 7. Racial minorities**

# Health literacy also resides at the provider and broader community level

## **Major Conclusion**

Literacy at the wider system of health provision and leadership represents another level of literacy, beyond individual knowledge.

- This level is systemic in nature.
- It is about health action for the broader population and its consequent risks to overall society.
- It operates at the community level and affects all population sectors.

**For the wellbeing of the nation, it is imperative to promote such health literacy at the highest levels of governance.**

Disparate health policies will certainly ensure two conditions:

- They fracture opportunity
- AND**
- They place certain community sectors at a disadvantage

# Next Session:

## Friday, May 15, 2020 @ 1:00 pm EDT



### Topic:

**Deeper Dive- How to Use Community Health Workers to Improve Health Literacy and Access to Care**

### Objectives:

- Describe Community Health Workers/ Promotoras programs focused on health literacy and cultural competency
- Identify challenges of training Promotoras
- Describe the successful components of Promotora training programs

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

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# 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.

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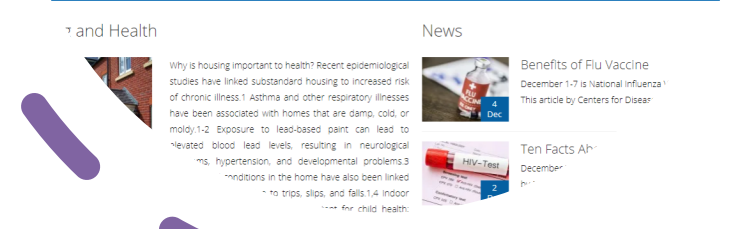


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## <http://nchph.org>

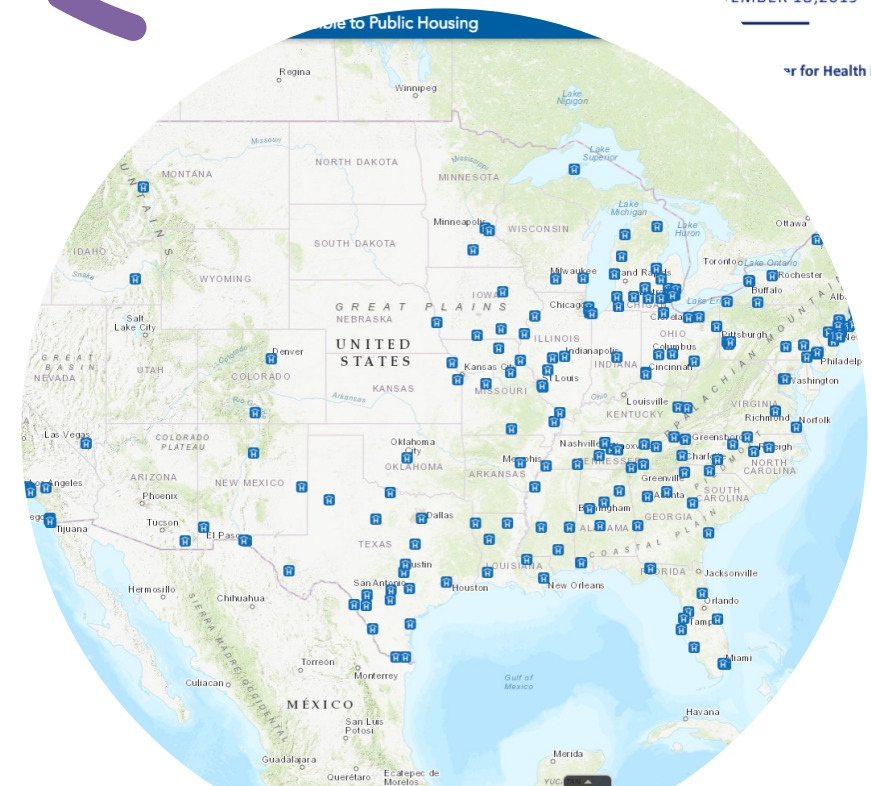
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**Increasing Access to Healthy Food and Exercise in Public Housing Communities:**  
 EXAMPLES FROM PUBLIC HOUSING PRIMARY CARE GRANTEES



Center for Health in







# Contact Us

Robert Burns  
Director of Health  
Bobburns@namgt.com

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

Chantel Moore  
Communications Specialist  
Cmoore@namgt.com

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

Fide Pineda Sandoval  
Health Research Assistant  
Fide@namgt.com

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

# THANK YOU!

