



The Impact of Health Literacy on Diabetes Mellitus

National Center for Health in
Public Housing

December 2021

Housekeeping



- All participants muted upon entry
- Cameras on (if possible)
- Engage in chat
- Raise hand if you would like to unmute
- Webinar is being recorded
- Slides and recording link will be sent via email within a week after session

National Center for Health in Public Housing

- 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 Partner (NTTAP) for \$2,006,400, 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.



AGENDA

1. Mentimeter poll questions
2. Review how health literacy can affect diabetes outcomes
2. List groups more likely to limited health literacy skills
3. Discuss health literacy strategies to improve diabetes care in patient with diabetes
4. Review health literacy resources for patients with diabetes

Mentimeter Activity

- On a separate browser or on your phone go to Menti.com and enter code **9590 2106**
- Or scan QR code and enter code **9590 2106**





Q1. In your health center, what groups of people have you seen are more likely to have limited health literacy skills?

- Open ended answer



Q2. List one health literacy strategy you use to improve diabetes care among your patients.

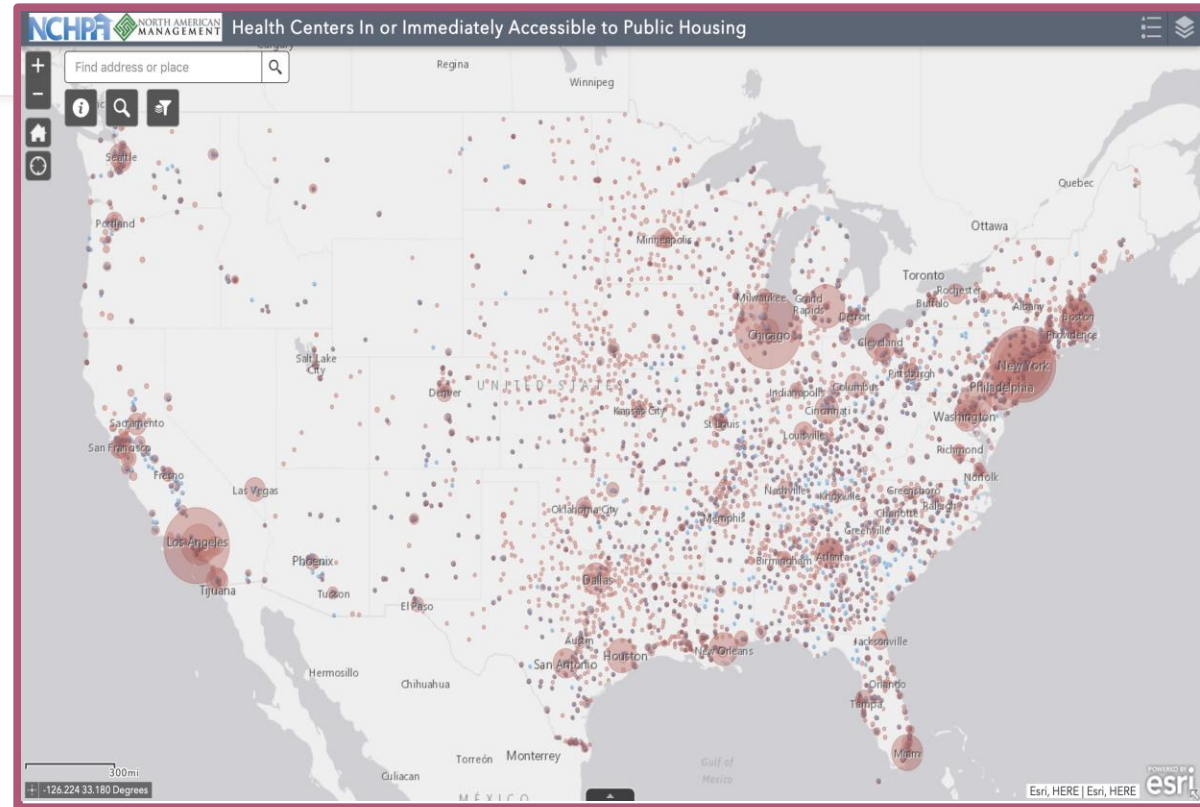
- Open ended answer

Q3. List one health literacy resource that has worked the most for your health center patients with diabetes.

- Open ended answer

Health Centers close to Public Housing

- 1,375 Federally Qualified Health Centers (FQHC) = 28.5 million patients
- 435 FQHCs In or Immediately Accessible to Public Housing = 5.1 million patients
- 107 Public Housing Primary Care (PHPC) = 866,851 patients
- Source: [2020 National Health Center Data](#)



Public Housing Demographics

Public Housing Demographics:



1.7 Million Residents



2.1 Persons Per Household



33% Female Headed Household w/Children



55% Less than High School Diploma



43% African-American



25% Hispanic



37% Children



52% White



35% Elderly



38% Disabled

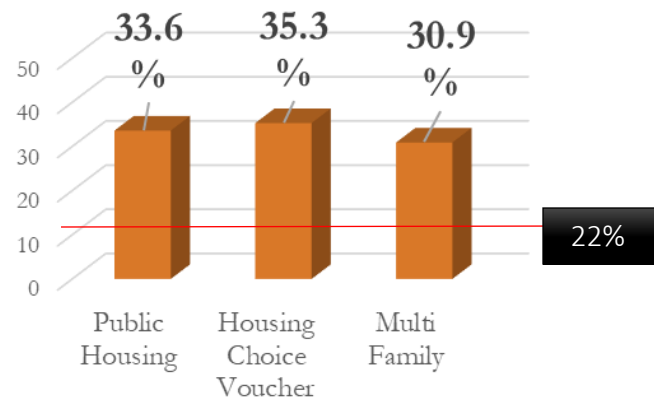


93% Low Income

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%

How Health Literacy Affect Diabetes Outcomes?

- What is Health Literacy?

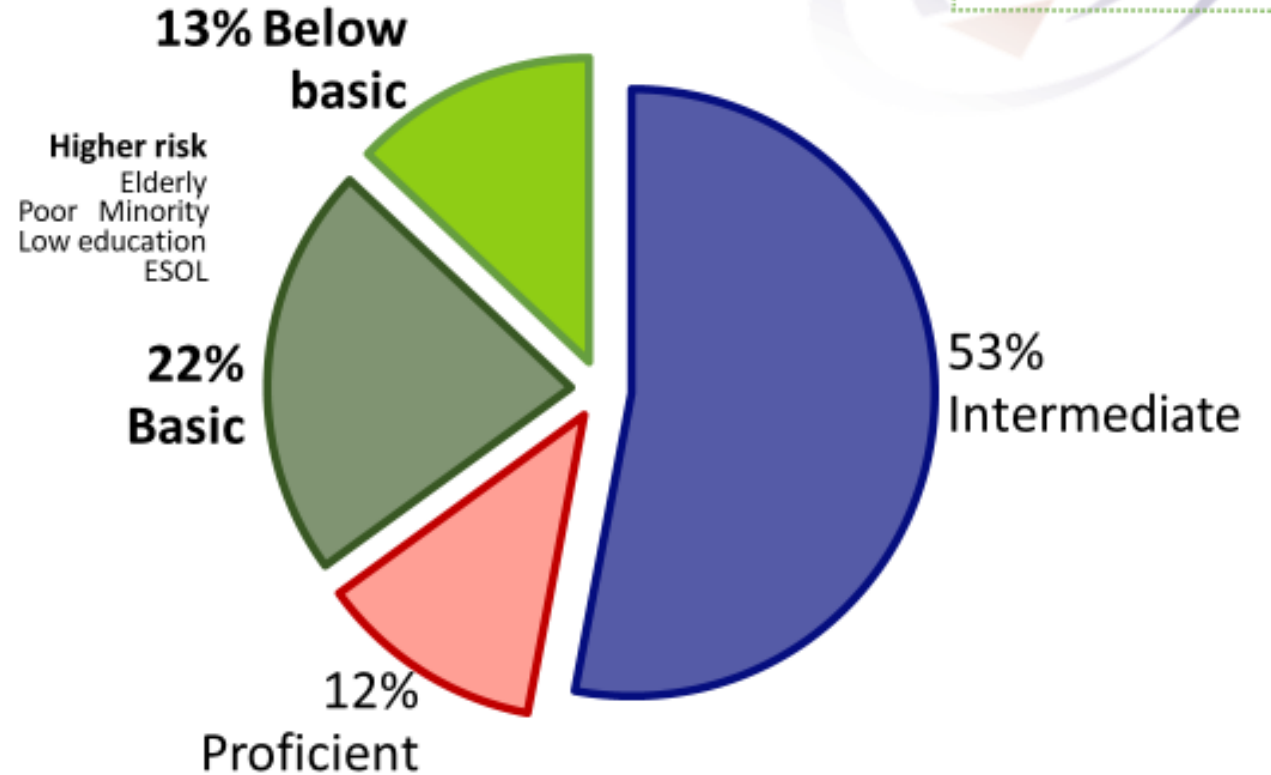
Health literacy is defined as the degree to which people are able to find, understand, and use information and services to inform their health-related decisions and actions for themselves, as well as others. Health literacy involves many different skillsets. The three essential skillsets are reading, communicating verbally, and understanding numbers.

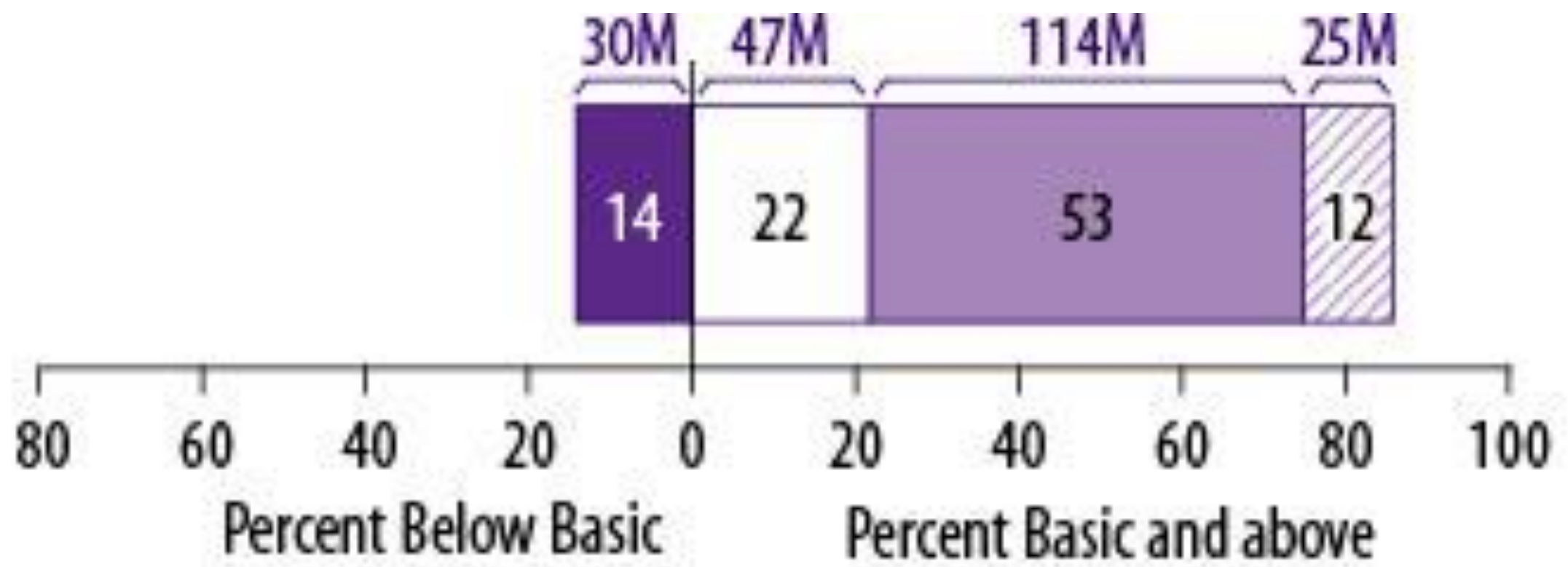
How Health Literacy Affect Diabetes Outcomes?

- What is Limited Health Literacy?
- Limited health literacy means failing to understand most health information, such as a prescription medicine label or an immunization schedule.
- [The Health Literacy of America's Adults External link](#)—a report from the National Assessment of Adult Literacy, the most comprehensive assessment of U.S. adult literacy conducted to-date—found that **36% of U.S. adults have basic or below-basic health literacy**, which means they have limited health literacy and fail to understand most health information. The report found that **only 12% of U.S. adults have proficient health literacy**, meaning they were able to understand and use printed health information effectively.

How Health Literacy Affects Diabetes Outcomes?

Poor health literacy





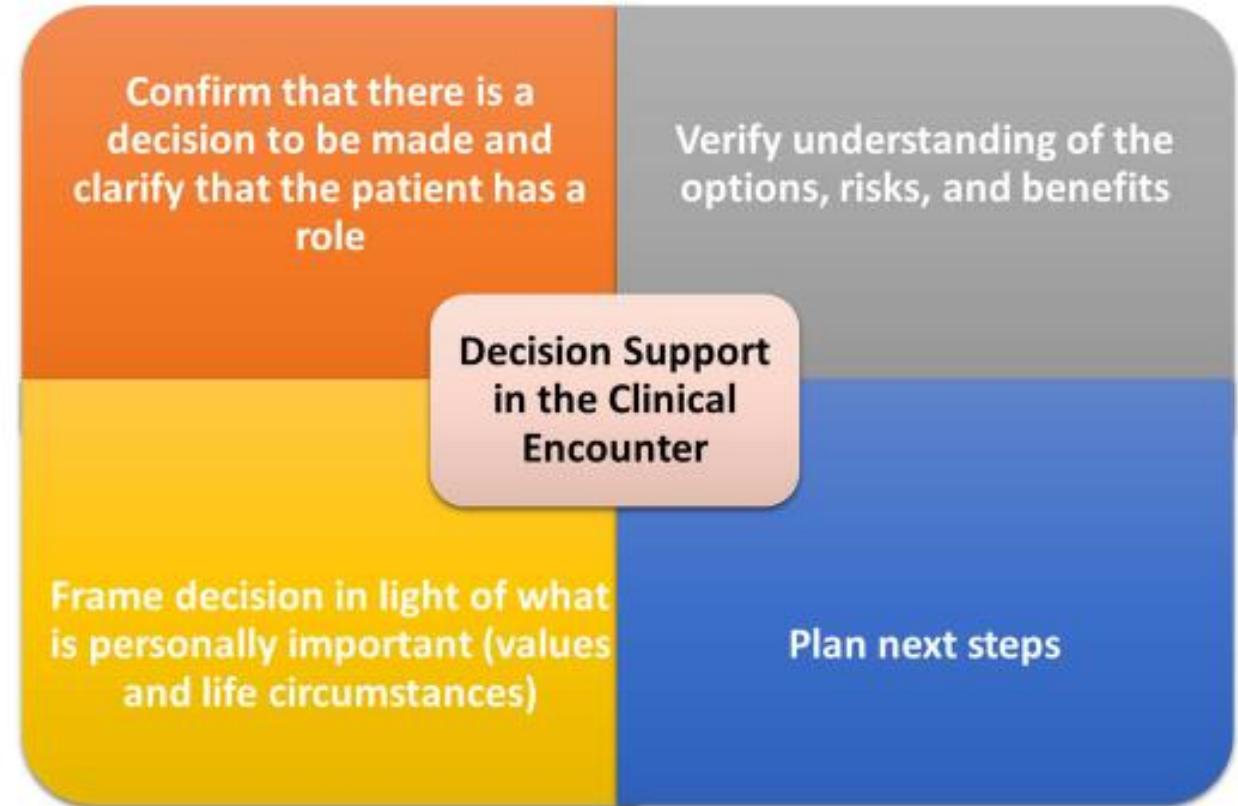
How Health Literacy Affect Diabetes Outcomes?

- Health literacy is important for people with diabetes because managing diabetes is complex. People with diabetes **have to understand basic physiology**, as well as the concept that **behavior**—taking medicines, self-monitoring blood glucose, maintaining a healthy diet, and being physically active—**has an impact on blood glucose levels.**

How Health Literacy Affect Diabetes Outcomes?

- Limited health literacy is a major barrier to effectively managing diabetes because it severely limits a person's ability to obtain, understand, process, and act on important health information. Evidence suggests that people with limited health literacy are less likely to follow diabetes self-care instructions and to seek care early in the course of the disease, which makes them more likely to experience complications. People with limited health literacy are also more likely to seek care in emergency rooms and be admitted to the hospital.
- Therefore, limited health literacy in the care of chronic diseases, such as diabetes, results in higher, unnecessary costs to society. According to some estimates, limited health literacy accounts for 3% to 5% of total health care costs.

How Health Literacy Affect Diabetes Outcomes



<http://decisionaid.ohri.ca/decguide.html>

Self-Care skills

- Disease management skills (Adherence to treatment regimen: medication, behavioral-exercise, diet & stress management)
- Self-Efficacy

Health Care Service Utilization

- System navigation skills
- Insurance management skills
- Provider- patient communication
- Improve knowledge

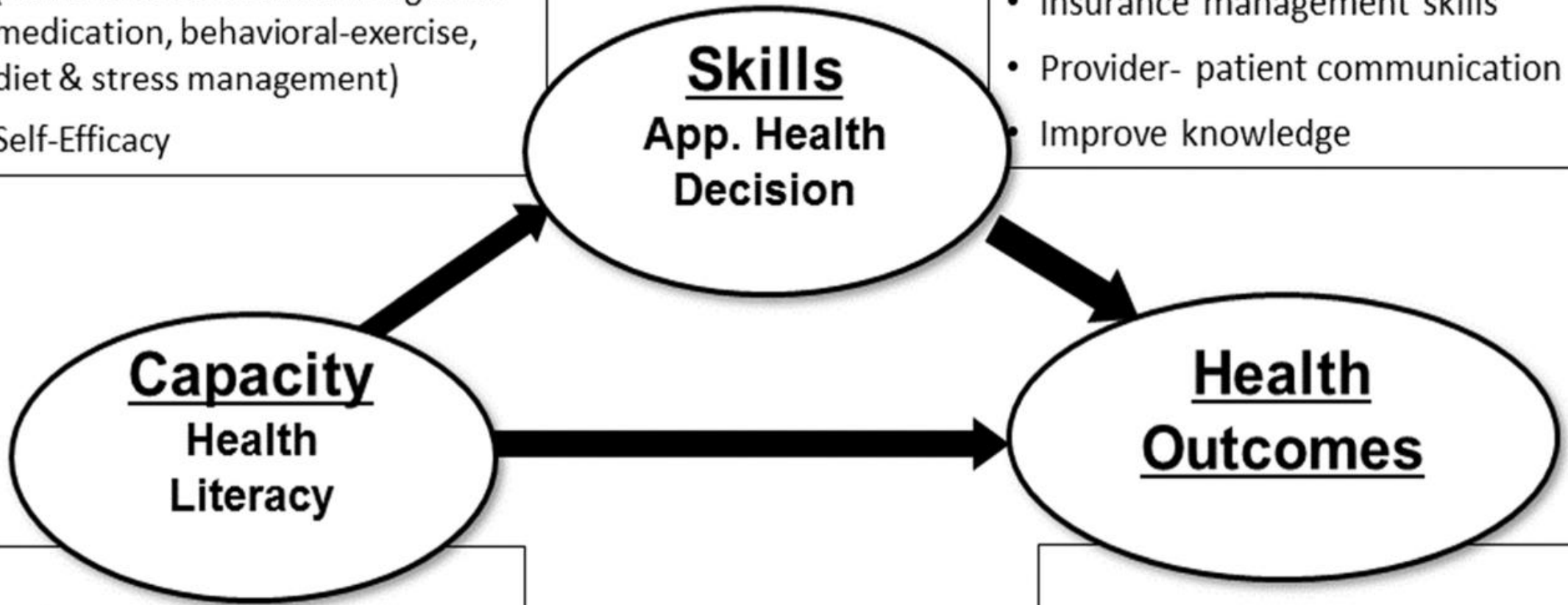
Skills
**App. Health
Decision**

Capacity
**Health
Literacy**

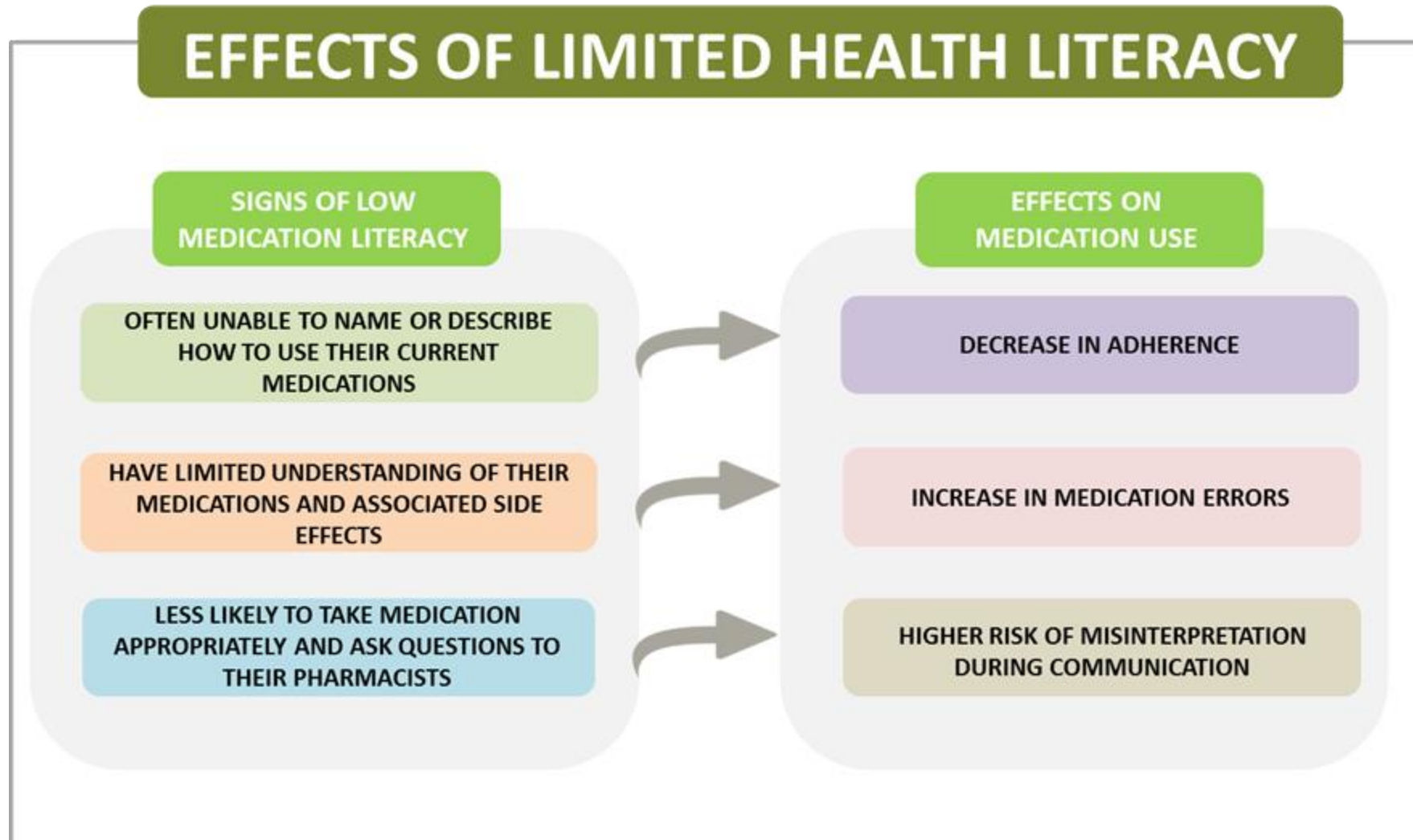
Health
Outcomes

- Ethnicity
- Education
- Age
- Gender
- Disease severity

- HBP control
- Glucose control
- Quality of Life
- Depression



How Low Health Literacy Affects Diabetes Outcomes



Health Literacy Affect Diabetes Outcomes?

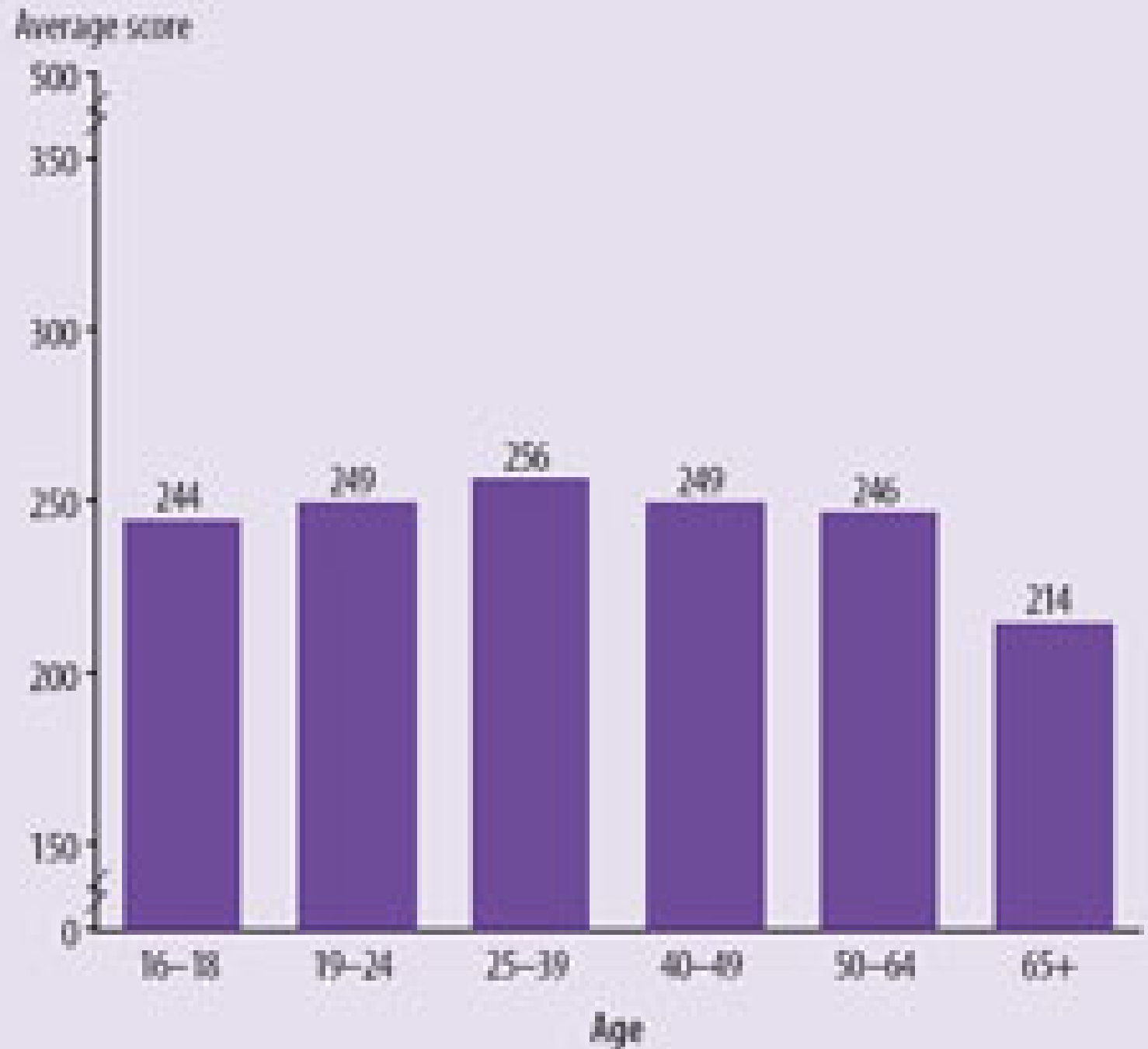


Are there Some groups more likely to limited health literacy skills?

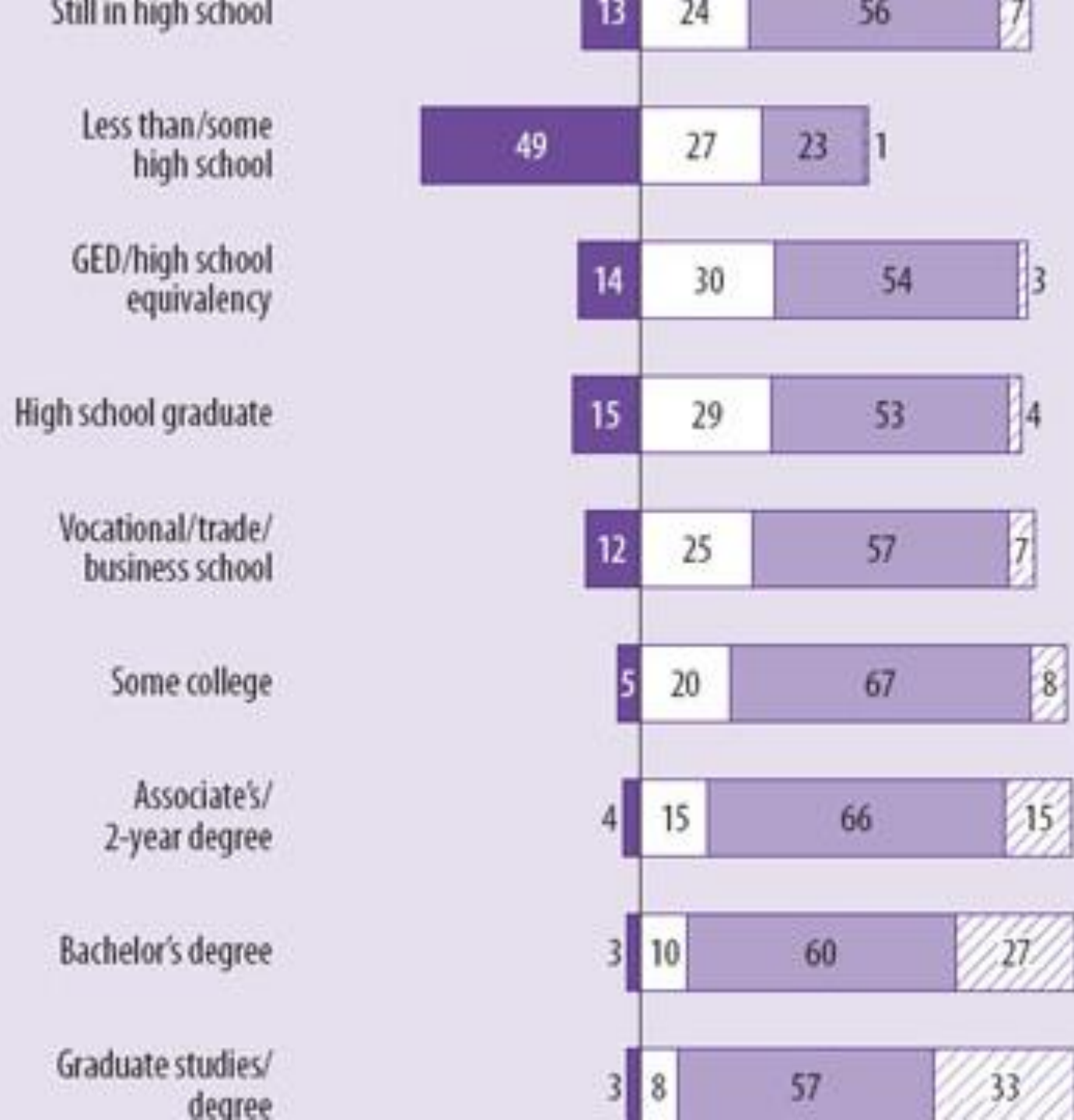
- Low Education Attainment
- Older Adults
- Lower Socio-Economic Status
- Ethnic Minorities
- Limited English Proficiency

*According to the U.S. Census, about 25 million Americans have limited English proficiency, which means they are at risk for limited health literacy.

Average Health Literacy Scores by Age



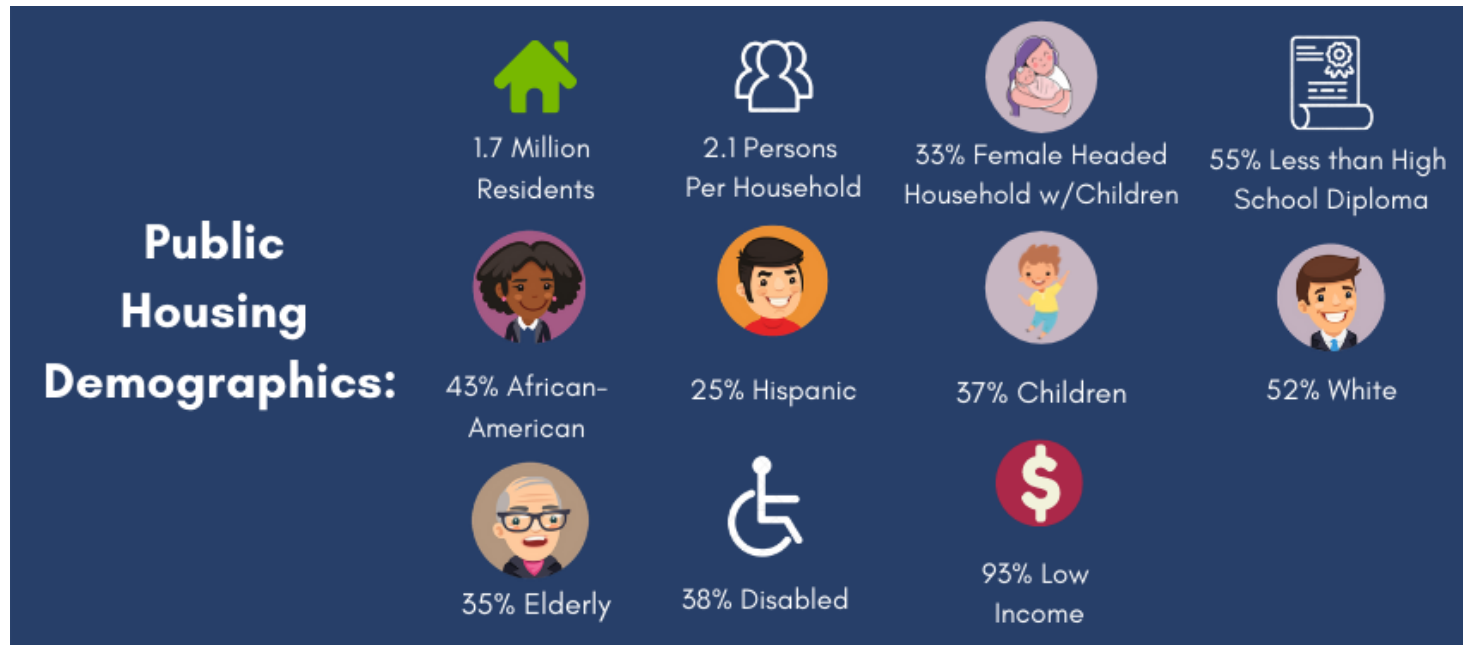
Educational Attainment and Health Literacy



How does health literacy relate to social determinants of health and health inequities?

- People affected by SDOH: access to healthy food, food deserts. Etc.
- Structural racism
- Health literacy is not a trait, it is a set skills developed over time

Are there Some groups more likely to limited health literacy skills?



What strategies can health centers adopt to improve diabetes care when working with patients who have limited health literacy skills?

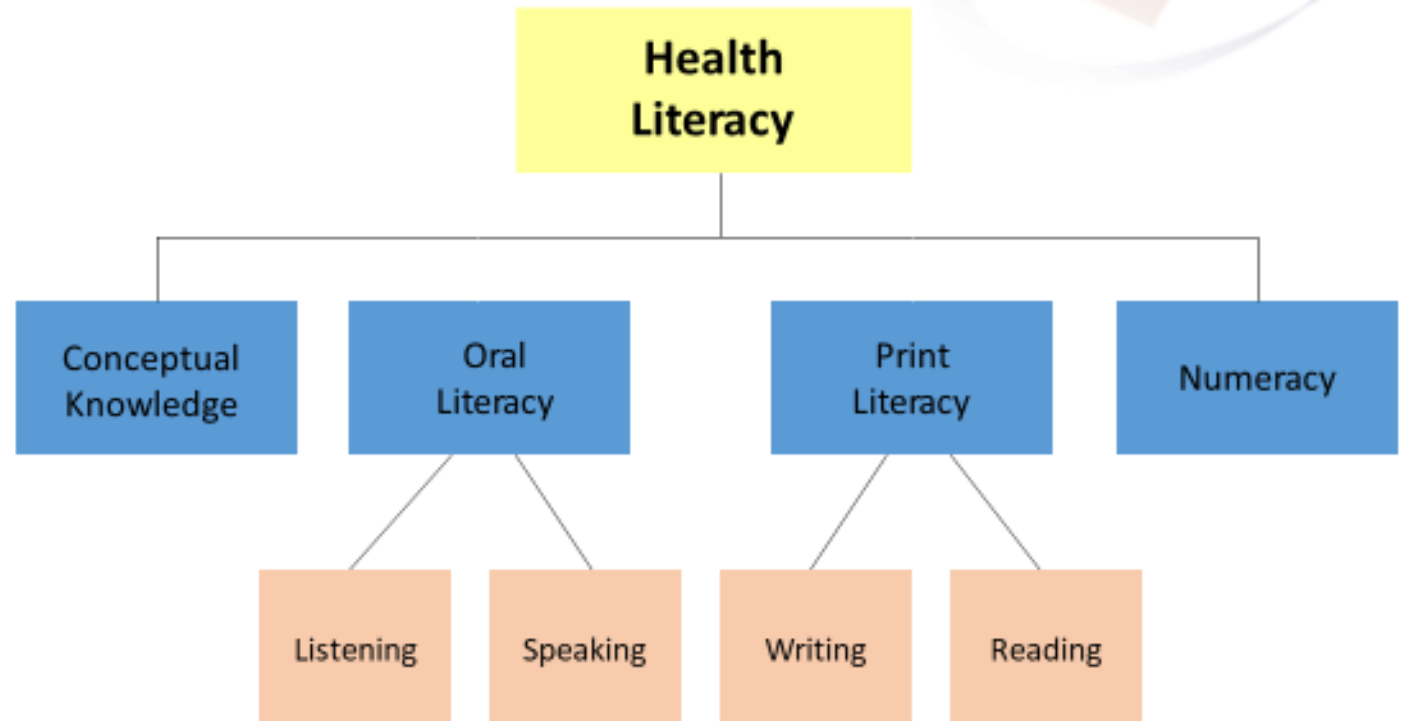
- Organizational Health Literacy
- Use of plain language (avoid jargon and acronyms)
- Development of easy-to-read materials

During your conversations with your patients:

- Convey two or three key messages that you want your patient to remember.
- Focus on what the patient needs to know and needs to do, as opposed to spending too much time on what the health condition is.
- Use the teach-back method to reinforce key messages and confirm the patient understands what he or she needs to do.
- Be positive, hopeful, and empowering. Avoid blaming or trying to identify where the patient is lacking. After a doctor's office visit, you want the patient to understand what to do and to feel empowered to do it.

What strategies can health centers adopt to improve diabetes care when working with patients who have limited health literacy skills?

Shared decision making and health literacy



What strategies can health centers adopt to improve diabetes care when working with patients who have limited health literacy skills?

Talking to Patients: Diabetes Mellitus



- You have Diabetes: Tell me how you understand that? What does it mean to you?
- What do you think you need to manage this problem well?
- Tell me what is important to you about this diagnosis?
- Who else is involved in helping you manage it?
- There will be a lot of decisions to make over time to manage your condition. If I understand something about your preferences, I will be better able to help you.

What Health Literacy Resources are Available?

S.H.A.R.E. Approach (AHRQ)



**AHRQ
Health Literacy
Universal
Precautions Toolkit**



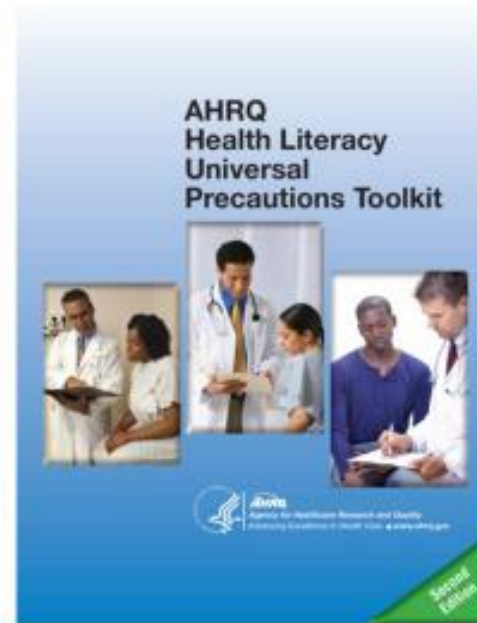
What Health Literacy Resources are Available?

AHRQ Health Literacy Universal
Precautions Toolkit

What Health Literacy Resources are Available

AHRQ health literacy resources

- AHRQ Health Literacy Universal Precautions Toolkit



www.ahrq.hhs.gov/literacy

- The Patient Education Materials Assessment Tool (PEMAT)



www.ahrq.gov/pemat

What Health Literacy Resources are Available?

<https://healthliteracy.bu.edu/documents/37/Literacy%20Assessment%20for%20Diabetes%202-00.pdf>

Literacy Assessment for Diabetes (LAD)		
Shirley Theriot Sylvester, Ph.D., Charlotte Nath, RN, EdD, CDE		
Patient Name/Number _____	Birth date: _____	
Date _____	Clinic _____	Examiner _____
List 1	List 2	List 3
eat _____	thirst _____	artery _____
eet _____	thürst _____	art-tê-ree or ar-tree _____
pill _____	exercise _____	biosynthetic _____
pil _____	ek-sir-sîz _____	bi-ô-sin-thet-ik _____
eye _____	exchange _____	abnormal _____
ī _____	iks-chānj _____	ab-nor-muhl _____
fat _____	direction _____	cholesterol _____
fāt _____	duh-rek-shūn _____	kah-les-tuh-rawl or rōl _____
milk _____	hospital _____	glycogen _____
milk _____	hos-pit-uhl _____	gli-kuh-jēn _____
sugar _____	calorie _____	nephropathy _____
shoo-gēr _____	kal-uh-ree _____	ni-frap-uh-thē _____
lunch _____	colon _____	prescription _____
lunch _____	ko-luhn _____	pri-skrîp-shuhn _____
meal _____	urination _____	pregnancy _____
meel _____	yoor-uh-nay-shun _____	preg-nuhn-see _____
kidney _____	vision _____	ketones _____
kid-nee _____	vîzh-un _____	kee-tōnz _____
drink _____	protein _____	ketoacidosis _____
drink _____	prō-teen _____	kee-tō-ass-ih-dō-sus _____
nurse _____	vegetable _____	pancreas _____
nurs _____	vej-tuh-bul _____	pan-kree-uhs _____
fiber _____	snack _____	hypoglycemia _____
fi-bēr _____	snak _____	hi-pō-gli-see-mee-uh _____
fruit _____	cereal _____	atherosclerosis _____
froot _____	ser-ee-ul _____	ath-uh-rō-skluh-rō-sis _____
supper _____	injection _____	occupation _____
sûp-ēr _____	in-jek-shun _____	ok-yoo-pay-shuhn _____
bread _____	glucose _____	triglycerides _____
bred _____	gloo-kōs _____	tri-glis-uh-rîds _____
heart _____	breakfast _____	emergency _____
hart _____	brek-fuhst _____	ih-mūr-juhn-see _____
blood _____	insulin _____	communication _____
bluhd _____	in-suh-lin _____	kuh-mū-nuh-kā-shuhn _____
stress _____	alcohol _____	hemoglobin _____
-----	al-kuh-ohl _____	he-muh-glo-bin _____

What Health Literacy Resources are Available?

<https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/quality-resources/tools/literacy/sahl-s-form-user-guide.pdf>

The 18 items of *SAHL-S*, ordered according to item difficulty (keys and distracters are listed in the same random order as in the field interview)

Stem	Key or Distracter		
1. empleo	__trabajo	__educación	__no se
2. convulsiones	__mareado	__tranquilo	__no se
3. infección	__mata	__virus	__no se
4. medicamento	__instrumento	__tratamiento	__no se
5. alcoholismo	__adicción	__recreo	__no se
6. riñón	__orina	__fiebre	__no se
7. dosis	__dormir	__cantidad	__no se
8. aborto espontáneo	__pérdida	__matrimonio	__no se
9. estreñimiento	__bloqueado	__suelto	__no se
10. embarazo	__parto	__niñez	__no se
11. nervios	__aburrido	__ansiedad	__no se
12. nutrición	__saludable	__gaseosa	__no se
13. indicado	__instrucción	__decisión	__no se
14. hormonas	__crecimiento	__harmonía	__no se
15. abnormal	__diferente	__similar	__no se
16. diagnóstico	__evaluación	__recuperación	__no se
17. hemorroides	__venas	__corazón	__no se
18. sífilis	__anticonceptivo	__condón	__no se

What Health Literacy Resources are Available?

Easy-to-Read Materials

Visual Aids:

Include picture and avoid unnecessary details

Use models

Use photonovelas, easy-to-read stories (comic books); photos instead of pictures

Use videos

Tools:

Online videos: Most patients have access to the Internet; there are numerous online videos (e.g., YouTube) illustrating important and common patient education topics; an example of a humorous education video on colonoscopy preparation is available at <https://www.youtube.com/watch?v=H7V5bmyk8BU>



Diabetes & Health Literacy


Noemi Romo

Director of Health Education Services

La Maestra Community Health Centers



La Maestra: Our Mission

- ▶ To provide quality healthcare and education, improve the overall well-being of the family, bringing the underserved, ethnically diverse communities into the mainstream of our society, through a caring, effective, culturally and linguistically competent manner, respecting the dignity of all patients.
- 



Our Diverse La Maestra Community

- Underserved
- Ethnically Diverse
- Culturally Diverse
- Linguistically Diverse (Over 28 Languages & Dialects)
- Undocumented, Refugees & Immigrants
- Justice System Involvement
- Domestic Violence Victims
- Human Trafficking Victims
- Substance Use
- Mental Health Needs
- Experiencing Homelessness
- Unemployed
- Living with Chronic Illnesses

Our Diverse La Maestra Community

- ▶ Our staff shares the same background and life experiences as our patients.
 - ▶ Our staff speak over 30 different dialects & languages
 - ▶ Active members of their ethnically and culturally diverse community
 - ▶ Experienced either first-hand or have been affected by the same life situations
- ▶ This is the core understanding that we carry that allows our organization to be aware of the underlying factors that affect the overall health of our patients and create an environment that respectfully addresses those needs.
- ▶ We have a variety of departments that come together to ensure that the information and support that we provide patients is positively received.

Ethnically Diverse

Culturally Diverse

Linguistically Diverse

Underserved

Refugees

Undocumented

Chronic Illnesses

Domestic Violence

Unemployed

Immigrants

Justice System Involvement

Mental Health Needs

Homelessness

Substance Use



The La Maestra Cultural Liaisons Department

- ▶ Our Cultural Liaisons Department is staffed with medically-trained professionals who serve as navigators and a voice for our diverse patient population.
- ▶ Speak over 10 different languages
- ▶ Assist in-house with interpretive services
- ▶ Assist in translative services for the organization
- ▶ Monthly Meetings

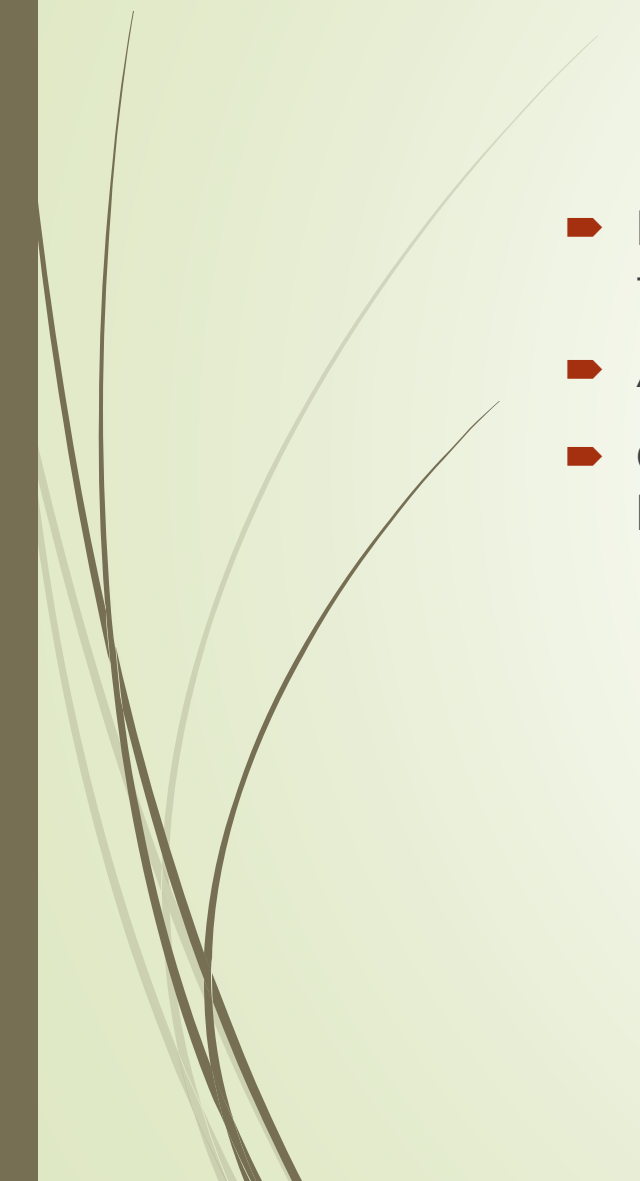


The La Maestra Health Education Department

- ▶ Our Health Education Department is staffed with medically-trained professionals who serve to not only educate our patient population, but also take on the roles of navigator and a voice for our diverse patient population.
- ▶ Through our partnership with the Scripps Whittier Institute, we have adopted the Project Dulce Diabetes Among Friends curriculum.
 - ▶ With the collaborative efforts of our trained educators, Chief Medical Officer, Medical Providers and Cultural Liaisons, we have made the necessary adaptations to the curriculum to meet the needs of our patients.
- ▶ Needs assessments are administered to all patients before beginning education.
- ▶ Upon completion of the sessions, reassessments are done periodically.
- ▶ Continued Education
- ▶ Daily Huddles & Monthly Meetings



The La Maestra Diabetes Clinics

- Designated time and providers that are leading in the efforts to improve the diabetes management of our patients.
 - Assess the medical needs of the patient
 - Collaboration with all departments to identify the underlying issues that can be addressed
- 



Health Literacy Collaborative Efforts

- ▶ Like-minded Partnerships
- ▶ Continued Education
- ▶ 3rd Grade Level Verbiage/ White Space
- ▶ Use of clear, large images
- ▶ Materials reviewed & revised periodically with the assistance of various departments
 - ▶ Publishing Department
 - ▶ Moving with the technological times



Thank you!

Noemi Romo

Director of Health Education Services

La Maestra Community Health Centers

nromo@lamaestra.org

Post - Evaluation Survey



Q&A

If you would like to ask the presenter a question, please submit it through the chat on your control panel or use the “raise hand” icon and your line will be unmuted.

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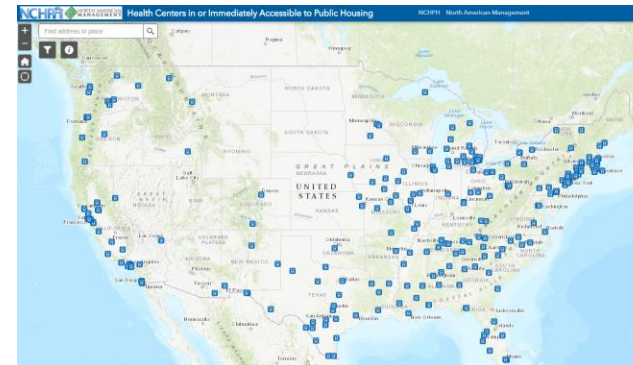
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**THANK
YOU!**
