

A tapestry of solutions to promote health equity.

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“Building a Health Literate and Culturally Competent Healthcare Workforce”
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Overview: The United States is experiencing a demographic transformation that is dramatically changing our landscape and has vital implications upon patients, health care providers, and health care systems. Nearly half of all American adults or 90 million people have difficulty understanding and using health information. Persons with low health literacy have less knowledge of disease, less use of preventative services, a higher rate of hospitalization, misuse of emergency services higher health care costs and poorer health outcomes. Ultimately, to enhance overall health and well being of individuals and communities, health care providers and systems need to recognize and address the unique culture, language and health literacy of the diverse communities being served.

- Current challenges
 - Demographic transformation and trends
 - Health literacy of America’s adults - 12% have proficient health literacy skills
- Overview of health literacy, low health literacy & implications
 - Definition of health literacy: the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions
 - Health literacy includes oral and written communication, access and navigation
 - Implications of low health literacy: Less knowledge about illness and treatment, less use of preventative services, poor health outcomes, misuse of ER, higher hospitalization & utilization rates, increased health care costs, stigma and shame
- Role of culture, language and communication access services
 - Culture: integrated pattern of thoughts, communications, actions, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics (CLAS standards)
 - Important: provide care that is respectful of and responsive to the needs of all patients, improve access to high-quality health care, reduce health disparities

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- Language and translation services:
 - Important to focus on limited English proficiency (LEP)
 - Enhance patient safety, quality and cost drivers
 - Meet regulatory standards
 - Use of qualified interpreters
- Unconscious bias: thoughts that we hold in our unconscious that unintentionally influence how we act toward one another
 - Implications: Impact upon diagnosis and treatment options, less shared decision-making, provider bias & stereotyping are key determinants of “unequal treatment

Integrating strategies will:

- promote a health literate and culturally sensitive workforce
 - support a health literate organization
- 1 - Assess your current state:
 - What education and training is available for staff?
 - What resources are available for staff?
 - What is your sites HL/CC/Language strategic plan?
 - 2 - Integrate across all planning, evaluation measures, patient safety & quality projects
 - 3 - Include the communities served in design and services
 - 4 - Share resources and learn from each other

Helpful Presentation Resources:

- National CLAS Standards - http://www.hdassoc.org/wp-content/uploads/2013/03/CLAS_handout-pdf_april-24.pdf
- Institute of Medicine Roundtable on Health Literacy - <http://iom.nationalacademies.org/Activities/PublicHealth/HealthLiteracy.aspx>
- National Action Plan to Improve Health Literacy – http://health.gov/communication/hlactionplan/pdf/Health_Lit_Action_Plan_Summary.pdf
- Health Literacy Partners – free resources <http://www.healthliteracypartners.com/happenings/>
- Patient Education Materials Assessment Tool – <http://www.ahrq.gov/professionals/prevention-chronic-care/improve/self-mgmt/pemat/index.html>
- CDC Clear Communication Index - <http://www.cdc.gov/ccindex/>