Welcome to the

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

2024
Health Literacy
SUMMIT
Advancing Health Literacy in DC

Welcome & Overview

Improving Health Literacy for More Equitable Health Outcomes:
A Collaborative Leaning Model *FOR* Practice Change in The District of Columbia

Dr. C. Anneta Arno | May 30th, 2024

Project Context

DC COVID-19 Structural Vulnerability & Disparate Impacts

1. Pre-Pandemic Exploration of HL Challenges in DC
- Despite High Health Insurance Rates
  - Insufficient Use of Primary Care
  - Culture of Emergency Room Use Persisted
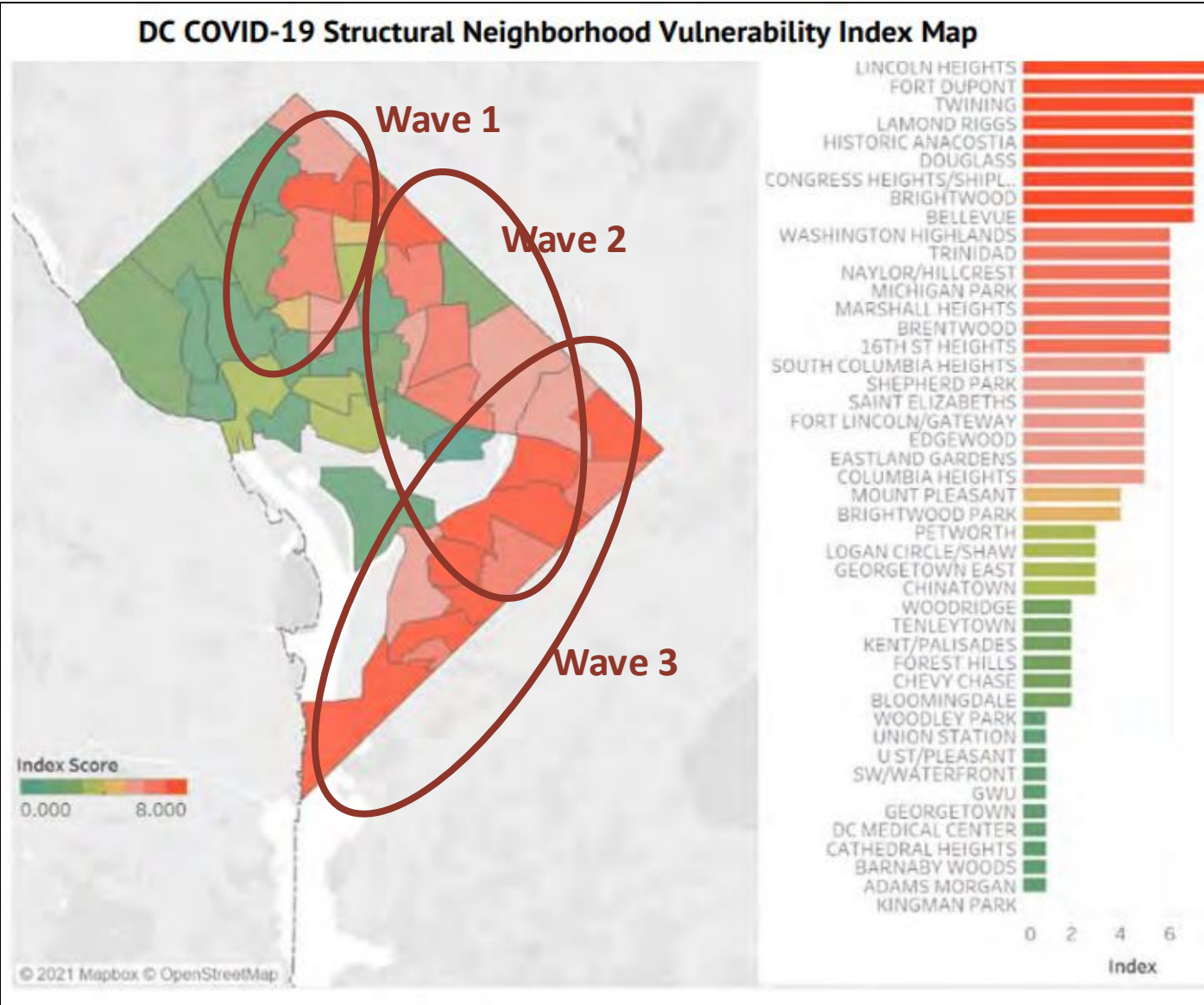 - Gaps in Knowledge/Use of Health Insurance/Services Evident

2. Early Pandemic Insights & Gaps
- COVID-19 Structural Vulnerability
  - Differential Risk & Protective Factors
  - Disparate Impacts & Knowledge Gaps
  - Spread in Waves – Geographic/Population Specific

DC COVID-19 Vulnerability Index Criteria	
1. Age over 65 > 13% of Residents	6. Unemployment Rate > 8%
2. Public Insurance > 42% of Adults	7. SNAP or Public Assistance > 17% of Households
3. Uninsured > 5% of Adults	8. Residential Segregation >80% African American
4. Income < 200% of Poverty >25% of Households	9. Limited English Proficiency > 2.0%
5. Essential Worker > 11% of Employed Residents	10. Crowding > 3.1% of Households
NOTE: Two (2) Data Points (NOT SCORED) - Included in table for Comparative Reference	
11. COVID-19 Cumulative Incidence (Rate per 10,000)	12. Race & Ethnicity (% Population)

3. Pandemic Response, Opportunities & Sustainability
- More Intentional Engagement **FOR Learning** Essential
  - Healthy People 2030 **Updated Health Literacy Definition**
  - **Targeted Universalism** to Inform Reframed Approaches
  - **People Centered - Focus Populations & Geographies**
  - Learning from Lived Experience **WITH Community**
  - **Cultural & Professional Humility** Applied Practice

DC COVID-19 Structural Neighborhood Vulnerability Index Map

Wave 1

Wave 2

Wave 3

Index Score
0.000   8.000

LINCOLN HEIGHTS
FORT DUPONT
TWINING
LAMOND RIGGS
HISTORIC ANACOSTIA
DOUGLASS
CONGRESS HEIGHTS/SHIPL..
BRIGHTWOOD
BELLEVUE
WASHINGTON HIGHLANDS
TRINIDAD
NAYLOR/HILLCREST
MICHIGAN PARK
MARSHALL HEIGHTS
BRENTWOOD
16TH ST HEIGHTS
SOUTH COLUMBIA HEIGHTS
SHEPHERD PARK
SAINT ELIZABETHS
FORT LINCOLN/GATEWAY
EDGEWOOD
EASTLAND GARDENS
COLUMBIA HEIGHTS
MOUNT PLEASANT
BRIGHTWOOD PARK
PETWORTH
LOGAN CIRCLE/SHAW
GEORGETOWN EAST
CHINATOWN
WOODRIDGE
TENLEYTOWN
KENT/PALISADES
FOREST HILLS
CHEVY CHASE
BLOOMINGDALE
WOODLEY PARK
UNION STATION
U ST/PLEASANT
SW/WATERFRONT
GWU
GEORGETOWN
DC MEDICAL CENTER
CATHEDRAL HEIGHTS
BARNABY WOODS
ADAMS MORGAN
KINGMAN PARK

0   2   4   6
Index

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Project Priorities: Focus Populations & Geographies

Ward 4:
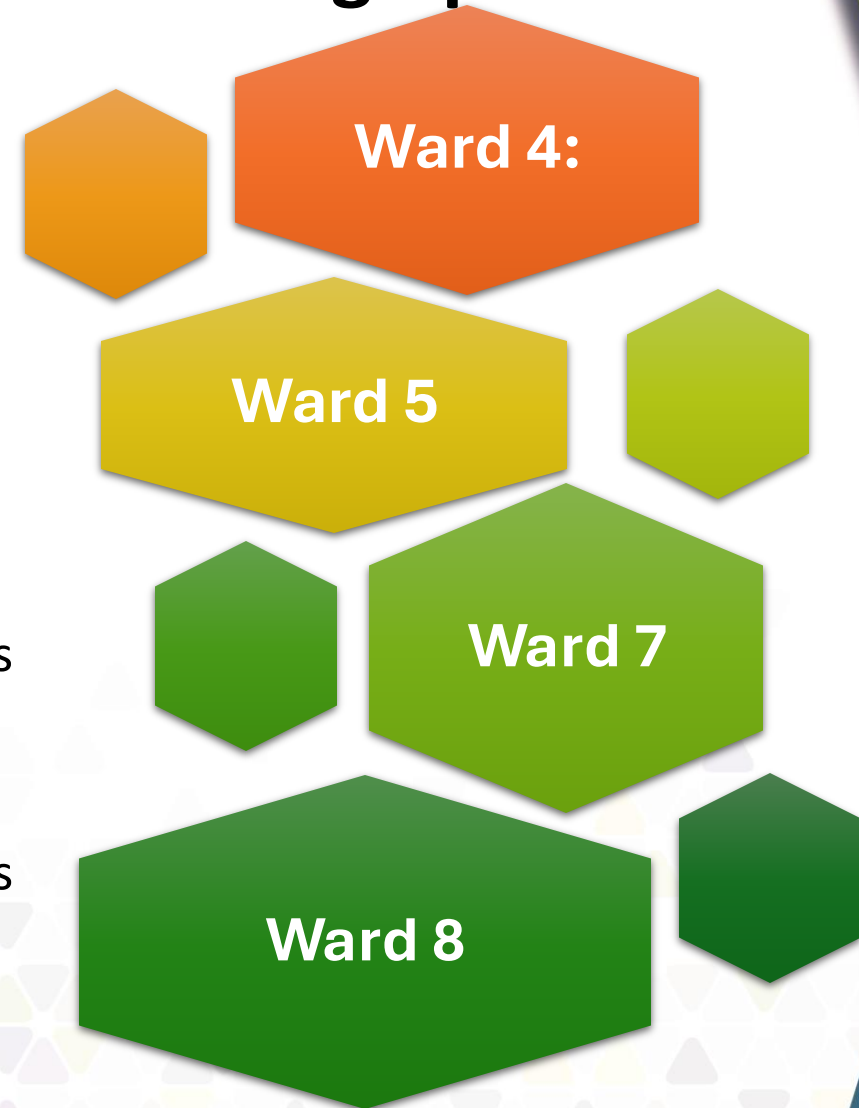- Latina/o/x Residents & Neighborhoods

Ward 5:
- Immigrant Residents & Neighborhoods

Ward 7:
- Black/African American Residents & Neighborhoods

Ward 8:
- Black/African American Residents & Neighborhoods

Ward 4:

Ward 5

Ward 7

Ward 8

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Health Literacy Definitions

Healthy People 2020 Update

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Equity-Informed Health Literacy Reframing: Healthy People 2030

What is health literacy?

Personal health literacy

The skills a person needs to understand and use health information to make informed choices about their health.

Organizational health literacy

The ways health care organizations (providers, hospitals, health systems, Medicaid agencies, and health plans) make health information accessible for patients.

Health literacy is a two-way street.

Health care *organizations* can adopt strategies to improve health literacy, making it easier for *people* to make decisions regarding their health and use health services effectively.

Source: Health Literacy Fact Sheets - Center for Health Care Strategies (chcs.org), May 2024

Equity-Informed Health Literacy Reframing: Healthy People 2030

Why is health literacy important?

Greater health and wellness for all

Improving health literacy can **reduce medical errors, increase use of preventive care**, assist in patients' **chronic condition management**, and improve **morbidity and mortality** rates.

Improved health equity

Limited health literacy can worsen health disparities related to **race, age, income**, and **education**, among other factors. Addressing health literacy can improve outcomes for marginalized populations.

Reduced costs and better care

Limited health literacy can result in increased emergency department and overall hospital use, costing the U.S. economy **up to $349 billion annually**. Enhancing health literacy can improve people's care and reduce costs.

Equity-Informed Health Literacy Reframing: Healthy People 2030

What CAN a Public Health Organization Do?

What can health care organizations do?

Think broadly

Assume that *anyone* may struggle to understand health information. **Systemwide use of health literacy best practices** can improve outcomes for all.

Create better written communications

Whether print or digital, effective written material uses **plain language**, **simple design**, and **clear organization**. Use readability tools and user testing to refine written materials.

Improve verbal communications

Effective patient-provider communication is key to making joint decisions and expressing empathy. **Conversational speech**, **open-ended questions**, and strategies like the teach-back method can better engage patients.

A Word on Language Access

Better health is possible when everyone understands health information, regardless of English proficiency. Providers can adopt multilingual communication practices and offer access to qualified interpreters and translation services.

Source: Health Literacy Fact Sheets - Center for Health Care Strategies (chcs.org), May 2024

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Heath Literacy: What CAN a Public Health Organization Do?

1. Recognizing that we CANNOT do it alone.

2. Work WITH the COMMUNITY to develop solutions.

3. Informed by residents with LIVED Experience.
   - **Recognize Barriers to Accessing/Benefiting From HealthCare**

4. Co-Create Solutions: Build Strategy AROUND these insights.

5. Implement Organizational Health Literacy.

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Project Innovations

PHASE 1:

#1: Leveraging Non-Health CBOs

#2: Highlighting Professional HL

#3: Engaging Unique Audiences

PHASE 2:

#4: Supporting FQHC Practice Translation*

Personal HL:
Social & Structural Determinants

- Whole Persons – Lived Experience & Living Conditions
- Physical & Mental Health
- Social & Economic Wellbeing
- Social Supports & Resources
- Cultural Needs, Values & Preferences
- Language Access, Immigration Status & Rights
- Healthcare System Experience & Trust
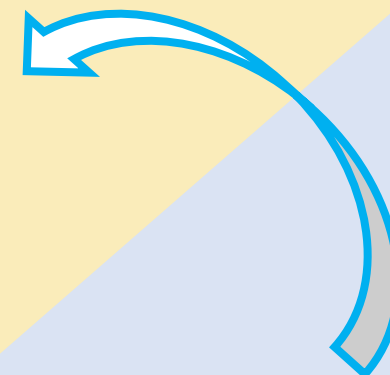
Organizational HL:
Social & Structural Determinants

- Healthcare System Complexity
- Access Barriers
- Navigation Challenges
- Dense Paperwork, Processes, & Procedures
- Workforce Shortages
- Facility Wayfinding
- Appointment Scheduling
- Long Wait Times

Organizations & Health System

Intrapersonal

Interpersonal

People Centered

Social & Structural Determinants
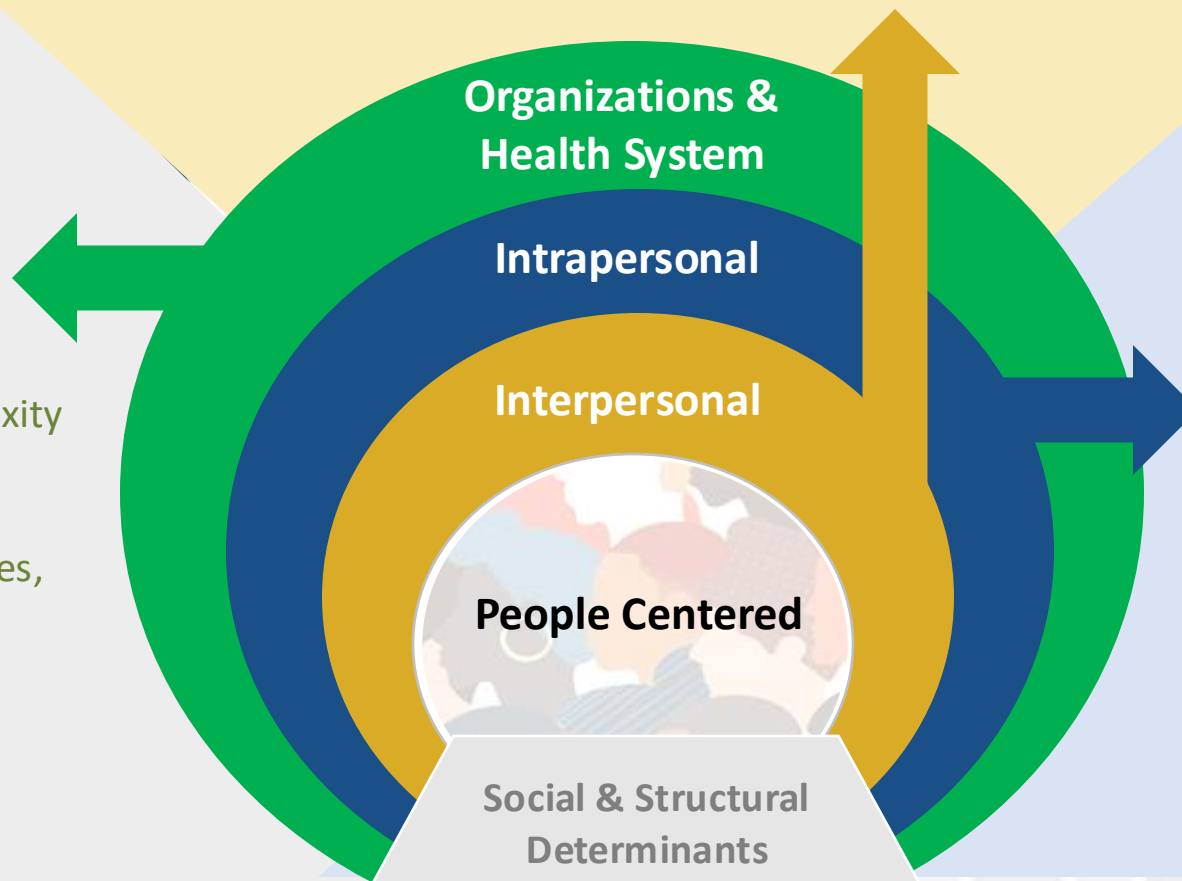
Professional HL:
Social & Structural Determinants

- Quality of Interactions
- Staff Shortages & Time Limited
- Difficulty Communicating
- Social Distance & Prejudices
- Lack of Empathy & Respect
- Cultural Competence & Humility

Modified from Valentin, et al (2023)

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District Health Literacy Approach: + Local Adaptations

Personal Health Literacy:

- **IS** the degree to which individuals have the ability to *find, understand*, and <u>*use*</u> information and services to inform health-related decisions and actions for themselves and others.

Organizational Health Literacy:* - *Starting with Non-Health CBOs as BRIDGE*

- **IS** the degree to which organizations <u>*equitably enable individuals*</u> to **find, understand**, and <u>**use**</u> information and services to inform health-related decisions and actions for themselves and others.

<div align="right">

Healthy People 2030 | health.gov

</div>

Professional Health Literacy:** - *AHL Collaborative Simplified Definition*

- **IS** how effectively **health <u>and</u> other organizational professionals** can *communicate* with and *support individuals and communities* to **access, understand** and **evaluate** health related information, as well as **obtain** needed services.

District Health Literacy Strategy:
Tri-Focal Audiences

Personal Health Literacy

Non-Health

Organizational Health Literacy

Health

Individuals

DC's Health Literacy Initiative

Organizations

Professionals

Non-Health

Health

Professional Health Literacy

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Project Vision

Learning, Infrastructure & Capacity Building Towards

Comprehensive People-Centered
POPULATION HEALTH LITERACH MODEL

Shared Strategic Goals

Advancing Health Literacy Implementation Framework

Comprehensive People-Centered
POPULATION HEALTH LITERACY MODEL

Shared Strategic Goals

Health Literacy Learning Collaborative

Multi-Sectoral

CBO Engagement & Collaboration

Community Bridge

Practice Change Learning/ Support Portal

Tools & Resources

CDC COVID 19 Health Disparities Grant

Infrastructure & Technical Support Capabilities

Health DC 2030 Strategic Priority

September 2024

Health Literacy Project

Health Disparities Project

October 2021

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Project Implementation

Components, Partners & Phases

District Health Literacy Project Components

1. Learning Collaborative:

2. CBO Community Bridge:

3. Portal Tools & Resources:

Advancing Health Literacy: Project Partners Years 1 - 3

Central American Resource Center (CARECEN)

Latin American Youth Center (LAYC)

Far Southeast Family Strengthening Collaborative (FSFSC)

Leadership Council for Health Communities (LCHC)
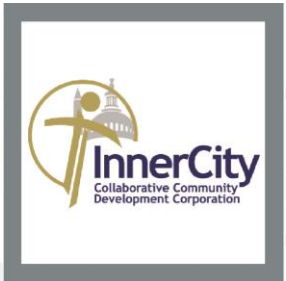
InnerCity Collaborative Community Development Corporation (ICCDC)

United Planning Organization (UPO)

6 Non-Health CBOs

Advancing Health Literacy: Project Partners Years 2 - 3

Health Equity and Advancing Health Literacy at American University (HEAL-DC)

✓ **Non-Health Academic Partner**

La Clinica del Pueblo (LCDP)

✓ **Healthcare Delivery Partner**

2 Institutional Partners

Advancing Health Literacy Project Partners & Phases

Year 1: Q1 - Q4 | Oct 2021 – Sept 2022

- 6 Non-Health CBO's
- 1 Evaluation Partner - Howard University *(Public Health)*
- 1 Coordination Partner - Bayne Corp.

Year 2: Q5 - Q8 | Oct 2022 – Sept 2023

- 6 Non-Health CBOs; Evaluation & Coordination Partners- *plus*
- HEAL DC *(American University)* – January 2023
- La Clinica Del Pueblo – January 2023

Year 3: Q9 - Q12 | Oct 2023 – Sept 2024

- ALL of the Above - *plus*
- DCPCA - January 2024 ** Leveraging Rapid Practice Translation Opportunity*

Advancing Health Literacy: Infrastructure Partners - Years 1 - 3

DC Health Internal:

- Office of Health Equity (OHE)
- Community Health Administration (CHA)
- Office of Communications & Community Relations (OCCR)

District Government Support:

- Office of the Chief Technology Office (OCTO)

External Support:

- Evaluation Partner

Howard University

- Coordination Partner
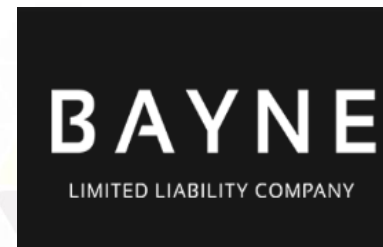
Bayne Corporation

Advancing Health Literacy: ALL Program Partners & Phases
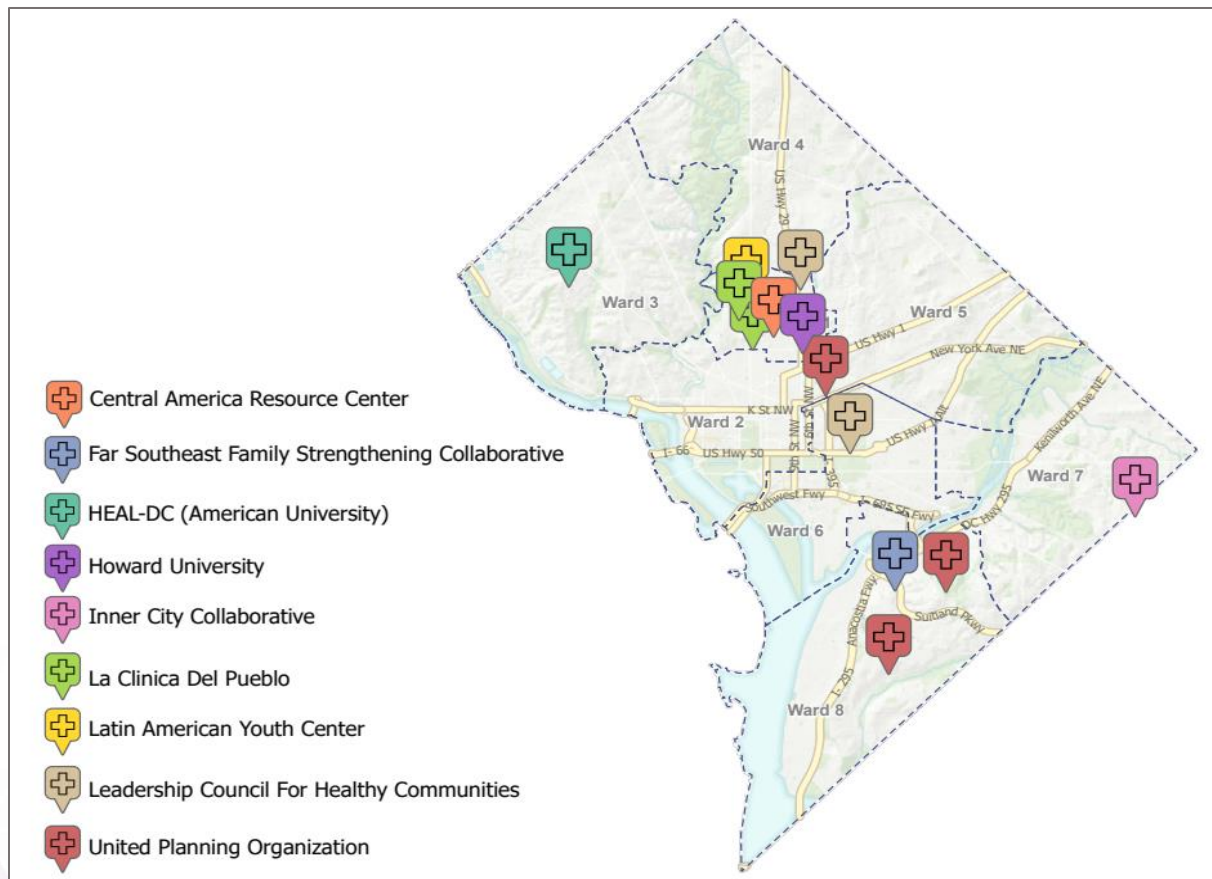
Legend:
- Central America Resource Center
- Far Southeast Family Strengthening Collaborative
- HEAL-DC (American University)
- Howard University
- Inner City Collaborative
- La Clinica Del Pueblo
- Latin American Youth Center
- Leadership Council For Healthy Communities
- United Planning Organization

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Learning & Output

Co-Creation of Content & Toolkits

Health Literacy Practice Change: Engaging Non-Health CBOs

INGREDIENTS for SUCCESS

- ✓ Collaborative Learning – Bidirectional Structure/Open Architecture
- ✓ Audience-Informed Message Development, Feedback & Use
- ✓ Intentional Outreach & Integrated Language Access
- ✓ Social Needs Assessment & Referral Tool Integration
- ✓ Learning & Practice Change Portal Development
- ✓ Project Measures: Quantitative & Qualitative
- ✓ Collaborative Program Evaluation
- ✓ Learning Distillation, Strategy Modification & Practice Change
- ✓ Engaging Sustainability by Starting With The End in Mind
- ✓ Sharing Results for Collective Knowledge Building & Use

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Comprehensive People-Centered POPULATION HEALTH LITERACH MODEL

Shared Strategic Goals

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CBO Engagement & Collaboration

Community Bridge

Practice Change Learning/ Support Portal

Tools & Resources

CDC COVID 19 Health Disparities Grant

Infrastructure & Technical Support Capabilities

Advancing Health Literacy (AHL) Learning Collaborative

Edrin R. Williams, DHA | Leadership Council for Healthy Communities (LCHC)
Kimi Yonamine | DC Health

GOAL AND VISION OF THE HEALTH LITERACY COLLABORATIVE

- GOAL: Strengthen community-based partnerships that leverage established connections and enhance city-wide implementation of a health literacy plan.

  – Establish and Convene a Health Literacy Collaborative to inform project planning and implementation.

  – Increase the availability, dissemination, adaptation, and use of culturally and linguistically appropriate, evidence-based health literacy practices and interventions.

  – Engage with CBOs to develop organizational health literacy plans

TRANSITIONING DURING COVID-19

- **Improving COVID-19 Health Outcomes**

  – Testing, Contract Tracing, Vaccination

    o Determining the Impact of Health Literacy Interventions

      • Disseminate DC Health COVID-19 messaging in priority populations across the District.

- **Expand Self-Management of Health Conditions (Living Well Workshops)**

  – Engage with community at highest risk for health disparities and low health literacy

- **Development of Community Resources**

    o Partner with DC Health OCCR and CBOs to promote COVID-19 health literacy

    o Highlight and Design Materials around Monthly Awareness Activities (Breast Cancer Awareness, Diabetes Awareness Month, Heart Health Month)

      • Social Media Engagement: Twitter Chats

- **CBO Engagement**

  – Collaborative Meetings and Training Opportunities; Community of Practice

  – Stories from the Field, Updates, and Opportunity for Collaboration

  – Shared Space for Technical Assistance and Guidance

CULTIVATING A COLLABORTIVE LEARNING COMMUNITY

- Monthly Meetings
  - Stories from the field
  - Roundtable discussions
  - Training by subject matter experts
- Quarterly Meet and Greets
- Collaborating in community events
- Health Messaging Meetings
- Slack Channel
- Monthly one-on-ones between CBOs and DC Health staff

CAPACITY BUILDING & LEARNING AGENDA

- Development and implementation of a curriculum March 2023-April 2024

- Collaboration with community partners and agency staff

- Lessons learned: importance of topic prioritization, interactive activities, setting expectations for trainers, and offering live interpretation

- Organization, flexibility and openness to feedback were essential for implementation!

Advancing Health Literacy Training Curriculum		
Date	**Topic**	**Facilitator**
9/21/23	Health Literacy Overview	Dr. Anneta Arno - Office of Health Equity, DC Health
10/19/23	Messaging and Communication	Melinda Salinas – Office of Communications and Community Relations, DC Health
11/16/23	Health Literacy Best Practices for the Latinx Population	Tania Ruiz and Manuel Ramirez-Diaz – La Clinica Del Pueblo Health Literacy Team
12/14/23	Navigating Medical Care and Key Health Issues	Dr. Abigail Clarkson-During - Intern for HIV/AIDS, Hepatitis, STD and TB Admin
2/15/24	Program Evaluation	Samantha Wasala - Community Health Administration, DC Health
2/13/24 (in-person)	Community Outreach Part 1	Dr. Melissa Clarke – Be Health Empowered Group
3/21/24	Community Outreach Part 2	Dr. Melissa Clarke – Be Health Empowered Group
4/18/24	Data Use and Storytelling	Health Data Viz LLC., Office of Communications and Community Relations, Center for Policy, Planning and Evaluation and Office of Health Equity, DC Health

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SUSTAINABILITY

- Continued CBO Engagement and Collaboration
  - Host HL Collaborative Meetings
  - Dissemination of HL Curriculum to CBO Staff
  - Offer Trainings on HL Best Practices
  - Share resources
  - Partner for Community Events
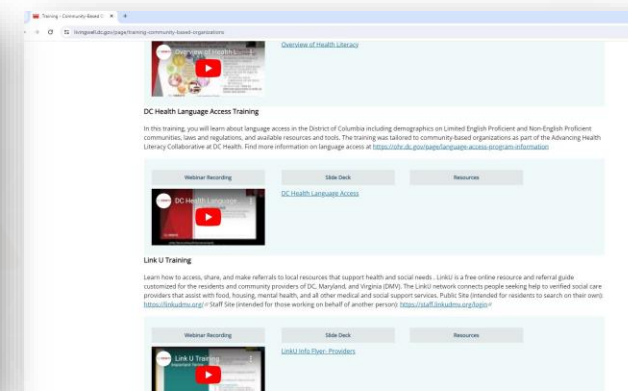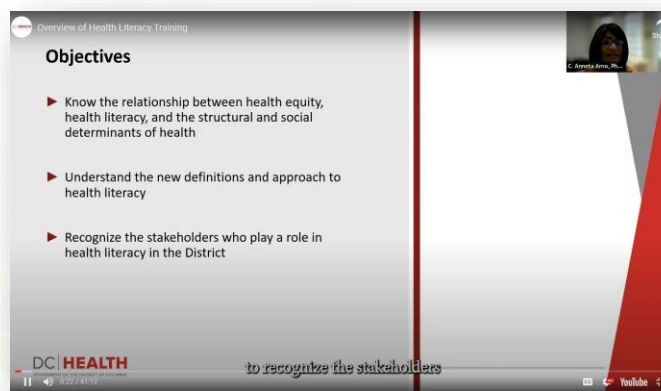
Unpacking:

CBO Engagement & Collaboration

Community Bridge

Community Outreach and Language

Far Southeast Family Support Collaborative, American University and DC Health

May 30, 2024

OUTREACH AND LANGUAGE ACCESS

Jackie Rumeld

Program Manager, Healthy Schools Healthy Communities
American University
https://www.american.edu/cas/healthyschools

Edward "Ed" Hardy

Community Engagement Coordinator
Far Southeast Family Strengthening Collaborative
www.FSFSC.org

HEALTH LITERACY AND OUTREACH INITIATIVES
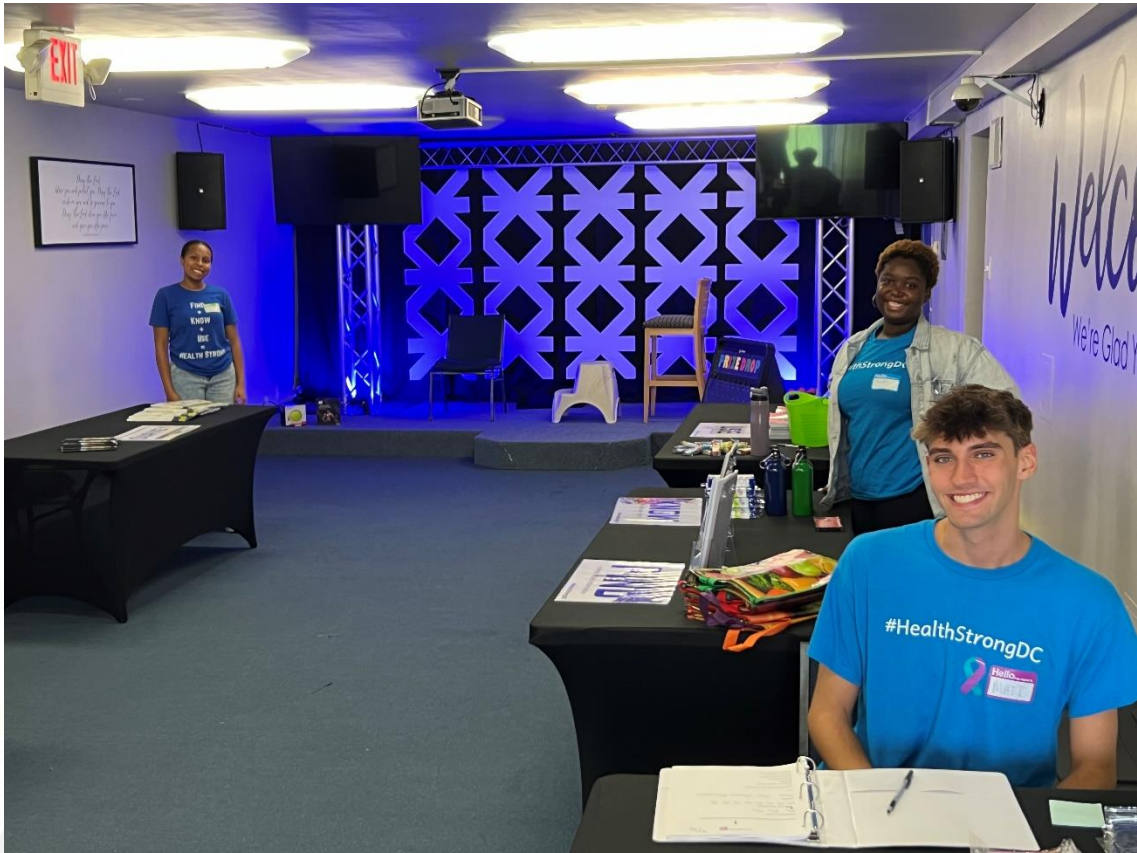
BEST PRACTICES

- Partnerships

  – Health providers, CBOs, AHL Collaborative, Ward 8 Health Council, existing partners, Faith Based Organizations, and DC Public Libraries

  – Cohosting health events with community organizations

- Language Access

  – Bilingual Personnel

    o Ability to have staff at outreach events and conduct in-house translations

  – DC Health Language Access Team

o Surveying / Evaluation

  o Formal surveys or other tracking mechanisms

RESOURCES

- Health Literacy Website
  - www.livingwell.dc.gov

- Office of Human Rights
  - www.ohr.dc.gov

- Office of Planning
  - www.op.dc.gov

- Limited English Proficiency
  - www.lep.gov

- Plain Language
  - www.plainlanguage.gov

- Culturally and Linguistically Appropriate Services (CLAS)
  - www.thinkculturalhealth.hhs.gov/clas

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Advancing Health Literacy: Health Messaging

Co-creation and CBO Feedback

Fin Finney and Alejandra Sepulveda | Latin American Youth Center (LAYC)
Monica Casañas | DC Health
Melinda Salinas | DC Health

OVERVIEW

► Roles

► Community Feedback Process

► CBO Collaboration Snapshot: LAYC

► Projects

► AHL CBOs Feedback

► Tips for creating feedback loop

► Impact and Future Direction

ROLES

Local Health Departments use communications to influence policymakers, engage the media, educate the public, deliver calls to action, and inspire positive behavioral change.

Community-Based Organizations play a vital role in reaching underserved and underrepresented communities with health information.

COMMUNITY FEEDBACK PROCESS

Need Request

Process Creation

Stakeholder Feedback

Messaging Implementation and Review

Process Improvement
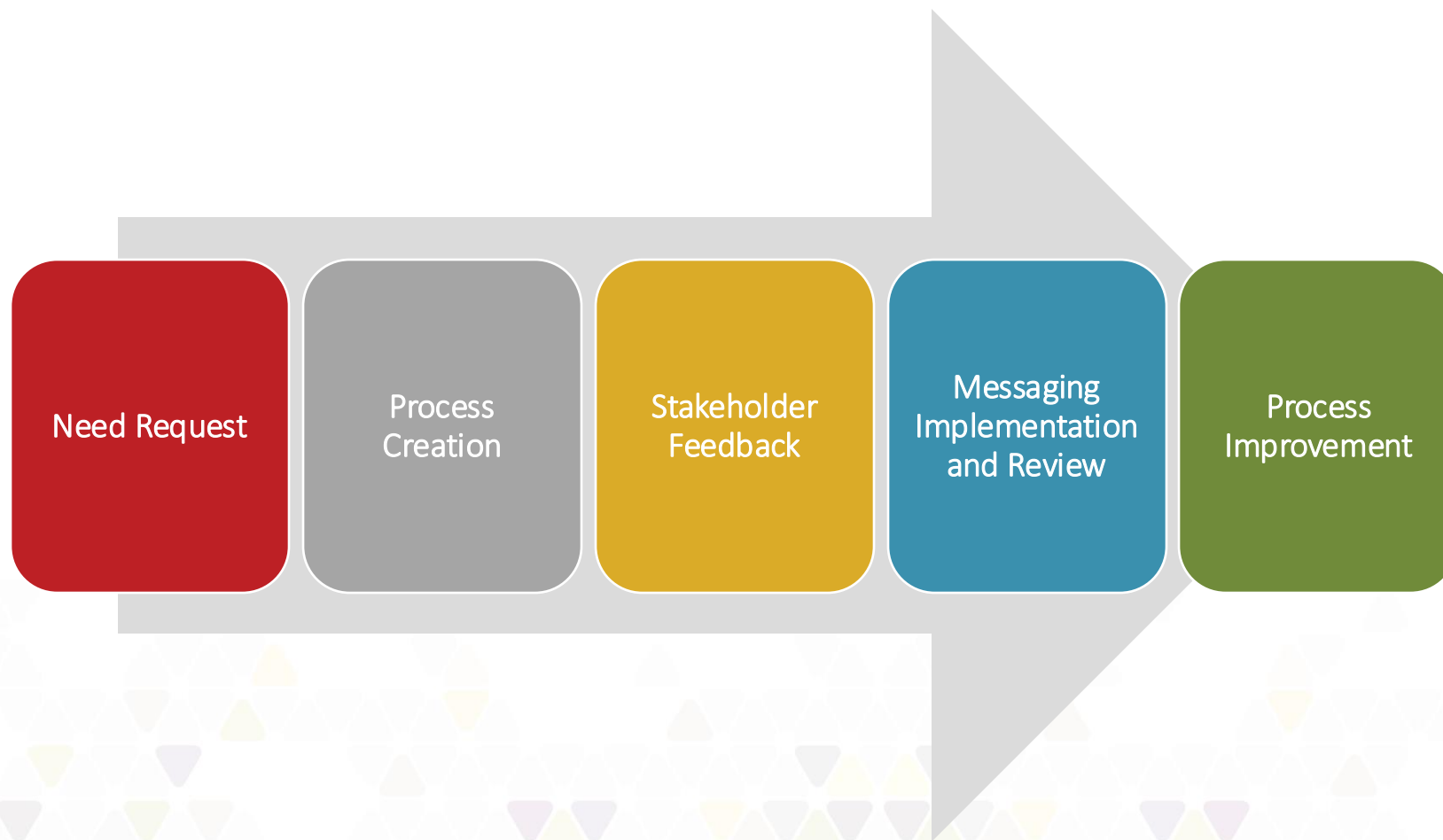
COLLABORATION SNAPSHOT

Health Literacy staff procure feedback from clients and staff

DC Health creates opportunities for sharing and listens to a variety of sources

Every suggestion leads to process improvement on each side

Staff will now have a strong connection to these materials once implemented, creating buy-in from staff and clients for the future

COLLABORATIVE PROJECTS

- Covid-19 Toolkit

- MPOX

- Diabetes

- Puberty Communications

- Living Well Website

- Health Literacy Coloring Book

- Health Journal

- Distribution of various messaging campaigns
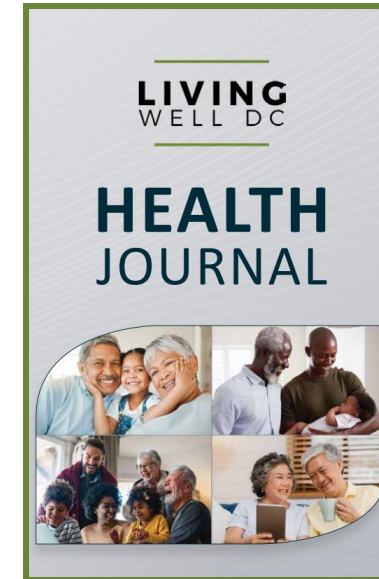
FEEDBACK RECEIVED FROM AHL CBOs

- Use Plain Language

- Use culturally relevant concepts and language for your target audience

- Use non-stigmatizing language

- Be inclusive (imagery, language, demographics, LGBTQ+)

- Provide meaningful translation and interpretation
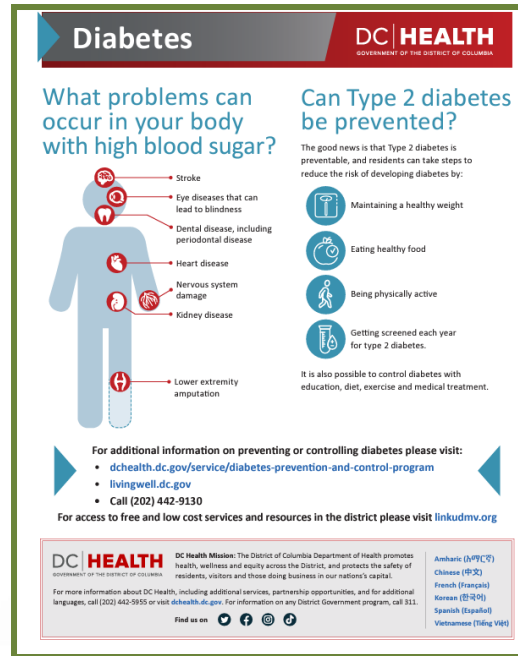
TIPS FOR CREATING A FEEDBACK LOOP

- Conduct a communications audit.
  - Who are you currently communicating with?
  - Where are the gaps? (i.e demographics, communications strategies, information)
  - How does your audience communicate?
- Identify key partners.
  - Who are trusted messengers?
  - Who is missing from your audience?
- Co-creation
  - Gather feedback and incorporate it into your messaging.
  - Test messaging

IMPACT AND FUTURE COLLABORATION

- The collaboration with CBOs has enhanced the effectiveness and relevance of our health literacy initiatives.

- Moving forward, we will continue to engage with CBOs to further refine our materials and reach more communities with essential health information.

- Together, we are making significant strides in advancing health literacy and promoting healthier communities.

- We extend our gratitude to the Community-Based Organizations for their invaluable partnership and feedback.

THANK YOU

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CARECEN's Implementation of a Social Needs Assessment and Referral Tool

The role CBO's play in improving Social Determinants of Health

Simón Santodomingo | CARECEN
Shannon Gopaul | DC Health

Our agenda today

▶ Addressing Social Needs and the CBO Role

▶ CARECEN's Implementation of Link U

▶ Challenges and Successes in Social Needs Screening

▶ Lessons Learned and Advice for CBOs

The Crucial Role of CBOs

Shannon Gopaul

Screen through LinkU → Refer through LinkU → Resident receives social support → Referral loop closed; social needs addressed → Routine clinical care occurs → **Improved health outcomes for residents with or at-risk for chronic conditions**
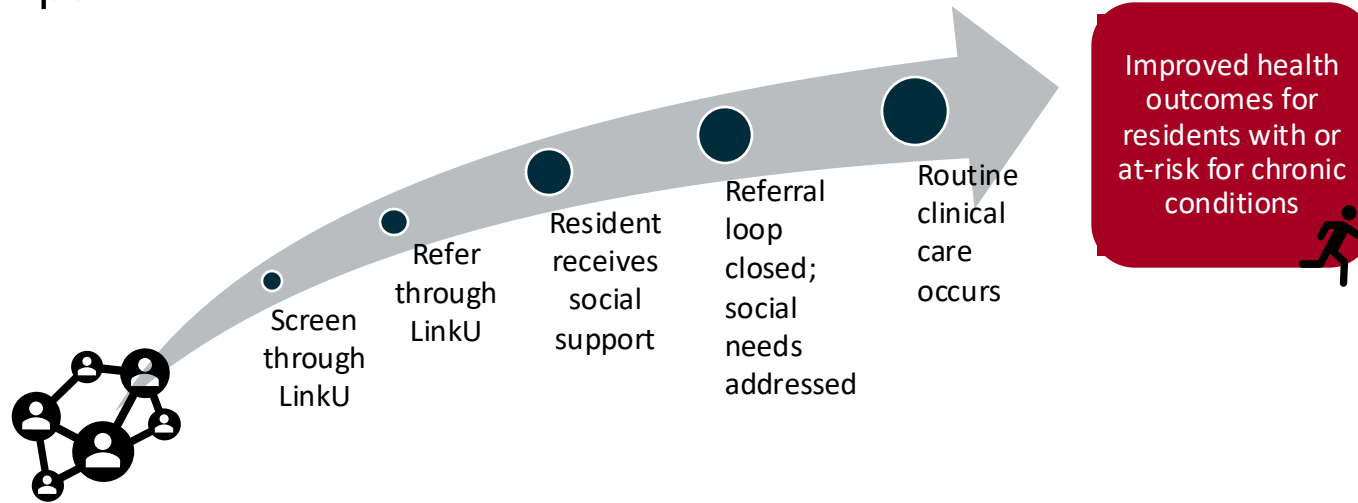
- To reduce health disparities, must address needs of most vulnerable.

- CBOs can **identify and address** needs our residents struggle with.

- CBOs can educate residents and connect to resources and medical care.

CARECEN's outreach program

How Link U improved CARECEN's capacity to be a resource for our community.

- Implementing a Social Health Screening in our service provided another level of resourcefulness to us. We were able to assess 136 people and refer 63 of them to critical resources.

  – **Link U is a tool that helps streamline the process of connecting individuals to needed services.**

  – With Link U, our clients not only had a visual technology tool that gave them options to find care, it expanded CARECEN's ability to reach more residents and improve the social outcomes of our communities.

  – At the end of every workshop, people would complete the Social Needs Assessment, and after reviewing the results, the user-friendly portal would allow CARECEN to refer people to appropriate resources.

Challenges

What to look out for when implementing the tool

- **CARECEN had a couple of challenges.**

  – At the beginning, we didn't understand how the data was quantified and realized that the analytics tool summed the team's efforts as a whole. This made it hard to keep track of individual team member metrics.

    o We implemented our own guidance of how we would measure attainable goals, and understood very clearly this would be a team effort to make referrals and complete assessments.

  – Correctly registering team members was a technical difficulty we used tech support for.

    o One of our team members did not register correctly, and it created an extra account that wasn't linked to the rest of the staff, but the issue was quickly resolved.

Successes

What we are proud of

- **LINK U became an asset to the program the more we understood how it worked.**
    - From the beginning of the implementation to now we were able to refer 63 people.
        - 11 of them actually used Link U to obtain the help they looked for.
    - We assessed 136 people, and the data gathered allowed us to improve our curriculum.
        - 97% of people surveyed listed at least 1 need; the top needs being Finance, Health, Housing, Work and Food.

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Lessons Learned

Advice to CBOs who want to implement the tool

- Training and sign-ups for Staff should occur the same day, to ensure the team is all under the same umbrella.

- If clients have difficulty with technology, you can print copies of the Social Determinants of Health Assessment, and then input the data after clients have completed it in physical form.

- Integrate Link U to your presentations and workshops, instead of treating it like a separate tool.

Unpacking:

Practice Change Learning/Support Portal

Tools & Resources

OUTLINE:

▶ Collaborative
Learning FOR Practice Change

▶ Why A Portal?

▶ Portal Content Goals

▶ Portal Design Goals

▶ Portal Launch & Work in Progress

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District Health Literacy Strategy:
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GOVERNMENT OF THE DISTRICT OF COLUMBIA

Practice Change & Learning Support Portal
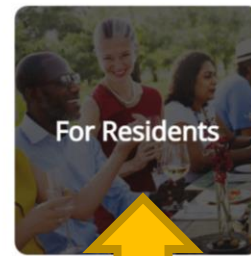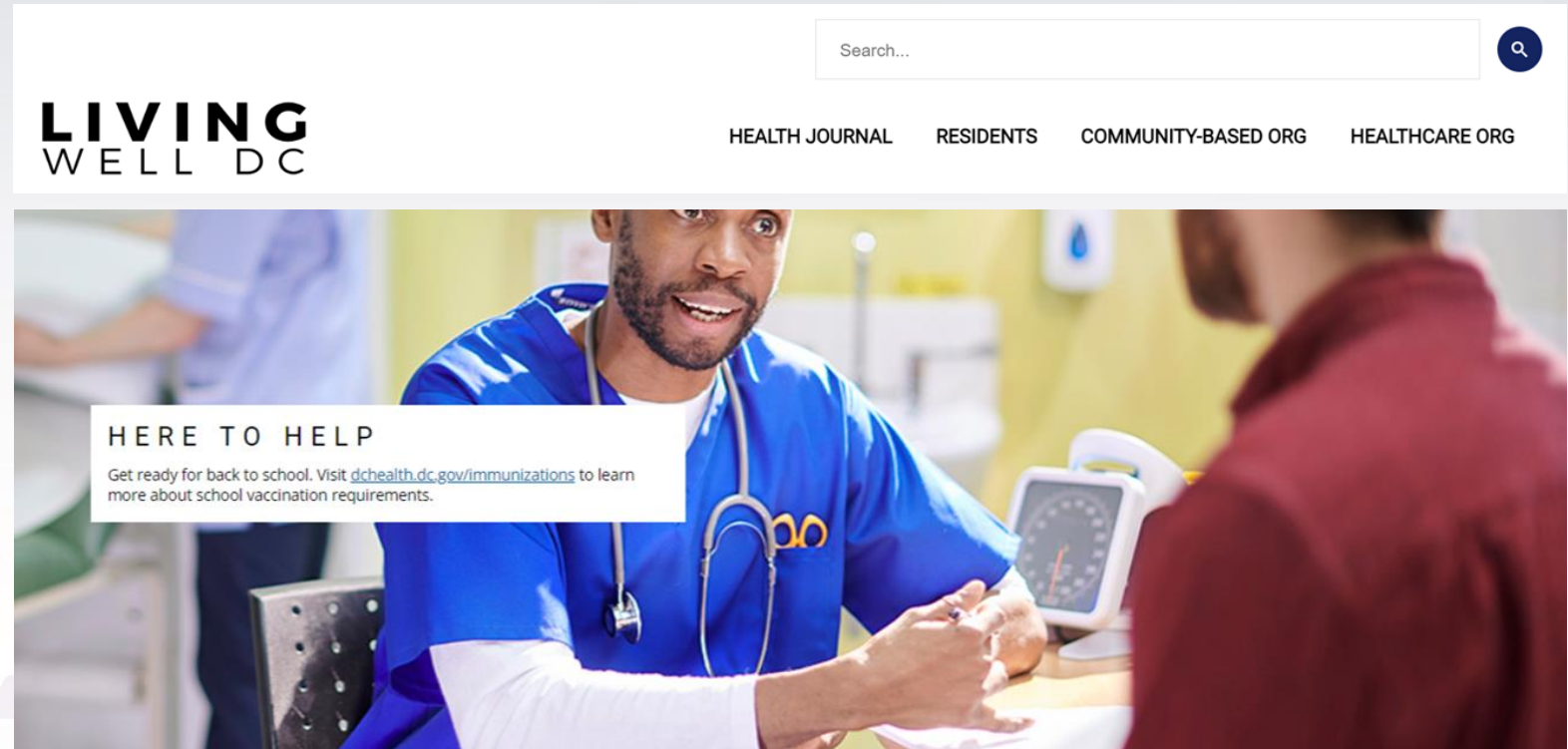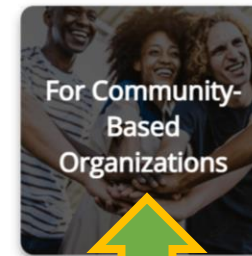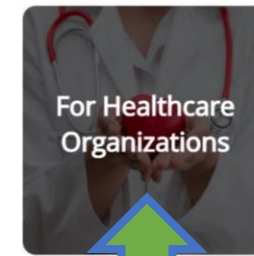
Background: *WHY A PORTAL?*

Residents:

- Improve the Health and Health Literacy of ALL DC residents

- Provide accessible health guidance resources to District residents on issues that affect their families and communities.

Community Based Organizations:

- Provide resources for Non-Health Community Bases Organizations

  - Build CBO Capacity to serve as Community Bridge

  - Support their growth as Health Literate Organizations

  - Share tools & resources to support CBO understanding & practice of health literacy

Healthcare Professionals:

- Provide resources, tools and trainings healthcare providers can refer patients

Learning Support
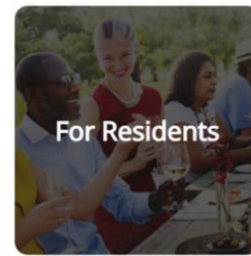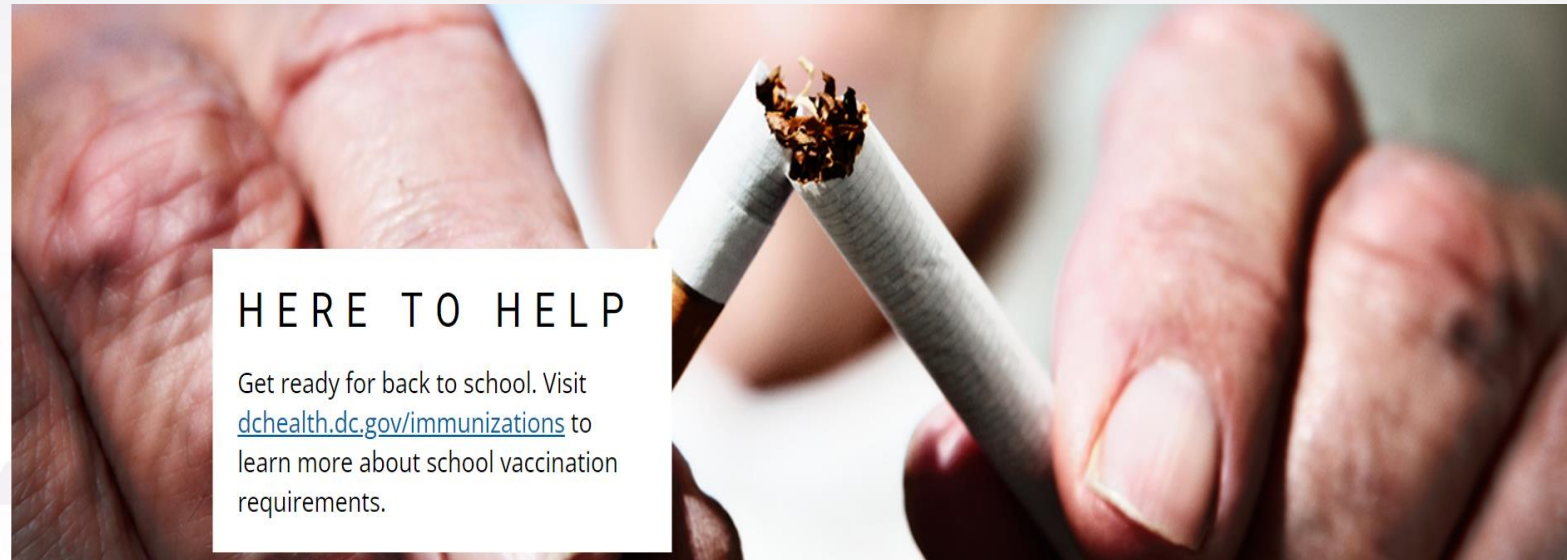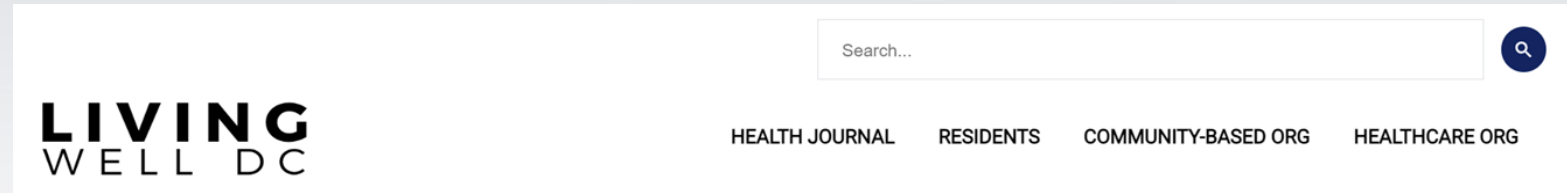
Portal Content Goals:

Access to Resources:
- Residents can access a wide range of health resources, including information on chronic health conditions, nutrition, and more.

Community Engagement:
- Portal facilitates community engagement by providing opportunities for residents to participate in events, workshops, and discussions.
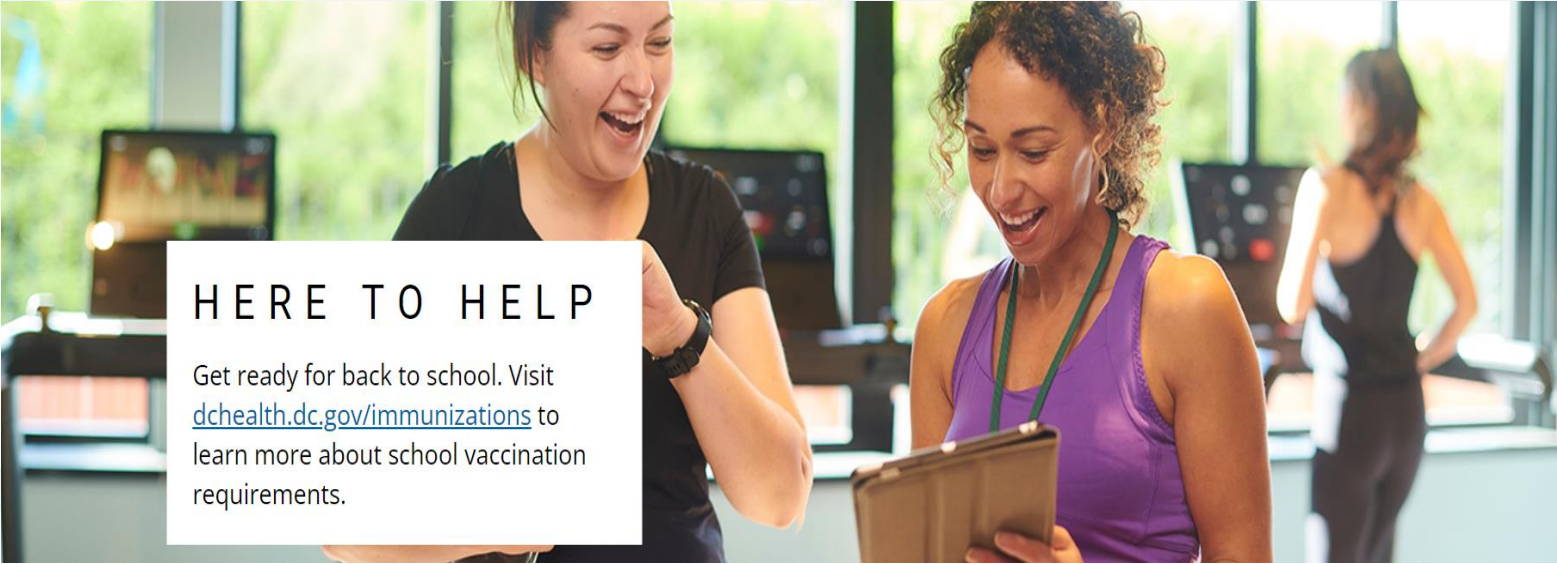
Health Education:
- Professionals can refer patients, and residents access educational materials and tools to help advance health literacy within their families, organizations and communities; and to foster stronger relationships.

Health Education

Portal Design Goals:

Enhanced User Experience:
- Make it easy for users to navigate and find relevant health resources.

Increased Accessibility:
- Ensure that the portal has useful information for Residents, CBO's and Health Providers to improve the health of the District and advance health literacy.

Improved Engagement:
- Encourage users to actively engage with the platform and take advantage of available resources.
  - *Examples:* Class registrations, health journal downloads, videos.
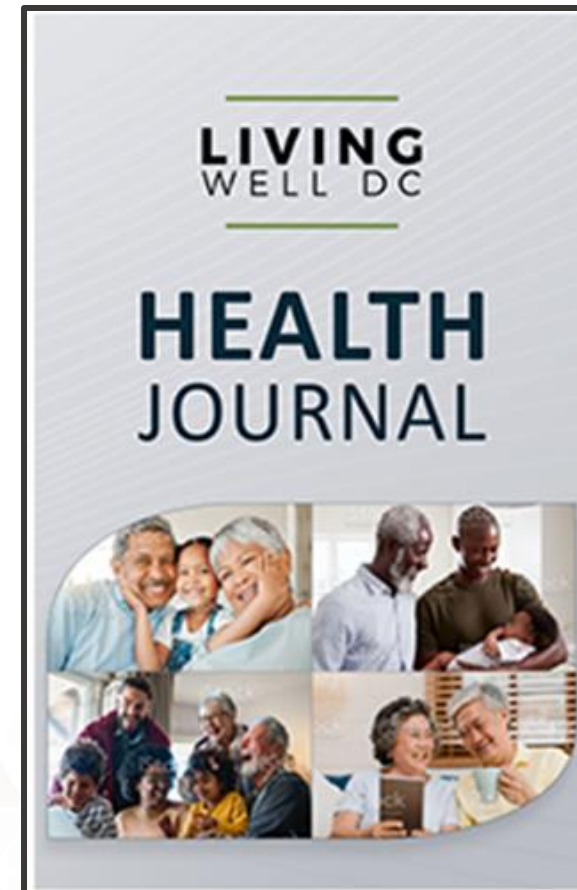
Improved Accessibility
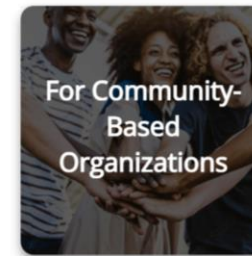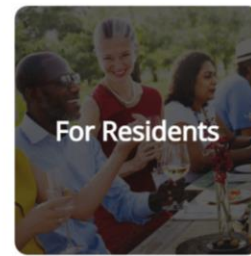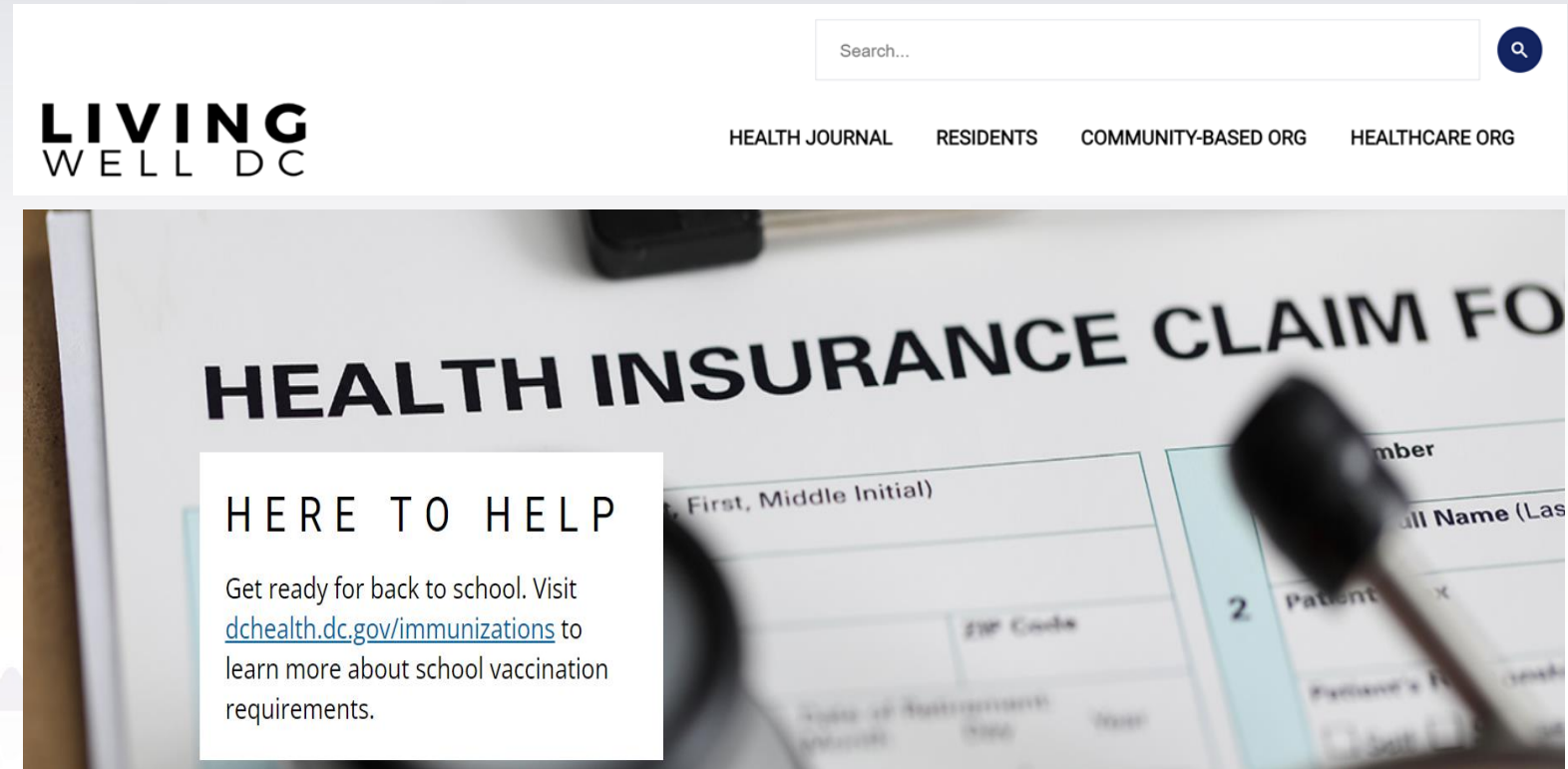
Campaigns & Themes: *A Healthy YOU!*

A Healthy YOU means feeling good about your health, making choices intentionally, and having access to resources to manage your life and healthcare for the best health outcomes:

Available in 7 Languages: Health Journal as a whole or individual chapters are available for download
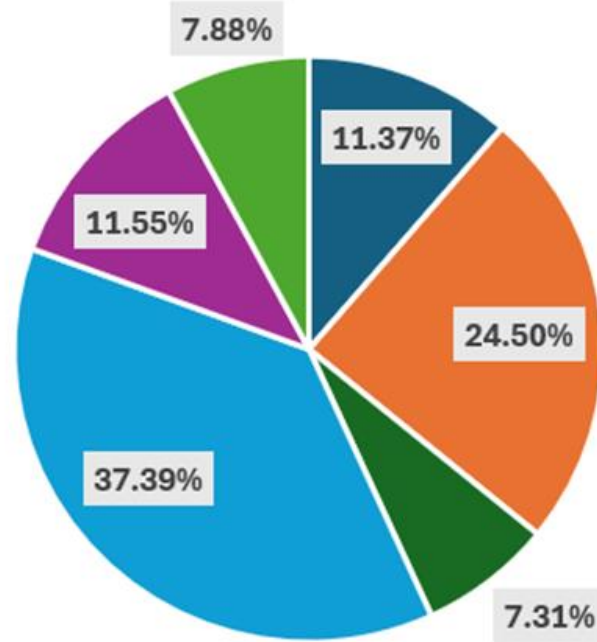
- በዚህ ገጽ ላይ የተተረጎሙ መረጃዎችን በአማርኛ ማግኘት ይችላሉ፡፡
- 請在此處查找本頁信息的中文翻譯。
- Veuillez trouver une traduction française des informations sur cette page ici.
- 여기에서 이 페이지의 정보에 대한 한국어 번역을 찾으십시오.
- Encuentre una traducción en español de la información en esta página aquí.
- Vui lòng tìm bản dịch tiếng Việt của thông tin trên trang này tại đây.

LIVING WELL DC

HEALTH JOURNAL

Health Literacy SUMMIT — Advancing Health Literacy in DC

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Portal Launch: *September 2022*

Work in Progress: *Experience to Date*

✓ The LivingWell DC Portal creates a unique space for promoting residents' access and engagement to essential health resources.
- • Directly Supports Residents' Learning Needs
- • Capacity Building & Tools for Organizations
- • Promoting Health Literacy practices for Health Professionals

✓ User Testing:
- • To understand what works and facilitate continuous quality improvement (CQI)

✓ Sustainability: Committed to ongoing improvements and welcome feedback from users to ensure that the portal continues to meet their needs.

We ALL have a stake in ensuring District residents have accessible information and tools to live long and healthy lives.

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Advancing Health Literacy Learning Collaborative

Project Data Sampler

Brenton Sanford| United Planning Organization (UPO)
Wanderimam Tuktur |DC Health

AHL Collaborative: Project Data Sampler

1. CBO Monthly Workplan Measure Reports:

   - Personal Health Literacy

     -- Culturally & Linguistically Appropriate Engagement/Interventions

   - Organizational Health Literacy

     -- Capacity building; Staff Development & Training; Participation in HL Collaborative

2. Case Study Data:

   - Community Health Literacy Workshops

3. DC Structural Vulnerability Index - Version 2.0

   - Update - Beyond COVID-19

United Planning Organization (UPO) WORKSHOP EVALUATION APPROACH

Informing UPO's Health Literacy Practice Change & Continuous Quality Improvement

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United Planning Organization (UPO)

CASE STUDY BACKGROUND:

What: Health Literacy workshops across the District
- **Number of Workshops Held: Total = 3**

When: October 2022 to March 2024

Where: Wards 5, 6, 7 & 8 *(Resident Pool)*

Who Participated:
- **Total Participants:** 105 residents
- Demographics: 42 male; 63 female
- 40% aged 65+ years *(42 people)*
- 60% aged younger than 65 years *(63 people)*

Knowledge of Chronic Disease & Prevention

UPO Workshop Participants: Post-Test: 1

Survey Question : How comfortable are you with identifying preventative measures to prevent chronic diseases?"

*Survey results from Oct. 2022-March 2024

PRE-SURVEY   POST-SURVEY

Created/Revised 2024 — DC Health | Government of the District of Columbia
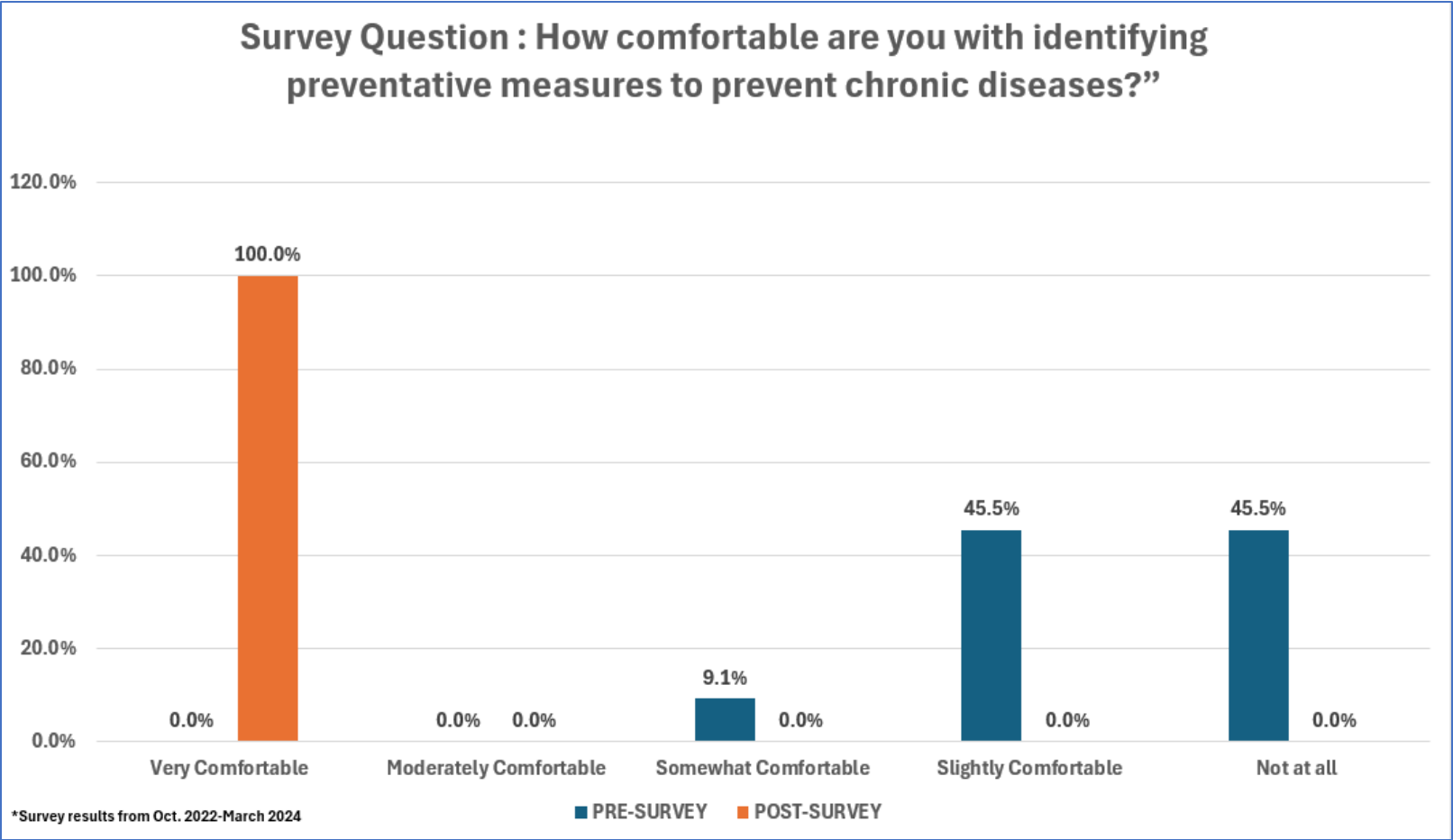
Knowledge of Diabetes

UPO Workshop Participants Post-Test: 2

Survey Question: How comfortable are you if asked to answer the following question : "What are a few side effects of not treating Diabetes"?

	Very Comfortable	Moderately Comfortable	Somewhat Comfortable	Slightly Comfortable	Not at all
PRE-SURVEY	1.5%	0.0%	0.0%	76.5%	22.1%
POST-SURVEY	4.4%	88.2%	7.4%	0.0%	0.0%

*Survey results from Oct. 2022-March 2024

Created/Revised 2024 — DC Health | Government of the District of Columbia

Knowledge - Breast Cancer Awareness

UPO Workshop Participants: Post-Test: 3

Survey Question : How comfortable are you with identifying (noticing) the early signs of Breast Cancer?

*Survey results from Oct. 2022-March 2024

PRE-SURVEY   POST-SURVEY

Created/Revised 2024 — DC Health | Government of the District of Columbia
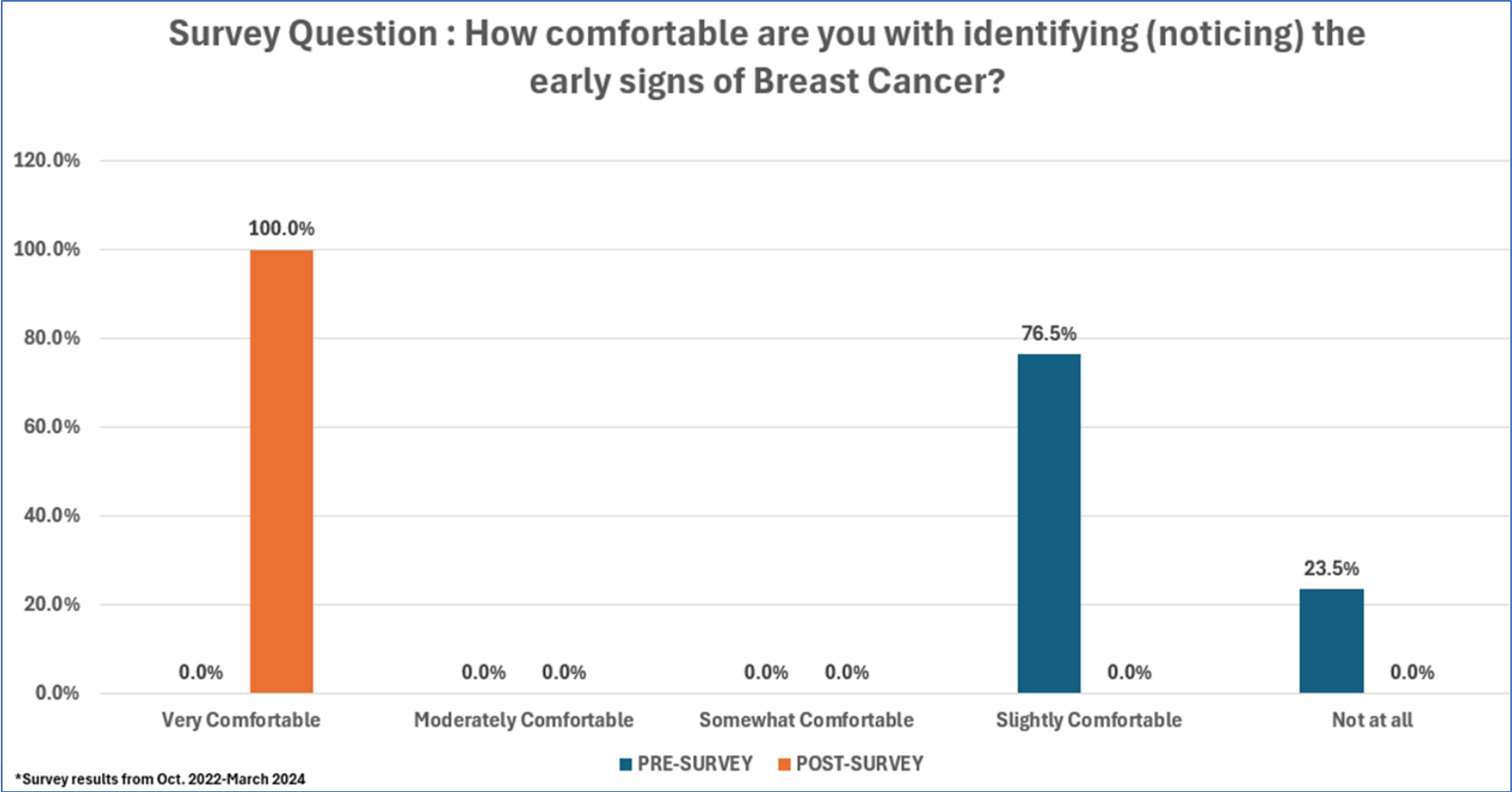
AHL CBO MONTHLY DATA REPORTS

Engagement and Collaborative Learning

CBO Health Literacy Event Encounters by Ward

CBO Health Literacy Event Encounters by Foreign Born & Limited English Proficiency
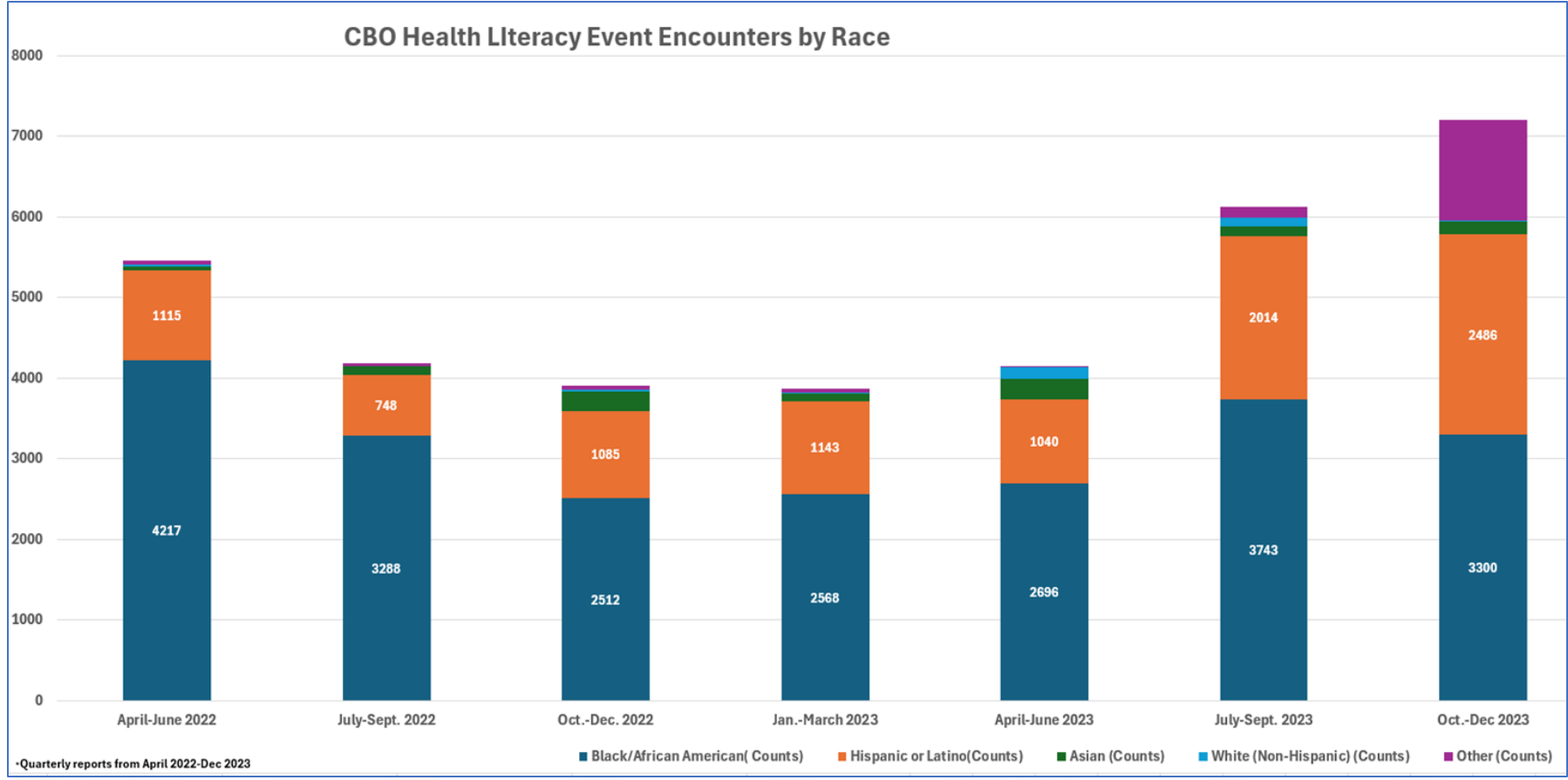
Health Literacy Project Phases
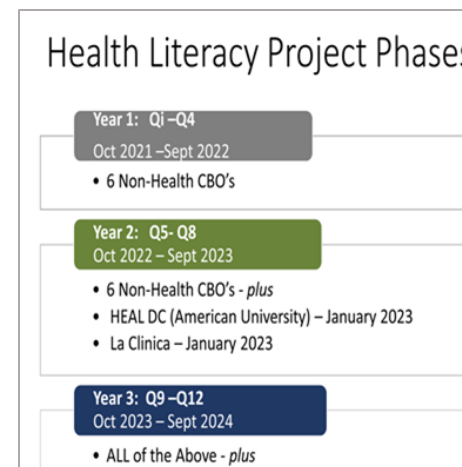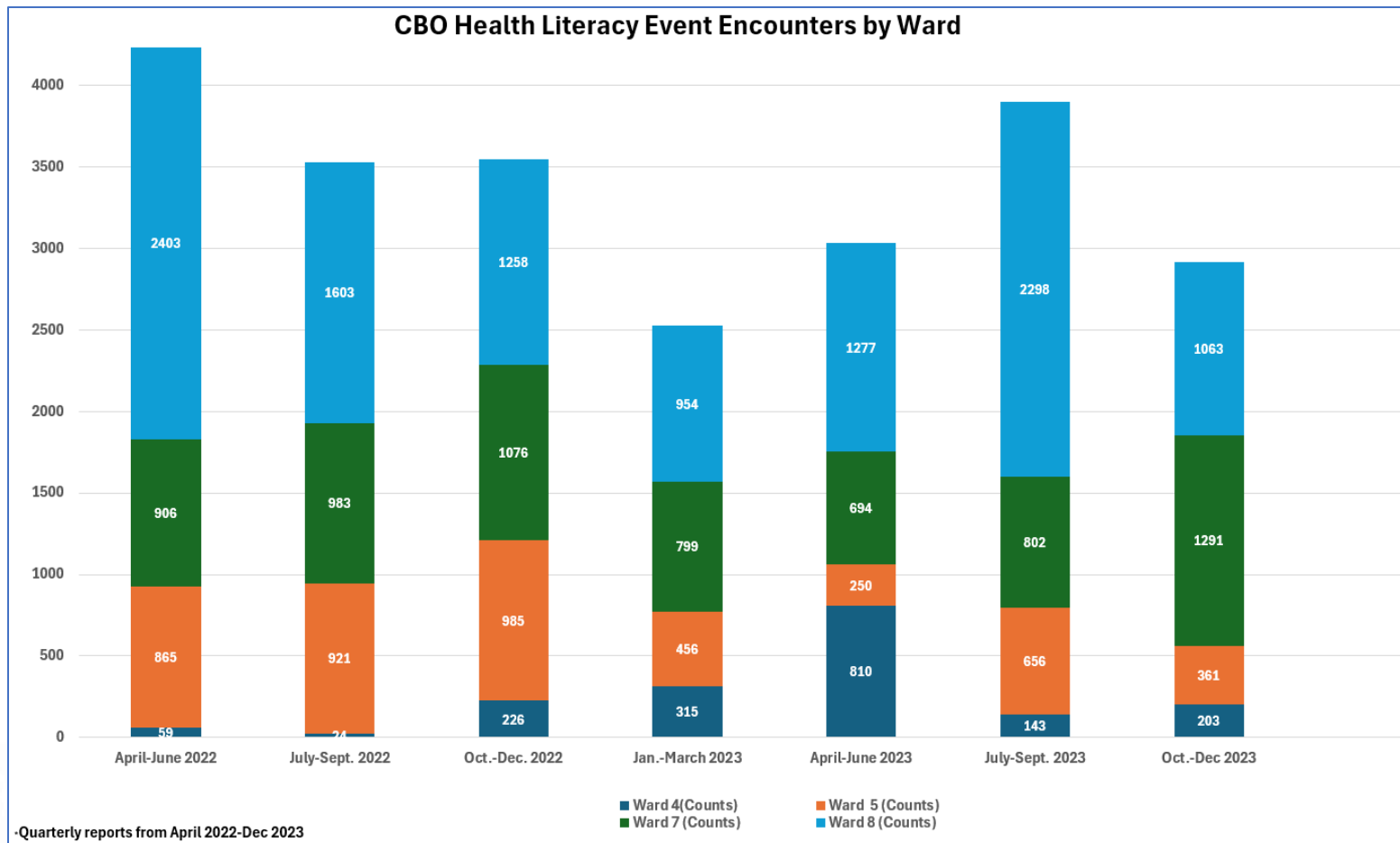
Year 1: Q1 –Q4
Oct 2021 –Sept 2022
• 6 Non-Health CBO's

Year 2: Q5- Q8
Oct 2022 – Sept 2023
• 6 Non-Health CBO's - plus
• HEAL DC (American University) – January 2023
• La Clinica – January 2023

Year 3: Q9 –Q12
Oct 2023 – Sept 2024
• ALL of the Above - plus

*Quarterly reports from April 2022-Sept 2023

■ Limited English Proficiency (Counts)   ■ Foreign Born(Counts)

Year 1   Year 2

Created/Revised 2024 — DC Health | Government of the District of Columbia
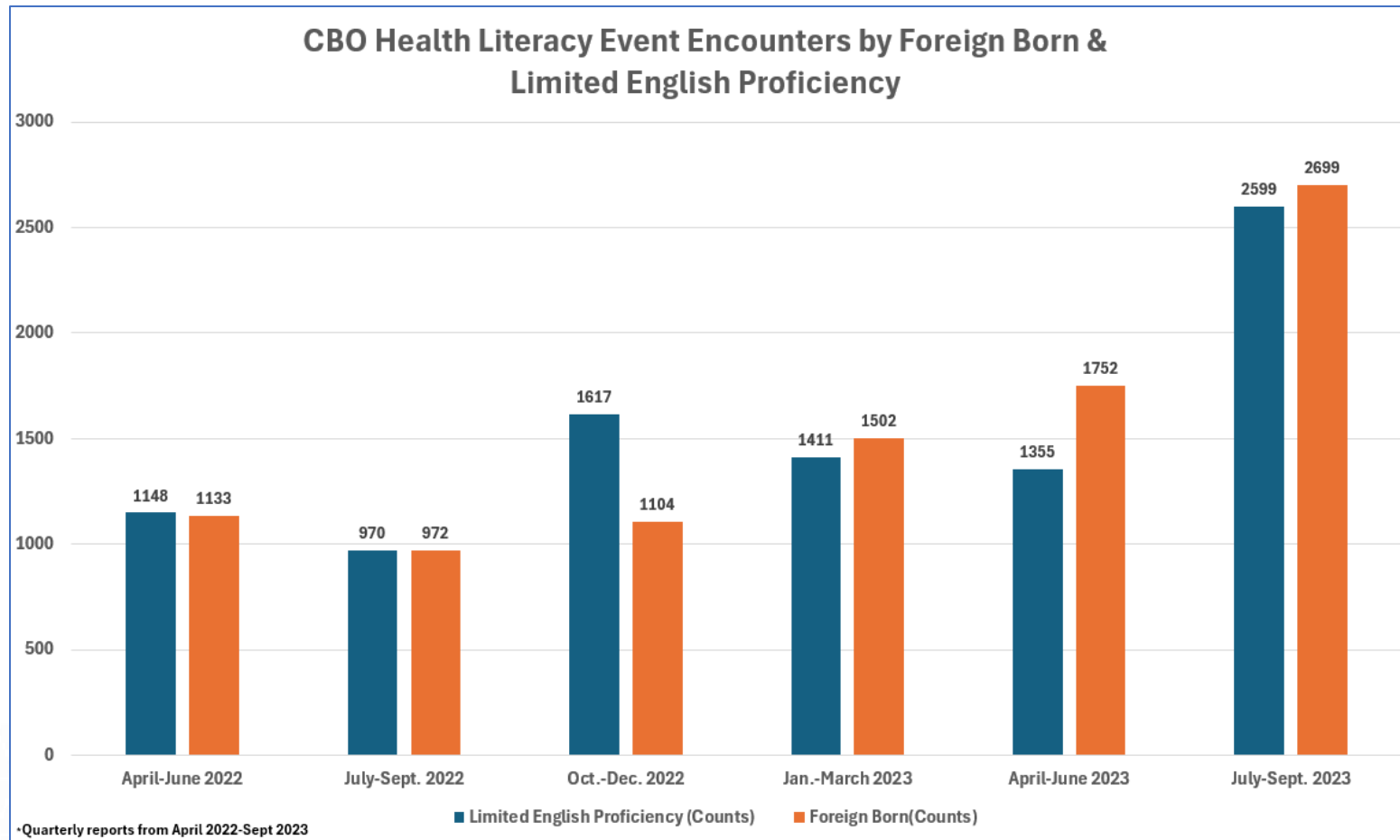
DC STRUCTURAL VULNERABILITY INDEX

Cumulative Vulnerability Score at the Statistical Neighborhood Level

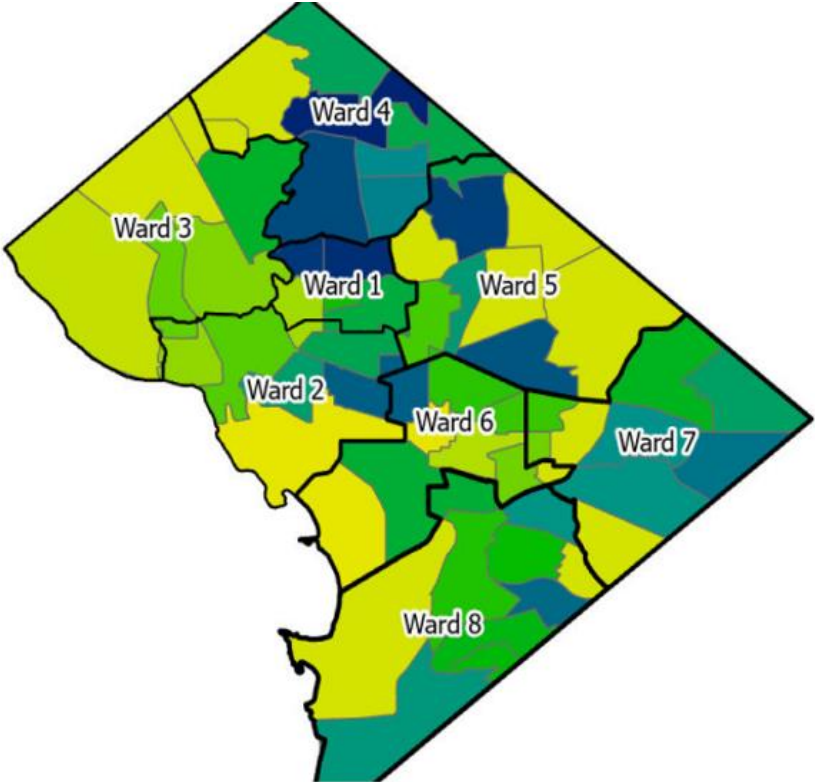# DC Structural Vulnerability Index (v2.0)

Map of Washington DC wards (Ward 1 through Ward 8)

Neighborhood	Score
BRIGHTWOOD	0.53
COLUMBIA HEIGHTS	0.53
MOUNT PLEASANT	0.51
MICHIGAN PARK	0.51
16th ST HEIGHTS	0.5
TRINIDAD	0.49
CHINATOWN	0.47
DOUGLASS	0.47
MARSHALL HEIGHTS	0.45
PETWORTH	0.43
BRIGHTWOOD PARK	0.43
FORT DUPONT	0.4
TWINING	0.39
BELLEVUE	0.38
EDGEWOOD	0.37
GWU	0.36
LINCOLN HEIGHTS	0.36
SHEPHERD PARK	0.35
LOGAN CIRCLE/SHAW	0.34
LAMOND RIGGS	0.33
U ST/PLEASANT	0.33
SW/WATERFRONT	0.32
FOREST HILLS	0.31
EASTLAND GARDENS	0.31
CONGRESS HEIGHTS/SHIPLEY	0.31
WASHINGTON HIGHLANDS	0.3
HISTORIC ANACOSTIA	0.3
SOUTH COLUMBIA HEIGHTS	0.3
SAINT ELIZABETHS	0.29
UNION STATION	0.28
KINGMAN PARK	0.27
BLOOMINGDALE	0.26
GEORGETOWN EAST	0.24
CATHEDRAL HEIGHTS	0.24
HILL EAST	0.24
WOODLEY PARK	0.23
GEORGETOWN	0.22
ADAMS MORGAN	0.21
CAPITOL HILL	0.2
KENT/PALISADES	0.19
BARNABY WOODS	0

Geomean Composite Scores, Scaled from 0 to 1

Data Source: ACS 2020 Five Year Estimates

DC Structural Vulnerability Index (v2.0)

✓ **DC SVI (v1.0):** Has been standardized and expanded to increase its applicability beyond COVID-19

✓ **DC SVI (v2.0):** Linear model consisting of 15 equally weighted vulnerability criteria clustered into 6 domains
- Represents structural, economic, and medical vulnerability
- Composite score generated on a scale of 0 to 1
- The higher the score, the greater the vulnerability

Collaborative Evaluation

Planning, Assessing, and Learning Collaboratively

Elaine Meredith | Howard University
Master of Public Health Program
Evaluation Team

Howard University
Master of Public Health Program
Advancing Health Literacy (AHL)
Evaluation Team

▶ Dr. Alicia Anderson – Director of Evaluation

▶ Dr. Pamela Carter-Nolan – Co-Director of Evaluation

▶ Dr. Carla Williams – Implementation Scientist

▶ Ms. Briana Jeffreys – Project Coordinator

▶ Ms. Elaine Meredith – Program Coordinator

▶ Ms. Olivia Toomer – Graduate Assistant

Health Literacy
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Overview of Discussion

▶ Defining Program Evaluation

▶ CDC Program Evaluation Framework

▶ Evaluation Types, Purposes, & Goals

▶ Collaborating with DC Health

▶ Collaborating with Community Based Organizations (CBOs)

▶ Preliminary Findings

▶ Preliminary Recommendations

▶ Key Takeaways

What is an Evaluation?

- It Is

  - A **systematic method** for collecting, analyzing, and using data to determine the "value" of a program

  - Examines the effectiveness and efficiency of programs, program components or activity

  - **Continuous program improvement**

- It Is Not

  - A critique, report card, inspection, nor an audit

CDC Program Evaluation Framework

1. Engage Stakeholders

2. Describe the Program

3. Focus Evaluation Design

4. Gather Credible Evidence

5. Justify Conclusions

6. Ensure Use and Share Lessons

Types of Evaluations

- ## Collaborative
  - **Constant engagement of stakeholders** (DC Health, partnering CBOs, Residents) throughout each phase of the evaluation

- ## Process
  - To what degree was the Advancing Health Literacy (AHL) intervention (Collaborative Sessions and Living Well DC Portal) implemented as intended

- ## Outcome
  - To what degree did the AHL intervention accomplish its goals

This is our evaluator. Every time she collects data it will help us remember what we said we were going to do in the first place.

freshspectrum.com

So, did it work?

freshspectrum.com

Evaluation Purposes

Gain new knowledge about program activities

Improve or fine-tune existing program operations (e.g., program processes or strategies)

Determine the effects of a program by providing evidence concerning the program's contributions to a long-term goal

Affect program participants by acting as a catalyst for self-directed change (e.g., teaching)

Advancing Health Literacy Collaborative Evaluation

- **Goal 1:** Establish and Implement A Collaborative Evaluation Model in Partnership with DC Health Throughout the Lifecycle of the Grant

- **Goal 2:** Develop and Conduct Process Evaluation of the key features of the intervention (Health Literacy Learning Collaborative & Health Literacy Portal) during the first year of project implementation

- **Goal 3:** Conduct an Outcome Evaluation and Determine Overall Impact of the Intervention Among CBO Staff

Collaborating with DC Health

- **Goal 1: Process**
  - Biweekly meetings with DC Health
- **Goal 2: Process**
  - Monthly Collaborative Session Polls
  - CBO Interviews
  - Health Literacy Portal Analysis
- **Goal 3: Outcome**
  - Health Literacy Assessment
  - Brief Resident/Client Feedback Form
  - 12-Month Collaborative Poll

12:29

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UNIVERSITY
1867

When answering the questions regarding the past twelve months consider collaborative sessions that occurred between April 2023 and March 2024.
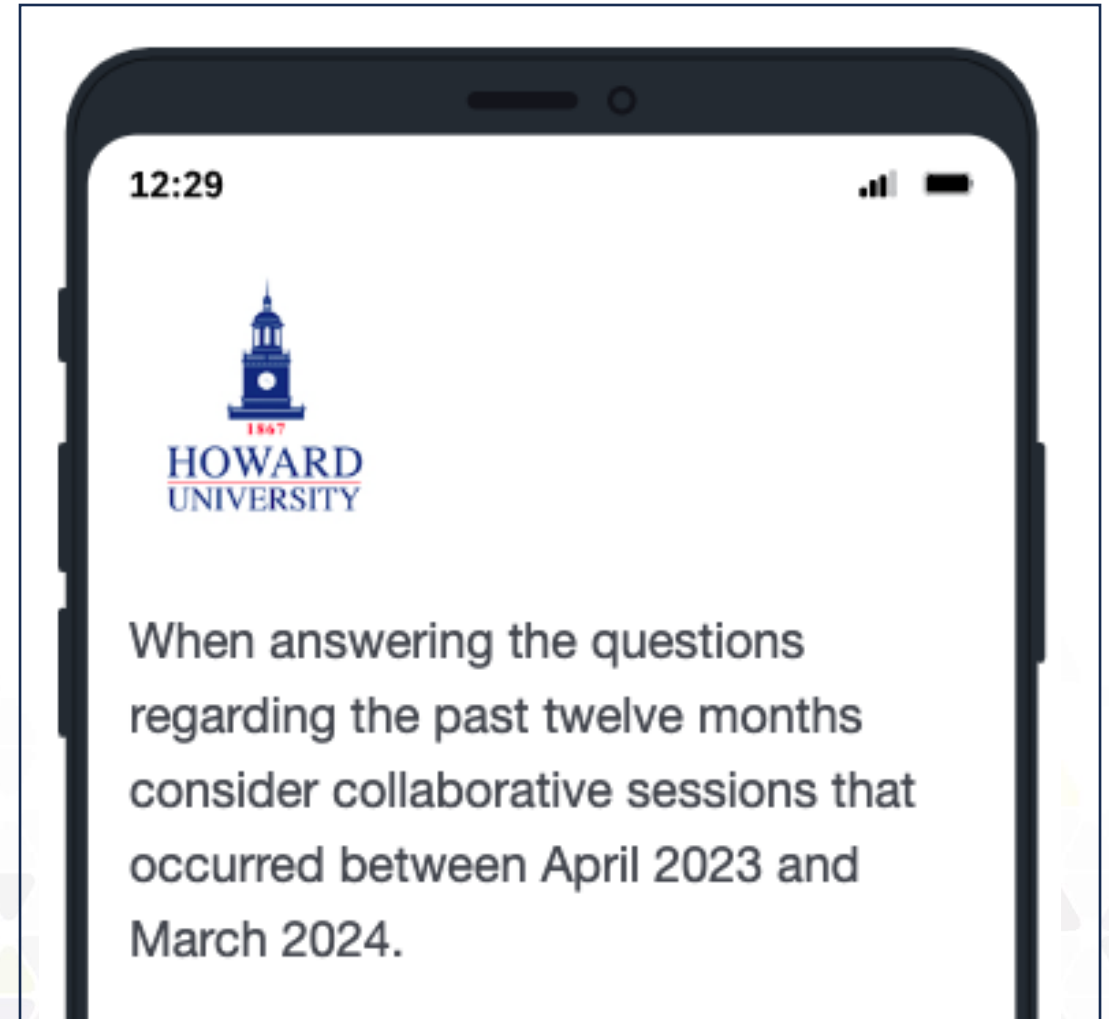
Collaborating with Community Based Organizations

- **Goal 2: Process**

  – Evaluation updates during the Monthly Collaborative Session

  – Pilot testing CBO Interviews

- **Goal 3: Outcome**

  – Pilot testing Health Literacy Assessment

  – Pilot testing Brief Resident/Client Feedback Form

Brief Feedback Form

We would like your honest feedback. Please answer these questions either **Yes or No** about the event you attended today. Think about a specific staff member when answering.

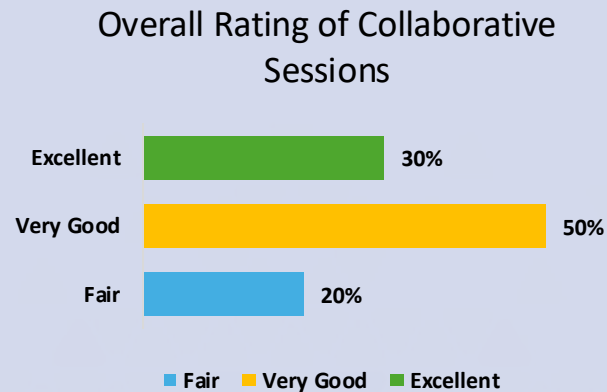|			
1.	Did this staff member explain things in a way that was easy to understand?	Yes	No
2.	Did this staff member use medical words you did not understand?	Yes	No
3.	Was this staff member warm and friendly?	Yes	No
4.	Did this staff member listen carefully to you?	Yes	No
5.	Did this staff member encourage you to ask questions?	Yes	No
6.	Did this staff member answer all your questions to your satisfaction?	Yes	No
7.	Did you see this staff member for a specific illness or for any health condition?	Yes	No

Preliminary Findings

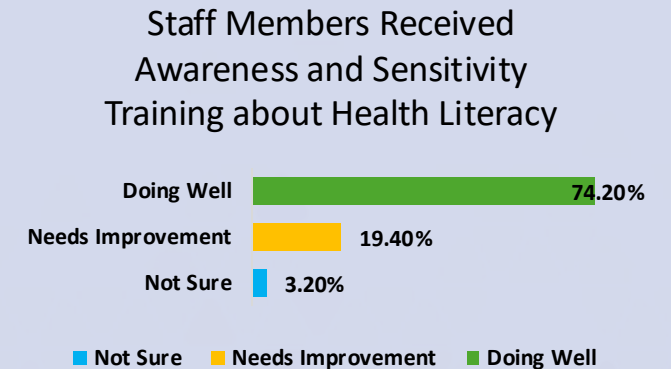| Goal 1: Collaborative Evaluation Model	Goal 2: Process Evaluation of AHL Intervention	Goal 3: Outcome Evaluation and Impact of AHL Intervention
• Biweekly meetings led to timely recommendations for changes (i.e. adding question prompts to collaborative sessions) • *"Getting to hear everyone's perspective on the opening question."* • *"I enjoyed the group discussion about what health equity looks like."*	• *"I found it very beneficial to hear how other organizations approached things ..."*	• *"Helped me to think more broadly about what health literacy means ... It's not only educational material, it can be a lot more..."*

Goal 2 chart — Overall Rating of Collaborative Sessions
- Excellent: 30%
- Very Good: 50%
- Fair: 20%

Legend: Fair, Very Good, Excellent

Goal 3 chart — Staff Members Received Awareness and Sensitivity Training about Health Literacy
- Doing Well: 74.20%
- Needs Improvement: 19.40%
- Not Sure: 3.20%

Legend: Not Sure, Needs Improvement, Doing Well

Preliminary Recommendations

Recommendation 1:
Include a prompt or question to facilitate group discussions with CBO representatives.

DC Health's Response
- Collaborative sessions to include a prompt for discussion.
- Collaborative sessions are extended to two hours to provide more time for discussions.

Recommendation 2:
We need practical, hands-on application of HL concepts for organizational spread concepts   for organizational spread.
-CBO Member

DC Health's Response
- The Health Literacy Training Curriculum will provide hands-on practice within.

Recommendation 3:
Provide CBOs with guidance on where to access information on chronic disease prevention such as diabetes, COPD, and arthritis and where health services for these and other conditions are in DC.

DC Health's Response
- Topics shared with Office of Communications and Community Relations (OCCR) for material development.

Key Takeaways

- Evaluations
  - A systematic means to help organizations understand their programs' processes and outcomes

- Collaborative Evaluations
  - Program evaluation that involves continuous engagement of people and organizations with an interest in the program

- What can your CBO do?
  - Identify key processes to monitor
  - Identify key outcomes to monitor
  - Engage clients regarding their experiences

References

- Centers for Disease Control and Prevention. (2023). *Program evaluation*. U.S. Department of Health and Human Services. https://www.cdc.gov/evaluation/index.html

- Centers for Disease Control and Prevention. (2021). *Evaluation steps*. U.S. Department of Health and Human Services. https://www.cdc.gov/evaluation/steps/index.html

- Centers for Disease Control and Prevention. (2021). *Introduction to program evaluation for public health programs: a self-study guide*. U.S. Department of Health and Human Services. https://www.cdc.gov/evaluation/guide/index.htm

- Centers for Disease Control and Prevention. (2012). *Step 3: Focus Evaluation Design. U.S. Department of Health and Human Services*. https://www.cdc.gov/evaluation/guide/step3/index.htm#types

- O'Sullivan R. G. (2012). Collaborative evaluation within a framework of stakeholder-oriented evaluation approaches. *Evaluation and program planning*, *35*(4), 518–522. https://doi.org/10.1016/j.evalprogplan.2011.12.005

DISTILLING THE LEARNING AGENDA

▶ Knowledge Distillation

▶ Applied Translational Research for Practice

  Change

▶ Development of La Clinica's Organizational

  Health Literacy Model

▶ An Organizational Health Literacy Model

  for non-health Community Based Organizations

Knowledge Distillation

- The process of transferring knowledge into a model (larger to smaller)

- Using principles of Translational Research as Implementation Science

  - Encourages and promotes multidisciplinary collaboration

  - Incorporates and engages community for collaboration and to determine needs for health innovation

  - Identifies and supports the adoption of best practices
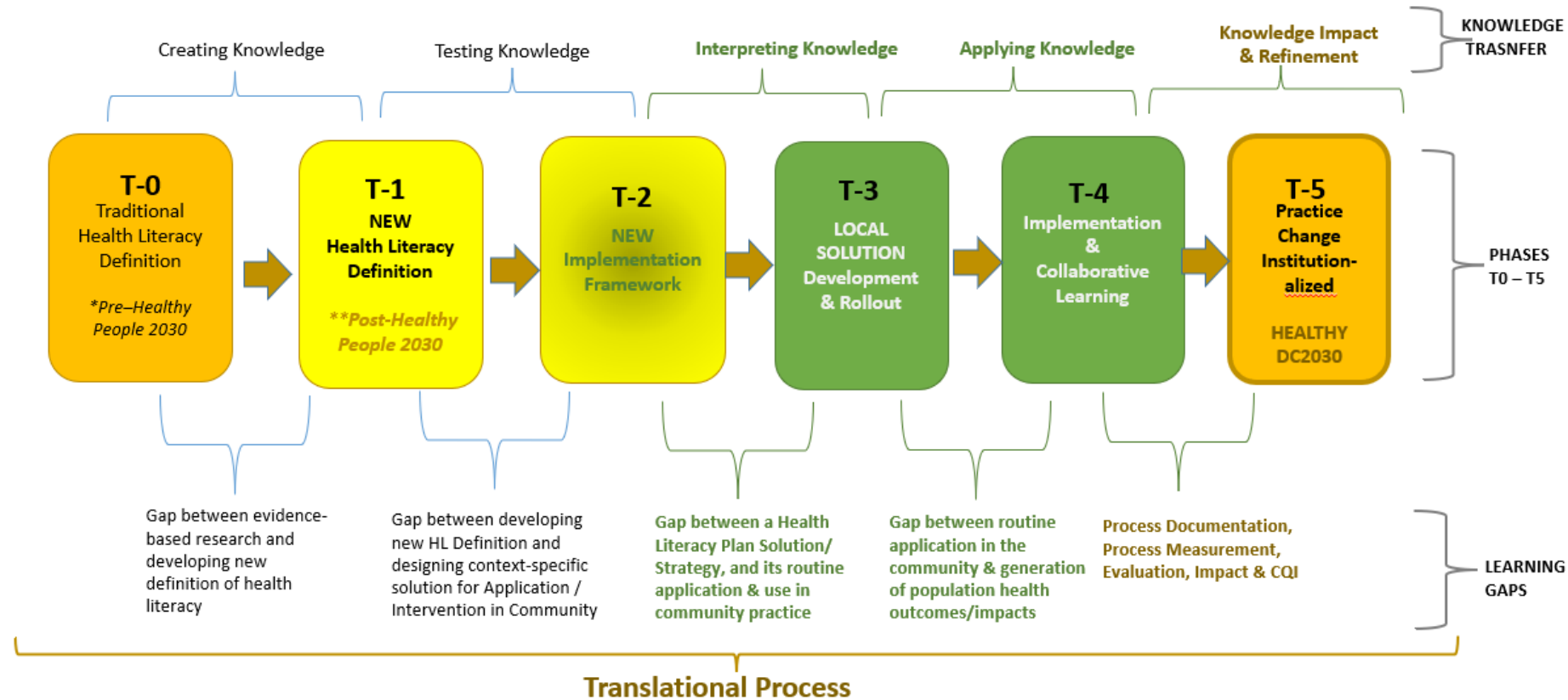
Development of La Clinica's Organizational Health Literacy Model

Overview of La Clinica del Pueblo

- **La Clinica del Pueblo is a:**

  - 501c3 Nonprofit

  - Community-Based Organization

  - Federally Qualified Health Center (FQHC)

  - Patient Centered Medical Home

- **We serve:**

  - Latinx and immigrant communities in the DMV

 - 4,500 community members served in direct services
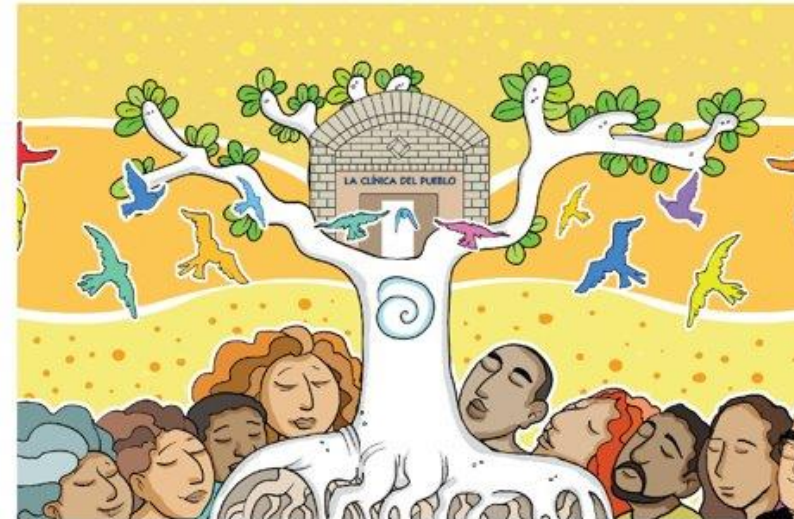
La Clinica's Health Literacy Model

1. Identify the need

2. Build the team

3. Evaluation Framework

4. Assessment

5. Key Findings

6. Universal Health Literacy Precautions

7. Health Literacy Toolkit
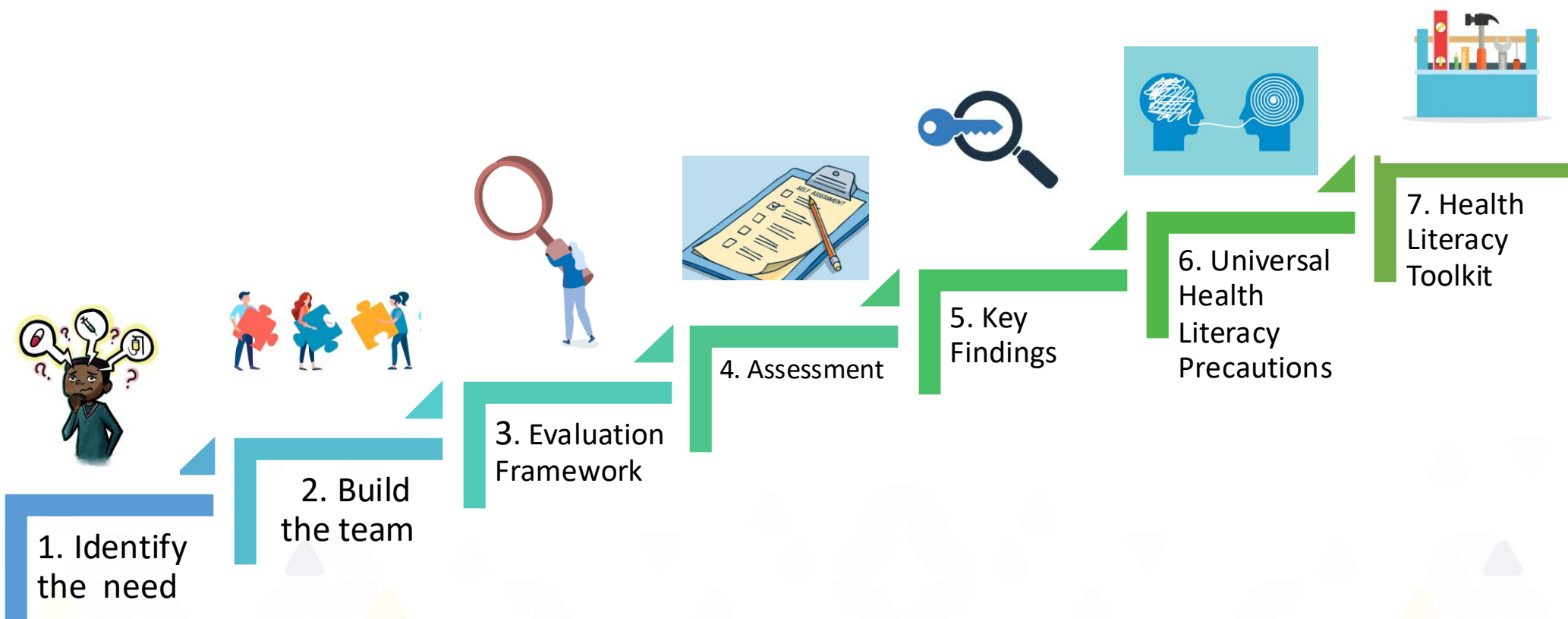
1. Identify the Need

- Redesign and strengthen culturally appropriate health education model to a health literacy model

- Promote a collaborative and integrated approach across the organization
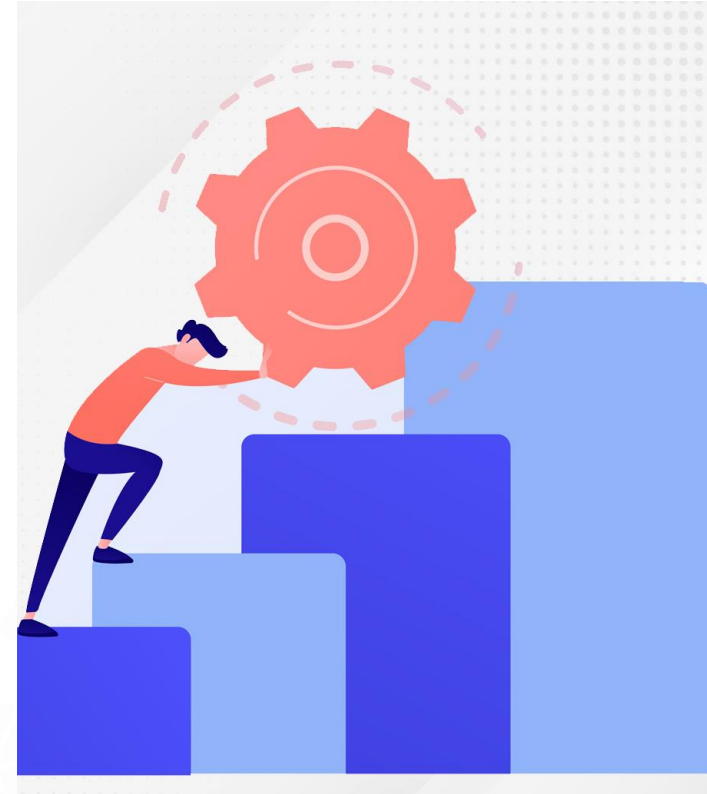
2. Build the Team
The Health Literacy Committee: An Integrated Support System

- Enhance our patients, participants, and community's understanding of health messages.

- Promote a universal approach to health literacy at La Clínica.

- The Health Literacy committee will meet monthly to consider health literacy needs and oversee the development of educational materials:

    – Public health campaigns: graphic materials, video clips

    – Health education materials: print out materials, video format for reception areas

    – Sites and signage

    – Patient/client communications: Spoken and written communication; printed, audio, and electronic formats

3.1 Evaluation Framework

- **Individual health literacy** is the degree to which people have the ability to find, understand, and use information and services to make health-related decisions and take actions for themselves and others.

- **Organizational health literacy** is the degree to which organizations equitably enable people to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

Therefore... health literacy **should not fall only on the individual.**
The health system must adapt and make changes to reduce the demand and burden imposed on people and thus respond in an equitable and culturally appropriate manner.
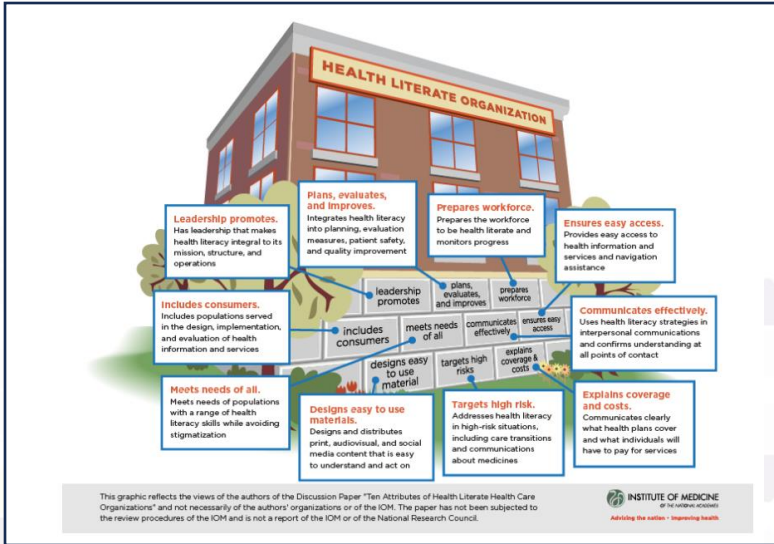
4. Health Literacy Assessment

- The **purpose** of the assessment was twofold: first, to **gain an in-depth understanding of the current state of health literacy practices at La Clinica del Pueblo**, and second, to **identify opportunities for enhancing health literacy initiatives within the organization.** By conducting this assessment, we sought to align our practices with the principles of health literacy, ensuring that our healthcare services and communication materials and strategies are accessible, understandable, and responsive to the diverse needs of our patients and community members.

5. Key Findings

Doing Well

- Health literacy is a strategic priority that supports the mission, vision, and operations.
- All staff members use audio/video materials and visual aids to promote better understanding (e.g., food models for portion sizes, models of body parts, and instructional health videos).
- La Clinica's consumer education materials are concise, plain language, and organized and formatted.
- Our practice maintains an up-to-date list of community resources and refers patients as needed.
- Staff members assess patients' non-medical barriers, address them, and provide appropriate referrals or support.

Needs Improvement

- Leaders and managers continually support a plan to promote health literacy, raise awareness, promote staff engagement, or improve the care environment.
- Resources—such as staff time, material costs, capital improvements, and consulting services—are dedicated to meeting defined health literacy performance goals.
- All staff members understand that limited health literacy is common and can affect all individuals at one time or another.

6. Universal Health Literacy Precautions

Health literacy universal precautions are the steps practices take when they assume that all patients may have difficulty comprehending health information and accessing health services.

Health literacy universal precautions are aimed at:

- Simplifying communication with and confirming comprehension for all patients minimizes the risk of miscommunication.
- Making the office environment and health care system more accessible to navigate.
- Supporting patients' efforts to improve their health.

1. Spoken communication
2. Written commuciation
3. Self management and supportive systems
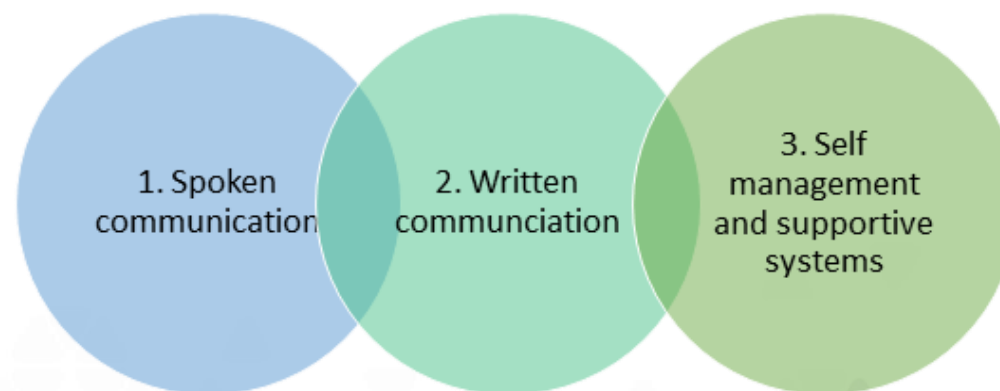
7. Toolkit

The toolbox is a resource for La Clinica and other agencies in the DMV area that provides best practices and tools to promote health literacy and universal health literacy precautions.

Some of the main steps to complete this toolbox, include:
- Compile relevant information tailored to the target audience's needs and literacy levels.
- Include multimedia resources such as videos, podcasts, and infographics to enhance understanding.
- Include interactive quizzes, cheklists and websites to engage users and reinforce key messages
- Creation of a digital toolbox that can be accessed online.
- Collected feedback on the toolbox from health literacy committee.

Universal Precautions

- Simplifying communication and confirming understanding with everyone

- Making the office environment and healthcare system easier to navigate

- Supporting people's efforts to improve their health

[AHRQ Health Literacy Universal Precautions, 3rd Edition](#)

Knowledge Distillation

Interviews with Collaborative members → Thematic Coding → Developing Framework → Model

A Working Organizational Health Literacy Model for Non- Health *Bridge* Organizations

- Understand your Organization
- Engage as Trusted Messengers
- Informed by/Know your community
- Relationships and Strategic Partnerships
- Social/ Structural Determinants of Health
- Organizational Health Literacy

Health Literacy SUMMIT
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Know Your Community

Addresses Universal Precautions:

1: Simplifying communication and confirming understanding with everyone.

3: Supporting people's efforts to improve their health.

- Be culturally curious and meet people where they are
- Mirror your community
- Language – critical for effective communication in every context
- Deploy and/or hire staff that speak the language(s) of the community you serve
- OR set aside budget for interpretation and translation services to provide all communications to your community demographics
- Use Data to inform knowledge of your community and community needs
  - Test information for context/community/audience relevance
- Use existing relationships to expand information/combat misinformation
- Make it plain- jargon free language
- Data- current data from trusted resources
- In-person engagement preferrable
  - If virtual, include digital literacy in programming

Build Capacity: Internal and External Relationships, Collaborations, and Partnerships

Addresses Universal Precaution 2:

Making the office environment and healthcare system easier to navigate.

- At least 1.5 FTE dedicated to health literacy initiatives
- Imbed and integrate health and health literacy across all programs
- Align HL staff with other program staff in agency organizational chart to assure integration
- Build, develop and leverage external health partnerships in the community: invite guest speakers and subject matter experts
- Internal and external approaches to trainings and information sharing
- Screen for medical needs within assessment of social needs

Understand Your Organization

Addresses Universal Precaution 2:

Making the office environment and healthcare system easier to navigate.

- Strength, gaps, and potential areas of growth
- Leverage Relationships to complement and expand your capacity
- Conduct internal health literacy assessment to understand capacity/infrastructure at the staff and organizational level
- Adjust Organizational Health Literacy toolkit for tailored implementation that supports your unique community role as the bridge supporting community needs

Programming and Services Integration

Addresses Universal Precautions:

2: Making the office environment and healthcare system easier to navigate.

3: Supporting people's efforts to improve their health.

- Combine health into other programmatic initiatives that address Social and Structural Determinants of Health (SSDOH)
- Integrate into formal strategic programming
- Integrating SSDOH with HL in combined efforts towards building curriculums, outreach, workshops
- Connect health/health literacy efforts into next funding opportunity
- Align with programming and strategy you already do well, let that inform the way you incorporate health literacy
- Create leadership opportunities centered on health literacy initiatives
- Create evergreen material and instructions for implementation and process documentation to assure continuity and longevity

Engage as Trusted Messengers

Addresses Universal Precautions:

1: Simplifying communication and confirming understanding with everyone.

3: Supporting people's efforts to improve their health.

- Engage residents as teachers- listen to learn
- Resident inclusion and input: leverage your strength as trusted messengers
- Develop and maximize external partnerships, leaning on each other's strengths
- Communicate clearly: practice the teach back method
- Only use data from academic or government sources and carefully present for accuracy
  - Evaluating Internet Health Information Guide
  - Do No Harm Data Visualization and Language Guide

What's Next: Sustainability

Organizational Health Literacy Model for Health Centers and Systems

Professional Health Literacy

Healthy DC 2030

Keep your eye on Living Well DC Practice Change Portal

To be continued...

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