Veterans and Telehealth

In collaboration with the American Medical Association
January 26, 2022 7:00-8:15PM
FREE CME Credits for NHMA Members

bit.ly/NHMACovidBriefing

Con traducción al español EN VIVO

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President & CEO
National Hispanic Medical Association
Welcome

Elena Rios, MD, MSPH, MACP
President & CEO
National Hispanic Medical Association

Housekeeping

- Tonight’s session will feature zoom polls and live translation in Spanish.
- All participant microphones will be muted, but please feel free to use the raised hand feature to be unmuted to ask a question or type your question into the Q & A box for the panelists to address during our Q & A session at the end.
- Please fill out the short post-webinar survey that will be emailed out after the event – Raffle prizes are available upon completion.
- Recording will be housed on NHMAmd.org and sent out one week after the event, along with the instructions to claim your CME.
Objectives - After Attending This Program You Should Be Able To
1. Learn the history of health equity in marginalized communities
2. Learn developments on Telehealth and caregiving for Latinx Veterans
3. Understand how training physicians through the Campaign for Inclusive Care has impacted caregiving at the VA

Disclosure of Conflict of Interest
The following table of disclosure information is provided to learners and contains the relevant financial relationships that each individual in a position to control the content disclosed to Amedco. All of these relationships were treated as a conflict of interest, and have been resolved. (C7 SCS 6.1-6.2, 6.5)

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<td>Vincent Garity</td>
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<td>Gerald Harmon</td>
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<td>Elena Floa, MD, MSPH, FACP</td>
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<td>Rebecca Vargas-Jackson, MD</td>
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<td>Celeste Whittaker</td>
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Claim your CE by going to: https://www.nhmamd.org/covid-19-virtual-briefing-series
Para activar la interpretación, haz clic en “Interpretation” donde ves el ícono de un globo terráqueo.

To activate interpretation, click “Interpretation” where you see the globe icon.

Seleccione el idioma en que prefieres escuchar. También puedes hacer clic en “Mute Original Audio” para solo escuchar la interpretación.

Select the language you are most comfortable listening in. You can also click “Mute Original Audio” if you only want to hear the interpreter’s voice.
Physician Leadership in Advancing Equity and Shaping the Future of Health Care

Gerald E. Harmon, MD
President
American Medical Association

January 2022
AMA response to COVID-19

• Provide up-to-date, evidence-based resources, research and clear guidance from trustworthy sources.

• Help physicians and practices recover from the disruption and damage of the pandemic.

• Work at the highest levels to reduce obstacles to patient care.

• Advocate for science-based, equitable policies.

Visit AMA-assn.org
Making pandemic telehealth changes permanent

• In early 2020, the AMA worked with CMS to remove burdensome regulations to prevent health care workers from offering remote care.

• AMA urging Congress to pass the CONNECT for Health Act and Telehealth Modernization Act to eliminate all geographic restrictions on telehealth services.
Physician resources to advance telehealth

The AMA Digital Health Implementation Playbook:

• A series of comprehensive step-by-step guides to implementing digital health solutions;
• Insights from across the medical community;
• Offers key steps, best practices and resources to support an efficient and clear path to implementation and scale;
• Visit ama-assn.org for more information
AMA’s commitment to achieving health equity

- Two key principles of our Code of Medical Ethics state:
  - We are to provide “competent medical care, with compassion and respect for human dignity and rights.”
  - We are to respect the law and also recognize our responsibility to seek changes when it is contrary to the best interest of patients.
- Non-discrimination, health equity and access to health care for all are key goals of our advocacy work.
The impact and influence of MAS

- Minority Affairs Section of AMA House of Delegates created to address issues and concerns of underrepresented minority physicians and improve the health of minority populations.
  - NHMA Trustee Dr. Sam Arce serves on MAS Governing Council.

- Core MAS objectives include improving diversity in medicine and improving minority health policy within AMA.

- AMA Doctors Back to School Program
AMA’s Strategic Plan to Embed Racial Justice and Advance Health Equity

- **Embed equity** in practice, process, action, innovation, and organizational performance and outcomes
- **Build alliances and share power** via meaningful engagement
- **Ensure equity in innovation** for marginalized and minoritized people and communities
- **Push upstream** to address all determinants of health
- **Foster truth, reconciliation, racial healing, and transformation**
Improving physician training on health equity

- New AMA Ed Hub modules offer a deep dive on health equity issues, training and resources.

- AMA Ed Hub consolidates the AMA’s broad content resources and covers timely practical, ethical and clinical topics.

EdHub.ama-assn.org
Guide to Language, Narrative, and Concepts

• Guide from AMA and AAMC provides insights to physicians and other health care workers on equity-focused, person-first language and why it matters.

• Goal is to center health care around the lived experience of people and communities without reinforcing labels, objectification, stigmatization and marginalization.

ama-assn.org/equity-guide
Important health trends for Latinx families

Latinx adults and children suffer higher rates of chronic disease because of inequities in health care and social determinants of health.

- 17% of Hispanic adults in fair or poor health.
- Nearly 45% of Hispanic men and 47% of women classify as obese.
- 46% of men and 35% of women are living with high blood pressure.

➢ Hispanic veterans suffer disproportionately high rates of diabetes and hypertension compared to non-Hispanic whites.

Sources: The CDC and U.S. Department of Veterans Affairs
AMA focused on improving care for U.S. veterans

- AMA believes those who have served in our nation’s military deserve the best possible medical care.

- Key AMA programs and initiatives target soaring rates of chronic disease and expand access to mental health services.

- AMA strongly supports and helped create the Veterans Community Care Program.

- AMA has pushed Congress to pass pending legislation to expand community maternity care options for pregnant and postpartum veterans.

- AMA opposes VA proposal that would jeopardize veterans’ health by creating National Standards of Practice and upend state-based licensure and oversight of health care professionals.
  
  ➢ The action would make it impossible for state medical boards to oversee the physicians and non-physicians employed by the VA in their state.
Physicians’ powerful ally in patient care
Senator Dole creates the Elizabeth Dole Foundation

Creation of Hidden Heroes Campaign

VA MISSION Act signed into law

Campaign for Inclusive Care launched

Senator Dole learns about the military caregiving crisis

Dole Caregiver Fellows program is announced

Creation of Hidden Heroes Campaign

Hidden Helpers Launch
Research Findings

• At least 5.5 million military and Veteran caregivers are serving across the nation.
• Many caregivers are the sole breadwinner for their families and are also managing a household, raising children, navigating legal and financial challenges, and providing 24/7 medical support for their Veteran.
• This results in higher rates of anxiety and depression, and deteriorating health for caregivers themselves.
Developed jointly with caregivers, VA experts, and Philips, the Caregiver Journey Map provides information on the evolving needs of caregivers and identifies opportunities where organizations and service providers can deliver evidence-based interventions to provide support.

**Major finding:** Initial engagements with health care providers represent a critical vulnerability for caregivers.
VA caregivers said that in the past 6 months, the patient’s health care team never asked:

- 56% for their ideas about managing their Veteran’s health
- 69% whether they have the skills or training they need to help their veteran
- 72% if they needed help at home in managing their Veteran’s health condition(s)

~25% of VA enrollees report needing the support of a caregiver

n=929, Van Houtven, Miller et al. 2017
1. lack of time by the medical staff to “deal” with the caregiver (50%)
2. because I am not a provider, they don’t think I need to know any detail (40%)
3. legal or privacy concerns (38%)
4. healthcare team changes frequently (38%)
5. healthcare team may not know I am the caregiver (36%)

Data from online survey and qualitative interviews with caregivers (N=50 survey and 13 interview respondents) that assessed challenges and benefits to inclusion in healthcare teams. 2020.
Summary: Why Inclusive Care?

1. Based on the findings from the 2014 Rand study, *Hidden Heroes: America’s Military Caregivers*, we believe that the best chance for a wounded warrior to recover and thrive is having a strong, well-supported caregiver.

2. One of the most vulnerable points for a veteran caregiver is the initial clinical visit with their Veteran. Here, and along the healthcare journey, communication between clinician and caregiver can be challenging.

3. The caregiver is providing most of the care outside hospital walls, their input and understanding is critical for improved patient outcomes.

4. Inclusive care improves outcomes and experiences for caregivers, patients, and clinicians.
Summary: Why Inclusive Care?

- Promotes Patient & Family Centered Care
- Reduces Costs
- Reduces Readmissions
- Prevents Adverse Events
- Eliminates Unneeded Care
- Improves Health Outcomes
  - Medication Adherence
  - Monitoring Side Effects
  - Mental Health
- Inclusive Care
Academy for Inclusive Care

Online Clinician Training Videos (LMS) to raise awareness and educate on inclusive care moderated by Dr. John Torres (NBC News Medical Correspondent)

Topics Include:
• An Introduction of Inclusive Care,
• Who are Military Caregivers,
• Communicating with a Caregiver, and
• Understanding the Caregiver Journey
REMEMBER, CARE

CONSIDER
Consider who else needs to be present. Ask the Veteran “Is there someone you would like in the room during your visit?” “Is there someone who you rely on for support that you would like to have here as part of this conversation about planning your care?” or “Is there someone who helps you with your everyday medical needs?” Do not assume the Veteran can handle their medical care by themselves. Ask them directly to ensure clarity.

ACKNOWLEDGE
Recognize that the Veteran’s caregiver has taken on extra work, and that it will impact their wellness. Empathetic remarks such as “I imagine it’s a big responsibility to care for your loved one” and “I appreciate your dedication to their health” can go a long way to establish rapport.

REVIEW ROLE
Determine the responsibilities that the caregiver is comfortable with. Questions for the caregiver can include “what tasks are easy for you to perform?” and “are there any duties that cause you to feel uneasy while you are performing them?” Early identification of what the caregiver can and can’t do will help ensure that the Veteran achieves their highest possible level of health and well-being.

ENCOURAGE
Find out any barriers that exist and how you can help overcome them to make the caregiver’s responsibilities easier. Simple questions such as “how can I help with your at-home responsibilities for the Veteran?” and “what would make taking care of your Veteran simpler?” If you believe the caregiver could benefit from additional supports, refer to the Caregiver Support Program at your facility and encourage the caregiver to use the free Caregiver Support Line: 1-855-260-3274.
In a virtual or tele-health clinical appointment:

- **Consider** asking the Veteran if he or she has someone helping them, if they are home with him or her on the visit, and if the caregiver should be invited into the room/conversation.

- **Acknowledge** the role the caregiver has taken in helping keep the Veteran safe at home during this time and express gratitude to learn more.

- **Review** the roles and tasks (current and future) the caregiver is performing and make sure they are comfortable with these roles. Ask the caregiver if they have any questions or concerns.

- **Encourage** the caregiver to share any barriers to tasks and work with them to identify solutions.
THANK YOU

CONNECT WITH US

www.hiddenheroes.org
@dolefoundation

@elizabethdolefoundation
@elizabethdolefoundation

Coleton Whitaker, Director of Programs
Email: Coleton@elizabethdolefoundation.org
Bridging the Gap with Health Literacy

Rebecca Vargas-Jackson, M.D.
Health Literacy is based primarily but not exclusively on the following:

1. Social Determinants of Health
2. Equity and equitable communication
3. Culture, language and acculturation
4. Cultural competence, cultural awareness, cultural humility, etc.
5. Racial and ethnic diversity
6. Bias, stigma & discrimination
Veterans and Health Literacy

A survey conducted at Veterans Health Administration (VHA) facilities concluded that 45% of Veterans receiving their healthcare at these facilities had basic or intermediate health literacy skills.

African American veterans were less likely to have adequate levels of health literacy than white veterans.

At the VA Chicago Healthcare System, veterans were asked how much they knew about colorectal cancer screening.

Veterans with limited health literacy were more likely to not be aware of colorectal cancer or the importance of fecal occult blood testing.

US Department of Veteran Affairs – Office of Health Equity
Poor Health Literacy, Numeracy - Veterans in Primary Care

In a NIH National Library of Medicine study report:

- High levels of inadequate health literacy & numeracy in African American veterans

A cross sectional survey measured:
- health literacy
- numeracy
- health decision making
- trust in physicians

African Americans had lower health literacy, & numeracy than did Whites. Almost no research studies in Latino veterans
# Social Determinants of Health

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<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
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<tr>
<td>Employment</td>
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<td>Literacy</td>
<td>Hunger</td>
<td>Social integration</td>
<td>Health coverage</td>
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<td>Language</td>
<td>Access to healthy options</td>
<td>Support systems</td>
<td>Provider availability</td>
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<td>Safety</td>
<td>Early childhood education</td>
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<td>Community engagement</td>
<td>Provider linguistic and cultural competency</td>
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<td>Parks</td>
<td>Vocational training</td>
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<td>Discrimination</td>
<td>Quality of care</td>
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<td>Playgrounds</td>
<td>Higher education</td>
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<td>Support</td>
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**Health Outcomes**
- Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations
2. Equity and Health Literacy in Veterans

Compared with the general population, many veterans are at high risk for COVID-19 and have a complex relationship with the government. This potentially affects their attitudes toward receiving COVID-19 vaccines.

A survey study of 1,178 U.S. veterans in March 2021, related to COVID-19 vaccines reported:

- Fears about side effects and worry about the newness of vaccines were the primary reasons given for **not** getting vaccinated, reflecting vaccine skepticism and deliberation.
- These findings suggest that **increasing** their health literacy is key to increasing vaccine acceptance.
Culture

“An integrated pattern of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting and roles, relationships and expected behaviors of a racial, ethnic, religious or social group; and the ability to transmit the above to succeeding generations.”

(National Center for Cultural Competence of Georgetown University: http://www.georgetown.edu/research/gucdc/nccc/ncccplannersguide.html)
3. Culture, the Challenge to Health Literacy

Health is a cultural concept because culture frames and shapes how we perceive the world and our experiences.

Along with other determinants of health, culture defines:
- what patients & doctors believe about the causes of disease
- how life and health are perceived
- how health care information is received (TV, radio, telehealth, etc.)
- how rights and protections are exercised
- what is considered to be a health problem
- how people should interact with their neighbors
- who should provide advice for a problem, and
- what type of paths should be followed (politics, beliefs, science, etc.)
Health Literacy & How Does Culture Affect Health

The influence of culture in health is vast:

- It affects perceptions of health, illness, and death
- Beliefs about causes of disease (the ‘evil eye’, Voodoo)
- Approaches to health promotion
- How illness and pain are experienced and expressed
- Where patients seek help (family, pharmacy, traditional healer)
- The types of treatment patients prefer (chicken soup)
Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations.

Cultural competence is the ability to understand, communicate with and effectively interact with people across cultures.

Cultural competence encompasses:
- being aware of one's own world view
- developing positive attitudes towards cultural differences
- gaining knowledge of different cultural practices and world views
Continuum of Cultural Competency

- **Cultural Destructiveness**: Forced assimilation, subjugation, rights and privileges for dominant groups only.
- **Cultural Incapacity**: Racism, maintain stereotypes, unfair hiring practices.
- **Cultural Blindness**: Differences ignored, “treat everyone the same”, only meet needs of dominant groups.
- **Cultural Pre-Competence**: Explore cultural issues, are committed, assess needs of organization and individuals.
- **Cultural Competence**: Recognize individual and cultural differences, seek advice from diverse groups, hire culturally unbiased staff.
- **Cultural Proficiency**: Implement changes to improve services based upon cultural needs.
The U.S. is a racially and ethnically diverse country, and there is a need to build workforces that reflect these diverse demographics.

The U.S. population has a complicated, even contradictory, set of views about the impact of diversity and the best way to achieve it.

Health Literacy helps us to increase our knowledge and understanding of diverse viewpoints, misunderstandings, beliefs, and communication gaps between providers and patients from different racial ethnic backgrounds.
5. Health Literacy - Racism & Discrimination

Racial/Ethnic Disparities, COVID 19 & low Health Literacy

Nationally, African-American deaths from COVID-19 are nearly two times greater than would be expected based on their share of the population. In 4 states, the rate is three or more times greater.

In 42 states plus Washington, D.C., Hispanics/Latinos make up a greater share of confirmed cases than their share of the population. In 8 states, it's more than 4 times greater.

White population’s deaths from COVID-19 are lower than their share of the population in 37 states & the District of Columbia.

Statistics from 2021
THE COLOR OF CORONAVIRUS: COVID-19 DEATHS BY RACE AND ETHNICITY IN THE U.S.
The racial and ethnic diversity of the current workforce does not reflect the race/ethnicity of diverse patients.

- 83.2% of registered nurses are non-Hispanic White.
- 54.5% of physicians & surgeons are non-Hispanic White.
- 4.9% of physicians are Hispanic.
- 3.5% of physicians are Black.

Health workforce composition plays an important role in understanding the culture and health literacy of diverse patients.
Explicit bias

Expressed directly
Aware of bias / operates consciously
Example – Sign in the window of an apartment building – “whites only”

Implicit bias

Expressed indirectly
Unaware of bias / operates sub-consciously
Example – a property manager doing more criminal background checks on African Americans than whites.
6. Health Literacy & Discrimination Types

2 main types of discrimination are important gaps to low health literate patients

- direct discrimination
- indirect discrimination

**Direct**, when a person is treated *less* favorably on the grounds of gender, language, disability, race, ethnicity, religious belief, age, etc.

**Indirect**, when the person is treated in the *same* way as everyone else, but it has a *worse effect* on the person because of certain reasons — (use of English with limited English proficiency populations)
THE RIGHT TO HEALTH MEANS...

Ending discrimination in all healthcare settings
STAND UP TO STIGMA

✓ Talk openly about HIV and stigma
✓ Choose supportive language that is not stigmatizing
✓ Speak out to correct myths and stereotypes
✓ Educate yourself and others
Language and Health Literacy

**Social determinants** such as **language**, and culture, can create barriers to communication, compliance and lead to **health** inequities.

There are validated tools to assess health literacy in English/Spanish.

- **Interpreter** is a person specially trained to convert **oral** messages from one language to another.
- **Translator** is a person specially trained to convert **written** text from one language to another.
What is Health Literacy

Health Literacy is a cultural, cognitive and social skill which determines the motivation & ability of individuals to gain access to, understand and use health related information.

www.hsph.harvard.edu/healthliteracy
Health Education  Vs  Health Literacy

... a multidimensional concept

« A person’s knowledge, motivation and competences to access, understand, appraise, and apply health information in order to make judgments and take decisions in everyday life concerning healthcare, disease prevention and health promotion to maintain or improve quality of life during the life course »

The Health Literacy Challenge
Health Literacy embodies the **skills** that each individual needs to develop and understand to maintain & improve their health.
9 out of 10 adults have difficulty using everyday health information.
Why do Patients need Health Literacy Skills?

Health Literacy affects people’s ability to:

- Navigate the health care system including filling out forms and locating providers and services
- Share personal information, such as health history, with providers
- Engage in self care and chronic disease management
- Understand mathematical concepts such as probability and risk (key for decision making)

health.gov/communication/literacy/quickguide/
Why do Patients Need Health Literacy skills?

Health literacy affects people’s ability to:

- To process information being told to them by their care providers
- To understand forms and instructions such as:
  - Public advisories
  - Test results
  - Health reports in the media or social media
  - Information in pamphlets, discharge instructions, etc.
  - The need for prevention, or mitigation, vaccines, masks, etc.
Health Literacy Facts

Health literacy requires knowledge of basic biology and health topics.

People with low health literacy skills often lack knowledge or are misinformed about the body as well as the nature or causes of diseases.

They may not understand the relationship between lifestyle factors, such as immunization, diet, exercise, and various health outcomes.
Health Literacy by Race and Ethnicity
Improving Health Literacy

The primary responsibility for improving health literacy lies with:
- Public health professionals
- Health care providers
- Education system

We must work together to ensure that health information and services can be understood and used by all

health.gov/communication/literacy/quickguide/
Providers Need to Remember

Health Literacy in America: Results from the NAAL

- **Proficient:** Define medical term from complex document, calculate share of employee’s health insurance costs
- **Intermediate:** Determine healthy weight from BMI chart, interpret prescription and over-the-counter drug labels
- **Basic:** Understand simple patient education handout
- **Below Basic:** Circle date on appointment slip, understand simple pamphlet about pre-test instructions

Kutner et al. 2006
Health Literacy - the Overlooked Factor

Health literacy is the **silent epidemic** that challenges the functioning of health care systems globally.

- Low health literacy patients **lack** self-efficacy to deal with their health conditions (diabetes, hypertension, PTSD, anxiety, depression, etc.).
- Are **not** willing to be involved in the provision of care.
- Show high risk of hospitalization and mortality.
- Are not aware of determinants of well-being.
Health Literacy and Health Outcomes

Access and Utilization of Health Care
- Patient Factors
  - Navigation Skills
  - Self-Efficacy
  - Perceived Barriers
- System Factors
  - Complexity
  - Acute Care Orientation
  - Tiered Delivery Model

Provider-Patient Interaction
- Patient Factors
  - Knowledge
  - Beliefs
  - Participation in Decision Making
- Provider Factors
  - Communication Skills
  - Teaching Ability
  - Time
  - Patient-Centered Care

Self-Care
- Patient Factors
  - Motivation
  - Problem Solving
  - Skill-Efficacy
  - Knowledge Skills
- Extrinsic Factors
  - Support Technologies
  - Mass Media
  - Health Education
  - Resources

Paasche-Orlow and Wolf, 2007
American Journal of Health Behavior
Poor Health Literacy Leads to:

- Lower use of preventive care services
- Greater use of emergency care
- Frequent hospitalizations
- Poor self-care management
- Unhealthy behaviors
- Poor health outcomes & premature deaths
- Higher health care costs (loss of $238 billion/yr)
Barriers to Health Literacy

Poor Literacy is one of the most critical barriers

According to the U.S. Department of Education, National Center for Education Statistics:

- 18% of U.S. adults performed at the lowest level of the PIAAC literacy scale (below level 1); international average is 16%
- 20% of adults in the nation’s capital struggle with everyday literacy
- 23% of adults in the U.S. demonstrated skills in the lowest level of prose, document, and quantitative proficiencies (level 1)

LEP individuals did not participate in this study
Resources to Improve Health Literacy

CDC

- Making Health Literacy Real:
- The Beginnings of My Organization’s Plan for Action
Only 10% of adults have the skills needed to use health information that is routinely available in health care facilities, retail outlets, and the media.

What about the other 90% of us?

Image courtesy of www.communicatehealth.com
patients with low HEALTH LITERACY...

- Are more likely to visit an **EMERGENCY ROOM**
- Have more **HOSPITAL STAYS**
- Are less likely to follow **TREATMENT PLANS**
- Have higher **MORTALITY RATES**
NHMA & FCHD Stronger 2 Health Literacy Program

Program funded by: HHS Office of Minority Health

Stronger Partnership, Stronger Community: using Health Literacy to Increase Resilience (Stronger 2)

Performance Period: July 1, 2021, to June 30, 2023

Develop and implement a health literacy plan, that incorporates the National “Culturally and Linguistically Appropriate Standards” (CLAS)

Health Literacy interventions/strategies shall promote changes in the healthcare delivery system, that improve understanding, communication, and informed decision making
NHMA shall develop culturally tailored tools, M&E and interventions and perform:

- medical provider training
- technical assistance

Ensure that 310 health care providers can address health literacy barriers for patients, related to COVID 19 prevention, mitigation, resources and services

Facilitators should target Black, Latinx providers, and providers serving Hispanic Latino populations
Summary

Remember health literacy is key to improving communication and understanding between patients and providers.

Health Literacy is the Silent Epidemic

To better engage communities and propose culturally tailored program modifications we need to:

- Assess Health Literacy, SDH, culture, racism, bias, discrimination, etc.
- Design and implement culturally tailored interventions
- Implement culturally tailored programmatic adaptations
- Conduct culturally tailored M&E and quality assurance on constant basis
NHMA Programs Update

**NHMA VaccinateForAll Campaign**
- New websites launched – HispanicHealth.info & Vaccinateforall.org
- Register to become a champion today!

**In-person Paid Speaking Opportunities with DPR Construction**
- Seeking Native Spanish-Speakers to attend events and meetings to discuss COVID-19 vaccination to construction workers ($2,000 stipend available)

**NHHF Rockefeller Foundation Project**
- Micro-grants available to nursing, dental, and medical community organizations in Oakland, Houston, and Chicago.

**OMH Hispanic Leadership Development Fellowship with HACU**
- Looking for graduate students and recent graduates for a paid one-year leadership fellowship to accelerate their careers within HHS and the federal sector.
  - [https://www.hacu.net/hacu/NHMA_Public_Health_Fellowship.asp](https://www.hacu.net/hacu/NHMA_Public_Health_Fellowship.asp)

If you are interested in any of these opportunities, please email vgearity@nhmamd.org.
Upcoming NHMA Events

• **NHMA 25th Annual Conference Mar. 24-27, 2022**
  ◦ Crystal Gateway Marriott, Crystal City, VA
  ◦ Visit nhmamd.org/2022-conference for registration, poster abstracts, sponsorship & exhibitor opportunities, and NIDDK Workshop registration

• **COVID-19 Virtual Briefing Session #15 on April 27, 2022**
  ◦ Future topics to include:
    • Mental Health
    • Vaccine Rates Updates
    • Child Vaccinations & more
  ◦ Register: https://www.nhmamd.org/covid-19-virtual-briefing-series