

NHMA COVID-19 VIRTUAL BRIEFING SESSION 14:

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



JOINTLY ACCREDITED PROVIDER
INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, this activity has been planned and implemented by Amedco LLC and National Hispanic Medical Association. Amedco LLC is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Physicians

Amedco LLC designates this live activity for a maximum of 1.50 AMA PRA Category 1 Credits™ for physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



**GERALD E.
HARMON, MD**

President

American Medical Association



**COLETON
WHITAKER**

Director of Programs

Elizabeth Dole Foundation

Moderated by:



**REBECCA VARGAS-
JACKSON, MD**

Physician Manager

*Department of Health
Health Equity/ Health Literacy
Commonwealth of Virginia*



**ELENA V. RIOS,
MD, MSPH, MACP**

President & CEO

*National Hispanic
Medical Association*

**Con traducción al
español EN VIVO**

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.

Learner Notification

National Hispanic Medical Association

NHMA COVID-19 Virtual Briefing Series: Veterans & Telehealth

January 26, 2022

Online

Acknowledgement of Financial Commercial Support

No financial commercial support was received for this educational activity.

Acknowledgement of In-Kind Commercial Support

No in-kind commercial support was received for this educational activity.

Satisfactory Completion

Learners must complete an evaluation form to receive a certificate of completion. You must attend the entire webinar as partial credit is not available. If you are seeking continuing education credit for a specialty not listed below, it is your responsibility to contact your licensing/certification board to determine course eligibility for your licensing/certification requirement.

Accreditation Statement



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Physicians

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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)

Name	Commercial Interest:Relationship
Vincent Gearity	NA
Gerald Harmon	NA
Elena Rios, MD, MSPH, FACP	NA
Rebecca Vargas-Jackson, MD	NA
Coleton Whitaker	NA

Claim your CE by going to:

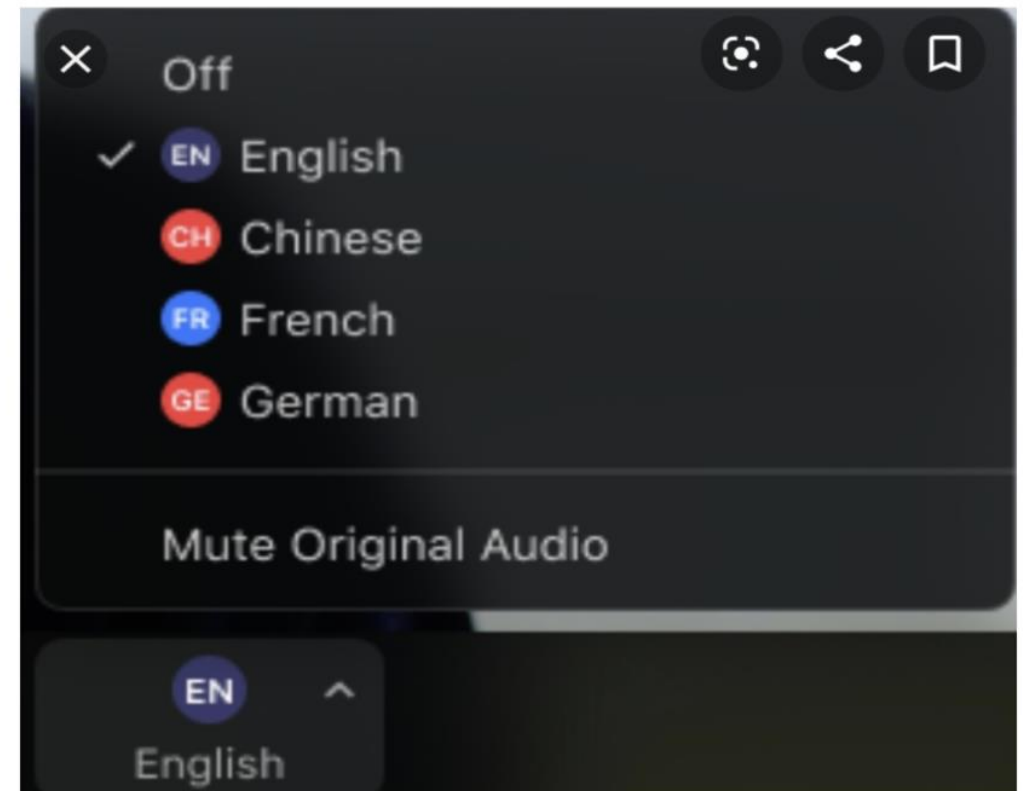
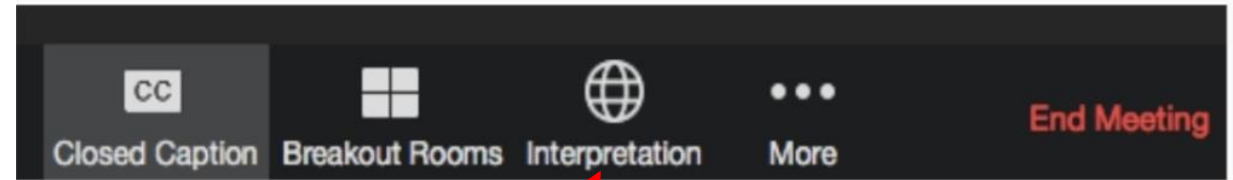
<https://www.nhmamd.org/covid-19-virtual-briefing-series>

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.





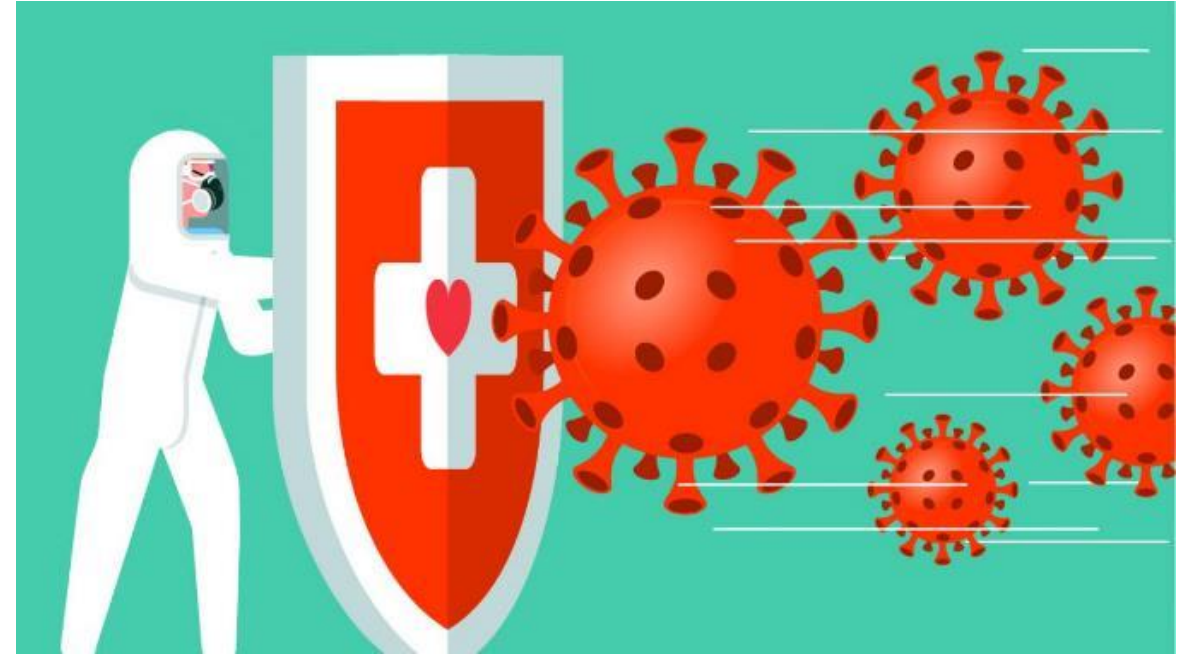
Physician Leadership in Advancing Equity and Shaping the Future of Health Care

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](https://www.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.



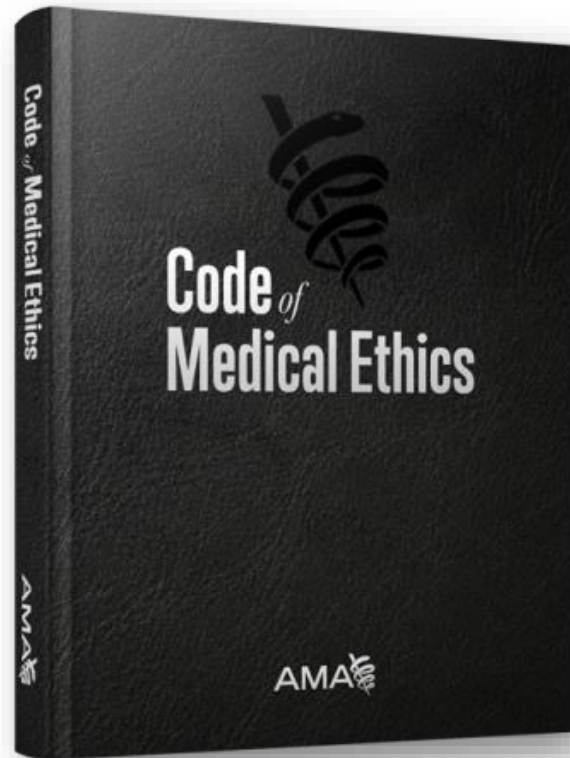
Physician resources to advance telehealth

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



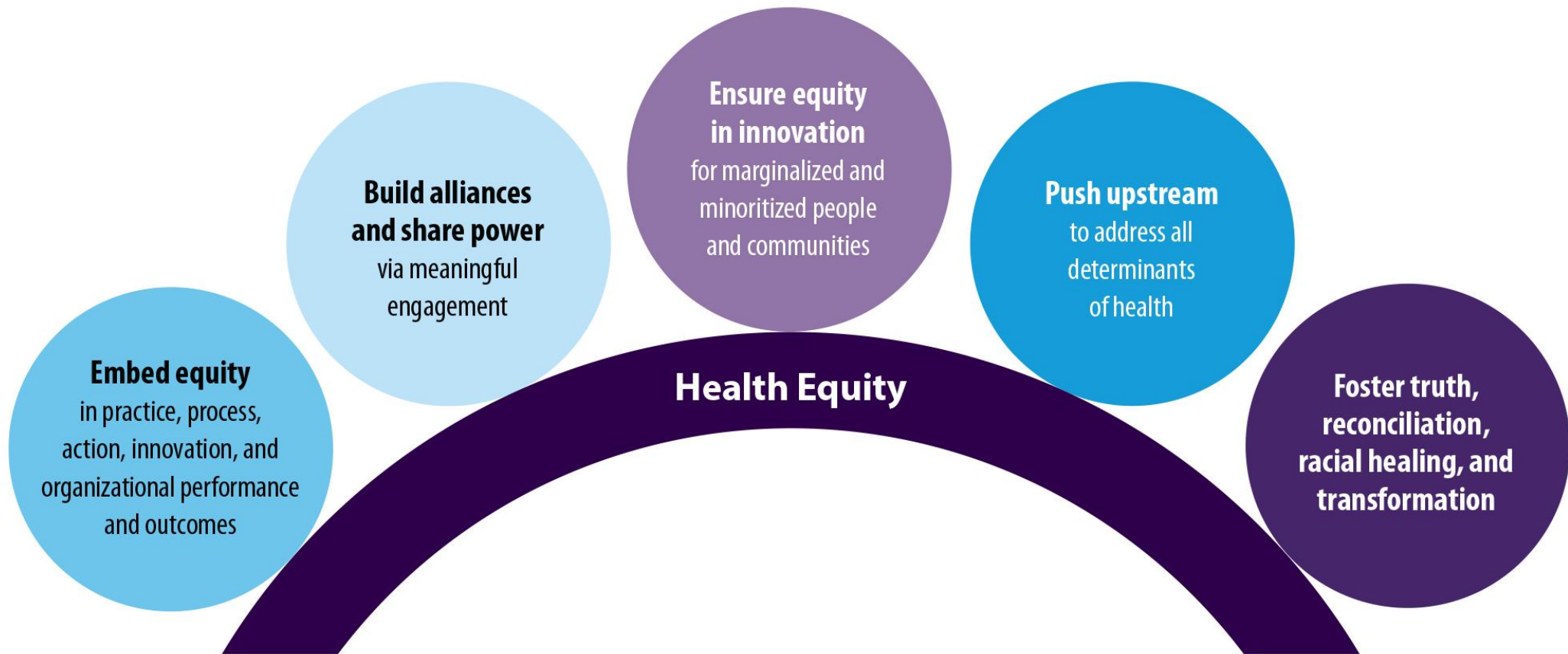
- Two key principles of our Code of Medical Ethics state:
 - We are to provide “competent medical care, with **compassion and respect for human dignity and rights.**”
 - We are to respect the law and also recognize **our responsibility** to seek changes when it is contrary to the best interest of patients.
- 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

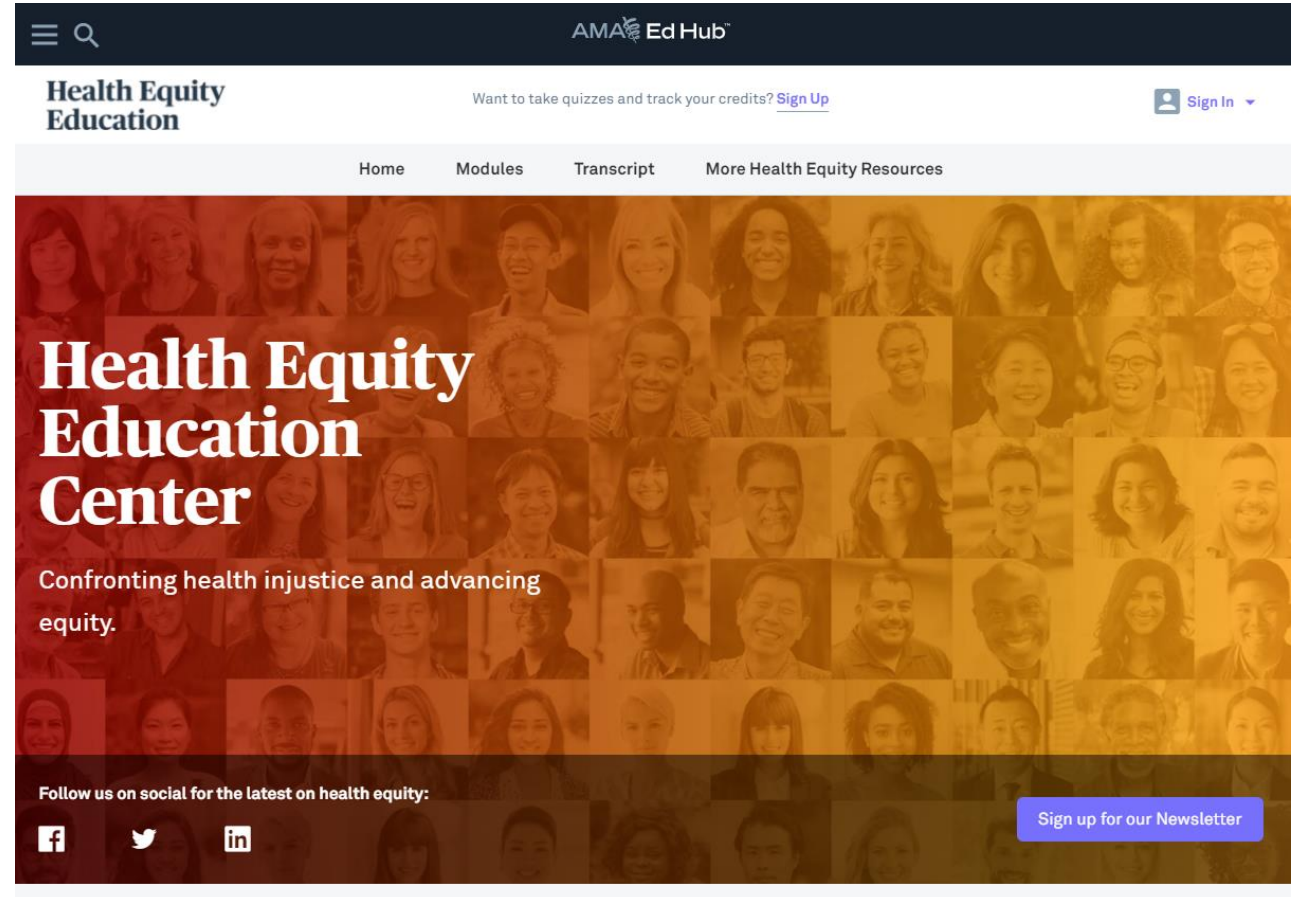
AMA's Strategic Plan to Embed Racial Justice and Advance Health Equity



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



Elizabeth Dole Foundation
CARING FOR MILITARY FAMILIES



Inclusive Care & Veteran Caregivers

Coleton Whitaker
Director of Programs

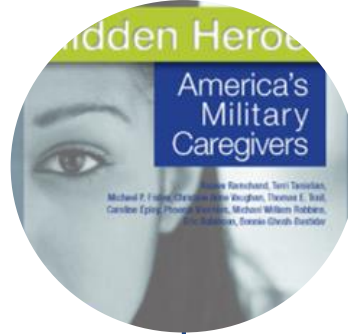


Senator Dole creates
the Elizabeth Dole
Foundation



2012

RAND Report
unveiled



Cities and Counties
Program kicks off



Campaign for Inclusive
Care launched



2020

2011



Senator Dole learns
about the military
caregiving crisis

2013



Dole Caregiver
Fellows program is
announced

2016



Creation of Hidden
Heroes Campaign

2018



VA MISSION Act
signed into law

2021

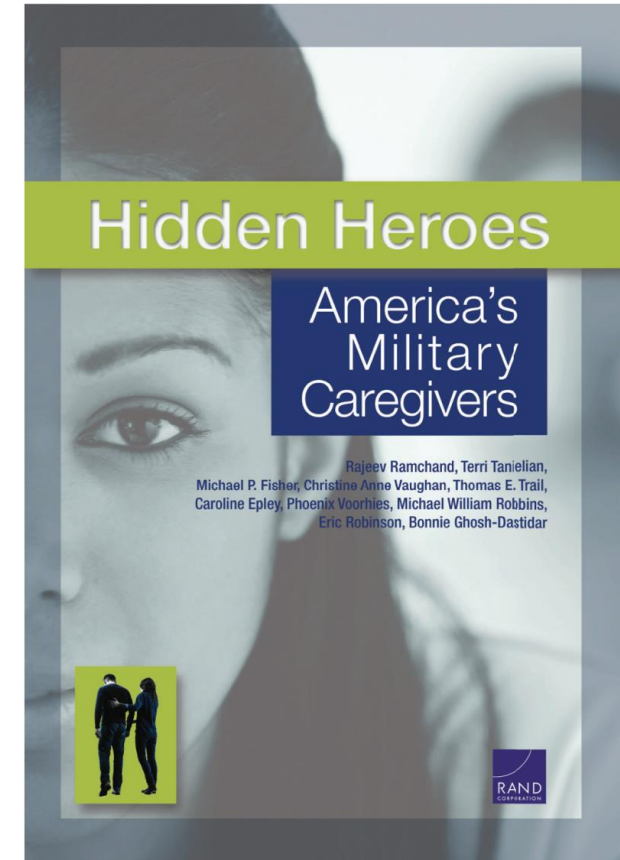


Hidden Helpers
Launch

Research Findings

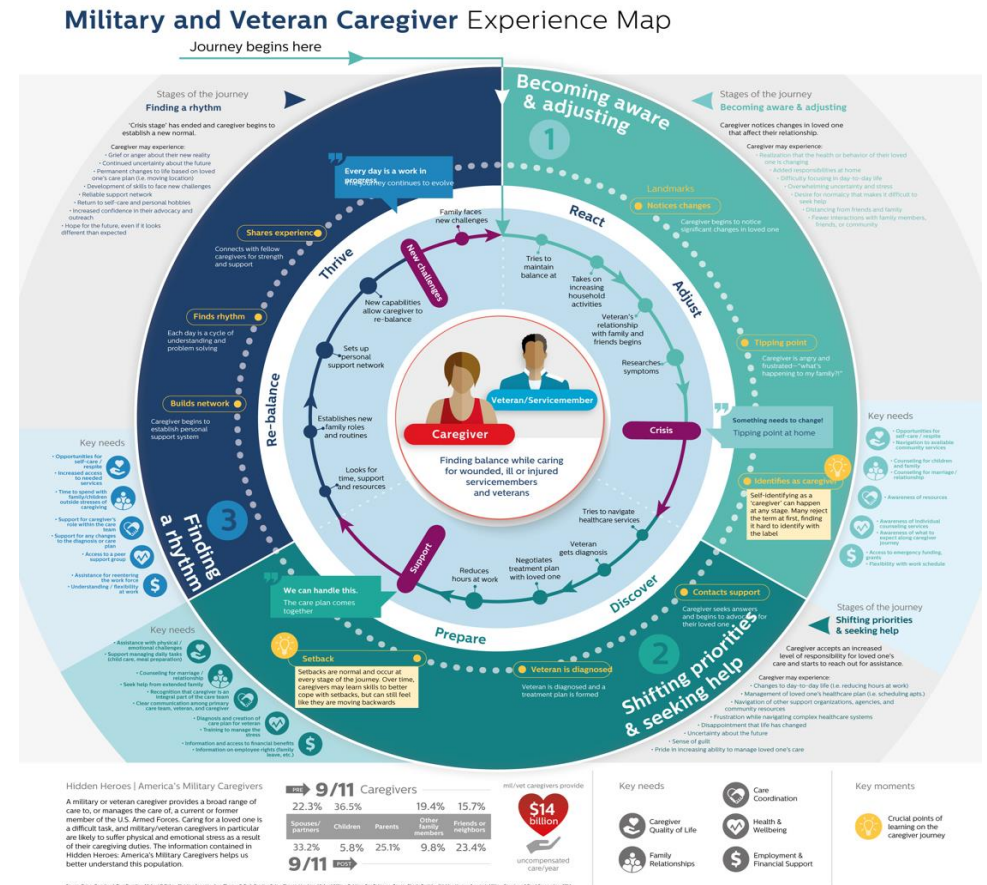


- At least **5.5 million** military and Veteran caregivers are serving across the nation.
- Many caregivers are the sole breadwinner for their families and are also managing a household, raising children, navigating legal and financial challenges, and providing 24/7 medical support for their Veteran.
- This results in **higher rates of anxiety and depression, and deteriorating health** for caregivers themselves.





Major finding: Initial engagements with health care providers represent a critical vulnerability for caregivers.





Caregivers Are Often Not Part of the Care Team

VA caregivers said that in the past 6 months, the patient's health care team never asked:

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

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)

n=929, Van Houtven, Miller et al. 2017



Top Barriers According to Caregivers

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%)

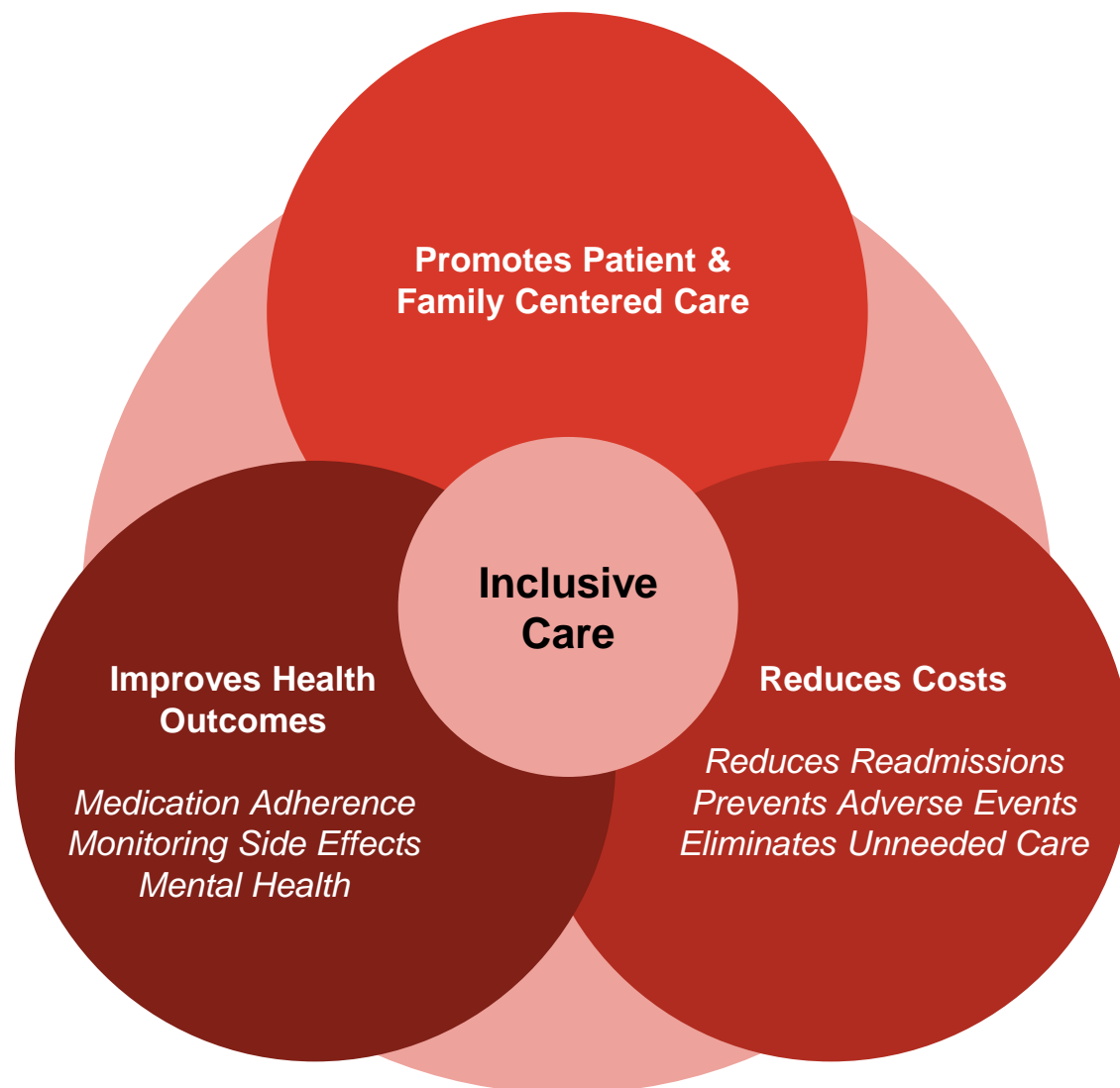
Data from online survey and qualitative interviews with caregivers (N=50 survey and 13 interview respondents) that assessed challenges and benefits to inclusion in healthcare teams. 2020.



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?



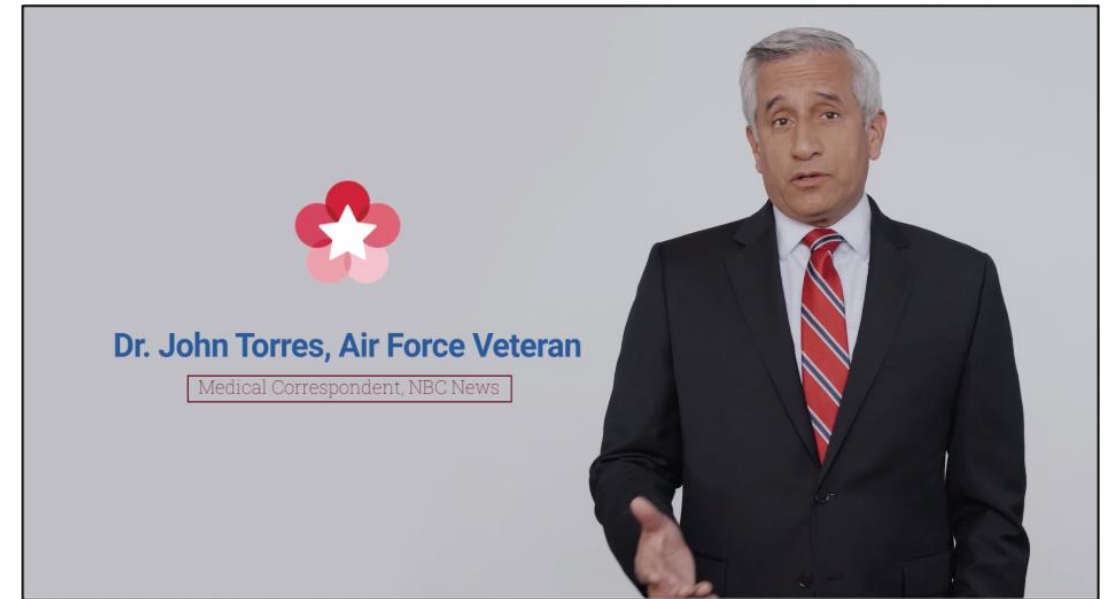
Academy for Inclusive Care



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



[@elizabethdolefoundation](https://www.facebook.com/elizabethdolefoundation)



[@dolefoundation](https://twitter.com/dolefoundation)



[@elizabethdolefoundation](https://www.instagram.com/elizabethdolefoundation)

Coleton Whitaker, Director of Programs

Email: Coleton@elizabethdolefoundation.org

Bridging the Gap with Health Literacy

Rebecca Vargas-Jackson, M.D.



Fairfax County
Health Department

Health Literacy Basic Concepts

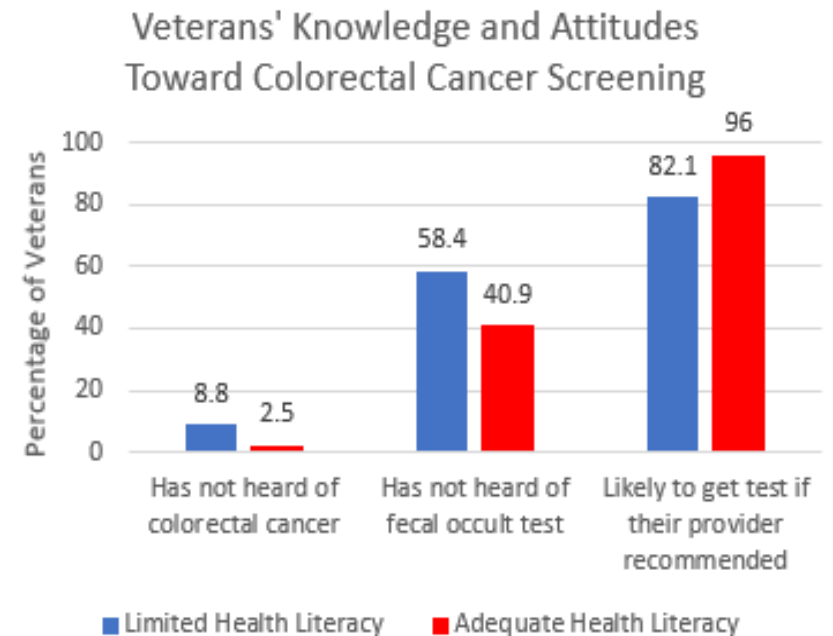
● Health Literacy is based primarily but not exclusively on the following:

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



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

Figure 1

Social Determinants of Health

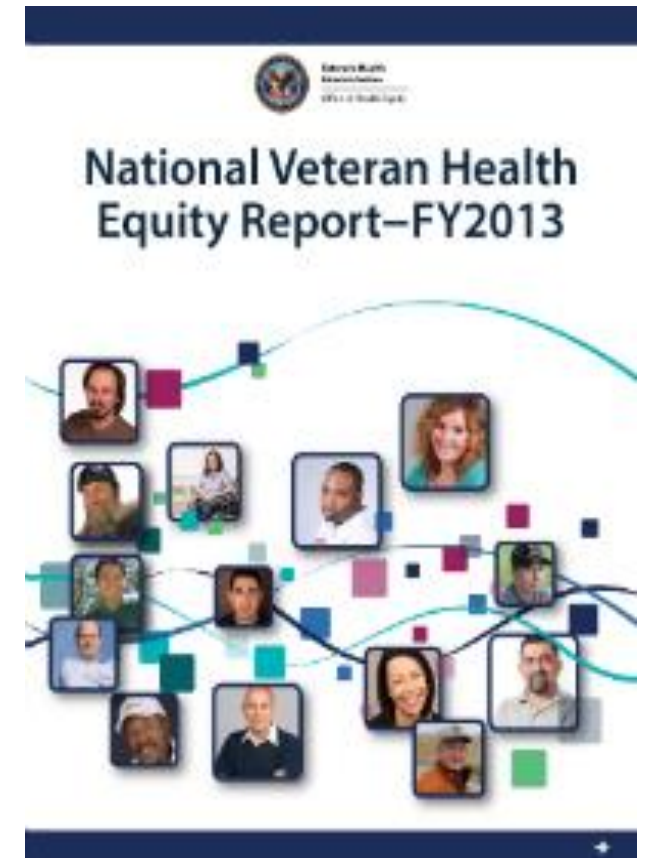
Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment Income Expenses Debt Medical bills Support	Housing Transportation Safety Parks Playgrounds Walkability Zip code / geography	Literacy Language Early childhood education Vocational training Higher education	Hunger Access to healthy options	Social integration Support systems Community engagement Discrimination Stress	Health coverage Provider availability Provider linguistic and cultural competency Quality of care

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



Equality



Equity



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

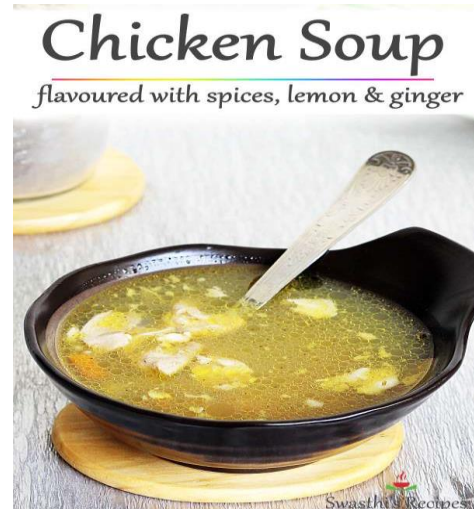
- **Health** is a **cultural** concept because **culture** frames and shapes how we perceive the world and our experiences
- Along with other **determinants of health**, **culture** defines:
 - **what** patients & doctors believe about the causes of disease
 - **how** life and health are perceived
 - **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:

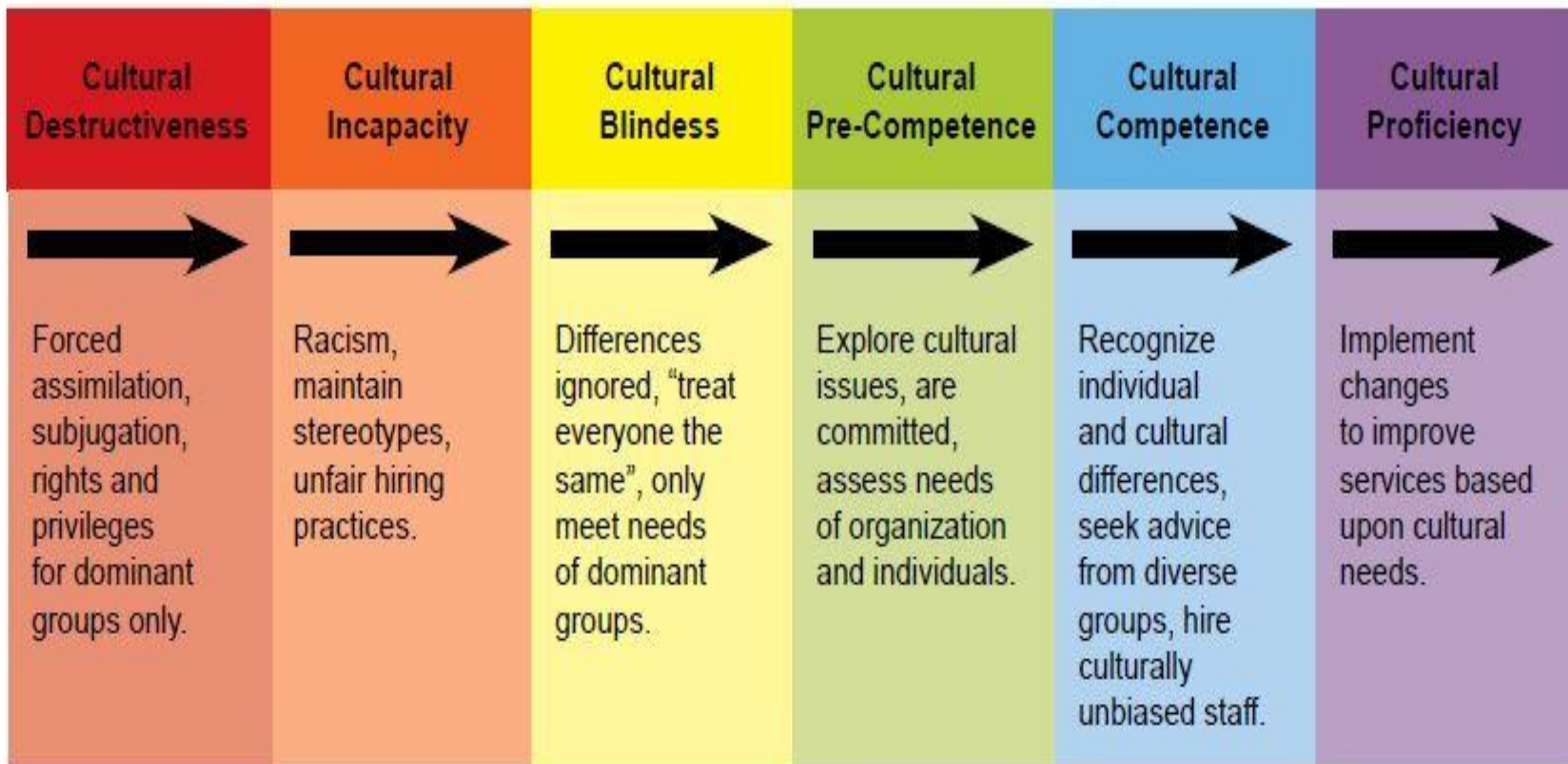
- It **affects** perceptions of **health**, illness, and death
- Beliefs about causes of disease (the 'evil eye', Voodoo)
- Approaches to **health** promotion
- How illness and pain are experienced and expressed
- Where patients seek help (family, pharmacy, traditional healer)
- The types of treatment patients prefer (chicken soup)



4. Health Literacy & Cultural Competence

- 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



5. Health Literacy & Racial/Ethnic Diversity

- 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

THE COLOR OF CORONAVIRUS: **COVID-19 DEATHS BY RACE AND** **ETHNICITY IN THE U.S.**



5. Racial/Ethnic Disparities, Health Workforce

- 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

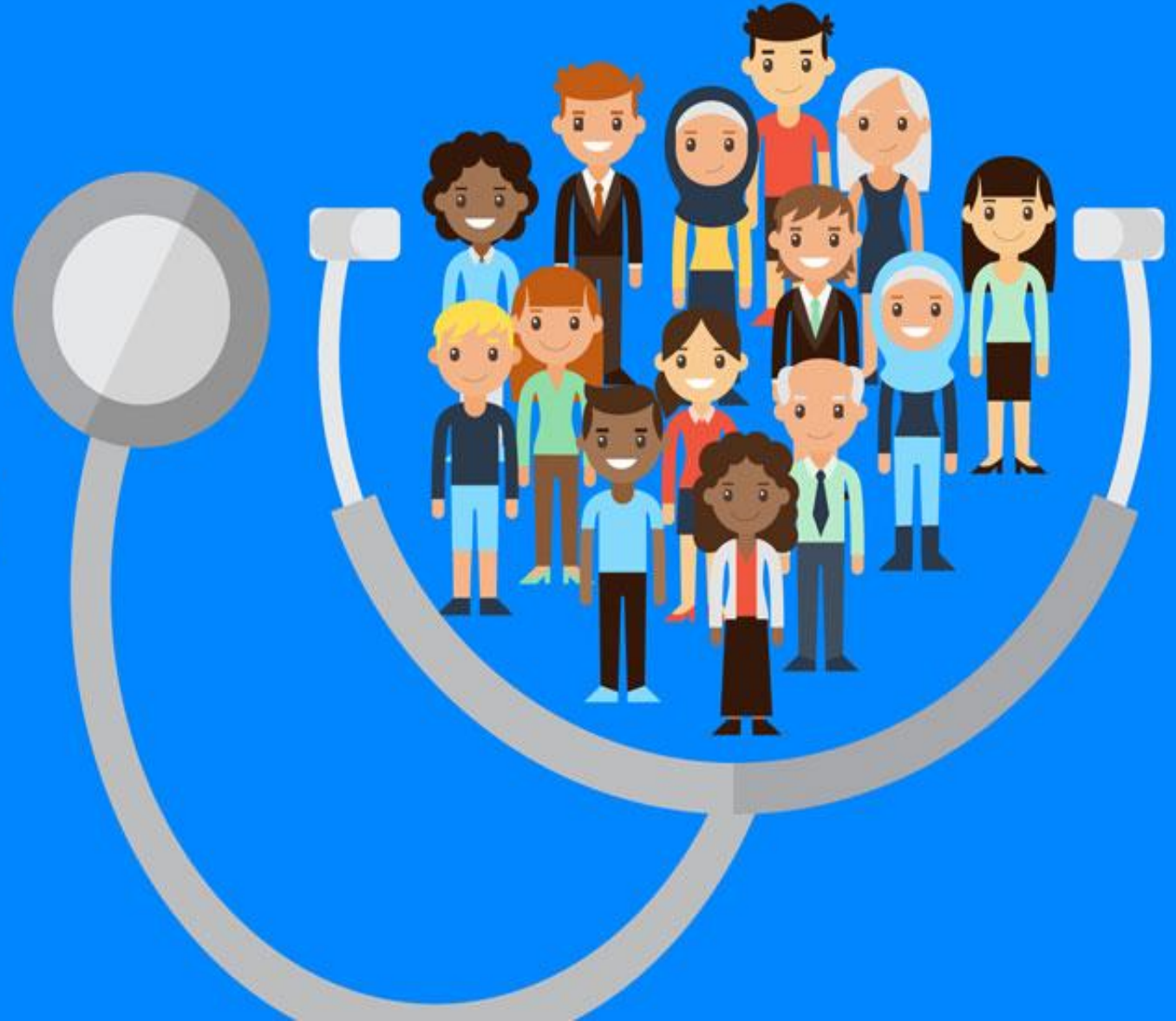
Example – a property manager doing more criminal background checks on African Americans than whites.

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

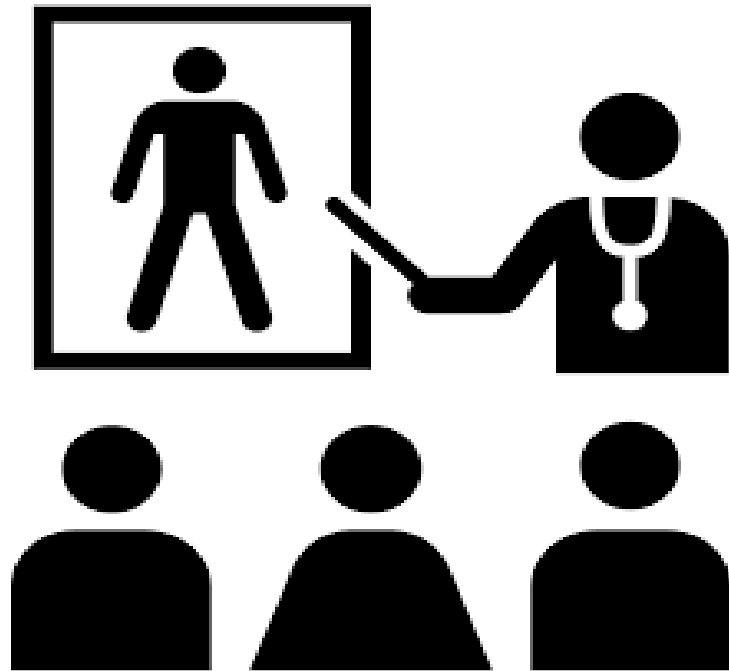


What is Health Literacy

- **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»

WHO. Health literacy. The solid facts. Health, 2016.

The Health Literacy Challenge

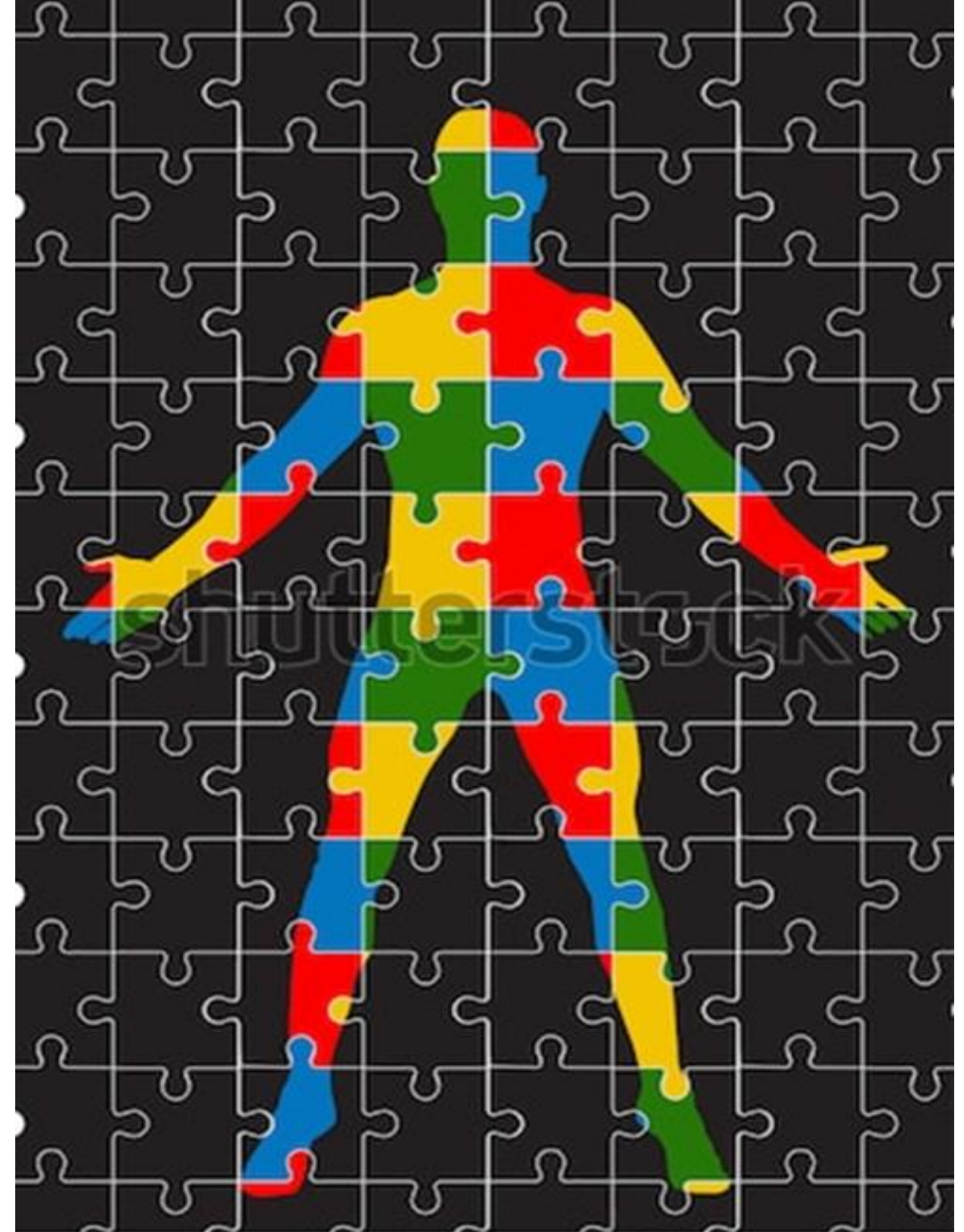
**Demands +
Expectations**

**Individual
Skills**

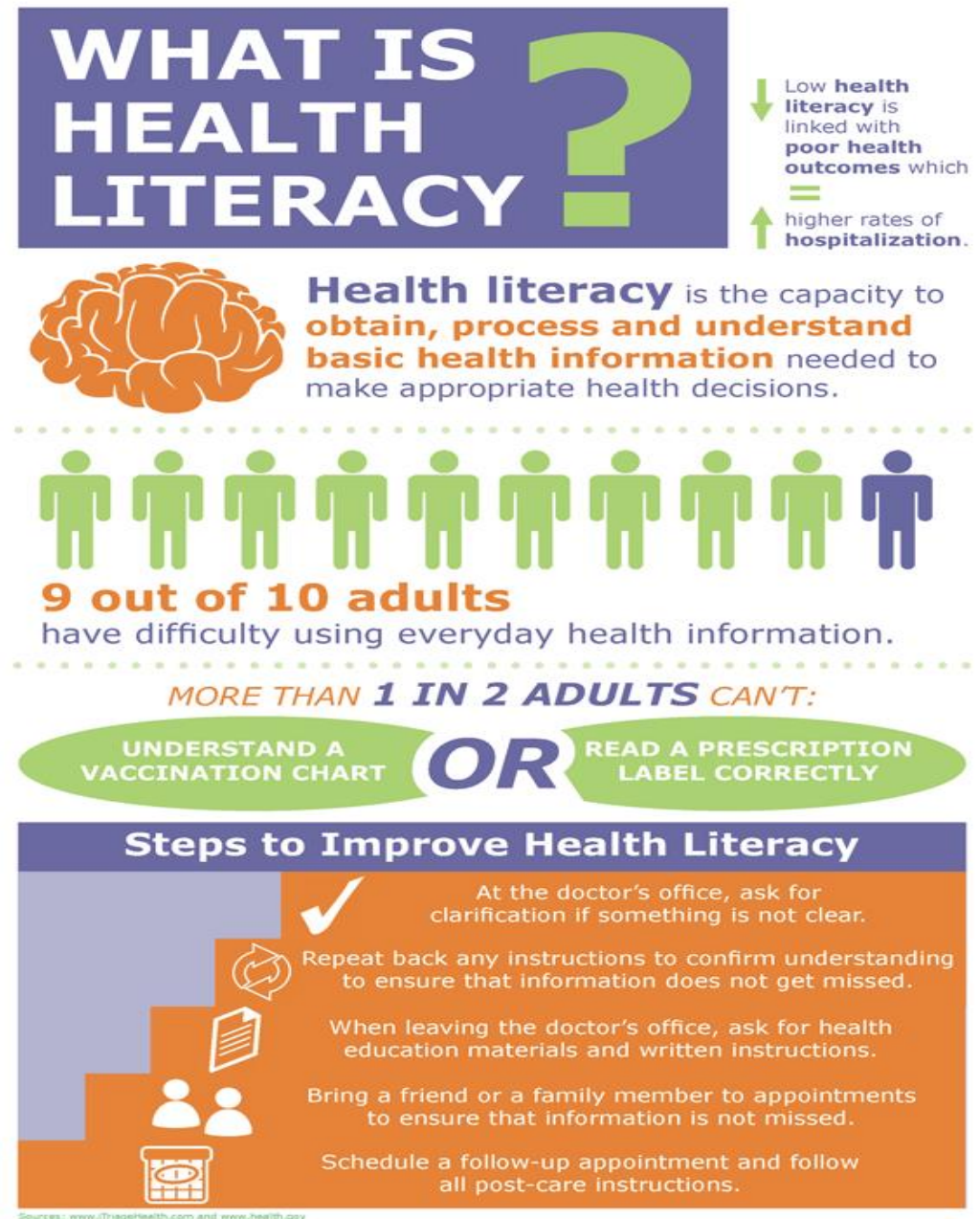


**Health
Literacy**

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



Sources: www.ITriagetealth.com and www.health.gov

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)

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.

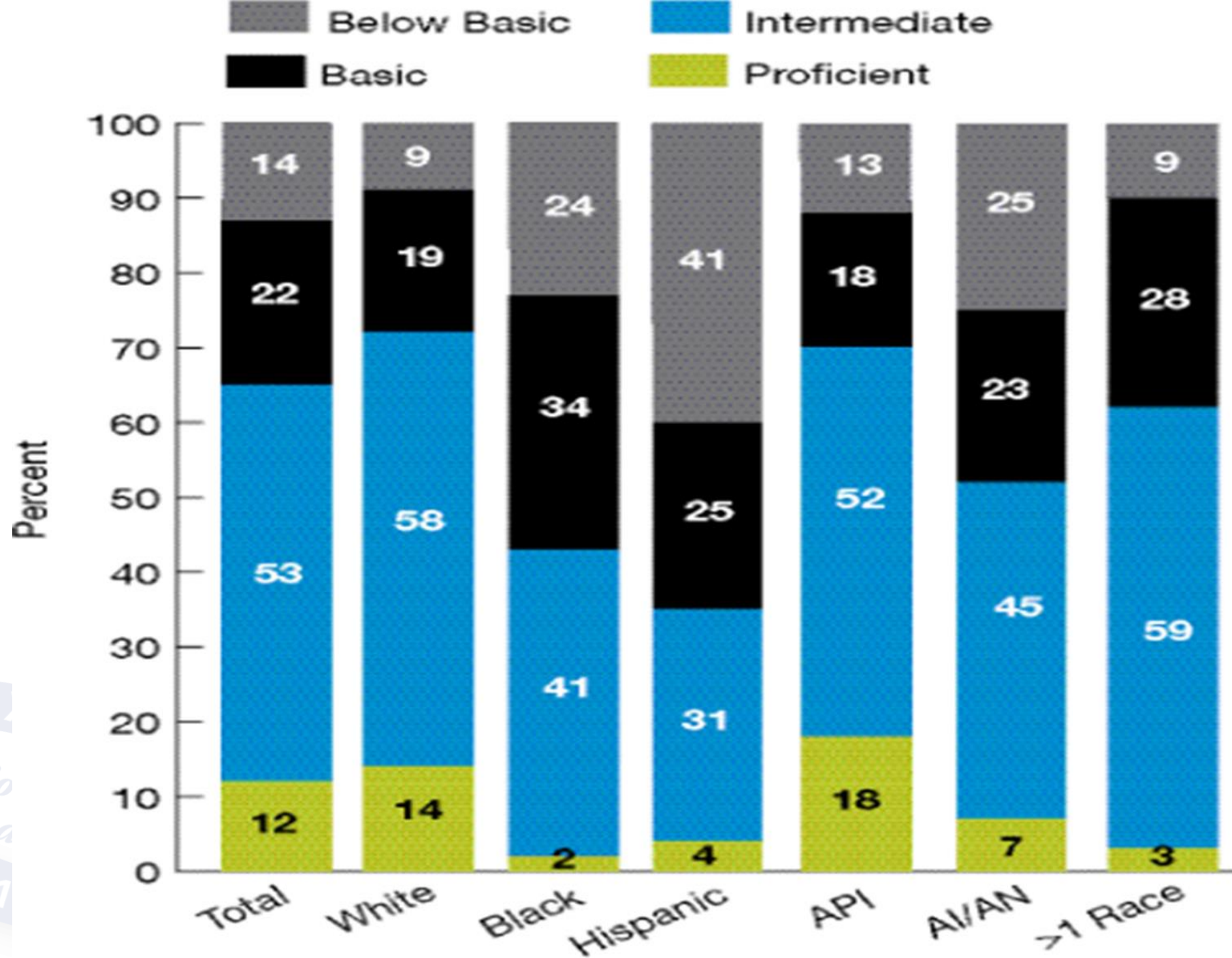
Health Literacy Facts

- 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



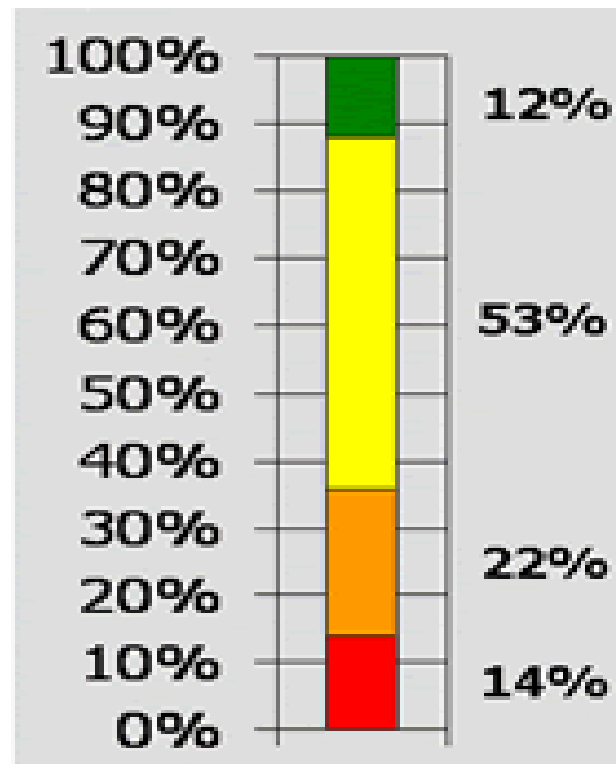
Improving Health Literacy

- 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

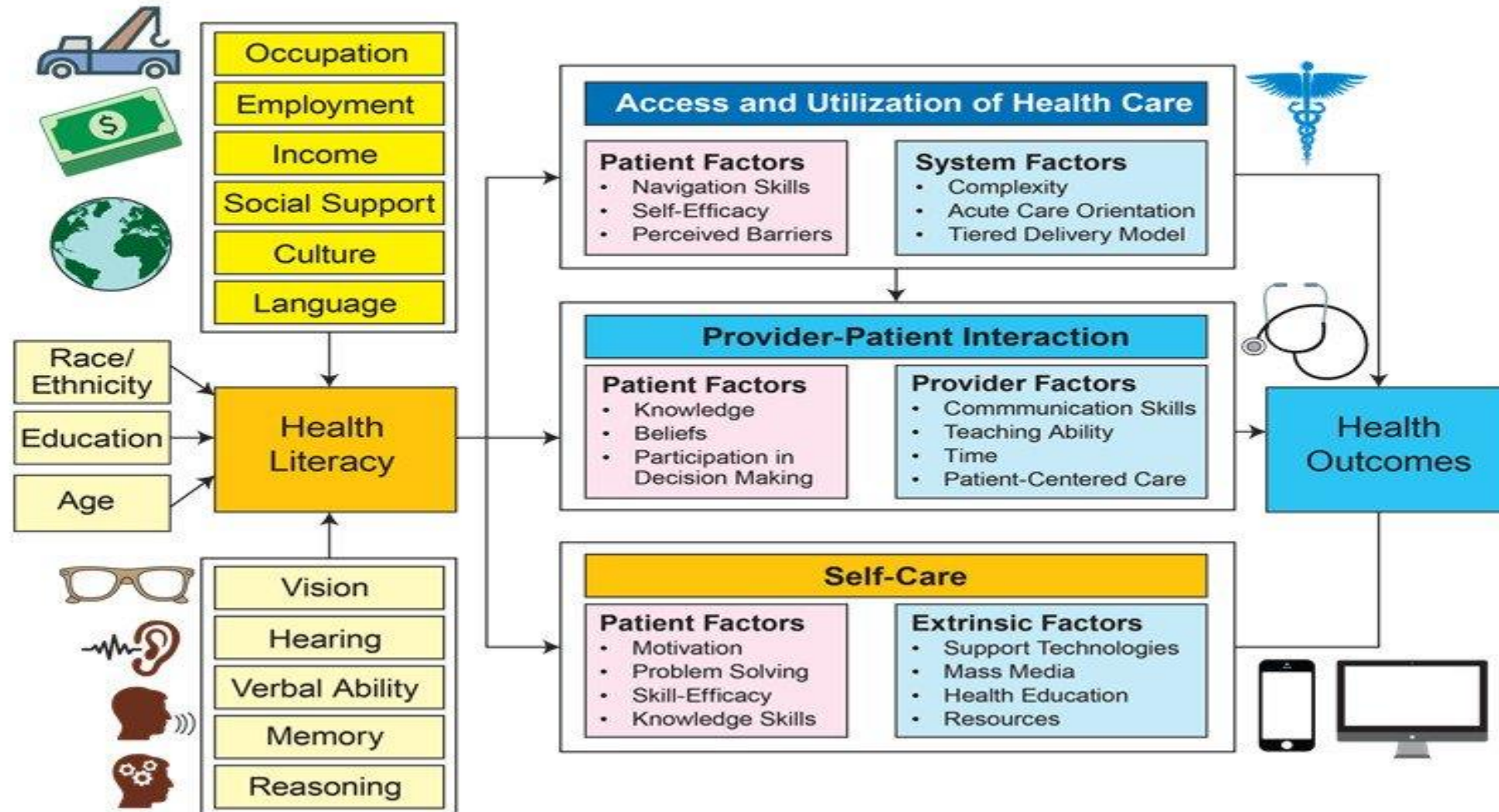
Basic: Understand simple patient education handout

Below Basic: Circle date on appointment slip,
Understand simple pamphlet about pre-test instructions

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



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

National Action Plan to Improve Health Literacy

- Making Health Literacy Real:
- The Beginnings of My Organization's Plan for Action



U.S. Department of Health and Human Services
Office of Disease Prevention and Health Promotion

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 & FCHD Stronger 2 Health Literacy Program

- 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

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>