DIABETES IN SPECIAL & VULNERABLE POPULATION: Learning Collaborative

Communication Strategies to Bridge the Diabetes Health Literacy Gap

Tuesday, January 26, 2021
8 am HT / 11 am PT / 1 pm CT / 2 pm ET

Welcome!
We will begin in a few minutes
Choose ONE of the audio conference options

- Phone Call
- Computer Audio

Join With Computer Audio
Test Speaker and Microphone

Automatically join audio by computer when joining a meeting
Diabetes affects more than 34 million people in the United States. Multi-tiered efforts to prevent, treat and manage diabetes are critical in reducing the burden of diabetes, particularly for special and vulnerable populations, which have unique characteristics that affect culturally and linguistically competent health care access and utilization. According to 2018 Uniform Data System (UDS), diabetes poses a unique challenge for the HRSA Health Center Program because 1 of 7 patients has diabetes and nearly 1 in 3 of those has uncontrolled diabetes.

To elevate the national conversation around diabetes, 14 National Training and Technical Assistance Partner (NTTAP) organizations formed the Special and Vulnerable Populations Diabetes Task Force to engage health centers, Primary Care Associations (PCAs), and Health Center Controlled Networks (HCCNs) to increase knowledge of effective strategies that address diabetes among people experiencing homelessness, residents of public housing, migratory and seasonal agricultural workers, school-aged children, older adults, Asian Americans, Native Hawaiians and Pacific Islanders, LGBTQIA+ people, and other health center patients.

This Fall's national learning series is sponsored by HRSA and will take a deeper dive into issues related to patient health literacy, community engagement, and team-based care.

For information about the Diabetes National Learning Series, visit chcdiabetes.org today.
Special and Vulnerable Populations Task Force Members:

AAPCHO
Association of Asian Pacific Community Health Organizations

CSH
Farmworker Justice

Health Outreach Partners
Healthy People. Equitable Communities.

Migratory Clinicians Network

MHP Salud

National Center for Equitable Care for Elders

NCFH
National Center for Farmworker Health, Inc.

NCHPHA
National Center for Health in Public Housing

NHCHC
National Health Care for the Homeless Council

NATIONAL LGBT HEALTH EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE

NNOHA
National Network for Oral Health Access

NATIONAL NURSE-LED CARE CONSORTIUM
a PHMC affiliate

SCHOOL-BASED HEALTH ALLIANCE
Redefining Health for Kids and Teens

For more information on our NTTAP Partners, visit chcdiabetes.org
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NTTAP Faculty

Arielle Mather, MPH
Program Manager
National Center for Equitable Healthcare for Elders

Alexis Guild, MPP
Director of Health Policy and Programs
Farmworker Justice

Cindy Selmi
Executive Director
Health Outreach Partners

Robyn Barron, MPH
Project Manager
Health Outreach Partners
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- 20 Organizations
  - Alaska Primary Care Association
  - Blue Ridge Medical Center
  - Bridgeport Indian Colony
  - Care Alliance Health Center
  - Central Florida Health Care
  - COSSMA
  - Culture Advantage
  - Esperanza Health Center
  - Klamath Open Door
  - Kokua Kalihi Valley CFS
  - Konza Prairie Community Health Center
  - Larry Combest Center
  - Lower Lights Christian Health Center
  - Primary Care Health Service, Inc.
  - Rogue Community Health
  - Sioux Falls Health Dept
  - TCC Family Health
  - Total Health Care
  - UF CON
  - Virginia Garcia Memorial Health Center
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POLL

Did you attend the Health Literacy webinar of the National Learning Series that took place in the Fall? (Yes or No)
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Group Agreements

- Respect the value of each other’s opinions and experiences
- It’s ok to disagree, respectfully and openly
- There are no wrong questions
- Everyone is actively participating and listening
- Assume positive intent
- Only one person speaks at a time
- Honor the limitations of time, speak concisely
- If you state a problem, try to offer a solution
- Save space/Take space
- Practice self-care
- Silence cell phones/devices
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Group Introductions: Breakout Rooms

- What is your name?
- Where are you located?
- What patient populations do you work with?
- What barriers do your patients have to managing their diabetes?
POLL

Have you participated in an NTTAP learning collaborative? (Yes or No)
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Timeline

Session #1
Understanding the Basics of Health Literacy
January 26, 2021

Session #2
Preparing for Clear Conversations
February 9, 2021

Session #3
Developing Effective Written Materials
February 23, 2021

Session #4
Strengthening Self Advocacy and Trust while Navigating Health Care
March 9, 2021

Success Plan Development
Mid March

Implementation of Success Plan
March – June 2021

Coaching and guidance on success plan implementation available
January – June 2021

Wrap-up June 2021

Roles/Responsibilities
- NTTAP Facilitators
- Learning Collaborative Participants
- Learning Collaborative Participants and NTTAP Facilitators
Overview of the LC & Timeline

- Participants are expected to attend all sessions. Everyone will have access to the recordings, slides, and resources. A link will be sent out shortly after the first session.
- CME/CNE credits are available. You need to attend all sessions to qualify for CMEs/CNEs.
- After each session, participants will be provided with reflection questions to prepare for the next session.
- You will receive a reminder for the next session the Friday before.
- Learning collaborative sessions will be 1.5 hours with opportunity for small group discussion.
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LEARNING OBJECTIVES

1. Understand and identify foundational principles of health literacy concepts and best practices around diabetes prevention and management.
2. Develop key multicultural communication strategies to increase health literacy across the lifespan for successful patient engagement around diabetes prevention and self-maintenance.
3. Demonstrate the importance of developing written materials that are culturally and linguistically appropriate to effectively engage patients around their diabetes care.
4. Identify structural barriers that impact health literacy on diabetes prevention for special and vulnerable populations when interfacing with health systems.
Overview of the LC & Timeline

Session #1: Understanding the Basics of Health Literacy

Learning Objective: Understand and identify foundational principles of health literacy concepts and best practices around diabetes prevention and management

When: Today!
Session #2: Preparing for Clear Conversation

Learning Objective: Develop key multicultural communication strategies to increase health literacy across the lifespan for successful patient engagement around diabetes prevention and self-maintenance

When: Feb. 9
Session #3: Developing Effective Written Materials

Learning Objective: Demonstrate the importance of developing written materials that are culturally and linguistically appropriate to effectively engage patients around their diabetes care

When: Feb. 23
Session #4: Strengthening Self-Advocacy and Trust while Navigating Health Care

Learning Objective: Identify structural barriers that impact health literacy on diabetes prevention for special and vulnerable populations when interfacing with health systems

When: March 9
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Defining Health Literacy

The Patient Protection and Affordable Care Act of 2010 defines health literacy as the degree to which an individual has the capacity to:

- **obtain**
- **communicate**
- **process**
- and **understand**

basic health information and services to make appropriate health decisions.

Visit the CDC's Health Literacy website: [https://www.cdc.gov/healthliteracy/index.html](https://www.cdc.gov/healthliteracy/index.html)
Defining Health Literacy

- Finding and understanding health information and services
  ...and using that information to make good health decisions.

- A complex group of reading, listening, analytical, and decision-making skills
  ...and the ability to apply the skills to health situations.

Learn more: https://medlineplus.gov/healthliteracy.html; https://nnlm.gov/initiatives/topics/health-literacy
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Beyond Language

Sometimes translation and interpretation alone are not sufficient:

- Not all words and/or concepts translate directly from one language to another
- Patients may have weak literacy or numeracy skills in their native language, and communication may be too technical
- Context of communication matters (e.g. physical location, shared or different experiences)

Adapted from the CDC: Translation and Interpretation Are Necessary but Not Complete Solutions
Population Factors that Affect Health Literacy

Populations most likely to have low health literacy rates:
- Adults older than 65 years of age
- Minorities
- Refugees and immigrants
- People with less than high school degree or equivalent
- Low-income or impoverished

Members of special & vulnerable populations are often also part of one or more of these groups.
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Impact on Diabetes Management Across the Lifespan

- Health literacy is a product of your environment and impacts your environment
- Health literacy is complex
  - What impacts one person can impact the entire family
  - Health impacts us at every point in life and has a cumulative effect
  - Different life stages require specific needs for health literacy
Meet the Ximenez Family

Norma, Age 33 (Pregnant Female)  
Spanish, limited English

Daniel, Age 12 (Adolescent)  
Spanish, English

Pedro, Age 38 (Adult Male)  
Spanish, limited English

Ana Cecilia, Age 72 (Older Adult)  
K’iche’, limited Spanish

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Health Literacy in Pregnant Women

Obtain

Communicate

Process & Understand

Application
Health Literacy in Childhood/Adolescence

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Obtain

Communicate

Process & Understand

Application
Health Literacy in Adulthood

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Obtain + Communicate

Process & Understand + Application
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Health Literacy in Late Adulthood (65+)

Obtain

Communicate

Process & Understand

Application
Effect on Diabetes Prevention

- Lack of understanding
- Hesitant to ask questions
- Not empowered to make necessary changes to diet, activity level, etc.
- Not having support from employer
- Repeating poor health behaviors observed in family
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Team Based Approach

1. Define process for assessing and documenting health literacy
2. Understand conditions that limit health literacy in patient population
3. Anticipate instances in which patients might have difficulty understanding health information
4. Provide diverse services to address individual need
5. Support self-management efforts
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Universal Precautions

Assume that all patients may have difficulty understanding health information and accessing health services.

Precautions can look like:

- Simplifying communication with patients
- Supporting patients’ efforts to improve their health
- Making the office environment and health care system easier to navigate

Learn more: AHRQ Health Literacy Universal Precautions Toolkit
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Questions?
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Reflection Questions

Between now and the next session (February 9th), reflect on the following questions:

● What behaviors or responses from patients might be signs that they don't understand your health messages?
● How can you help a patient feel comfortable asking questions?
● Are there any terms related to diabetes management that might be too complicated? What simpler words can we use instead with patients?

Next Session: Tuesday February 9th, 2021
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POLL

Evaluation Questions
CME/CNE Accreditation Available

- When you registered you indicated like to receive CME/CNE units or a certificate of attendance.

- Please indicate whether you'd prefer an electronic or hard copy of your certificate & for questions, please contact Martha at malvarado@migrantclinician.org.
For information about the Special and Vulnerable Populations Diabetes Learning Collaborative, visit chcdiabetes.org today.

Feel free to contact our NTTAP collaborating partners and speakers from today’s session:

Arielle Mather - arielle_mather@hsdm.harvard.edu
Alexis Guild - aguild@farmworkerjustice.org
Cindy Selmi - cynthia@outreach-partners.org
Robyn Barron - robyn@outreach-partners.org

At the end of this meeting, please complete the evaluation poll. Your feedback is greatly appreciated.