



Health Disparities and Health Literacy

October 19, 2009

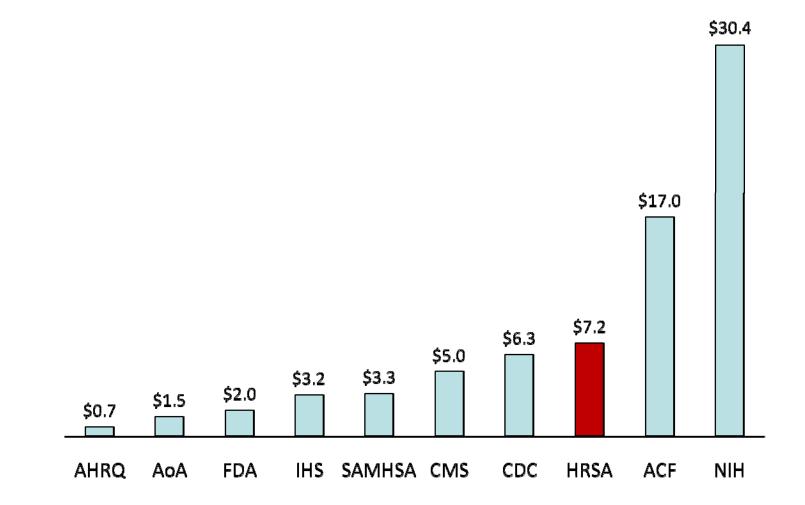
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- HRSA Perspective
- Complementary Worlds of Health Disparities and Health Literacy
 - Framework
 - Recommendations
 - Reflections
- Gaps and Opportunities





Source: FY 2008 HHS Discretionary Appropriation



HRSA Purpose



 To improve access to health care services for millions of people who are uninsured, isolated, or medically vulnerable.

Source: www.hrsa.gov





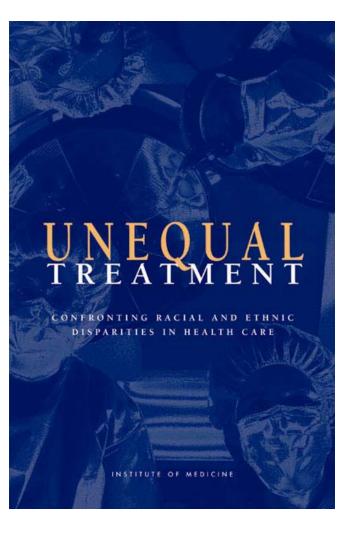
- 24 million
- Health Centers
- Maternal and Child Health
- HIV/AIDS
- Rural Health
- Health Professions Training
- Primary Care Workforce
- 340B Discount Drugs, Organ Donations
- Regional Offices and Networks

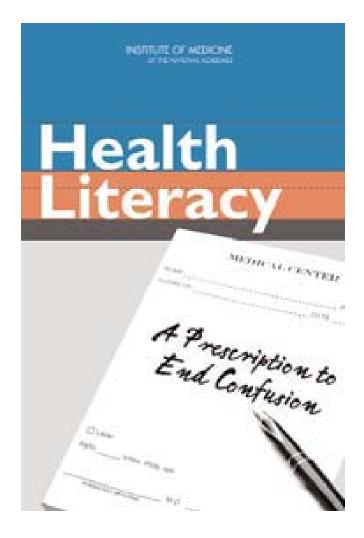
Source: www.hrsa.gov



Complementary Worlds



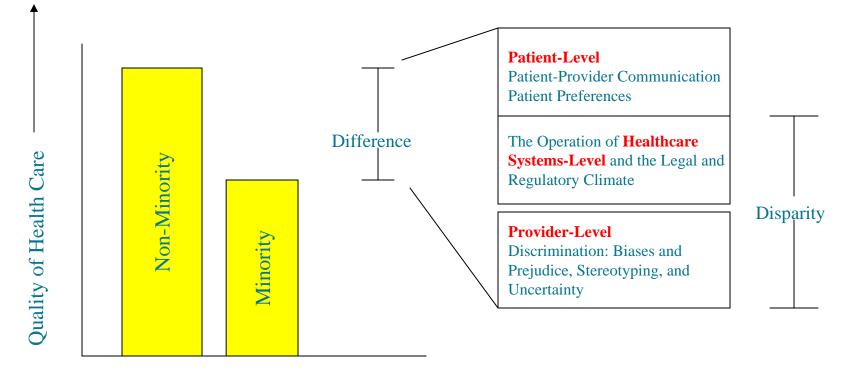






Health Disparities Framework





Populations with Equal Access to Health Care

Source: Unequal Treatment, IOM, 2003



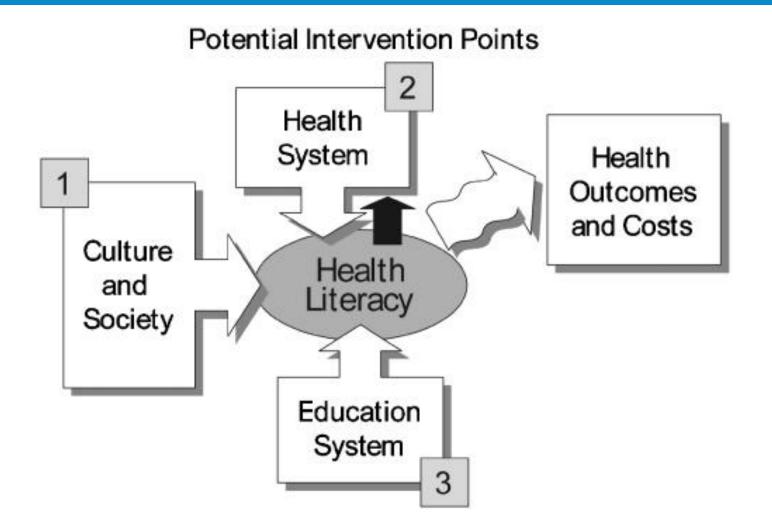


- 5-8. Enhance patient-provided communication and trust by providing financial incentives for practices that reduce barriers and encourage evidence-based practice.
- 5-9. Support the use of interpretation services where community need exists.
- 5-10. Support the use of **community health workers**.
- 5-11. Implement multidisciplinary treatment and preventive care **teams**.
- 5.12. Implement **patient education programs** to increase patients' knowledge of how to best access care and participate in treatment decisions.
- 6-1. Integrate cross-cultural education into the training of all current and future health professionals.
- 8-1. Conduct further research to identify sources of racial and ethnic disparities and assess promising intervention strategies.



Health Literacy <u>Framework</u>





Source: Health Literacy, IOM, 2004





- 2-1/3-1/6-2/6-4. DHHS and others support more **research**.
- 2-2. DHHS and others support the development, testing, and use of culturally appropriate **new measures** of health literacy.
- 4-1. Federal agencies support the development of conceptual **frameworks** on the intersection of culture and health literacy.
- 4-2. AHRQ, CDC, IHS, HRSA, and SAMHSA develop and test **interventions** to improve health communication that foster healing relationships across culturally diverse populations.
- 5-3. HRSA, CDC, and DOE fund **demonstration projects** to attain the National Health Education Standards.
- 5-6. Professional schools and professional continuing education programs in health and related fields should incorporate health literacy into their **curricula**.

Gaps and Opportunities?



- Framework
 - Integrating Health Disparities and Health Literacy
 - Partner Health System and Education System
- Practice
 - Incentives
 - Primary Care Teams and Health Homes
 - Community Health Workers
 - Interpretation Services
 - Patient Education Programs
- Research
 - Practice-Based Evidence
 - Measurement Tools
 - Interventions to Improve Health Equity and Health Literacy
 - Demonstration Projects
- Training and Education
 - Integrating Health Disparities and Health Literacy into curricula
 - Cross-cultural Education

Sources: Unequal Treatment, IOM, 2003; Health Literacy, IOM, 2004





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http://www.hrsa.gov

For information on the H1N1 virus: http://www.flu.gov