

From Autonomy to Ally: Building Collaborative Capacity for a “Culture of Health Literacy”

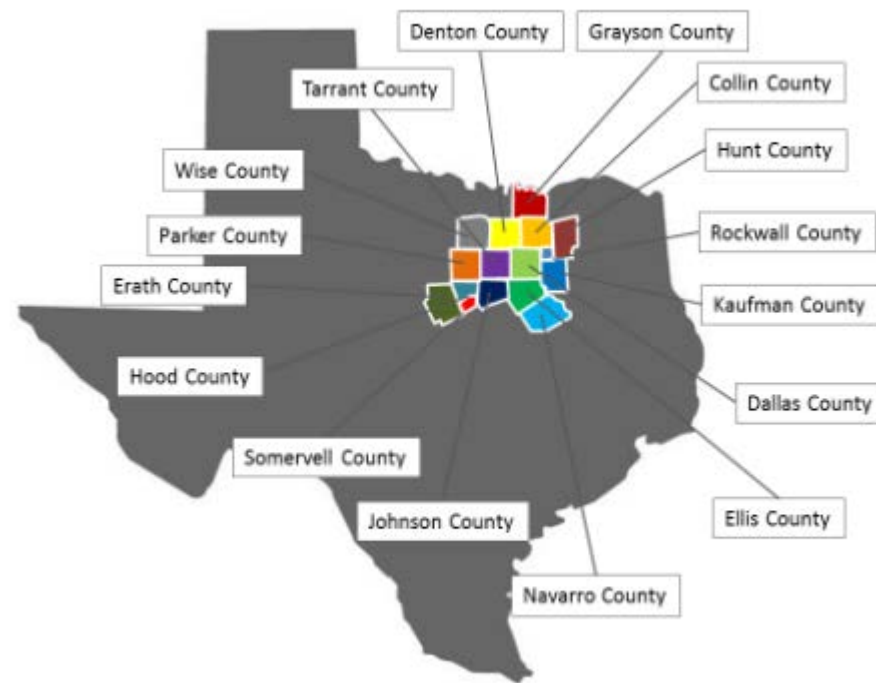
***Health Literacy Collaborative Needs
Assessment in North Texas Hospital Systems***

From Autonomy to Ally: Workgroup Team

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- Catherine McMains
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From Autonomy to Ally: CHNA Review

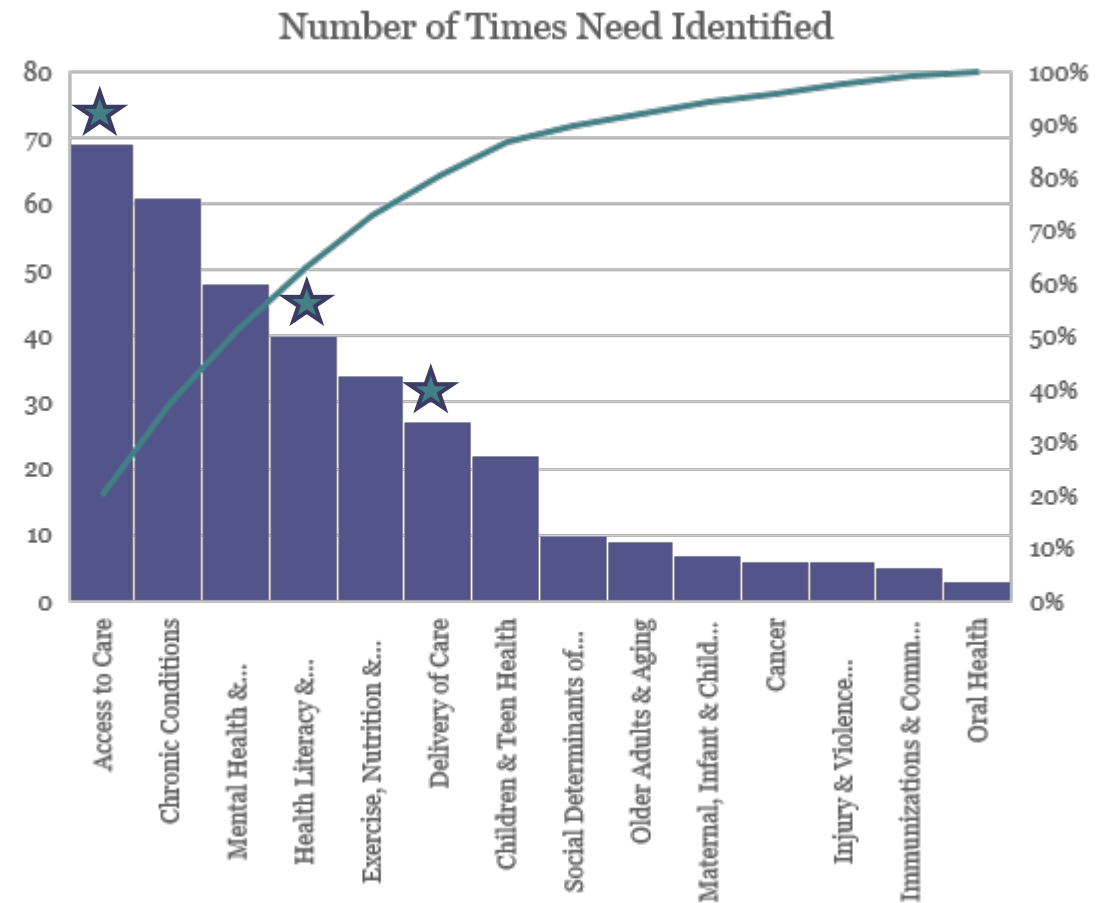
- Baylor Scott & White Health
- Children's Health
- Cook Children's Health Care Center
- JPS Health Network
- Methodist Health System
- Parkland Health & Hospital System
- Regional Health Partnership 9
- Regional Health Partnership 10
- Texas Health Resources
- Texas Scottish Rite Hospital for Children



Dallas Fort Worth Hospital Council Foundation Community Health Collaborative

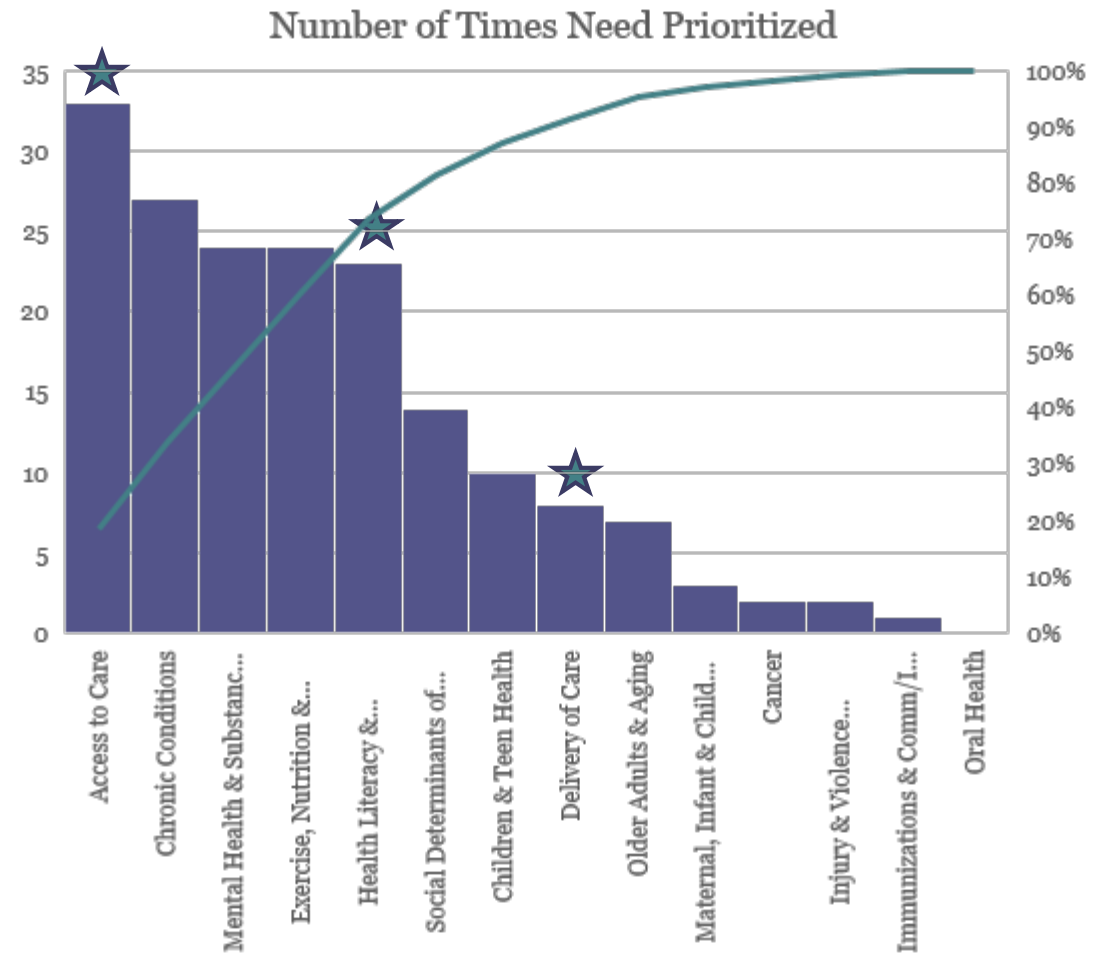
From Autonomy to Ally: Needs Identified

Category	Count
Access to Care	69
Cancer	6
Children & Teen Health	22
Chronic Conditions	61
Delivery of Care	27
Exercise, Nutrition & Weight	34
Health Literacy & Navigation	40
Immunizations & Communicable/Infectious Diseases	5
Injury & Violence Prevention	6
Maternal, Infant & Child Health	7
Mental Health & Substance Abuse	48
Older Adults & Aging	9
Oral Health	3
Social Determinants of Health	10



From Autonomy to Ally: Needs Prioritized

Category	Count
Access to Care	33
Cancer	2
Children & Teen Health	10
Chronic Conditions	27
Delivery of Care	8
Exercise, Nutrition & Weight	24
Health Literacy & Navigation	23
Immunizations & Communicable/Infectious Diseases	1
Injury & Violence Prevention	2
Maternal, Infant & Child Health	3
Mental Health & Substance Abuse	24
Older Adults & Aging	7
Oral Health	0
Social Determinants of Health	14



From Autonomy to Ally: Health Literacy Themes

- General health literacy
- Navigation of the health care system
 - ER overutilization
 - Where/how to access follow-up care
- Lack of health care education/knowledge (patients)
- Lack of awareness of services (patients)
- Language/cultural barriers

From Autonomy to Ally: Delivery of Care Themes

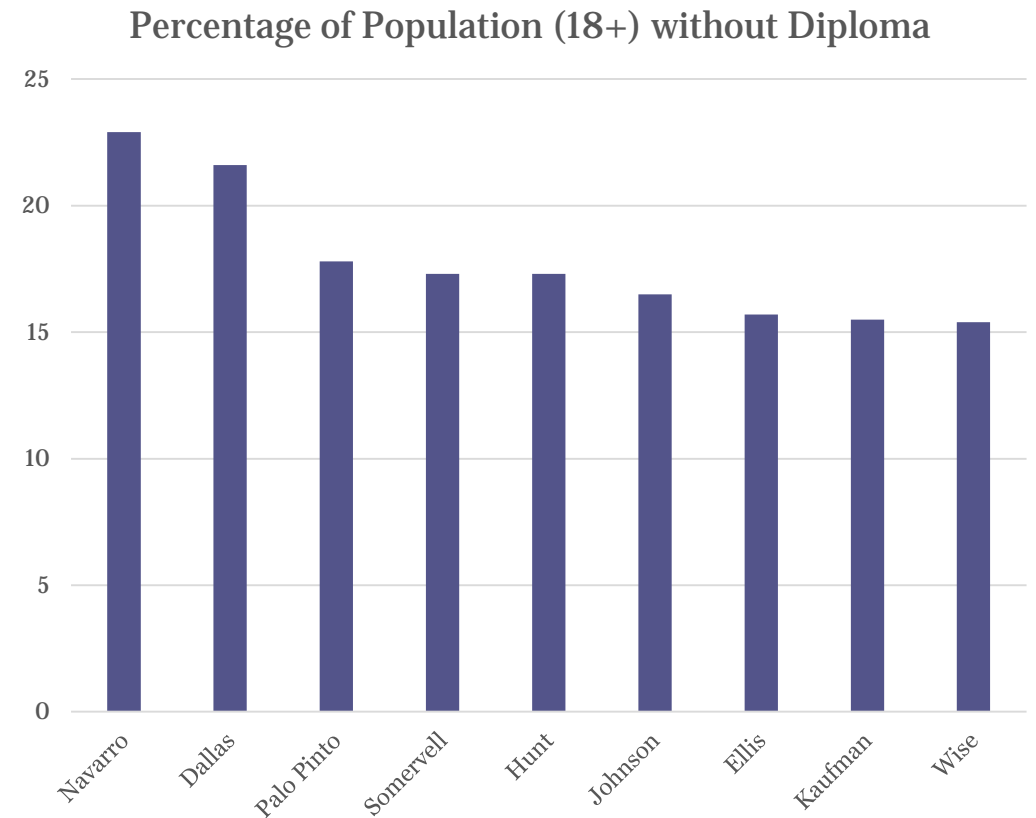
- Care coordination
- Lack of follow-up care (patients and providers)
- Health and wellness promotion/health prevention and education
- Patient safety
- Preventable hospitalizations
- Service integration: primary care and behavioral health services
- Coordination of services and resources/community collaboration
- Palliative care

From Autonomy to Ally: Education

Total population: 7,491,006

Counties with >15% of the population (18+) without a high school diploma

County	Percentage
Dallas	21.6
Ellis	15.7
Hunt	17.3
Johnson	16.5
Kaufman	15.5
Navarro	22.9
Palo Pinto	17.8
Somervell	17.3
Wise	15.4

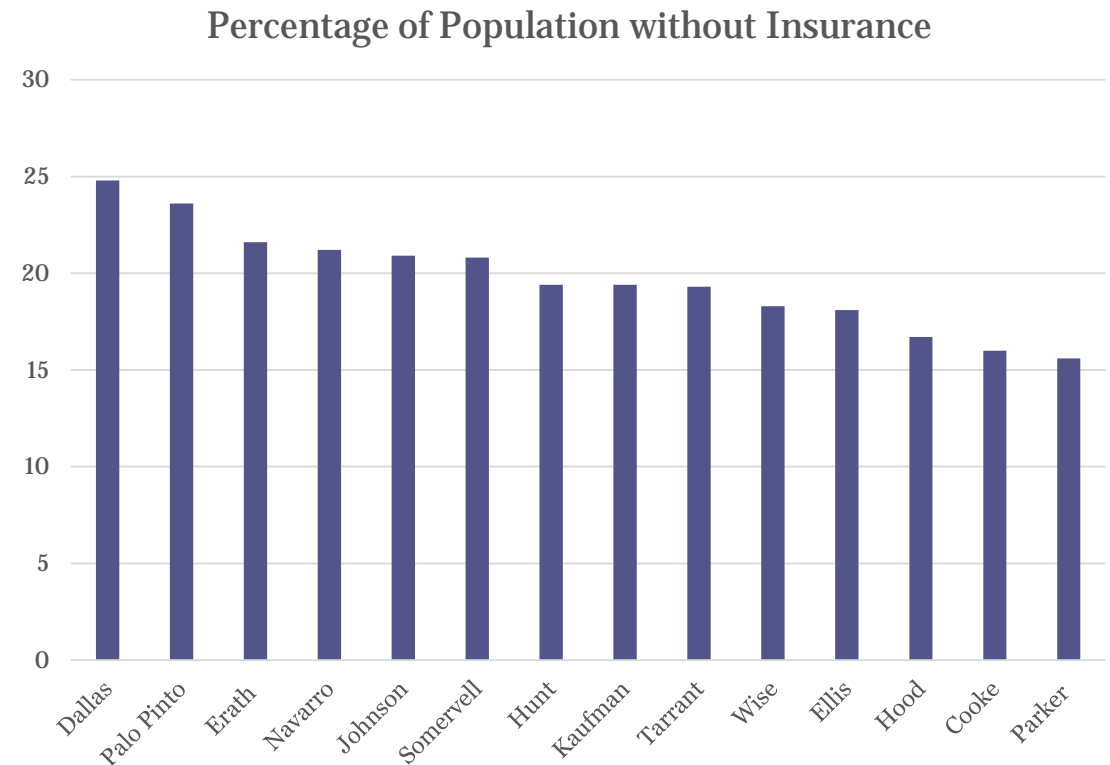


From Autonomy to Ally: Insurance

County	Percentage
Cooke	16
Dallas	24.8
Ellis	18.1
Erath	21.6
Hood	16.7
Hunt	19.4
Johnson	20.9
Kaufman	19.4
Navarro	21.2
Palo Pinto	23.6
Parker	15.6
Somervell	20.8
Tarrant	19.3
Wise	18.3

Total population: 7,491,006

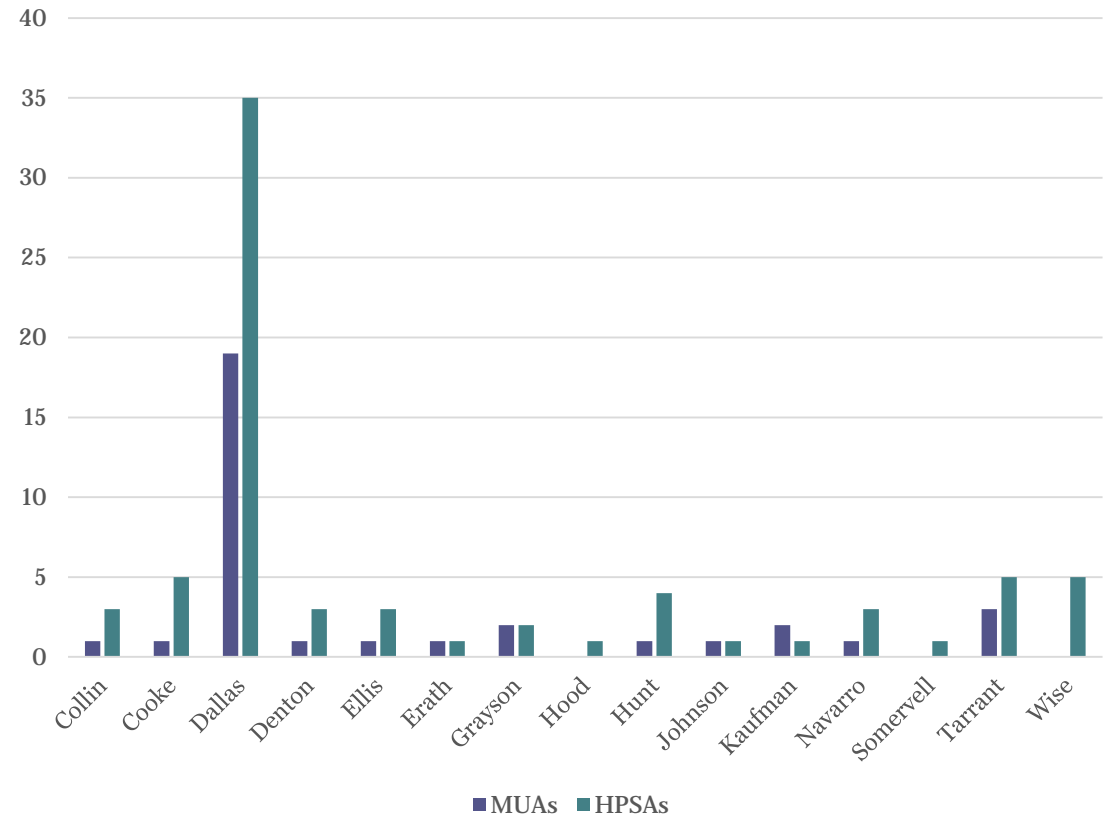
Counties with >15% of the population uninsured



From Autonomy to Ally: Limited Access

County	Medically Underserved Areas (MUA)	Health Professional Shortage Areas (HPSA)
Collin	1	3
Cooke	1	5
Dallas	19	35
Denton	1	3
Ellis	1	3
Erath	1	1
Grayson	2	2
Hood	0	1
Hunt	1	4
Johnson	1	1
Kaufman	2	1
Navarro	1	3
Somervell	0	1
Tarrant	3	5
Wise	0	5

Medically Underserved and Health Professional Shortage Areas by County



From Autonomy to Ally: Findings

- **Barriers to health**
 - Language/cultural barriers (communication challenges identified included a lack of bilingual providers, translated documents and cultural competency training for providers)
 - Delays in seeking/receiving care
 - Lack of health care education, knowledge around healthy lifestyles/managing chronic conditions
 - Difficulty navigating the health system (particularly Medicare)
 - Lack of formal education
- **Need for continued partnerships to address health issues/provide education and awareness**
- **Need for improved coordination of care (internal and external)**
- **Need to address vulnerable populations**

From Autonomy to Ally: Strengths and Weaknesses

- **Strengths**
 - Region with prevalent high quality health care services
 - Collaborative nature of organizations
- **Weaknesses**
 - Duplicative services
 - Provider shortages
 - Particularly specialty care, behavioral health and dental

From Autonomy to Ally: Current Initiatives

- **Access**
 - Increased community access points
 - Community outreach
 - Vulnerable patient network
 - Enrollment assistance
- **Delivery of care**
 - Community health workers
 - Patient navigators
- **Health literacy**
 - **Education**
 - Nurses and other clinical professionals
 - Community
 - **Communication strategies**
 - Social media
 - Electronic
 - Print
- **Next Steps**
 - Training
 - Research