



# CULTURE CARE CONNECTION

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Increasing the cultural competence of health care providers serving culturally diverse populations

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## Broad Group Collaborates on Action Plan to Improve Minnesotans' Health Literacy

A broad coalition of Minnesota health organizations recently released the Minnesota Action Plan to Improve Health Literacy, which identifies six priorities to improve health literacy throughout the state. According to research conducted by the U.S. Department of Education, nearly nine out of 10 Americans have difficulty understanding everyday health information.

Recognizing this fact, Stratis Health and 42 other Minnesota health organizations, including insurers, providers, patient advocacy groups, and others, collaborated to develop a comprehensive plan to address this critical issue from a variety of perspectives.

The plan is the result of a six-month process to engage dozens of stakeholders statewide in conversations about barriers to health literacy and possible solutions. The engagement process was led by a steering committee consisting of representatives from

the American Cancer Society Cancer Action Network, the American Heart Association, Blue Cross and Blue Shield of Minnesota, the Minnesota Health Literacy Partnership, and Portico Healthnet.

“Our responsibility as a health care community is to communicate clearly,” said Lin Nelson, director of legislative affairs at Blue Cross and Blue Shield of Minnesota. “When people receive accurate, easy-to-understand information about a health issue, they are better able to take action to protect and improve their health and wellness.”

Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

People of all ages, races, incomes, and education levels are affected by limited health literacy. But seniors, minority groups, and people with disabilities, low incomes, limited reading skills, or limited English proficiency are



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more likely to experience low health literacy. Improving health literacy is a foundational way to work toward achieving health equity.

“This broad group of stakeholders came together because we know that at some point in all of our lives, we need to be able to find, understand, and use health information and services,” said Matt Schafer, vice president of government relations at the American Cancer Society Cancer Action Network.

### Priorities for improving health literacy

The Minnesota Action Plan to Improve Health Literacy identifies six priorities with actionable strategies to help improve Minnesotans' abilities to obtain, understand, and act on health

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resources. The strategies are all pieces of an integrated approach to improving health literacy.

1. Adopt and use health literacy best practices across all verbal, written, and visual communications. To make it easier for consumers to access and understand health information, the health care community should develop and implement best practices for providing written and verbal health information in jargon-free, understandable language.
2. Make information about health relevant and accessible. Patients should have easy access to usable information presented in a variety of mediums so they can understand diagnoses, make treatment and prevention decisions, and evaluate health risks.
3. Increase and improve patient-centered resources. Health care professionals should provide patients with the necessary resources to understand the health care system and receive the most appropriate care. Whether individual assistance is provided in person, by phone, or online, health care professionals should help patients coordinate and navigate health care.
4. Implement and enhance education opportunities at all levels. Health literacy concepts should be integrated into primary, secondary, and professional education.
5. Streamline processes within the health care system. Productive partnerships within the health care system could identify and implement effective strategies and actions to lessen the burden on patients to navigate the fragmented health care system.
6. Invest in language and cultural resources. Because limited English proficiency has a profound impact on health literacy, health care organizations need to take language and cultural differences into account when providing health information.

Stratis Health, along with the 42 other co-sponsoring organizations, has formally committed to implementing two to three strategies identified in the plan within their own organizations. The organizations will reconvene during [Health Literacy](#)

[Month](#) in October 2016 to discuss implementation efforts and more opportunities to collaborate.

The Minnesota Action Plan to Improve Health Literacy is [available for download here](#). An executive summary is [available here](#).

### More Health Literacy Resources

[Health literacy resources at StratisHealth.org](#). A collection of resources including the Teach Back program, American Medical Association Foundation Health Literacy Kit, and more.

[Culture Care Connection Fall 2015 Article](#): Improving Health Literacy in Minnesota, features an interview with Helen Osborne MEd, OTR/L, founder of Health Literacy Month.

[Culture Care Connection CLAS Assessment](#). Developed by Stratis Health around the Culturally and Linguistically Appropriate Services (CLAS) Standards, the Culture Care Connection CLAS Assessment was designed to help you evaluate how well your organization meets the communication needs of your patients who have limited English proficiency and/or minimal health literacy.

## CLINICAL CORNER

### MDH Reports Finds Strong Link Between Income and Diabetes

Source: Minnesota Department of Health

The Income, Employment and Diabetes in Minnesota report finds that adult Minnesotans living in households earning less than \$35,000 a year are nearly two and a half times as likely to have diabetes compared to Minnesotans living in households with incomes more than \$35,000.

About one million Minnesota adults live in households with an annual income below \$35,000. The research also indicates that about 26 percent of Minnesotans who are unable to

work report having diabetes as compared to a diabetes rate of four percent among working-age adults who are employed.

The MDH data provide a snapshot in time and do not shed light on which comes first, lower income or diabetes. However, this and other studies suggest a complex interplay between poverty and diabetes onset and illustrate the ways that the disease limits earning power.

[More >>](#)



## NEWS AND RESOURCES

### AHRQ Stats: Access to Medical Specialists More Difficult for Hispanics

A recent statistical brief from the Agency for Healthcare Research and Quality (AHRQ) showed that among adults treated for multiple chronic conditions who reported they needed to see a specialist in 2012, Hispanics were more likely than non-Hispanic blacks or whites to report difficulty in gaining access to specialists.

[More >>](#)

### NACDD Getting to Ground Zero Offers Resources to Improve Health Equity



The National Association of Chronic Disease Directors (NACDD) has partnered with other national organizations

including the American Public Health Association, Association of State and

Territorial Health Officials, Centers for Disease Control and Prevention, and National Association of County and City Health Officials to create *Health Equity—Getting to Ground Zero!*, a collection of resources and tools on a range of health equity topics, including Health Equity, Health Disparities, Social Determinants of Health, Advocacy/Education, Cultural Competency, and Professional Development.

[More >>](#)

### Health Equity Event Spotlight: Many Faces of Community Health Conference

Now in its eleventh year, the Many Faces of Community Health Conference is a unique two day event that explores ways to improve health equity in underserved populations and among those living in poverty. The conference brings information and resources on chronic disease

The conference is typically attended by health care professionals and students, community health center staff, public health practitioners, policy makers, and people active in the community from across Minnesota. Attendance has grown steadily from 240 in 2006 to more than 350 people in 2015.

With four concurrent tracks, the 2016 conference will offer more than 25 different sessions, and more than twice the number of sessions and continuing medical education credits since its start in 2006.

all attendees each year reporting they would share information with colleagues and take some action based on what they learned.

Reger said also another factor important to the continued success of the conference is the strength of the public/private collaboration between its three host organizations: Minnesota Association of Community Health Centers, Minnesota Department of Health - Health Promotion and Chronic Disease Division, and Greater Twin Cities United Way, as well as the



prevention and care, public policy, and health innovations to Minnesota's health care community, focusing on safety net providers and the people they serve.

The conference emphasizes sharing practical and usable tools, tips, and resources on clinical, public policy, and management topics, as well as offering helpful information, inspiration, and networking opportunities.

Many Faces presenters typically are local or regional, and are experienced in working with populations from diverse communities who face significant health, social, and economic challenges. Laurel Reger, Many Faces planning committee member, said the quality of the content is one reason why overall satisfaction with the conference has remained above 90 percent the past 10 years, with nearly

active involvement of more than 30 partners, including Stratis Health.

**This year's Many Faces of Community Health Conference is November 3-4, 2016.**

Visit [www.manyfacesconference.org](http://www.manyfacesconference.org) for information on joining the planning committee, call for abstracts, and exhibitor opportunities. Information coming in March.



## EVENTS

### Forum on Workplace Inclusion March 29-31, 2016 University of St. Thomas, Minneapolis

The Forum on Workplace Inclusion convenes each year to engage people, advance ideas, and ignite change around the topics of diversity, inclusion, and equity.

[More >>](#)  
[Register >>](#)

### National Minority Health Month April, 2016

April is National Minority Health Month 2016. The theme for 2016 is "Accelerating Health Equity for the Nation."

[More >>](#)

### Discrimination in Healthcare: What Can Be Done? April 8, 2016 Coffman Memorial Union Theater

Annual Health Disparities Roundtable at the University of Minnesota School of Public Health.

[More >>](#)

### Promoting Health Equity Conference May 5-7, 2016 The Commons Hotel, Minneapolis

This conference, hosted by University of Minnesota Medical School Programs, Minnesota Department of Health, St. Paul - Ramsey Public

Health, and community partners is focused on building and showcasing partnerships, research, programs, and policies to promote health equity across the region.

[More >>](#)  
[Register >>](#)

### NRHA Health Equity Conference May 10, 2016 Hilton Minneapolis

One of the only meetings in the nation to focus on health equity issues in rural America, this National Rural Health Association event offers attendees the opportunity to meet with peers and experts who share unique concerns and interests.

[More >>](#)

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Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

Stratis Health works toward its mission through initiatives funded by federal and state government contracts, and community and foundation grants, including serving as Minnesota's Medicare Quality Improvement Organization.

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