HEZ Community of Practice

Leveraging Clinical-Community Partnerships to Improve Health Literacy for Communities of Color



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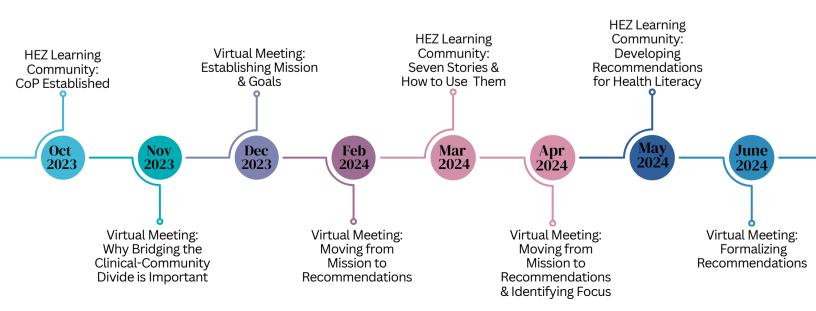
Purpose



Between October 2023 and June 2024, the Rhode Island Department of Health in partnership with the Care Transformation Collaborative of RI (CTC-RI) convened a monthly Community of Practice series (CoP) on Advancing Clinical and Community Linkages, open to interested clinical and community partners throughout Rhode Island. The goal of this CoP was to learn together about the impact of and method for bridging the divide between clinical and community sectors in support of health equity and to develop recommendations for Rhode Island as we undergo health systems transformation efforts. After identifying multiple areas for potential collaboration, CoP members decided to develop recommendations on leveraging clinical-community partnerships to improve health literacy for communities of color.

Timeline

This Community of Practice (CoP) was established to build on the valuable insights and tools developed through Rhode to Equity. In October 2023, this CoP was established at the HEZ Learning Community, bringing together nearly eighty partners from healthcare organizations, industry leaders, community-based organizations, and community health workers. The timeline below outlines the meetings and topics covered throughout the course of this initiative, culminating in the development of the recommendations enclosed.



Background

Improved health literacy is crucial to advancing health equity. Limited health literacy can inhibit access to and efficacy in care by creating gaps in provider-patient communication and trust, reducing use of preventive services. This can result in increased healthcare costs and poor healthcare outcomes. It can perpetuate existing health inequities related to and intersecting with race and ethnicity, age, education, and socioeconomic status. A lack of systems support for health literacy affects everyone, especially older adults, low-income individuals, the uninsured, Medicaid or Medicare recipients, and those who identify as Latino, Black, or American Indian/Alaska Native. These groups often face limited health literacy and consequently poorer health outcomes.1

Partnerships with community-based organizations (CBOs) can play an important role in enhancing health literacy. CBOs often have established relationships and trust within the communities they serve and are familiar with the services and resources available and accessible in their local communities. Through exploring clinical-community partnerships, clinical systems can increase their capacity to support their patients without overextending their role into responsibilities that are already developed and work best at the community level. CBOs can benefit by comprehensively supporting their clients to address their healthcare needs, and, through partnerships with healthcare, increase potential sources of sustainable funding.

1 Greaney, M. L., Wallington, S. F., Rampa, S., et al. "Assessing health professionals' perception of health literacy in Rhode Island community health centers: a qualitative study." BMC Public Health 20, 1289 (2020). https://doi.org/10.1186/s12889-020-09382-1.

Recommendations

These recommendations are designed for healthcare providers, community-based organizations (CBOs), policymakers, and other stakeholders involved in health systems transformation in Rhode Island. They aim to enhance health literacy among communities of color through strategic partnerships and collaborative efforts between clinical and community sectors.

ENHANCE INFRASTRUCTURE NECESSARY FOR CROSS-COLLABORATIVE PARTNERSHIP

- Engage in Community Needs Assessments: Collaborate to conduct needs assessments to understand the specific health literacy challenges within the community.
- Regular Communication and Meetings: Establish regular channels
 of communication and hold regular meetings that support
 relationship building to discuss progress, challenges, and new
 initiatives.
- **Data Sharing Agreements:** Establish data sharing agreements to track and evaluate the impact of health literacy initiatives.
- **Community Feedback**: Collect feedback from community members to continually improve health literacy programs.

DEVELOP JOINT PROGRAMS AND INITIATIVES

- **Health Education Workshops:** Partner to organize workshops and seminars on health topics relevant to the community.
- **Peer Educator Programs:** Train community members to act as peer educators who can provide health information and support within their communities.
- Resource Sharing: Co-develop and share educational materials, such as pamphlets, videos, and online resources, that are culturally competent and tailored to the literacy levels and languages of the community.

PEER LEARNING

- Cultural Competence: Ensure that healthcare providers are trained in cultural competence to better connect with diverse populations served by CBOs. This includes Skill building around enhancing trusts between patients and providers and understanding culturally-driven health values of patients.
- Cross-Learning with CBO Staff: Collaborate across clinical and community sectors to translate important health and health systems navigation literacy into sharable information for populations and geographies served.

Recommendations



INTEGRATE HEALTH LITERACY INTO SYSTEM NAVIGATION

- Patient Navigators/Community Health Workers (CHWs): Partner with CBOs to employ patient navigators/CHWs who can meet individuals where they are at and help guide them through the healthcare system and understand how to access care in our complex healthcare system (e.g. where to go for care, how to make an appointment, understanding insurance).
- **Use of interpreters:** Understand rights individuals have for interpretation when necessary and the unique skill sets and differences among and CHWs and interpreters.

POLICY, ADVOCACY AND FUNDING

- **Joint Funding Proposals:** Collaborate on grant applications and funding proposals to support health literacy programs and initiatives.
- Policy Advocacy: Work together to advocate for policies that promote health literacy and support the infrastructure needed for these efforts.

Conclusion

The recommendations outlined above can be used for improving health literacy among communities of color in Rhode Island. Enhancing infrastructure for cross-collaborative partnerships, developing joint programs and initiatives, fostering peer learning, integrating health literacy into system navigation, and engaging in policy, advocacy, and funding efforts are essential steps. **These recommendations aim to bridge the divide between clinical and community sectors, ensuring that health literacy efforts are effective and sustainable.** By implementing these strategies, Rhode Island can create a more equitable healthcare landscape where all communities have the knowledge and resources to make informed decisions about their health and well-being.



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