

Population Health Learning Activity: Diversity and Health Literacy		
<p>Relevant PCMH Concepts</p>	<p>Knowing and Managing Your Patients (KM) The practice captures and analyzes information about the patients and community it serves and uses the information to deliver evidence-based care that supports population needs and provision of culturally and linguistically appropriate services.</p>	<p>Performance Measurement and Quality Improvement (QI) The practice establishes a culture of data-driven performance improvement on clinical quality, efficiency and patient experience, and engages staff and patients/families/caregivers in quality improvement activities.</p>
<p>Relevant PCMH Competencies & Criteria</p>	<p><u>Competency A: Collecting Patient Information</u> The practice routinely collects comprehensive patient data and uses the data to understand patients' backgrounds and health risks.</p> <ul style="list-style-type: none"> ○ KM08: Evaluates patient population demographics/communication preferences/health literacy to tailor development and distribution of patient materials. <p><u>Competency B: Patient Diversity</u> The practice uses information about the characteristics of its patient population to provide culturally and linguistically appropriate services.</p> <ul style="list-style-type: none"> ○ KM09 (Core): Assesses the diversity (race, ethnicity, and one other aspect of diversity) of its population. ○ KM10 (Core): Assesses the language needs of its population. ○ KM11: Identifies and addresses population-level needs based on the diversity of the practice and the community (demonstrate 2+): <ul style="list-style-type: none"> A. Targets population health management on disparities in care. B. Educates practice staff on health literacy. C. Educates practice staff in cultural competence. 	<p><u>Competency A: Measuring Performance</u> The practice measures to understand current performance and to identify opportunities for improvement.</p> <ul style="list-style-type: none"> ○ QI05: Assesses health disparities using performance data stratified* for vulnerable populations (must choose one from each section): <ul style="list-style-type: none"> A. Clinical quality B. Patient experience <p><i>*Indicators of vulnerable groups may include race, ethnicity, age, gender, language needs, education, income, type of insurance, disability, health status.</i></p>
	<ul style="list-style-type: none"> ○ Recognize the impact of language needs and diversity characteristics on health and health care. 	

<p>Learning Objectives (with relevant IPEC Core Competencies)</p>	<ul style="list-style-type: none"> ○ Develop and demonstrate at least two health literacy skills such as are found in AHRQ’s Health Literacy Universal Precautions toolkit. ○ Assess for evidence of health disparities affecting a vulnerable group within the population served by the practice. ○ Assess patient education materials to identify and reduce barriers to patients’ abilities to access, understand and absorb health information. ○ Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible (CC2). ○ Embrace the cultural diversity and individual differences that characterize patients, populations, and the health team (VE3).
<p>IP Student Learning Activities (Students will complete both activities)</p>	<ol style="list-style-type: none"> 1) An IP student team develops a report assessing language composition/diversity and health literacy of the practice’s patient population. The students, preferably as a team, will engage several patients from the practice who meet the NCQA definition of “diverse” in order to inform their assessment and/or to obtain feedback on their preliminary assessment and recommendations. The report should: <ol style="list-style-type: none"> a) Assess the practice’s materials in languages other than English (if appropriate based on the <i>Population Health Profile</i>, if available), and explore possible strategies to address language challenges. b) Include a health literacy-based assessment of patient education materials using any of the following: <ul style="list-style-type: none"> ○ AHRQ’s Health Literacy Universal Precautions Toolkit (especially tools 9, 10, 11) ○ AHRQ’s Patient Education Materials Assessment Tool (PEMAT) and User’s Guide, designed to assess understandability and actionability of health information materials ○ HRSA’s Essential Health Literacy Tools c) Include a brief literature review of disparities faced by at least one underserved population of the practice, and when possible, link population-specific practice performance data (clinical quality or patient experience) to findings of literature review. d) Make recommendations to help reduce the identified disparities. 2) <i>ADVANCED</i>: During a patient encounter, members of the student team will use the teach-back (and/or show-me) method to ensure patient understanding of desired self-care behaviors. These are included in Tool #5, AHRQ’s Health Literacy Universal Precautions Toolkit.
<p>IP Student Learning Assessment</p>	<ol style="list-style-type: none"> 1) The IP student team and appropriate practice members review the report, make revisions, and agree on next steps. All of the above elements (#1a-d) will be clearly explained and presented. The meeting to review and revise the report should include at least one other health profession from the practice than is represented in the student team, preferably one whose work involves the patient population(s) of interest, and patient(s) who have been involved in the students’ work should be invited to attend.

	<p>2) <i>ADVANCED</i>: A member of the practice team will observe students using the skills and note the level of effectiveness as shown by the patient’s ability to accurately describe the desired self-care behavior(s). The IP student team and facilitator will come together to debrief their experiences as a group.</p>
<p>Resources</p>	<ul style="list-style-type: none"> ○ Diversity is “a meaningful characteristic of comparison for managing population health that accurately identifies individuals within a non-dominant social system who are underserved. These characteristics of a group may include, but are not limited to, race, ethnicity, gender identity, sexual orientation, disability (both physical and mental) and religious affiliation” (NCQA, 2017) ○ Health Literacy (CDC, 2017) ○ TeamSTEPPS Debrief Checklist ○ Ten Attributes of Health Literate Health Care Organizations (IOM Roundtable on Health Literacy, 2012) ○ IPEC Core Competencies (2016) ○ NCQA PCMH Standards and Guidelines (2017)