

Access Health NYC Report: Grant Awardee Responses to Educational Guides



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Who We Are

Commission of Public Health Systems (CPHS):

The Commission on the Public's Health System (CPHS) was founded in 1991 by community groups, advocates, health workers, and unions to put the public back in public health through citywide health advocacy. The mission of CPHS was founded upon the strong belief that decisions about health care must include public input and address the diverse needs of New York City communities.

Today, CPHS continues to mobilize around these concerns and other public health-related issues. The organization also provides technical assistance, training, and support for community organizations, healthcare advocates, patients, and individuals interested in learning more about public health and health equity. CPHS continues to be a strong coalition of New York residents, community health advocates, health workers, and labor unions. While we have grown in size and influence, we remain committed to making sure that our public health system stays strong, that people have access to health services, and the public's voice on health care issues are heard.

Within the context of Access Health NYC, CPHS is one of five leads for the initiative that include Coalition for Asian American Children and Families, Community Service Society, Federation of Protestant Welfare Agencies, and New York Immigration Coalition. CPHS primary role was to create and disperse a series of handouts in effort to build educational and outreach capacity for community-based organizations (CBOs) participating in Access Health NYC. Once created, CPHS dispersed the handouts to

assist in informing the CBOs' target populations about their rights, coverage options and protections within the healthcare system.

Access Health NYC

Access Health NYC is a city-wide initiative that funds community-based organizations (CBOs) to provide education, outreach, and assistance to all New Yorkers about their rights to health care & how to access health care and coverage. Access Health NYC builds capacity, amplifies existing community-based efforts, and supports community-based organizations with the goal of targeting individuals and families, who are uninsured, speak English as a second language, people with disabilities, LGBTQ+, formerly incarcerated, experiencing homeless, and other New Yorkers experiencing barriers to healthcare access/information about health coverage and options. By working with CBOs, Access Health informs and connects hard-to-reach and marginalized New Yorkers to their healthcare coverage and payment options.

Access Health is composed of 31 CBOs all of which predominantly serve a marginalized population. The diagram one next page depicts all the geographic location of the participating CBOs.

Access Health NYC Network

Boroughs Served

Agency	Boroughs Served
BSFHC	B
CHN	M, B, Bx, Q
MTRNY	B, Q, SI
SPHC	B
UCAB	B
BOOM	Bx
CH	M, B, Bx, Q
NMIC	M
HANAC	Q
UHP	Bx
VLC	Q
YWCAQ	Q
CHCR	SI
FGSNAP	B
CAPC	M, B, Q
KCS	M, Q
HP	Bx
MMFYC	Bx
NBCCC	Bx
SAPNA	Bx
AAFSC	B, Q
MEKONG	Bx
EIIC	Q, Bx
APICHA	M
BHC	M, B
HSS	M
JASS	M
CWCHC	M, Q
POMOC	B
PHS	All
SACS	Q



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AHNYC Lead Agencies:



Methodology

CPHS understood that a major challenge to ensuring timely collection of information or data to assess the effectiveness of the guide would be the fact that the 31 community-based organizations needed to:

1. Understand the importance of the materials being developed
2. Minimize any burden of answering too many questions because the other leads were also in the process of requesting data and responses to surveys
3. Survey questions needed to be simple and related to the end goal of improving the materials in ways would be useful in their building knowledge and in their outreach efforts

We address these challenges by attending almost all the New York Immigration Coalition (NYIC) Access Health NYC Trainings to listen to the concerns and needs of the contracted awardees. Then work with NYIC to create a presentation facilitated by both the Director and the Policy and Outreach Coordinator. The objective of the presentation was to create a brainstorming opportunity for ideas and needs on what the awardees were looking for in terms of information about coverage and access issues. We were clear not to create any false expectations on what topics we would develop or expand on in the Guide.

As a result, we developed 13 survey questions that were sent out in two formats. Awardees had the option to send their responses through an online survey tool or through a form that was attached to an email message about the purpose of the survey. Of the participating CBOs, 15 responded and their results were analyzed for trends and future recommendations.

Results and Analysis

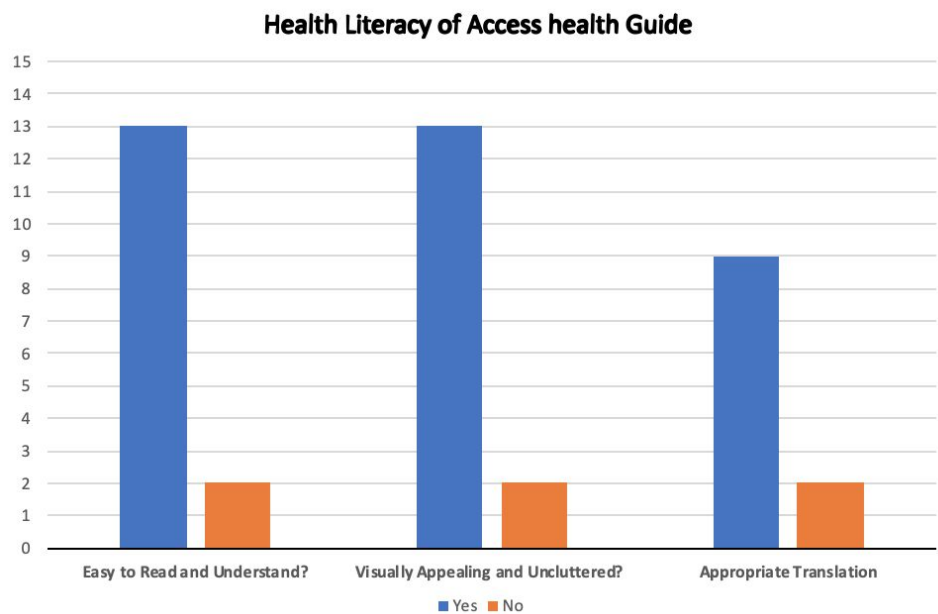
From the data collected from the participating community-based organizations (CBOs), the five main themes that were addressed are health literacy, effectiveness, delivery, distribution, and accessibility.

Health Literacy

Health literacy is a difficult aspect of healthcare services and there is a magnitude of problems concerning health literacy or the lack thereof.

According to the Patient Protection and Affordable Care Act of 2010, health literacy is the degree to which one is able

to obtain, communicate, process and understand health care information and services (1). In order for health literacy to be achieved, an individual must also be able to autonomously make appropriate decisions regarding their health. When providing health materials to any population, health literacy is important, but it is of greater importance when serving vulnerable populations. The Access Health guide was tailored to various marginalized populations with the intention of providing legible and understandable healthcare educational material. With the purpose of ensuring these populations are able to make informed decisions regarding their health.



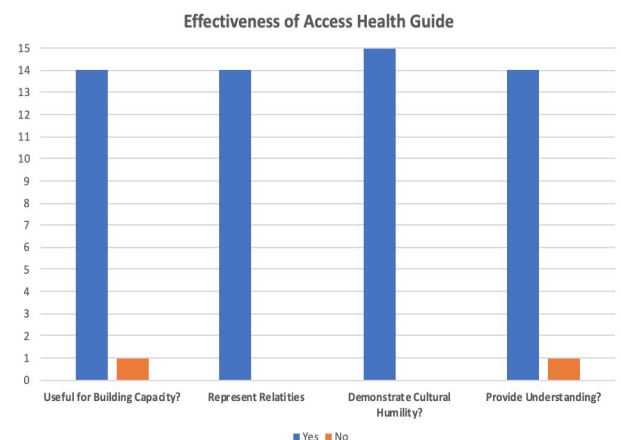
The community-based organizations (CBOs) that participated in the survey agreed that the health information was indeed easy to read and understand for their target populations. There were concerns that the guides were too long and that the abundance of information could be overwhelming. A potential improvement that was recommended to overcome this barrier is the inclusion of a table of contents to provide guidance and allow readers to easily find what information is most applicable to them. Although the inclusion of a table of contents was suggested, there was a consensus among the CBOs that the guides were visually appealing and well organized.

The guide is provided in multiple languages (*list languages*) which improves the health literacy by ensuring nonnative English speakers are being provided the knowledge and tools to navigate our healthcare system. Generally, it was inferred that the translations were accurate and used the appropriate rhetoric. However, there were a few translation errors that were found, specifically with the guide provided in Mandarin.

Effectiveness

As an organization that does not provide direct services to vulnerable populations, but indirectly through the CBOs, it is important to ensure the information is appropriate and accurately addresses the issues the community is battling. All the CBOs agreed that the themes, messages, and concepts presented in the guide accurately reflected the realities of the populations they serve. The responses also confirmed that the information was presented through a lens of cultural humility. According to Dr. Yeager, cultural humility is a form of conscious practice that recognizes the complexity and flexibility of culture and is imperative to be practiced by all persons involved in the healthcare system (2).

The participating CBOs, 93% (14/15), agreed that the guide provided them with



more capacity to conduct their outreach and educational efforts. It was also determined that the guide provides adequate assistance to understand one's rights regarding healthcare. On a scale of 1-10 (one being poor and 10 being excellent), the CBOs rated the guide an 8.5 on the quality of its content. Overall, the guide was effective in providing appropriate knowledge to the marginalized populations they serve.

Delivery and Distribution

The quality of information is important, but without the ability to disseminate that content to the target population(s), an intervention is unsuccessful. The delivery of healthcare information can occur through many platforms, but according to the participating CBOs, the most successful platforms are face-to-face conversations and social media outlets.

The CBOs also consistently stated that videos are successful in delivering information to their communities. Although the guide was successful in disseminating information to the CBO workers and enhanced their face-to-face conversations, there is potential to reach a larger population through adapting the guide to social media platforms with both visuals and videos.

Thus far, approximately 2785 guides have been distributed by the partnering CBOs. This is a considerable number of individuals who have received more information about health care as a result of the Access Health Guides. From the data collected, it was found that only approximately half of the CBOs had begun the distribution of guides. There were multiple CBOs that noted they still intend to distribute guides despite them not beginning that process. From this, it was inferred that the number of guides distributed will increase profoundly once all CBOs begin distribution.

Improvements

Upon reviewing and analyzing survey results from the Access Health NYC Guide, many improvements were suggested by the survey responders. Fifteen community-based organizations (CBOs) agreed the information on the guides represented the communities they serve, however, the information should be condensed and organized for readability purposes. It is easier for patients to read the guide if there were bolded texts, and bulleted and, or numbered lists with fewer words, instead of the extensive paragraph format. CBOs also suggested having the guide available in more languages, specifically Mandarin. It is difficult to disseminate health information to underrepresented communities when there is a language barrier which hinders populations from being informed about their healthcare rights. Additionally, accommodations should be made for individuals who are visually impaired. This suggestion emphasizes the importance of accessibility and inclusion; designing health information must cater to the needs of everyone who may be impacted and if it does not, we have done a disservice to the community. Other improvements included the implementation of digital media which will allow patients to have access to information from short videos, radio advertisements, Youtube, and ethnic news. Short videos or anything communicated digitally can capture patient's attention better and reduce the risk of misinterpretation from a reading guide with loads of information.

CPHS recognizes a better-organized guide will contribute to improved health literacy and accessibility to health information despite intellectual

challenges. We have acknowledged the improvements from CBOs and have created a list of practical recommendations to use as a guide for communicating health information.

Recommendations

The Commission on the Public Health System has composed practical recommendations to ensure future health guides are improved: easily understood, disseminated effectively, and properly evaluated. As mentioned in the improvements section of this report, future guides will have less wording and more organization which in turn helps patients navigate the information easier and understand what information is pertinent to their needs. Survey results revealed that social media marketing is a struggle for many community-based organizations. Expanding channels of communication through a social media campaign about Access Health NYC will be implemented with hopes of engaging members of the community who are not physically walking into the buildings of our respective organizations. According to participating CBOs, nearly three thousand health guides were distributed. Using social media will allow organizations to expand their reach and disseminate health information to target audiences. Expanding means of receiving information grants community members access to gain knowledge from a trusted source. Many communities, especially immigrant communities, do not trust health systems, therefore, the CBO acts as a bridge between health information and underserved communities.

In the future, CPHS will evaluate the health guides from two perspectives: patients and CBOs. Collecting data from patients will provide a well-rounded view of the health guides' effectiveness.

Sources Listed:

1. The Centers For Disease Control and Prevention. (2016). What is Health Literacy? Retrieved from <https://www.cdc.gov/healthliteracy/learn/index.html>
2. Yeager, K. A., & Bauer-Wu, S. (2013). Cultural humility: essential foundation for clinical researchers. *Applied nursing research : ANR*, 26(4), 251–256. doi:10.1016/j.apnr.2013.06.008