

DC Metro Area NHMA Chapter

COVID-19 & Health Literacy

October 20, 2020

7:00 PM – 8:15 PM EDT

www.NHMAmd.org



@NHMAmd



@NHMAmd.org

Welcome

Elena Rios, MD, MSPH, FACP

President & CEO

National Hispanic Medical Association

Washington, DC

- Encourage your patients to enroll and inform others about the clinical trials for COVID-19 Vaccines
 - www.CoronaVirusPreventionNetwork.org
 - www.COVIDVACCINESTUDY1.com
- 2020 Virtual Health Leaders and Scholars Awards Ceremony – Nov. 19
<http://bit.ly/NHHFCeremony2020>
- 2021 NHMA National Hispanic Health Conference – Mar. 17-20, 2021
 - <http://bit.ly/NHMAConference2021>

Overview

Sergio Rimola, MD

Co-Chair, Washington DC Metro Area Chapter

NHMA

Housekeeping

- Presentations to be followed by 10-15 minute discussion
- Microphones will be muted
- Type questions in chat box
- Recording available next week at www.NHMAMD.org

Instructions to receive CME will be included in thank you email. Webinar recording & CME will be available for 1 year at www.NHMAMD.org/webinars

Learner Notification

ENDURING MATERIAL LEARNER NOTIFICATION

NHMA

Washington DC Metro Area – COVID-19 and Health Literacy

Date of CE Release: October 20, 2020 – October 20, 2021

Date of CE Expiration: March 30, 2020

Location: Online

Acknowledgement of Financial Commercial Support

No financial commercial support was received for this educational activity.

Acknowledgement of In-Kind Commercial Support

No in-kind commercial support was received for this educational activity.

Satisfactory Completion

Learners must listen to each self-directed audio recording while following along with the visual slides/read the articles, and complete an evaluation form to receive a certificate of completion. You must participate in the entire activity as partial credit is not available. If you are seeking continuing education credit for a specialty not listed below, it is your responsibility to contact your licensing/certification board to determine course eligibility for your licensing/certification requirement.



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, this activity has been planned and implemented by Amedco LLC and National Hispanic Medical Association. Amedco LLC is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Physicians

Amedco LLC designates this enduring material for a maximum of 1.25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Objectives - After Attending This Program You Should Be Able To

1. To increase a awareness about health literacy related to Latino patients and COVID-19.

Disclosure of Conflict of Interest

The following table of disclosure information is provided to learners and contains the relevant financial relationships that each individual in a position to control the content disclosed to Amedco. All of these relationships were treated as a conflict of interest, and have been resolved. (C7 SCS 6.1–6.2, 6.5)

All individuals in a position to control the content of CE are listed below.

First Name	Last Name	Commercial Interest Relationship
Ben	Melano	NA
Sergio	Rimola, MD	NA
Elena	Rios, MD, MSPH, FACP	NA
Britt	Rios-Ellis, PhD	NA
Rebecca	Vargas-Jackson, MD	NA

Health Literacy

The Silent Epidemic

Rebecca Vargas-Jackson, M.D.

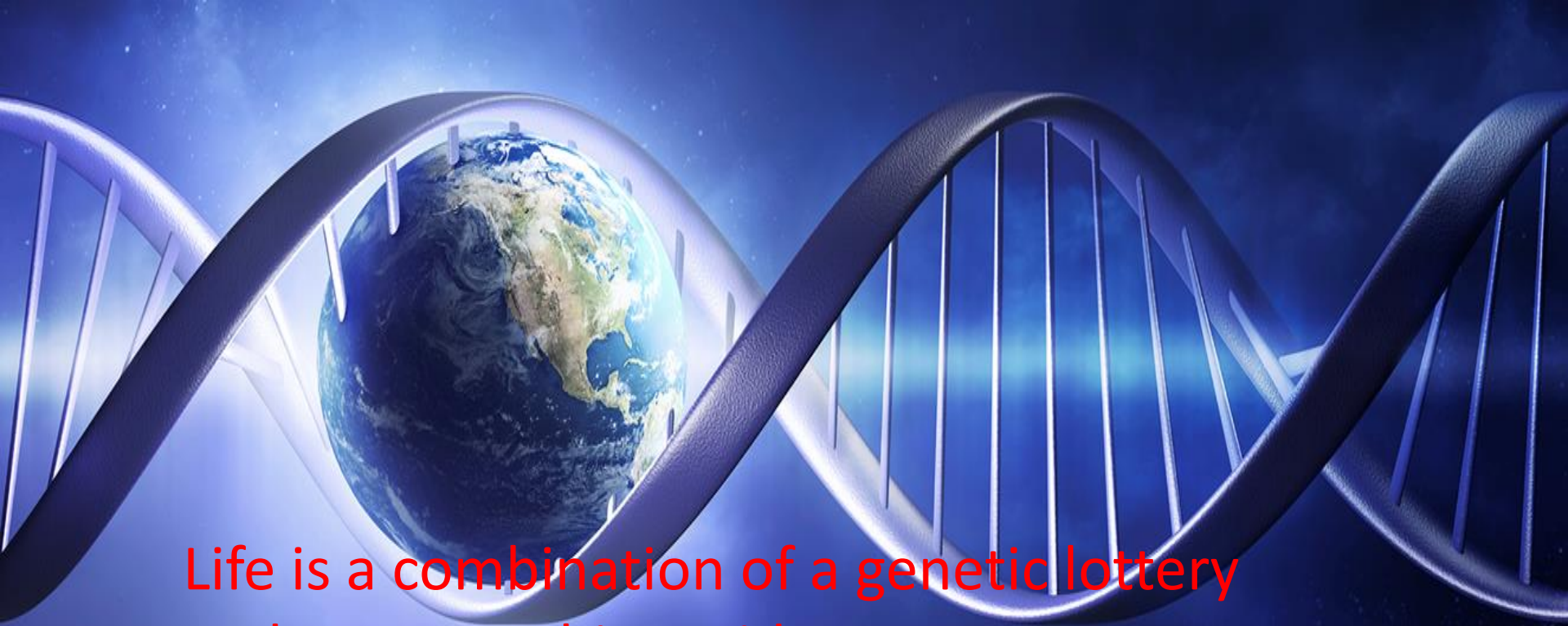
Center for Health and Risk Communication

George Mason University

International Stigma Conference co-organizer

Howard University

Life a Limited Cultural Event



Life is a combination of a genetic lottery
and a geographic accident

What is Health Literacy

- **Health Literacy** is a cultural, cognitive and social **skill** which determines the motivation & ability of individuals to gain access to, understand and use health related information

Health Literacy vs. Health Education

Do not confuse health literacy with Health Education

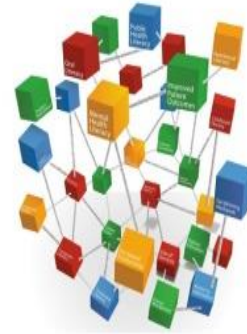
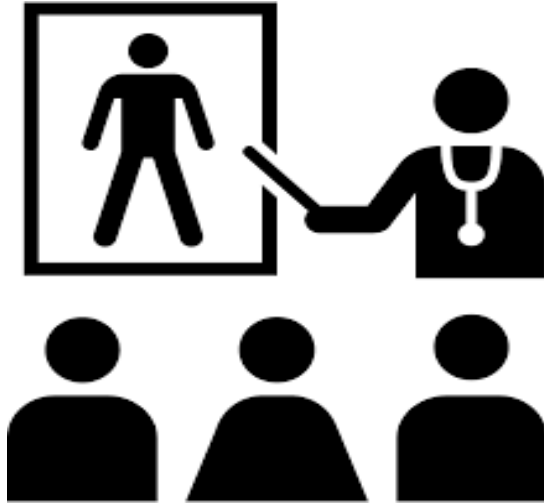
- Health **Education** is a public health **activity** by which individuals and groups learn health related topics
- Health Education does **not** address:
 - Personal motivation
 - Cultural background
 - Social skills
 - Providers' bias
 - Learning disabilities
 - Stigma, etc.

Health Education

Vs

Health Literacy

... a multidimensional concept



« A person's knowledge, motivation and competences to access, understand, appraise, and apply health information in order to make judgments and take decisions in everyday life concerning healthcare, disease prevention and health promotion to maintain or improve quality of life during the life course»

The Health Literacy Challenge

**Demands +
Expectations**

**Individual
Skills**



**Health
Literacy**

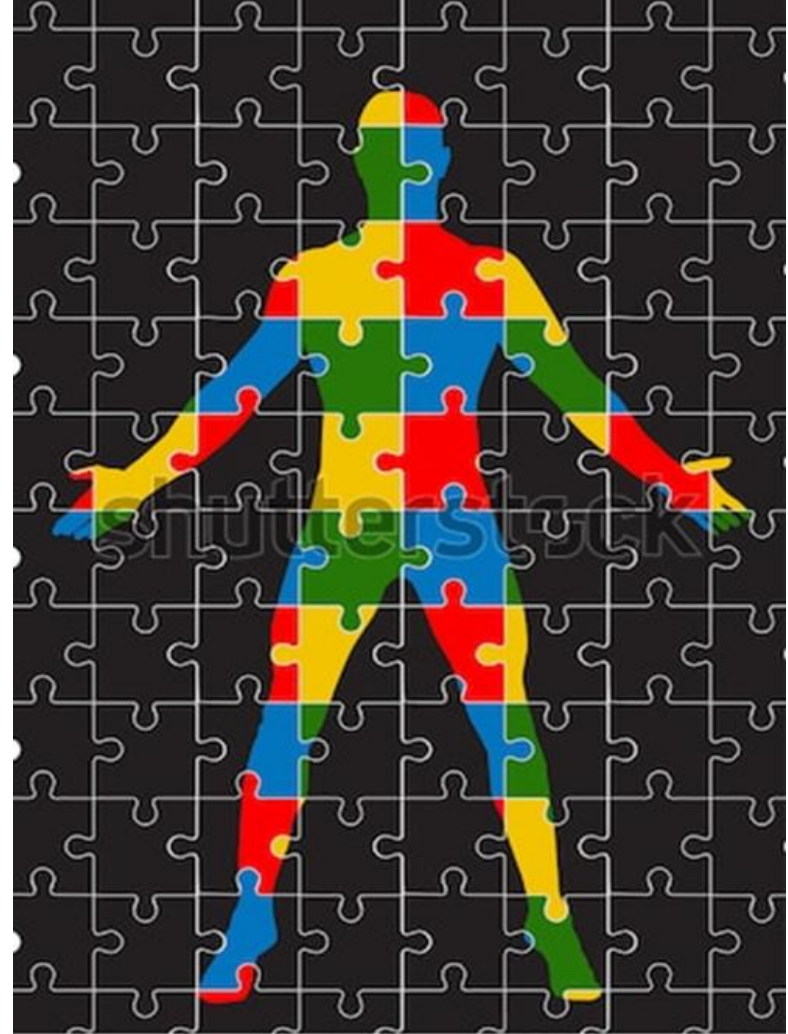
Some HL Topics

- ✓ Cultural competence
- ✓ Diversity
- ✓ Health equity
- ✓ CLAS Standards
- ✓ Culture
- ✓ Discrimination
- ✓ Stigma
- ✓ Bias
- ✓ Prejudice
- ✓ Financial literacy
- ✓ Motivational interview
- ✓ Diabetes
- ✓ Hypertension
- ✓ Other health related topics
- ✓ Maternal and childcare
- ✓ Environmental health
- ✓ Long term care
- ✓ Communications
- ✓ Social determinants of health
- ✓ Etc.



Health Literacy
provides you the
shape of the Puzzle

Health Literacy
embodies the **skills**
that each individual
needs to **develop**



9 out of 10 adults have **difficulty** using everyday health information

WHAT IS HEALTH LITERACY ?



↓ Low **health literacy** is linked with **poor health outcomes** which
= higher rates of **hospitalization**.
↑



Health literacy is the capacity to **obtain, process and understand basic health information** needed to make appropriate health decisions.



9 out of 10 adults have difficulty using everyday health information.

MORE THAN 1 IN 2 ADULTS CANT:

UNDERSTAND A VACCINATION CHART

OR

READ A PRESCRIPTION LABEL CORRECTLY

Steps to Improve Health Literacy

- ✓ At the doctor's office, ask for clarification if something is not clear.
- 🔄 Repeat back any instructions to confirm understanding to ensure that information does not get missed.
- 📄 When leaving the doctor's office, ask for health education materials and written instructions.
- 👥 Bring a friend or a family member to appointments to ensure that information is not missed.
- 📅 Schedule a follow-up appointment and follow all post-care instructions.

Sources : www.Trägerhealth.com and www.health.gov

Why People Need Health Literacy Skills

Health Literacy affect people's ability to:

- Navigate the health care system, including filling out forms and locating providers and services
- Share Personal information, such as health history with providers
- Engage in self-care and chronic-disease management
- Understand mathematical concepts such as probability and risk (key for decision making, wearing a **mask**)

Why People Need Health Literacy Skills (cont.)

Health Literacy Affects people's ability to:

- Process information provided to them by their health providers
- To understand forms and instructions, such as:
 - Public advisories (wear face covers)
 - Test results (HIV, COVID 19, flu)
 - Health reports in the media
 - Information in pamphlets and other written materials
 - The need for prevention, family planning, use of condoms and **masks**
 - Medication adherence, immunization, etc.

Critical **Skills** that Influence Patient's Health Literacy

- Communication (pronunciation, verbalization, LEP)
- Comprehension (prose/reading, problem solving skills)
- Quantitative numeracy
- System navigation (where to get a **free** COVID 19 test)
- Health information seeking
- Decision making, critical thinking (quarantine, isolation)
- Cultural background, beliefs, bias (governmental mistrust)
- Need for assistance (when, why, who, primary provider?)

Health Literacy is Based on Patients’:

- **Computer** literacy: accomplish practical tasks with a computer
- **Cultural** literacy: understand cultural similarities and differences
- **Language** literacy: understand language in which info is provided
- **Financial** literacy: budgeting, expenditures, copays, income
- **Information** literacy: locate, evaluate, and use medical information
- **Media** literacy: critical understanding of mass media “not fake news”
- **Visual** literacy: understand visual messaging and graphics

Health Literacy: Individual and Systemic Factors



Health Literacy - the Path to Health **Equity**

- Health Literacy requires knowledge of basic biology and health topics
- People with low health literacy skills often lack knowledge or have misinformation about the body and the nature and causes of diseases
- Without this knowledge they may not understand the relationship between lifestyle factors such as diet, exercise, use of **face covers** and various health outcomes
- Without improving health literacy of our people, it is very hard to achieve “Health Equity”

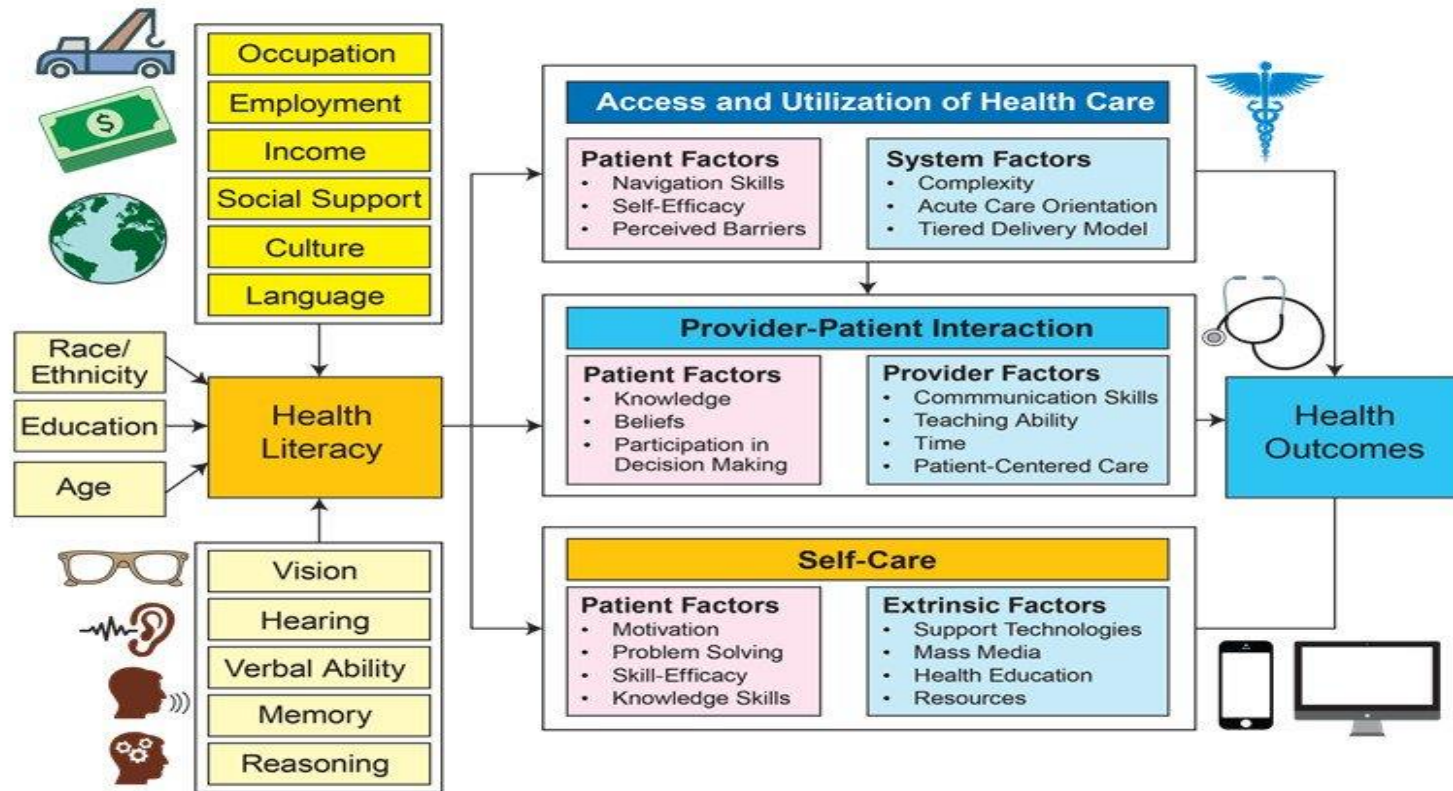
Equality



Equity



Health Literacy and Health Outcomes



Why do we need to know the Health Literacy of our target population?

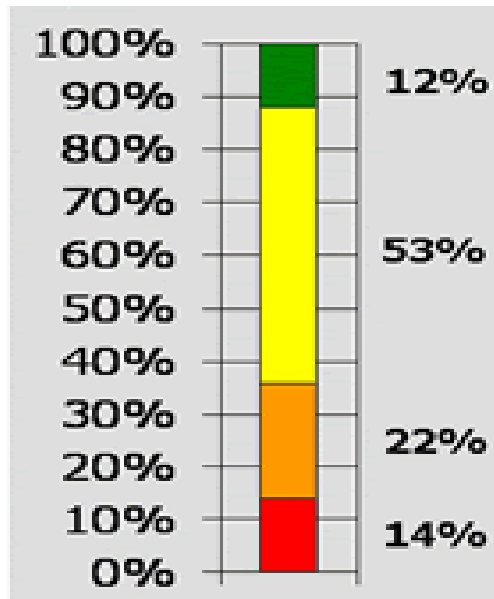
- Only 12% of adults in the U.S. are health literacy proficient according to the: National Assessment of Adult Literacy
- Basically 90% of adults may lack the skills needed to manage their health and prevent diseases
- 14% of adults (45 million) have **Below Basic** health literacy skills

Why do we need to Know the Health Literacy of our target population? (cont.)

- Because the primary responsibility to improve health literacy lies with:
 - Public health professionals
 - Health care providers
 - Public health systems
- We must work together to ensure that health information and services can be understood and use by **all**
- We must engage in skill building with patients and providers
- Because **low** health literate patients misunderstand compliance, medication adherence, etc.

Remember

Health Literacy in America: Results from the NAAL



Proficient: Define medical term from complex document,
Calculate share of employee's health insurance costs

Intermediate: Determine healthy weight from BMI chart,
Interpret prescription and over-the-counter drug labels

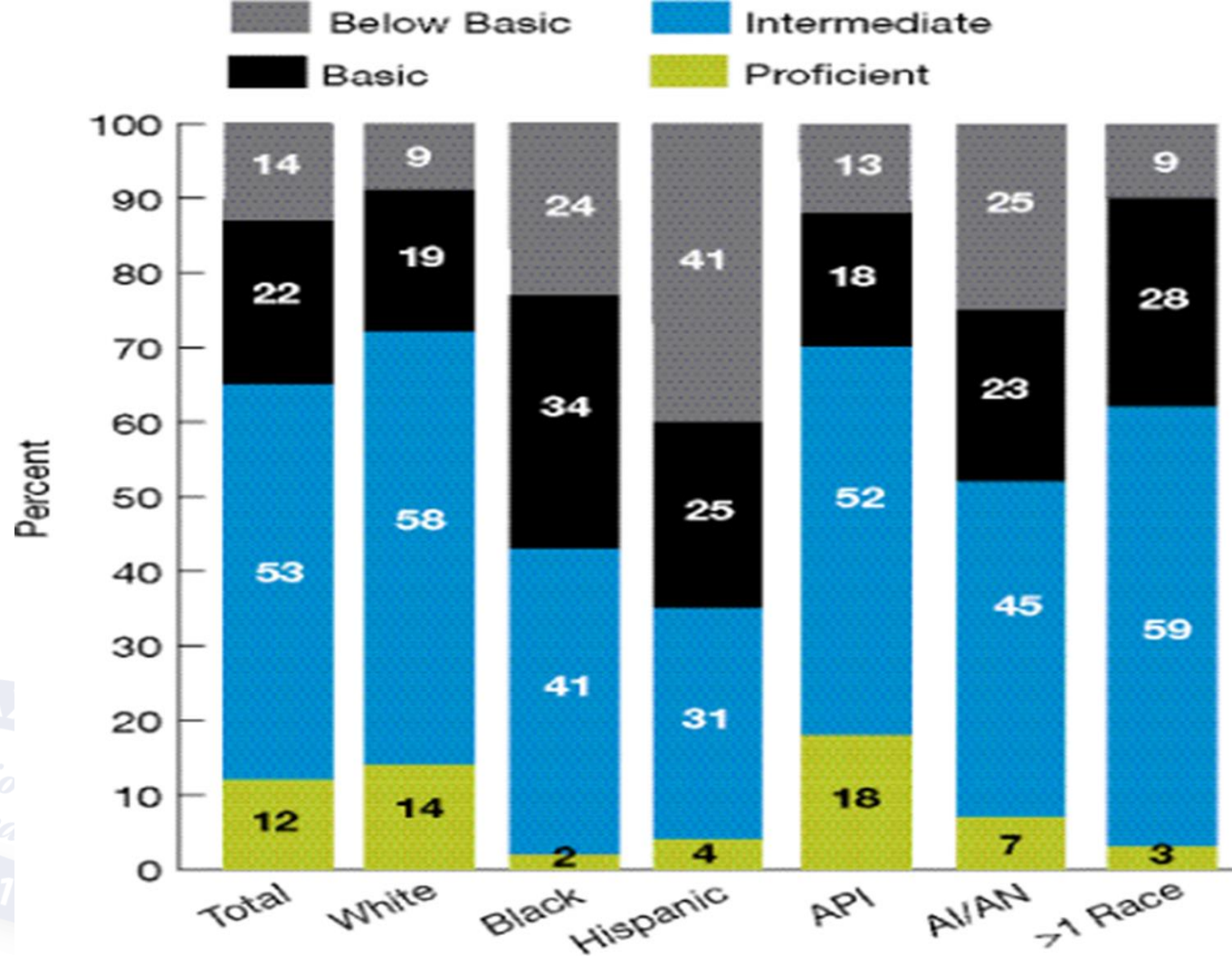
Basic: Understand simple patient education handout

Below Basic: Circle date on appointment slip,
Understand simple pamphlet about pre-test instructions

Health Literacy

by

Race and Ethnicity



Health Literacy - the Overlooked Factor

Scholars describe poor health literacy as a “**Silent Epidemic**” that challenges the functioning of health care systems globally

- **Low** health literate patients **lack** self-efficacy to deal with their health conditions
- Are **not** willing to be involved in the provision of care
- Show larger **risk** of hospitalization and mortality
- Are **not** aware of the determinants of well being
- Unfortunately, they **can repeat** everything you tell them, without understanding the meaning

Barriers to Health Literacy – **Low literacy**

Poor literacy skills is one of the most critical barriers

- 18% of U.S. adults performed at the lowest level of the PIAAC **literacy** scale (below level 1), the international average is 16%
- 20% of the adults in the nation's capital struggle with everyday literacy
- 23% or some 44 million adults in the country demonstrated skills in the **lowest** level of prose, document, & quantitative proficiencies (level 1)

99%

of Americans
can read

BUT

only

12%

are HEALTH
LITERATE

Health Literacy Challenges

- Population changes (aging populations, Millennials, Gen X)
- Diverse cultural values and understanding of health (traditional healers)
- Technology gaps
- Inability to understand health information (but can repeat what they hear)
- Limited English Proficiency (poorly trained in use of medical interpreters & translators)
- Difficulties navigating the health care environment
- Compromised quality of care when patient's health literacy is inadequate and provider is **not** aware of it

Poor Health Literacy Leads to:

- Lower use of preventive care services
- Greater use of emergency care
- Frequent hospitalizations
- Poor self-care management
- Unhealthy behaviors
- Poor health outcomes & premature deaths
- Higher health care costs (loss of \$238 billion/yr)

Designing Culturally Tailored Health Literacy Interventions

● **Assess**

- Health literacy of intended users of health information and services
- Provider's knowledge of health literacy of target populations

● **Develop** materials and interventions based on assessment results culturally tailored to their health literacy level

● Consider communication capacity of the intended users beyond demographics, culture and language

- Approximately 1 in 6 people in the U.S. has a communication disorder resulting in unique challenges

Design Culturally Tailored Health Literacy Interventions

- **Talk** to members of the target population before you design health related interventions, to determine:
 - Their cultural values, understanding of health and **beliefs**
 - Maternal or preferred **language**
 - Health literacy skills
- Use validated tools to **assess** health literacy skills
- **Pilot** test messages with targeted groups, to assess comprehension and effectiveness after they have been introduced to new concepts

Design Culturally Tailored Health Literacy Interventions

- Acknowledge **cultural** differences and practice **respect**
- Cultural factors include race, ethnicity, language, nationality, religion, age, gender, sexual orientation, income level and occupation

Some examples:

- Accepted roles of men and women
 - Value of traditional medicine versus western medicine
 - Favorite and forbidden foods, and taboo topics
 - Manners of dress and dress codes
 - Body language particularly whether touching or proximity is permitted
- Health Information must be relevant to the intended users' health literacy, social and cultural contexts

Strategies to Assess & Implement Health Literacy

- Use **validated** health literacy assessment tools
- Assess health literacy of **all** patients or clients
- Conduct random annual Health Literacy **re-assessment**
- Assess, understand and respect **cultural values** of the client
- Frequent **review** with patients of instructions & suggestions
- Forms and handouts in patient's preferred **language** and HL skills
- Allow time for **explanation** and **questions** according to patient's HL
- Use **simple** language. Remember that **low** health literate people **can** repeat anything without understanding the meaning

To Improve Health Literacy Skills

- Offer HL **training** at medical, nursing schools, and to all providers
- Conduct HL **assessment** of targeted communities
- Promote community **education** events appropriate for their HL skills
- Support **legislation** to make health information accurate and clear
- Include **health sciences** in school curriculum from K-12
- Develop **partnerships** with CBOs, FBOs, private business & media
- Design culturally tailored educational **materials** and **interventions** according to HL, language, and culture of target population

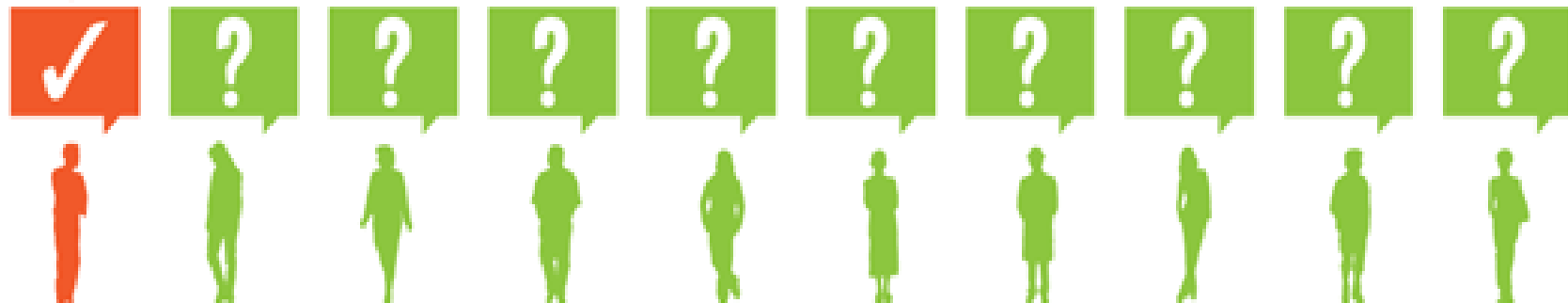
Strategies to Improve Health Literacy - **Staff**

- Increase health workers' understanding of the importance of health literacy during any interaction between provider and patient
- Train on how to assess health literacy skills of **all** your target population
- Learn how to use **validated** tools to assess health literacy in English and Spanish
- Develop a strategy to improve health literacy: “CDC Making Health Literacy Real”

Strategies to Improve **Organizational** Health Literacy

- Insuring that health literacy is integrated into **all** organizational activities
- Providing health literacy **training** and education to all employees and providers
- Insuring that health literacy is addressed through strategic and operational **planning**
- Developing appropriate **measures** to evaluate specific health literacy goals – quality assurance
- Including targeted **communities** in planning interventions to address health literacy gaps

Only **10% of adults** have the skills needed to use **health information** that is routinely available in health care facilities, retail outlets, and the media.



What about the other 90% of us?

Image courtesy of www.communicatehealth.com

patients with low
HEALTH LITERACY...



Are more likely to visit an
EMERGENCY ROOM



Have more
HOSPITAL STAYS

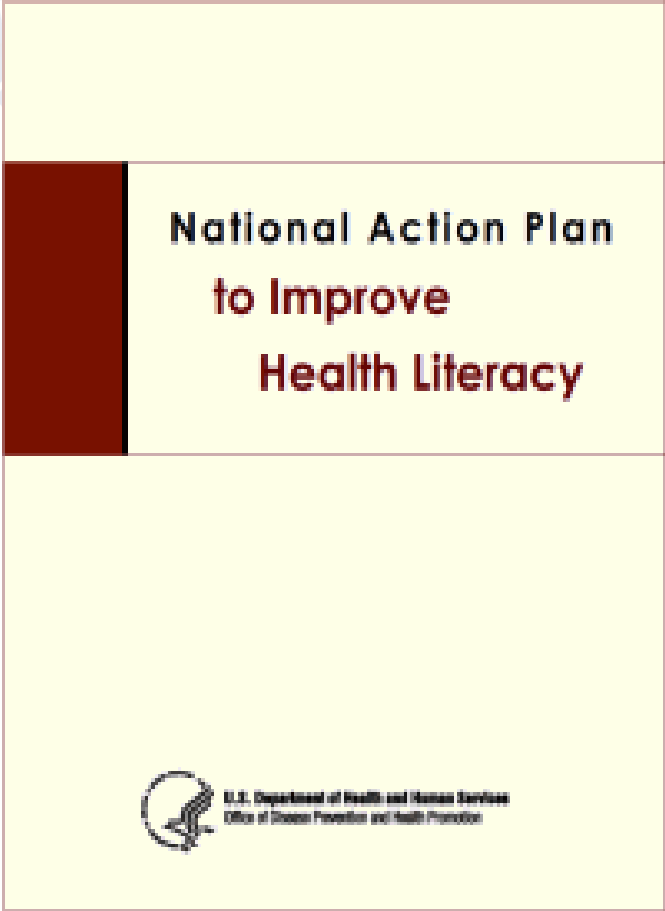


Are less likely to follow
TREATMENT PLANS



Have higher
MORTALITY RATES

National Action Plan to Improve Health Literacy



National Action Plan
to Improve
Health Literacy



U.S. Department of Health and Human Services
Office of Disease Prevention and Health Promotion

The plan is based on 2 principles:

1. Everyone has the **right** to health information that helps them to make informed decisions
2. Health services should be delivered in ways that are **understandable** and beneficial to health, longevity and quality of life

Summary

- Remember that Health Literacy is the **Silent Epidemic**
- 1 out of every 10 people in the U.S. is health literacy proficient, capable of understanding/following your recommendations
- We need culturally tailored programmatic interventions according to health literacy of target populations
 - **Assess** – Health Literacy of **all** patient (99% can read, 12% are HL proficient)
 - Based on assessment results, **design** culturally tailored interventions
 - **Get** management support
 - **Implement** culturally tailored programmatic adaptations
 - Conduct culturally appropriate monitoring & evaluation and **quality assurance** on constant basis
 - **Make** constant adjustments and corrections

The Role of Transcreation in Culturally Resonant COVID-19 Testing and Prevention

¡Salud es Cultura!



Britt Rios-Ellis, PhD

*Founding Dean, College of Health Science and Human Services
California State University, Monterey Bay*

*Founding Director, Center for Latino Community Health, Evaluation, and
Leadership Training at CSU Long Beach*

Institutional Barriers to Care

- Immigration status, language, cultural competence and resonance, cost, transportation, lack of knowledge regarding where to go, lack of proximity, fear of deportation, and lack of child care constitute formidable barriers to health services
- Latinos experience disproportionate rates of health disorders and are more likely to underutilize health services.



Understanding the Hispanic Paradox

- Studies have shown that immigrants enter the U.S. much healthier than after having been here 10 years or more
 - Selective Migration Hypothesis has helped us understand that “super Mexicans” are actually “super stressed Mexicans”
- The effects of acculturation cause increases in poor health status and behaviors, including factors related to depression, cardiovascular disease, smoking, chemical use and dependency, sexual risk, etc...
- Despite this, recent data show that Latinos live, on average, 3 years longer than whites, and 6.6 years longer than non-Hispanic Blacks

1. National Center for Health Statistics (NCHS). "[Deaths, Final Data for 2014](#)," *National Vital Statistics Report* 65, no. 4 (2016): Table 7.)

2. NCHS. "[Deaths, Final Data for 2014](#)."


Cultural Explanations

- Understanding cultural factors is vital to understanding the health of the Latino patient, particularly if s/he has immigrated to the U.S.
- Structural and systemic racism cause disease
- Being Latino or Latinx is a new reality
- Patient examples:
 - Pregnant Latina patient who appears to be invoking vomiting, possible Munchausen by Proxy
 - Mal de ojo (understanding why Latinos tend to touch babies)
 - Familismo (Why do so many family members have to come to the hospital at once?)






Cultural Explanations (cont.)

- Although some imply that culture could possibly be a contributing factor, the Latino Health Communications Model (LHCM) demonstrates the opposite
 - Why do we need a Latino-specific model?
 - How can we integrate an understanding of the LHCM into our work to improve the patient-provider interaction?
- 




Latino Health Communications Model

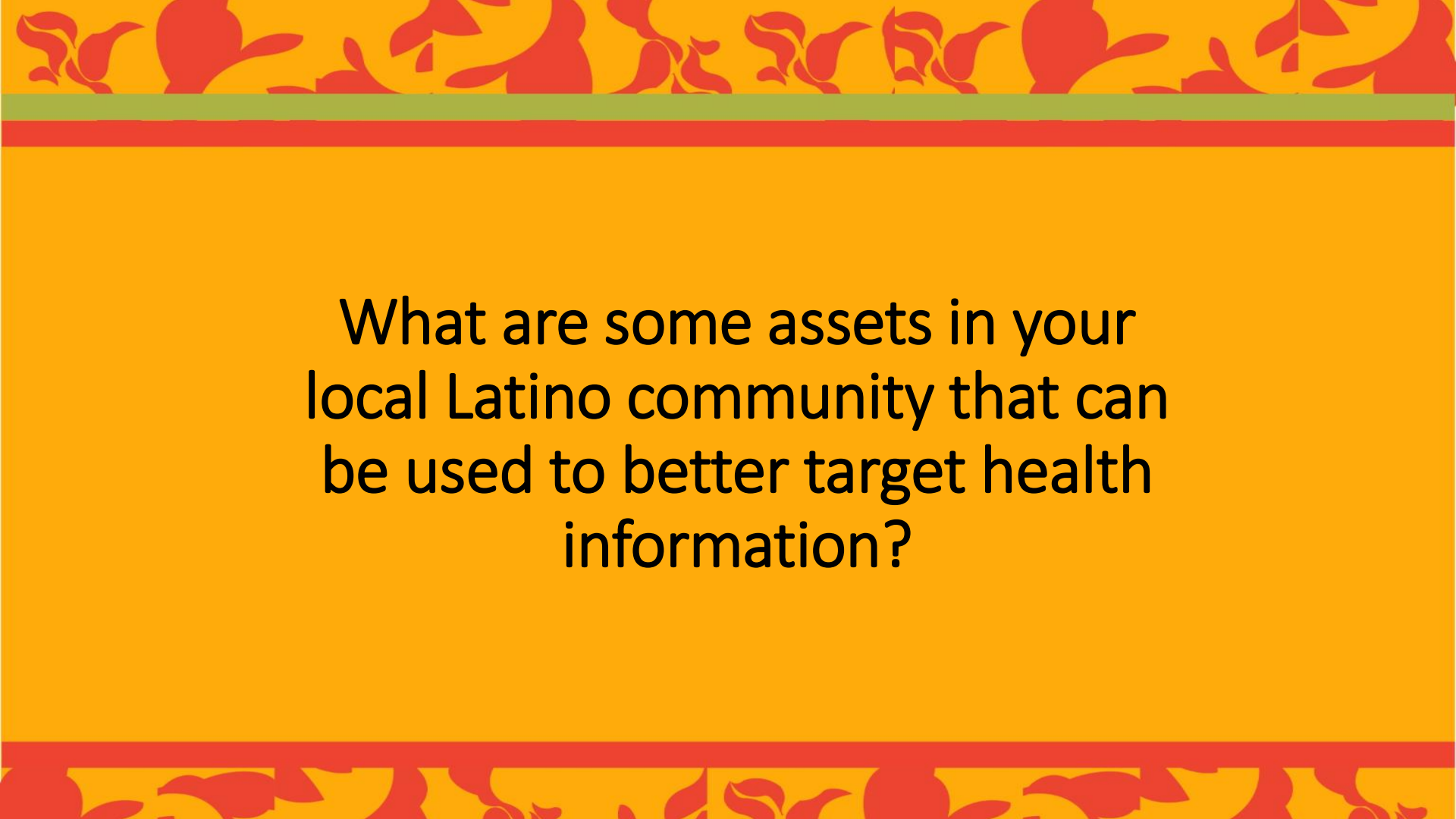
- The Latino Health Communications Model (LHCM) informs cultural constructs specific, but not exclusive to, diverse Latino subgroups. The LHCM is designed to:
 - Assist health and human service providers in establishing more effective and meaningful patient/client-provider relationships;
 - Optimize use of these constructs within health interventions to facilitate increased cultural congruence with the belief systems and practices of the Latino population; and,
 - Create optimal health status and access dynamics within Latino communities.
- 



Latino Health Communications Model (cont.)

- The LHCM facilitates health and human service providers working from a place of assets vs. deficits, which will resonate more effectively with Latino patients/clients.
 - Particularly during a time when there is a lot of negativity and misunderstanding towards Latino immigrants.
 - Helps facilitate an understanding of the need to TRANSCREATE as opposed to TRANSLATE to prevent context from being lost in communication.
- 





What are some assets in your local Latino community that can be used to better target health information?

Transcreation



Why is Transcreation Gaining Momentum?

- There is a growing awareness that:
 - Translations are inadequate
 - Need to relate to groups of people within different contexts
 - We keep reinventing the same messages, materials and programs with little success in impacting health behavior
 - Populations that have been deemed “hard-to-reach” are actually historically neglected and underserved

Why is Transcreation Gaining Momentum? (cont.)

- Transcreation helps reach audiences from where they stand to ensure that message and recipient are aligned.
- Transcreation is definitely not a buzzword for translation.
 - It's a methodological process by which messaging is contextualized through language, art, visuals, etc...
- Works to incorporate populations that have been historically underserved while improving health behavior and outcomes.

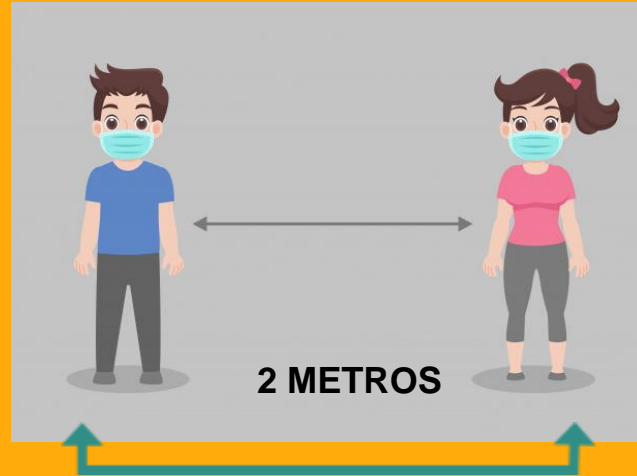
Transcreation Defined

- Transcreation is the process by which materials are translated into both a language and a culture
- Transcreation moves beyond language to enable people from other cultures to fully understand the information within the contexts of their respective culture and environment
- Need to ask ourselves...do we want our message to be accurate in terms of English or effective in Spanish....
- Translation can be seen as the key and transcreation as the door so...
 - What good is the key if you can't open the door?

Why Not Just Translate?

- Many translation programs are not effective
- Sometimes Pan Latino Spanish is needed whereas others more contextual Spanish is needed
 - This could be due to the desire to access a certain population, geographic region, or context (e.g., youth, Salvadoran, Puerto Rican, indigenous language)
- Language is not able to address context
 - Translation of the word “research”
 - VIACOM HIV/AIDS Prevention campaign
 - Nova car sales (“no va” means “doesn’t go” in Spanish)
 - Dilemma with “Social Distancing”
- Too little attention is given to the human side of language

Social Distancing y Sana Distancia



Para ayudar a prevenir la propagación de COVID-19, por favor mantenga al menos 2 metros de distancia entre usted y otras personas durante su visita.


<https://www.youtube.com/watch?v=KL-4FTrWR2s>

Understanding vs. Language

- Among those who “translate” or “transcreate” constant dilemmas exist regarding:
 - Language (literal vs. contextual)
 - Literacy level (low to high)
 - Level of formality (casual vs. formal)
 - Art (actual vs. created)
 - Number of words (text vs. white space)
 - Inquiry (open vs. closed-ended questions or surveys)
- The power to convince, motivate, and incite change should always be the guiding force
 - The community often has the answers




How to Transcreate Information

- To move beyond mere translation some formative data collection is essential
 - Transcreation is not merely the professional act of translation but also the involvement of the target community in messaging
 - Usually involves qualitative data collection at the beginning of a transcreation effort (i.e., focus groups, key informant interviews)
 - Can involve cognitive testing
 - Community members or CABs can involve participants in CBPR efforts for materials or campaign development
- 




How to Transcreate Information (cont.)

- Ask community members to teach back information to test its effectiveness
 - Community members can help disseminate the message and evaluate its effectiveness (e.g., promotores de salud)
 - Must budget time for various iterations/drafts
 - CABs, community participants, and/or promotores can help hone your message
 - Materials that originate from careful transcreation endure
- 



Materials Development Guidelines

- If time, allow for a period of formative data collection
 - If possible develop Spanish first and then translate to English
 - Use diverse Latino immigrants from different countries to assure universality and Pan-Latino nature of the Spanish
 - Preference for photos
 - Create innovative approaches to relaying information such as fotonovelas, novelitas, etc...
 - Have content reviewed by a literacy specialist to specificity
 - If possible, use culturally resonant artists and designers
- 

Perfect is the Enemy of Good



COVID – 19 Prevention



Symptoms or infection – Please

call the clinic to check in



Face Cover Required

Social Distancing Please



Cover your cough or sneeze

Avoid Physical Contact



Prevención para Coronavirus



Síntomas o infección – Llame a la

clínica para registrarse



Mascarilla requerida

Sana distancia por favor



Cúbrase al toser o estornudar

Evite contacto físico



In 50 words or less - What is your COVID-19 message?



CUANDO SE TRATA DEL COVID-19 LAS PERSONAS TIENEN RIESGOS DIFERENTES

Si tiene 65 años o más o tiene una afección subyacente grave como

- Enfermedad pulmonar crónica
- Afecciones cardíacas graves
- Diabetes

Usted podría estar en mayor riesgo de enfermarse gravemente con el COVID-19.

[cdc.gov/CORONAVIRUS-ES](https://www.cdc.gov/CORONAVIRUS-ES)



PREVÉN EL COVID-19 DURANTE LOS VIAJES

Si viajas, toma estas medidas:

- Mantente alejado de los demás y usa una cubierta de tela para la cara.
- Lávate las manos con agua y jabón.
- O usa un desinfectante de manos.

[cdc.gov/coronavirus-es](https://www.cdc.gov/coronavirus-es)



DETÉN LA PROPAGACIÓN DE LOS MICROBIOS

No te toques los ojos, la nariz ni la boca.

[cdc.gov/coronavirus-es](https://www.cdc.gov/coronavirus-es)



Desacelera la propagación del COVID-19

[cdc.gov/coronavirus-es](https://www.cdc.gov/coronavirus-es)

- Usa una cubierta de tela para la cara en espacios públicos.
- Mantén al menos 6 pies de distancia de los demás.
- Lávate las manos con frecuencia.



COVID-19 DETENGA LA PROPAGACIÓN DE LOS MICROBIOS

Ayuda a prevenir la propagación de virus respiratorios como el nuevo COVID-19.

- Usa un pañuelo desechable y guárdalo en un contenedor apropiado.
- Manténgase al menos 6 pies de distancia de otras personas.
- Cúbrete la boca y la nariz con un pañuelo desechable si tose o estornuda.
- Evita tocar los ojos, la nariz y la boca.
- Evita tocar cosas que otros han tocado.
- Evita ir a lugares públicos que sean difíciles de limpiar y desinfectar.
- Evita ir a lugares que sean difíciles de limpiar y desinfectar.
- Evita ir a lugares que sean difíciles de limpiar y desinfectar.

[cdc.gov/coronavirus-es](https://www.cdc.gov/coronavirus-es)



Detenga la propagación de gérmenes

Ayuda a prevenir la transmisión de enfermedades respiratorias como el COVID-19.


- 6 ft. Manténgase al menos 6 pies de distancia de otras personas.
- Cúbrete con un pañuelo desechable si tose o estornuda.
- Evita tocar los ojos, la nariz y la boca.
- Evita tocar cosas que otros han tocado.
- Evita ir a lugares públicos que sean difíciles de limpiar y desinfectar.
- Evita ir a lugares que sean difíciles de limpiar y desinfectar.
- Evita ir a lugares que sean difíciles de limpiar y desinfectar.

[cdc.gov/coronavirus-es](https://www.cdc.gov/coronavirus-es)

[Susana Distancia](#)



Economic Benefits of Transcreation

- Although there have been no studies of the economic benefits of transcreation, we can save by:
 - Developing health materials that are understood and relate to the target population
 - Engaging the target population in health related strategies and decision making
 - Preventing problems by accurately, effectively and contextually relaying information
 - Caring for patients in a way that has meaning for them, thus decreasing illness and increasing preventive behaviors
- 



VIRTUAL CHAPTER POLICY FORUMS

Thursday, September 10: Boston & Phoenix Chapters
Diabetes in the Latino/Hispanic Population—Challenges & Opportunities
7:00 PM - 8:15 PM ET

Wednesday, September 16: Chicago & Indianapolis Chapters
COVID-19 & Diversity in Health Care
7:00 PM - 8:15 PM ET

Wednesday, October 14: New York City & Philadelphia Chapters
COVID-19 Impacts on Latinos & Reflections from the Frontlines
7:00 PM - 8:15 PM ET

Thursday, October 15: Gulf Coast Chapter
Update on Latest Science on COVID-19: Results of Research Trials from Academic Centers in the Region & Response of Medical Training Programs
7:00 PM - 8:15 PM ET

Thursday, October 15: El Paso, Rio Grande Valley, & San Antonio Chapters
Impact of COVID-19 on Border Communities
2:00 PM - 4:00 PM ET

Tuesday, October 20: DC Metro Area Chapter
COVID-19 & Health Literacy
7:00 PM - 8:15 PM ET

Thursday, October 22: Miami Chapter
Physician Activists for Immigrants in Detention Centers
7:00 PM - 8:15 PM ET

Thursday, October 29: Northern & Southern California Chapters
COVID-19, Heart Disease, & Health Care Workforce
6:00 PM - 8:00 PM ET

Learn more about NHMA chapters here: <http://bit.ly/NHMAPolicyForums2020>