

2011

Health Literacy Dallas

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Authors

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1. Health Literacy Dallas (HLD)
2. Participants:
 - a. Matthew C. Gayer – Junior, Major: Public Policy, Political Science, Minors: Economics, Biology
 - b. Mary C. Corey – Junior, Major: Mechanical Engineering
 - c. Austin Prentice – Junior, Major:
 - d. Michael G. Hammack – Junior, Major: Finance, Economics
 - e. Stephen T. Armstrong – Junior, Major: Engineering
 - f. Vanessa Mavec – Junior, Major: Anthropology
 - g. Patrick Probst – Junior, Major: Biology
 - h. Vincent J. Rossi – Junior, Major: Biology
3. Health literacy is a major issue in American health. Health literacy pertains to how patients obtain, understand, and use health information, as well as how medical professionals communicate medical information to their patients and the public. The economic costs of health literacy are conservatively estimated at over \$70 billion annually in the United States. With recent alterations to the JCAHO standards, as well as pressure from new medical reimbursement legislation, the economics of health communication are only increasing in importance. More importantly though, is the human impact health literacy issues have on Americans. One in seven Americans struggle to read their prescription labels, and over 70 million U.S. adults have limited health literacy. Within the American medical system, there is often an information overload. It is often not too difficult to find health information, whether from a professional, commercial, the Internet, or a friend. The difficulty is finding useful, accurate, information that is in a relevant and useful form for the individual. While health literacy issues affect all demographic groups, certain demographic segments of the population suffer the most. The poor, minorities, the elderly, single mothers, and immigrants all have statistically lower health literacy than other population groups. Often, these groups already struggle to find health care, information, or access, and therefore health literacy concerns only worsen an already difficult situation. Even those who are health literate rely on clear communication sometimes, as studies have shown health literacy to decrease in times of stress, such as when someone is sick, or a loved one is ill. Overall, health literacy is important because without it the medical system cannot function effectively or efficiently. Health literacy is a major problem that is exacerbated by widening cultural miscommunication issues, significant education issues, and the aging American population.
4. HLD has been working with the issue of health literacy and communication since March 2009. Since that time we have become a resource for Dallas and Texas, as well as adding to the national information and experience. We will continue our role as a leader by attending the national conference with the Institute for Healthcare Advancement and the regional conference hosted by the San Antonio Health Literacy Initiative. We recently launched Health Literacy Texas (HLT), which is a statewide coalition, in an effort to further efforts in Dallas and across Texas. In light of our role with this and other regional work, we will host two summits in 2011-12. The first will be for partners across the state of Texas and the second will be for regional representatives from Texas and the contiguous states. This is following the model of nineteen other states and

the Midwest regional network for health literacy. This year we began a program for pregnant teens in Arlington to give them books and education on child health. Roughly 100 teens are involved now, and we hope to continue and expand that program moving forward. Many of our partners and supporters use our website as a resource for information about the issue and our organization and we will continue to improve it in the future. As we increase our community efforts, HLD will host and support two health fairs in underprivileged areas of Dallas in an effort to increase awareness and information available to that population. We also are pursuing and increasing our work with local refugee organizations to create the template for a lasting refugee health education program. Finally, HLD will continue to development our Board of Directors. In that role, we also will develop a succession plan for after our founding students graduate to ensure that HLD or HLT will continue in some form so there is not a void left after our graduation in the community.

5. Our timeline is as follows:
 - a. We will attend the IHA Conference in May 2012 and the San Antonio conference in October 2011.
 - b. We will have our health fairs in September – November 2011. HLD has already begun the process of planning and building necessary relationships. We also have dedicated some of our HLD interns to this task.
 - c. We will continue our teen parent book program during August 2011 and January 2012.
 - d. We will host the summits for Texas and the region in January 2012. The planning for those has already begun, and partnerships are being sought currently.
 - e. We will develop and finish the refugee project by December 2011. We have our first meetings with our potential partners in the coming weeks.
 - f. Our Board of Directors will be finalized by September 2011, and we will produce a succession plan by December 2011.
 - g. HLD will also continue our research project at Parkland Hospital with our medical provider and patient surveys over the year. It has been successful and is gaining support at the institution.
6. HLD has three main benefits. The first is the direct impact to the Dallas community through our education efforts, health fairs, and refugee project. This includes direct health information and awareness about patient self-advocacy. The second major benefit is our contribution to the national dialogue on health literacy. We are active on a national list serve, and have partners across the country. Our survey has been used and viewed in other states such as Minnesota and Alaska. The third benefit is our effort to build partnerships across the state. By creating HLT, attending the Texas conference, and hosting our own summits, we are beginning to change the environment of health communication and its importance. Our impact is both direct and indirect, including informational and serving as an advocate and thought leader. We look forward to continuing to create new programs and continue old programs in our effort to create a better health communication environment for Dallas, Texas, and the nation.
7. Budget –
 - a. IHA conference registration, airfare, hotel for 1 person = 1,100
 - b. San Antonio Conference – airfare, registration, hotel for 1 person = \$700

- c. Website – Domain name, hosting, security = \$300
- d. Books for pregnant teen program = \$1,200
- e. Two health fairs – Registration, brochures, hand-outs, miscellaneous supplies - \$300
- f. Refugee project – brochures, travel/meetings, supplies, handouts - \$300
- g. Two summits (State and regional) – Announcements, speakers, brochures, supplies, transportation - \$1,100
- h. Total - \$5,000