**His Health Whole Health Assessment 2.0 CME/CNE**

**Supplemental Reading**

**Research Articles**

1. Mizell, C. A. (1999). African American men's personal sense of mastery: The consequences of the adolescent environment, self-concept,

and adult achievement. *Journal of Black Psychology, 25*(2), 210-230.

DOI: [http://dx.doi.org/10.1177/0095798499025002005](http://psycnet.apa.org/doi/10.1177/0095798499025002005)

 Using data from the National Longitudinal Survey of Youth, collected annually from 1979–1992, the objective of this study was to examine which factors over the life course contribute to African American males' personal sense of mastery. For the analysis on adult mastery, Ss were 892 African American males (aged 14–18 yrs in 1979 and 27–31 yrs in 1992). The Pearlin Mastery Scale was employed for the analysis. Independent variables were divided into adolescent background (poverty, parental education, religious attendance, region of origin), adolescent self-concept (self-esteem, educational aspirations), and adult achievement (educational attainment, earnings). Although adolescent poverty does not appear to hamper the adult mastery of African American men, results show that consequential adolescent variables are parental educational attainment, region of origin, self-esteem, and educational aspirations. The analysis also suggests that current adult achievement is also a significant determinant of adult mastery in African American males. Findings indicate that, despite the absence of economic and interpersonal resources in adolescence, African American males may be able to compensate for such deprivation through individual achievement—which directly affects personal mastery.

1. Siu, Albert, L. (2016). Screening for Depression in Adults US Preventive Services Task Force Recommendation Statement. *JAMA.* *315*(4), 380–387. DOI:10.1001/jama.2015.18392

 This is an update of the 2009 US Preventive Services Task Force (USPSTF) recommendation on screening for depression in adults. The USPSTF reviewed the evidence on the benefits and harms of screening for depression in adult populations, including older adults and pregnant and postpartum women; the accuracy of depression screening instruments; and the benefits and harms of depression treatment in these populations. This recommendation applies to adults 18 years and older.

1. Kroenke K., Spitzer R.L., Williams J.B. (2003). The Patient Health Questionnaire-2: Validity of a Two-Item Depression Screener. *Medical Care*. *41*(11,) 1284-1294. DOI: 10.1097/01.MLR.0000093487.78664.3C

Many self-administered questionnaires are available for assessing depression severity, including the 9-item Patient Health Questionnaire depression module (PHQ-9). Because even briefer measures might be desirable for use in busy clinical settings or as part of comprehensive health questionnaires, the study investigators evaluated a 2-item version of the PHQ depression module, the PHQ-2. The PHQ-2 inquires about the frequency of depressed mood and anhedonia over the past 2 weeks, scoring each as 0 ("not at all") to 3 ("nearly every day"). The PHQ-2 was completed by 6000 patients in 8 primary care clinics and 7 obstetrics-gynecology clinics. Construct validity was assessed using the 20-item Short-Form General Health Survey, self-reported sick days and clinic visits, and symptom-related difficulty. Criterion validity was assessed against an independent structured mental health professional (MHP) interview in a sample of 580 patients.

1. Spitzer, R.L., Kroenke, K., Williams, J.B., Lowe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. *Archives of Internal Medicine*. *166*(10), 1092–1097. DOI: 10.1001/archinte.166.10.1092

 Generalized anxiety disorder (GAD) is one of the most common mental disorders; however, there is no brief clinical measure for

 assessing GAD. The objective of this study was to develop a brief self-report scale to identify probable cases of GAD and evaluate its reliability and validity. A criterion-standard study was performed in 15 primary care clinics in the United States from November 2004 through June 2005. Of a total of 2740 adult patients completing a study questionnaire, 965 patients had a telephone interview with a mental health professional within 1 week. For criterion and construct validity, GAD self-report scale diagnoses were compared with independent diagnoses made by mental health professionals; functional status measures; disability days; and health care use.

5. Roberts, A. L., Rosario, M., Corliss, H. L., Koenen, K. C., & Austin, S. B. (2012). Elevated Risk of Posttraumatic Stress in Sexual Minority Youths: Mediation by Childhood Abuse and Gender Nonconformity. *American Journal of Public Health*, *102*(8), 1587–1593.

DOI: <http://doi.org/10.2105/AJPH.2011.300530>

Study investigators examined whether lifetime risk of posttraumatic stress disorder (PTSD) was elevated in sexual minority versus heterosexual youths, whether childhood abuse accounted for disparities in PTSD, and whether childhood gender nonconformity explained sexual-orientation disparities in abuse and subsequent PTSD. Study investigators data from a population-based study (n = 9369, mean age = 22.7 years) to estimate risk ratios for PTSD. They calculated the percentage of PTSD disparities by sexual orientation accounted for by childhood abuse and gender nonconformity, and the percentage of abuse disparities by sexual orientation accounted for by gender nonconformity. Sexual minorities had between 1.6 and 3.9 times greater risk of probable PTSD than heterosexuals. Child abuse victimization disparities accounted for one third to one half of PTSD disparities by sexual orientation. Higher prevalence of gender nonconformity before age 11 years partly accounted for higher prevalence of abuse exposure before age 11 years and PTSD by early adulthood in sexual minorities (range = 5.2%–33.2%).

6. Williams, J. K., Wilton, L., Magnus, M., Wang, L., et al. (2015). HIV Prevention Trials Network 061 Study Team. Relation of Childhood Sexual Abuse, Intimate Partner Violence, and Depression to Risk Factors for HIV Among Black Men Who Have Sex With Men in 6 US Cities. *American Journal of Public Health*, *105*(12), 2473–2481. DOI: [10.2105/AJPH.2015.302878](http://dx.doi.org/10.2105/AJPH.2015.302878)

 Investigators assessed the relation of childhood sexual abuse (CSA), intimate partner violence (IPV), and depression to HIV sexual risk behaviors among Black men who have sex with men (MSM). Participants were 1522 Black MSM recruited from 6 US cities between July 2009 and December 2011. Univariate and multivariable logistic regression models were used. Results. Participants reported sex before age 12 years with someone at least 5 years older (31.1%), unwanted sex when aged 12 to 16 years (30%), IPV (51.8%), and depression (43.8%). Experiencing CSA when aged 12 to 16 years was inversely associated with any receptive condomless anal sex with a male partner (adjusted odds ratio [AOR] = 0.50; 95% confidence interval [CI] = 0.29, 0.86). Pressured or forced sex was positively associated with any receptive anal sex (AOR = 2.24; 95% CI = 1.57, 3.20). Experiencing CSA when younger than 12 years, physical abuse, emotional abuse, having been stalked, and pressured or forced sex were positively associated with having more than 3 male partners in the past 6 months. Among HIV-positive MSM (n = 337), CSA between ages 12 and 16 years was positively associated with having more than 3 male partners in the past 6 months. Conclusions. Rates of CSA, IPV, and depression were high, but associations with HIV sexual risk outcomes were modest.

7. Garland P.M., Valverde E.E., Fagan J., Beer, L., et al. (2011). HIV counseling, testing and referral experiences of persons diagnosed with HIV who have never entered HIV medical care. *AIDS Educ Prev.* *23*(Suppl 3), 117-127. DOI: [10.1521/aeap.2011.23.3\_supp.117](https://doi.org/10.1521/aeap.2011.23.3_supp.117)

 The HIV counseling, testing, and referral (CTR) encounter represents an important opportunity to actively facilitate entry into medical care for those who test positive for HIV, but its potential is not always realized. Ways to improve facilitation of linkage to care through the CTR encounter haven't been explored among HIV-infected persons who have not entered care. Study investigators conducted 42 structured and qualitative interviews among HIV-infected persons, diagnosed 5-19 months previously, in Indiana, Philadelphia and Washington State, who had not received HIV medical care. Respondents related individual and system-level barriers, as well as recommendations for improving the effectiveness of CTR as a facilitator of linkage to HIV medical care through more active referrals, and for strengthening the bridge between CTR and linkage to care services. Their findings suggest that standards for active case referral by CTR staff and integration of CTR and linkage to care services are needed.

8. Christopoulos, Katerina, Das, M., & Colfax, G.N. (2011). Linkage and Retention in HIV care among Men Who Have Sex with Men in the United States. *Clinical Infectious Diseases*. *52*(Suppl 2):S214. DOI: 10.1093/cid/ciq045

 Men who have sex with men (MSM) continue to be disproportionately affected by human immunodeficiency virus (HIV) infection. While the MSM population does better than other HIV infection risk groups with regard to linkage to and retention in care, little is known about engagement in care outcomes for important subpopulations of MSM. There is also a dearth of research on engagement in care strategies specific to the MSM population. Key MSM subpopulations in the United States on which to focus future research efforts include racial/ethnic minority, young, and substance-using MSM. Health care systems navigation may offer a promising engagement in care strategy for MSM and should be further evaluated. As is the case for HIV-infected populations in general, future research should also focus on identifying the best metrics for measuring engagement in care.

9. Magnus M., Jones, K., Phillips, G 2nd, Binson, D., et al. (2010). Characteristics associated with retention among African-American and Latino adolescent HIV-positive men: results from the outreach, care and prevention to engage HIV-positive young MSM of color special project of national significance initiative. *Journal of Acquired Immune Deficiency Syndromes.* *53*(4), 529-36. DOI: 10.1097/QAI.0b013e3181b56404

Surveillance points to an urgent public health need for HIV prevention, access, and retention among young men of color who have sex with men (YMSM). The purpose of this multisite study was to evaluate the association between organizational- and individual-level characteristics and retention in HIV care among HIV-positive YMSM of color. Data were collected quarterly via face-to-face interviews and chart abstraction between June 2006 and September 2008. Participants were aged 16-24 years, enrolled at 1 of 8 participating youth-specific demonstration sites, and engaged or reengaged in HIV care within the last 30 days. Generalized estimating equations were used to examine factors associated with missing research and care visits. Stata v.9.0se was used for analysis.

10. Flickinger T.E., Saha S., Moore R.D., & Beach M.C. (2013). Higher quality communication and relationships are associated with improved patient engagement in HIV care. *Journal of Acquired Immune Deficiency Syndromes*. *63*(3), 362-366.

DOI: 10.1097/QAI.0b013e318295b86a

 Patient retention in HIV care may be influenced by patient-provider interactions. In an urban, academic HIV clinic, 1363 patients rated the quality of communication and relationships with their providers on 5 domains. Study investigators used linear regressions to investigate associations between these 5 domains and appointment adherence. In multivariate analysis, patients kept more appointments if providers treated them with dignity and respect, listened carefully to them, explained in ways they could understand, and knew them as persons. Being involved in decisions was not significantly associated with appointment adherence. Enhancing providers' skills in effective communication and relationship building may improve patient retention in HIV care.

11. Remien R.H., Bauman L.J., Mantell J.E., Tsoi, B., et al. (1999). Barriers and Facilitators to Engagement of Vulnerable Populations in HIV Primary Care in New York City. *Journal of Acquired Immune Deficiency Syndromes.* (1999). *69*(Suppl 1):S16-S24. DOI: 10.1097/QAI.0000000000000577

 Study investigators conducted 80 in-depth qualitative interviews with PLWH in 4 New York City populations that were identified as being inconsistently engaged in HIV medical care: African immigrants, previously incarcerated adults, transgender women, and young men who have sex with men. Barriers to and facilitators of HIV care engagement fell into 3 domains: (1) system factors (eg, patient-provider relationship, social service agencies, transitions between penal system and community), (2) social factors (eg, family and other social support; stigma related to HIV, substance use, sexual orientation, gender identity, and incarceration), and (3) individual factors (eg, mental illness, substance use, resilience). Similarities and differences in these themes across the 4 populations as well as research and public health implications were identified. Engagement in care is maximized when the social challenges confronted by vulnerable groups are addressed, patient-provider communication is strong, and coordinated services are available, including housing, mental health and substance use treatment, and peer navigation.

12. Chapman, E. & Banaji, MR. (1995). Implicit Social Cognition: Attitudes, Self-Esteem and Stereotypes. *Journal of General Internal Medicine*. *28*(11), 1504-10.

 Social behavior is ordinarily treated as being under conscious (if not always thoughtful) control. However, considerable evidence now supports the view that social behavior often operates in an implicit or unconscious fashion. The identifying feature of implicit cognition is that past experience influences judgment in a fashion not introspectively known by the actor. The present conclusion--that attitudes, self-esteem, and stereotypes have important implicit modes of operation--extends both the construct validity and predictive usefulness of these major theoretical constructs of social psychology. Methodologically, this review calls for increased use of indirect measures--which are imperative in studies of implicit cognition. The theorized ordinariness of implicit stereotyping is consistent with recent findings of discrimination by people who explicitly disavow prejudice. The finding that implicit cognitive effects are often reduced by focusing judges' attention on their judgment task provides a basis for evaluating applications (such as affirmative action) aimed at reducing such unintended discrimination.

13. van Ryn M, Burgess, D.J., Dovidio, J.F., Phelan, S.M., et al. (2011). The impact of racism on clinician cognition, behavior, and clinical decision making. *Du Bois Review*. *8*(1), 199-218.

 Over the past two decades, thousands of studies have demonstrated that Blacks receive lower quality medical care than Whites, independent of disease status, setting, insurance, and other clinically relevant factors. Despite this, there has been little progress towards eradicating these inequities. Almost a decade ago we proposed a conceptual model identifying mechanisms through which clinicians’ behavior, cognition, and decision making might be influenced by implicit racial biases and explicit racial stereotypes, and thereby contribute to racial inequities in care. Empirical evidence has supported many of these hypothesized mechanisms, demonstrating that White medical care clinicians: (1) hold negative implicit racial biases and explicit racial stereotypes, (2) have implicit racial biases that persist independently of and in contrast to their explicit (conscious) racial attitudes, and (3) can be influenced by racial bias in their clinical decision making and behavior during encounters with Black patients. This paper applies evidence from several disciplines to further specify our original model and elaborate on the ways racism can interact with cognitive biases to affect clinicians’ behavior and decisions and in turn, patient behavior and decisions. We then highlight avenues for intervention and make specific recommendations to medical care and grant-making organizations.

**Reports and Factsheets**

1. Primary Care PTSD Screen for DSM-5 (PC-PTSD-5). U.S. Department of Veteran Affairs. Retrieved from: <https://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp>

 The Primary Care PTSD Screen for *DSM-5* (PC-PTSD-5) is a 5-item screen that was designed for use in primary care settings. The measure begins with an item designed to assess whether the respondent has had any exposure to traumatic events. If a respondent denies exposure, the PC-PTSD-5 is complete with a score of 0. However, if a respondent indicates that he or she has experienced a traumatic event over the course of his or her life, the respondent is instructed to respond to five additional yes/no questions about how that trauma exposure has affected him or her over the past month.

2. US department of Health and Human Services Centers for Disease Control and Prevention. A Guide to Taking a Sexual History. (2015). Retrieved from: https://www.cdc.gov/std/treatment/sexualhistory.pdf

 The guide offers parameters for discussion of sexual health issues. A sexual history needs to be taken during a patient's initial visit, during routine preventive exams, and when you see signs of sexually transmitted diseases (STDs). The dialogue lends itself to the opportunity for risk-reduction counseling and sharing information about behaviors that may place your patient at risk of contracting STDs. A sexual history allows you to identify those individuals at risk for syphilis and other STDs, including HIV, and to identify appropriate anatomical sites for certain STD tests.

3. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC: Author. Retrieved from: <https://www.ptsd.va.gov/professional/ptsd-overview/dsm5_criteria_ptsd.asp>

 In 2013, the American Psychiatric Association revised the PTSD diagnostic criteria in the fifth edition of its *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5)*; 1). PTSD is included in a new category in *DSM-5*, Trauma- and Stressor-Related Disorders. All of the conditions included in this classification require exposure to a traumatic or stressful event as a diagnostic criterion.

4. The Joint Commission. (2016). Implicit bias in health care. *Quick Safety.* Retrieved from: https://www.jointcommission.org/assets/1/23/Quick\_Safety\_Issue\_23\_Apr\_2016.pdf.

 The purpose of this issue is to discuss the impact of implicit bias on patient safety. Bias in clinical decision-making does

 result in overuse or underuse problems that can directly lead to patient harm.

**Books**

1. McCormack, B. & McCance, T. (2010). Person-centred Nursing: Theory and Practice. Oxford: Wiley Blackwell. DOI: 10.1002/9781444390506.ch6

*Person-centred Nursing* is a theoretically rigorous and practically applied text that aims to increase nurses' understanding of the principles and practices of person-centred nursing in a multi-professional context. It advances new understandings of person-centred nursing concepts and theories through the presentation of an inductively derived and tested framework for person-centred nursing. In addition, it explores a variety of strategies for developing person-centred nursing and presents case examples of the concept in action.

2. Brian D. Smedley, Adrienne Y. Stith, and Alan R. Nelson, Editors. (2002). Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Washington, DC: Institute of Medicine

 Racial and ethnic disparities in health care are known to reflect access to care and other issues that arise from differing socioeconomic conditions. There is, however, increasing evidence that even after such differences are accounted for, race and ethnicity remain significant predictors of the quality of health care received. In Unequal Treatment, a panel of experts documents this evidence and explores how persons of color experience the health care environment. The book examines how disparities in treatment may arise in health care systems and looks at aspects of the clinical encounter that may contribute to such disparities. Patients' and providers' attitudes, expectations, and behavior are analyzed. How to intervene? Unequal Treatment offers recommendations for improvements in medical care financing, allocation of care, availability of language translation, community-based care, and other arenas. The committee highlights the potential of cross-cultural education to improve provider-patient communication and offers a detailed look at how to integrate cross-cultural learning within the health professions. The book concludes with recommendations for data collection and research initiatives. Unequal Treatment will be vitally important to health care policymakers, administrators, providers, educators, and students as well as advocates for people of color.

3. Byrd WM, Clayton LA. (2010). An American health dilemma: Race, medicine, and healthcare in the United States 1900–2000. New York: Routledge; 2000.

In this follow-up to the path-breaking An American Health Dilemma: A Medical History of African Americans and the Problem of Race (LJ 8/00), the authors, both senior research scientists at the Harvard School of Public Health, complete their study of African American healthcare. While the first book concentrated on issues before 1900, this volume's statistic-packed and thoroughly documented narrative explores 20th-century advances in healthcare, the development of the insurance industry, declining support for public health, and the myriad social and economic factors that have had disparate impacts on the health of black Americans. Continuing a troubling theme from their first volume, the authors also probe the effects of racism in the medical professions, which led to pernicious eugenics theories and shocking medical experiments well into the 20th century. Both volumes of this landmark study are essential for medical and African American studies collections.