

What, Why and How: Health Literate Strategies to Improve Black MSM Engagement in Care

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In It Together: National Health Literacy Project for Black MSM
John Snow, Inc.

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What is *In It Together: National Health Literacy Project for Black MSM*

- 8 module train-the-trainer series
- 100 trainers selected from 34 communities
- 500+ health professionals trained and trainings continue
- Training and supporting materials for clients and service providers



What organizations have participated?

AFC/AIDS United Americorps Team Cleveland, AIDS Connecticut, AIDS Healthcare Foundation (Florida), AltaMed, Arkansas Department of Health, Ballantyne Family Medicine, Black Treatment Advocates Network Melbourne, Brotherhood, Inc., Broward Community & Family Health Centers, Broward Health, Broward House, Broward Regional Health Planning Council, Carolinas Care Partnership, Christ Community Health Services, City of Kansas City Health Department, COMHAR, Cornell Scott-Hill Health Center, Different Roads Home, Eau Claire Cooperative Health Centers, Family First Health (Pennsylvania), Family Service Association, Fayetteville State University, Friends for Life Corp, Fulton County Health Department (GA), Georgia Department of Health, Good Samaritan Project Kansas City, HAART/Caring Clinic, Hartford Healthcare, Houston Area Community Services, Human Rights Campaign, Johns Hopkins University, KC Care Clinic, Le Bonheur, Mecklenburg County Health Department (NC), Mujeres Unidas, Nueva Luz Urban Resource Center, Pittsburgh AIDS Task Force, Poverello Center, Power House Project, Raritan Bay Medical Center, Recovery Resources, Red Door, Rice University, South Florida Community Care Network, STAR TRACK at UMD, Truman Medical Center, University of Texas Medical Center, and many more.



Definition of health literacy

Health Literacy: the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions.

Source: Patient Protection and Affordable Care Act of 2010, Title V



Learning objectives

- Recognize indications that someone is experiencing limited health literacy
- Apply health literate approaches to improve your communication
- Understand why health literate organizations are important to Black MSM
- Understand what steps you and your organization can take to promote health literacy and deliver health literate HIV services



Why is health literacy important?

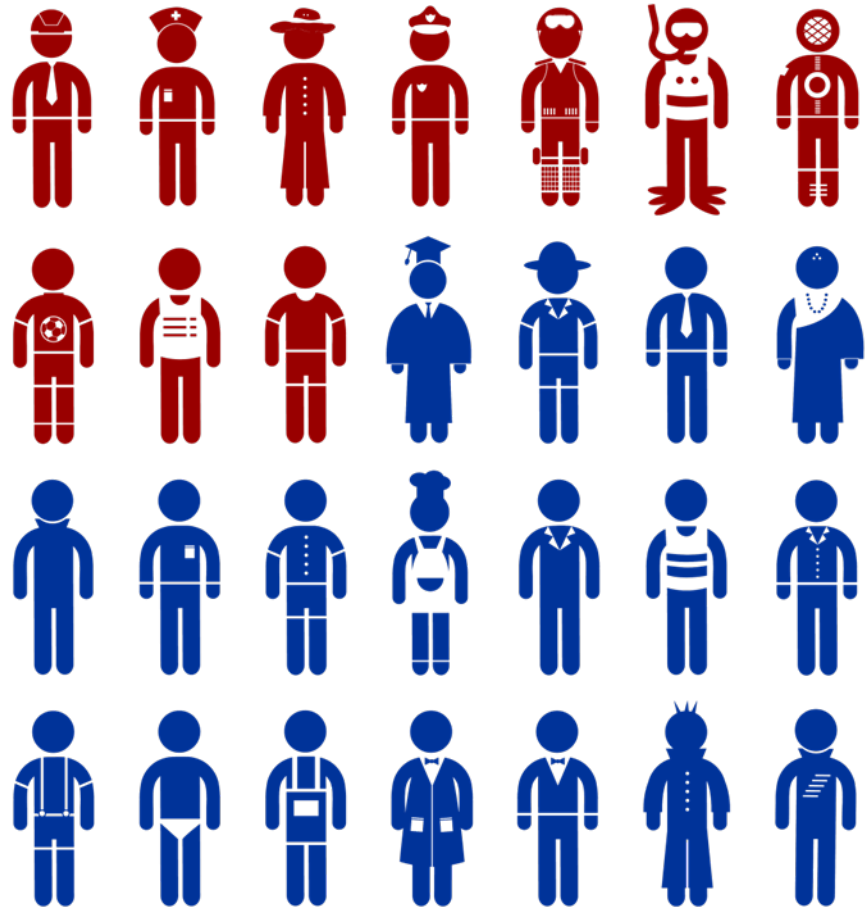
- People need health literacy skills to:
 - Read prescription bottles
 - Read appointment slips
 - Listen and follow directions
 - Interact with health care professionals

Source: Patient Protection and Affordable Care Act of 2010, Title V



Who does limited health literacy affect?

**89 million adults, or
36% of the U.S.
adult population
have limited health
literacy**



American Medical Association. (2013). [Link to American Medical Association](#)



Who does limited health literacy affect?

All populations can be affected by limited health literacy

Populations most affected by limited health literacy include:

- Elderly adults
- People of low socioeconomic status
- People who are unemployed
- People who did not finish high school
- Members of minority groups
- People who did not speak English during early childhood



How does limited health literacy affect people?

People with limited health literacy skills:

- Report poorer overall health
- Have poorer ability to manage chronic diseases
- Have poorer health outcomes



American Medical Association. (2013). <http://www.ama-assn.org/ama/pub/about-ama.page>



How does limited health literacy affect people?

People with limited health literacy skills:

- Are less likely to understand their diagnosis
- Are less likely to have screening/preventive care
- Often seek care in later stages of disease



American Medical Association. (2013). <http://www.ama-assn.org/ama/pub/about-ama.page>





**INDICATIONS THAT A
CLIENT MAY HAVE
LIMITED HEALTH LITERACY**

Possible signs that a client is experiencing limited health literacy

A client may be experiencing limited health literacy if he:

- Does not take his medications correctly
- Frequently misses his appointments
- Fails to follow through on his tests or referrals
- Does not complete his intake forms
- Is unable to provide a detailed history of his illness or treatments
- Asks few questions
- Does not remember information read earlier



Limited health literacy signs seen in people living with HIV/AIDS

A client living with HIV may be experiencing limited health literacy if he:

- Has a consistently high or unchanged viral load
- Does not take antiretroviral therapies correctly
- Is hospitalized frequently
- Falls out of care
- Skips important preventive measures
- Cannot explain HIV or AIDS





**EXPLORING BLACK
MSM CULTURE**

Black MSM experiences: homonegativity

Homonegativity: acceptance of societal anti-gay attitudes toward oneself, leading to:

- Internalized conflict
- Devaluation of oneself
- Lack of concern for health and well-being
- Negative feelings about own sexuality
- Stress
- Shame of HIV status

Mayfield, W. (2001). The development of an internalized homonegativity inventory for gay men. *Journal of Homosexuality*, 41(2), 53-76.

Meyer, I. H. & Dean, L. (1998). Internalized homophobia, intimacy, and sexual behavior among gay and bisexual men. *Stigma and sexual orientation: Understanding prejudice against lesbians, gay men, and bisexuals*, 4, 160-186.



Black MSM experiences: stigma



- **Stigma:** an attribute that is deeply discrediting
 - Stigmatizing social environments negatively affect health-related outcomes
- **Sexual stigma:** negative regard, inferior status, and relative powerlessness that society accords to any non-heterosexual behavior, identity, relationship, or community

Goffman, E. (1963). *Stigma: Notes on the Management of Spoiled Identity*. Prentice-Hall, Englewood Cliffs, NJ.

Christensen, J. L., Miller, L. C., Appleby, P. R., Corsbie-Massay, C., Godoy, C. G., Marsella, S. C., and Read, S. J. (2013). Reducing shame in a game that predicts HIV risk reduction for young adult MSM: A randomized trial delivered nationally over the web. *Journal of the International AIDS Society*, 16,(Suppl 2) 18716



Black MSM responses to stigma include:

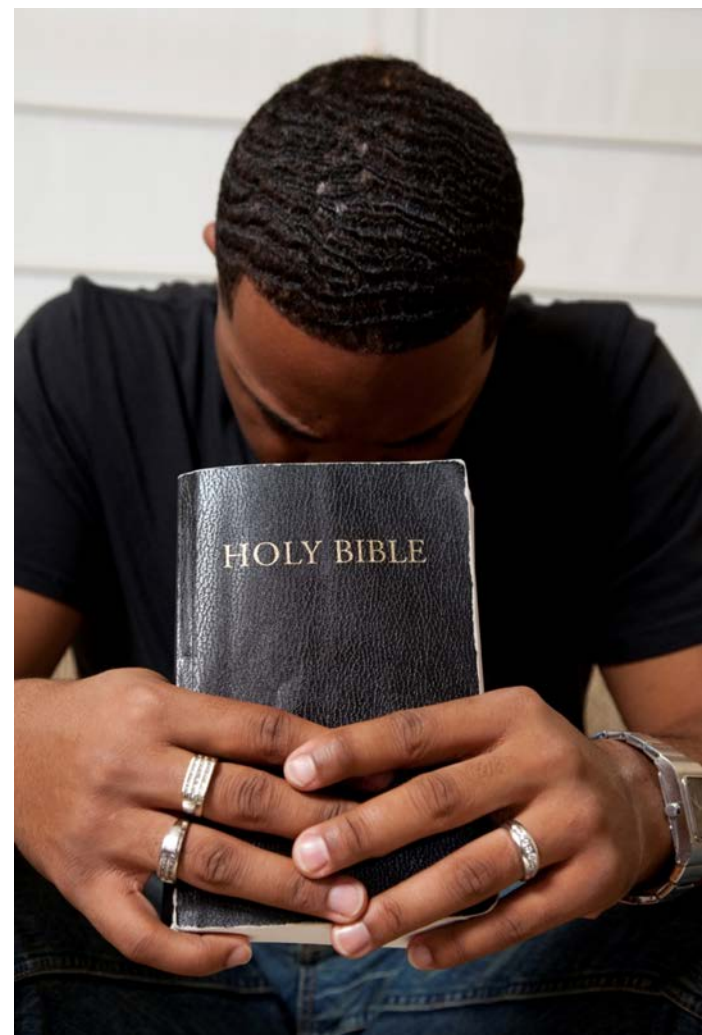


- Guilt
- Withdrawal
- Fear
- Self-harm
- Loss of self-worth
- Denial
- Shame
- Isolation
- Deceit
- Defensiveness
- Depression



Where Black MSM experience stigma

- Work environments and business establishments
- Family gatherings
- Friend groups and social settings
- Places of worship/faith settings
- Institutions of learning
- Health care facilities



Specific cultural factors that may influence the health literacy of Black MSM

- Country of origin
- Medical mistrust
- Region



Socioeconomic factors that impact Black MSM health literacy

- Educational level
- Emotional state
- Housing status
- Incarceration
- Poverty
- Situational context





STRATEGIES FOR COMMUNICATION

Why HIV care/treatment instructions are difficult

- Constant stream of new science and information
- Explanations are given using complicated medical terms
- Information is complex



Strategies to improve spoken communication

- Use plain, non-medical language
- Limit content to 2-3 main points
- Repeat key points Incorporate words/expressions used by client
- Give specific and appropriate instructions
- Encourage questions



Approaches that promote health literacy

There are also formal strategies that you can use to help improve the face-to-face interactions you have with your clients.

- **Ask Me 3™ approach**
- **Teach Back method**
- **Show Me approach.**



The 3 questions in the Ask Me 3™ approach

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?



How to use Ask Me 3™ in your client encounters

Use the 3 questions to frame your conversations with your clients:

- What is the problem we need to address today?
- What do I want to make sure you understand (what do I want you to do)?
- Why is it important that you do this?



The Teach Back method

- Easily recalled 3-step process:
 - Explain
 - Check
 - Re-explain (if needed)
- Helps health professionals explore how well the information was taught and what needs to be clarified or reviewed
- Is successful regardless of patients' health literacy abilities
- Shown to improve outcomes for patients with all literacy levels



Tips for using Teach Back method

- Start the conversation with:
 - I want to make sure that I did a good job explaining everything to you. Help me check by describing...
 - We covered a lot of information today and I may have gone through the information too quickly - help me see if I left anything out...
- Encourage the client to teach you by saying:
 - In your own words, tell me...
 - How will you explain...
 - What will you do if...
 - When will you...



The Show Me approach

- Can be used to confirm understanding of a skill or action by 'showing' the skill or action





PRACTICE ACTIVITY

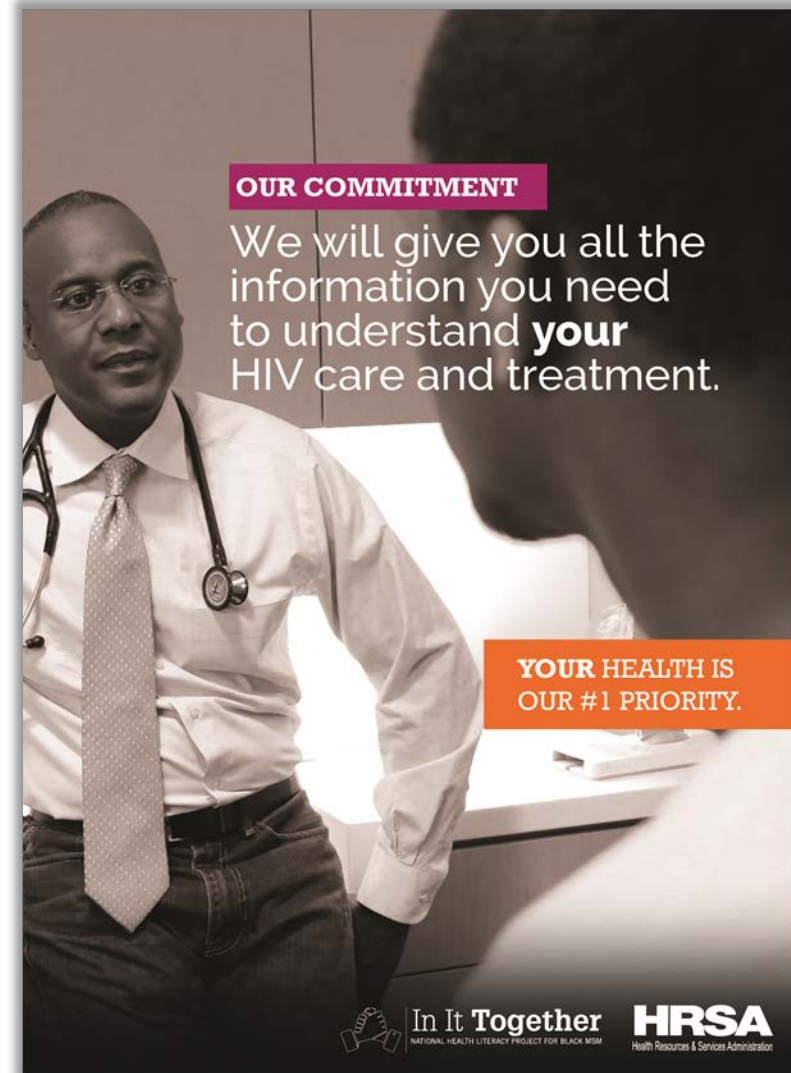
SELECTING AND CREATING EFFECTIVE WRITTEN MATERIAL



How to assess printed material

Consider if the material is

- Consistent with the instructions you are giving
- In sync with the client's values and beliefs
- Complete and accurate
- Filled with images that reflect the population we serve and avoid stereotypes



Tips for creating great health literate patient material

- Consider how the material will be used
- Make it immediately appealing
- Create a clear and obvious path for the eye to follow
- Maintain a consistent style and structure
- Select font that is 12 point or larger
- Use fonts that are easy to read (Times New Roman, Arial, Calibri)

Department of Health and Human Services, Indian Health Service (n.d.). Checklist for creating patient education materials. Accessed at [Link to Indian Health Service](#)



Tips for creating great health literate patient material

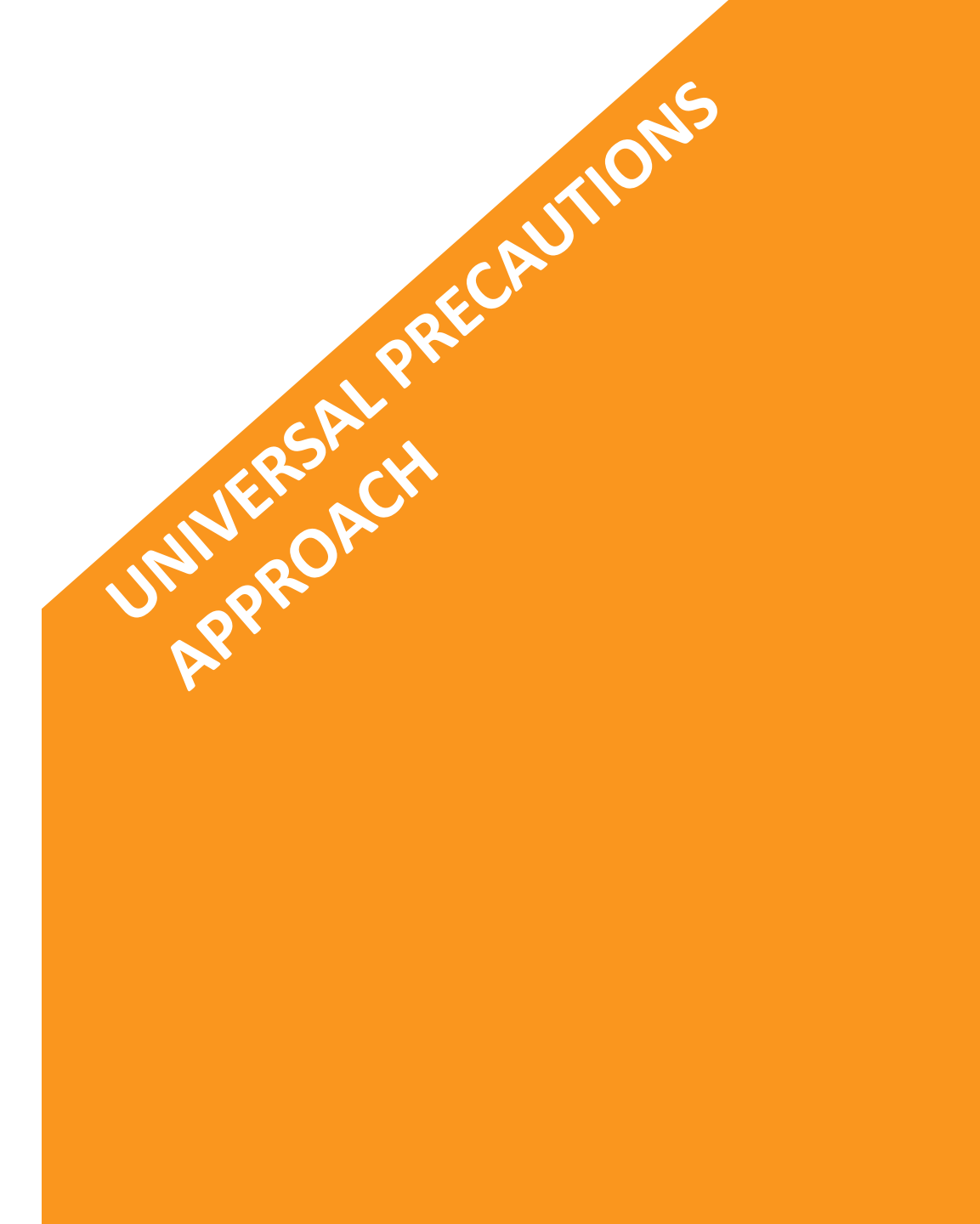
Try to use:

- Simple words with few syllables
- Short sentences: 10 to 15 words
- Words or phrases familiar to the audience

Things to avoid:

- ALL CAPITAL LETTERS,
- *Italicized* or underlined text
- Acronyms and contractions
- Technical words or jargon





The universal precautions approach

All clients benefit from easy-to-understand materials and simple spoken communication.

Medical care is complicated, and many people struggle with understanding medications, self-care, instructions, and follow-up plans.





ATTRIBUTES OF A HEALTH LITERATE ORGANIZATION

Brach, C., Dreyer, B., Schyve, P., Hernandez, L., Baur, C., Lemerise, A., and Parker, R. (January 2012). Attributes of a Health Literate Organization. Institute of Medicine Roundtable on Health Literacy.

The 10 attributes of a health literate organization

Attribute 1: Has leadership that makes health literacy integral to its mission, structure, and operations

Attribute 2: Make health literacy a part of planning, evaluation measures, patient safety, and quality improvement

Attribute 3: Prepares the workforce to be health literate and monitors progress



The 10 attributes of a health literate organization

Attribute 4: Includes populations served in the design, implementation, and evaluation of health information and services

Attribute 5: Meets needs of populations with different levels of health literacy skills to avoid stigma

Attribute 6: Uses health literacy strategies in communications and confirms understanding at all points of contact



The 10 attributes of a health literate organization

Attribute 7: Provides easy access to health information, services, and navigation assistance

Attribute 8: Designs and distributes print, audiovisual, and social media content that is easy-to-understand and actionable

Attribute 9: Addresses health literacy in high-risk situations, including care transitions and communications about medicines

Attribute 10: Communicates clearly what health insurance plans cover and how much individuals will have to pay for services





**THE PATH FORWARD:
HOW TO BECOME A HEALTH
LITERATE ORGANIZATION**

Why is a health literate organization important to Black MSM?



Why is a health literate organization important to Black MSM?

- Almost half of gay and bisexual men say that they've never discussed their sexual orientation with their doctor
- 6 in 10 gay or bisexual men say they rarely or never discuss HIV when they visit their doctor
- 3 in 10 gay and bisexual men say that they don't feel comfortable discussing sexual behaviors with health professionals

Hame, L., Firth, J., Hoff, T., Kates, J., Levine, S., Dawson, L. (2014). HIV/AIDS In The Lives of Gay and Bisexual Men in the United States. The Henry J. Kaiser Family Foundation.



Why is a health literate organization important to Black MSM?

- 3 in 10 gay and bisexual men don't have a regular physician
- Almost 2 in 10 gay and bisexual men say that they experienced poor treatment from a medical professional, and 1 out of 4 experienced poor treatment in the last year
- More than half of gay and bisexual men say that HIV-related stigma makes it difficult to reduce the spread of HIV
- Almost 8 in 10 gay and bisexual men feel that the general public is unaccepting of people living with HIV

Hame, L., Firth, J., Hoff, T., Kates, J., Levine, S., Dawson, L. (2014). HIV/AIDS In The Lives of Gay and Bisexual Men in the United States. The Henry J. Kaiser Family Foundation.



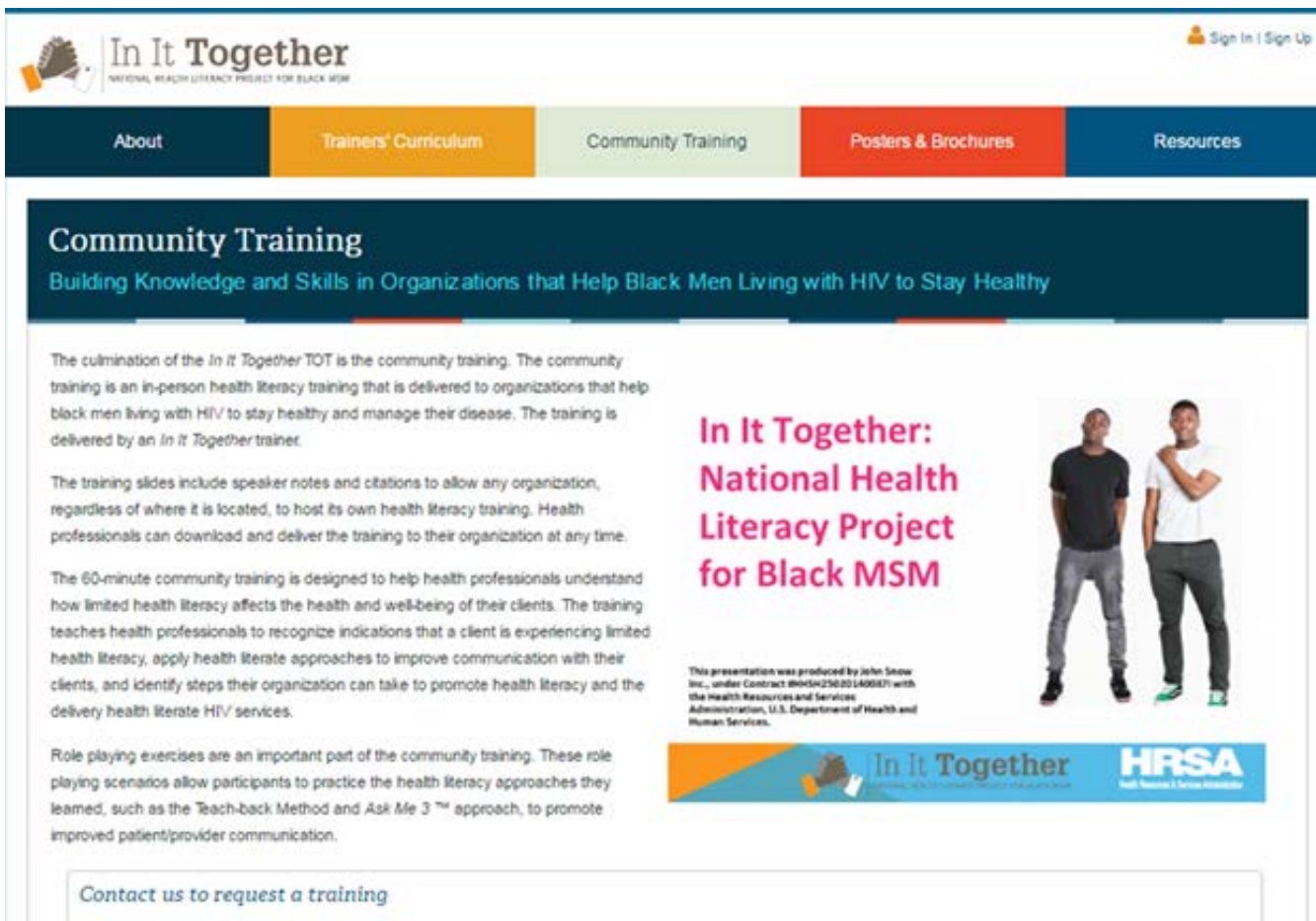
Suggestions for starting a discussion of health literacy in the workplace

- Include information on health literacy in staff orientation
- Provide a presentation on health literacy at a staff meeting
- Distribute relevant research and reports on health literacy to colleagues
- Propose starting a workgroup to explore some simple changes that can be made to promote health literacy
- Request a health literacy training from In It Together, or become a health literacy trainer and offer training at your organization



Request a training for your organization

Link to "In It Together" on the Target Center



The screenshot shows the 'In It Together' website, which is part of the National Health Literacy Project for Black MSM. The header includes the logo and a 'Sign In | Sign Up' link. A navigation bar contains links for 'About', 'Trainers' Curriculum', 'Community Training', 'Posters & Brochures', and 'Resources'. The 'Community Training' section is highlighted, with the subtitle 'Building Knowledge and Skills in Organizations that Help Black Men Living with HIV to Stay Healthy'. The main content area describes the community training as an in-person health literacy training delivered by an 'In It Together' trainer. It mentions that the training includes speaker notes and citations, and that health professionals can download and deliver the training to their organization. The 60-minute training is designed to help health professionals understand how limited health literacy affects the health and well-being of their clients. It teaches health professionals to recognize indications that a client is experiencing limited health literacy, apply health literacy approaches to improve communication with their clients, and identify steps their organization can take to promote health literacy and the delivery of health literacy services. Role playing exercises are also mentioned as an important part of the training. A contact form is visible at the bottom of the page with the text 'Contact us to request a training'.

In It Together
NATIONAL HEALTH LITERACY PROJECT FOR BLACK MSM

Sign In | Sign Up

About Trainers' Curriculum Community Training Posters & Brochures Resources

Community Training

Building Knowledge and Skills in Organizations that Help Black Men Living with HIV to Stay Healthy

The culmination of the *In It Together* TOT is the community training. The community training is an in-person health literacy training that is delivered to organizations that help black men living with HIV to stay healthy and manage their disease. The training is delivered by an *In It Together* trainer.

The training slides include speaker notes and citations to allow any organization, regardless of where it is located, to host its own health literacy training. Health professionals can download and deliver the training to their organization at any time.

The 60-minute community training is designed to help health professionals understand how limited health literacy affects the health and well-being of their clients. The training teaches health professionals to recognize indications that a client is experiencing limited health literacy, apply health literacy approaches to improve communication with their clients, and identify steps their organization can take to promote health literacy and the delivery of health literacy services.

Role playing exercises are an important part of the community training. These role playing scenarios allow participants to practice the health literacy approaches they learned, such as the Teach-back Method and Ask Me 3™ approach, to promote improved patient/provider communication.

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In It Together
NATIONAL HEALTH LITERACY PROJECT FOR BLACK MSM

HRSA
Health Resources & Services Administration

Contact us to request a training

Click on the **Community Training** folder

Click the **Contact Us to Request a Training** button



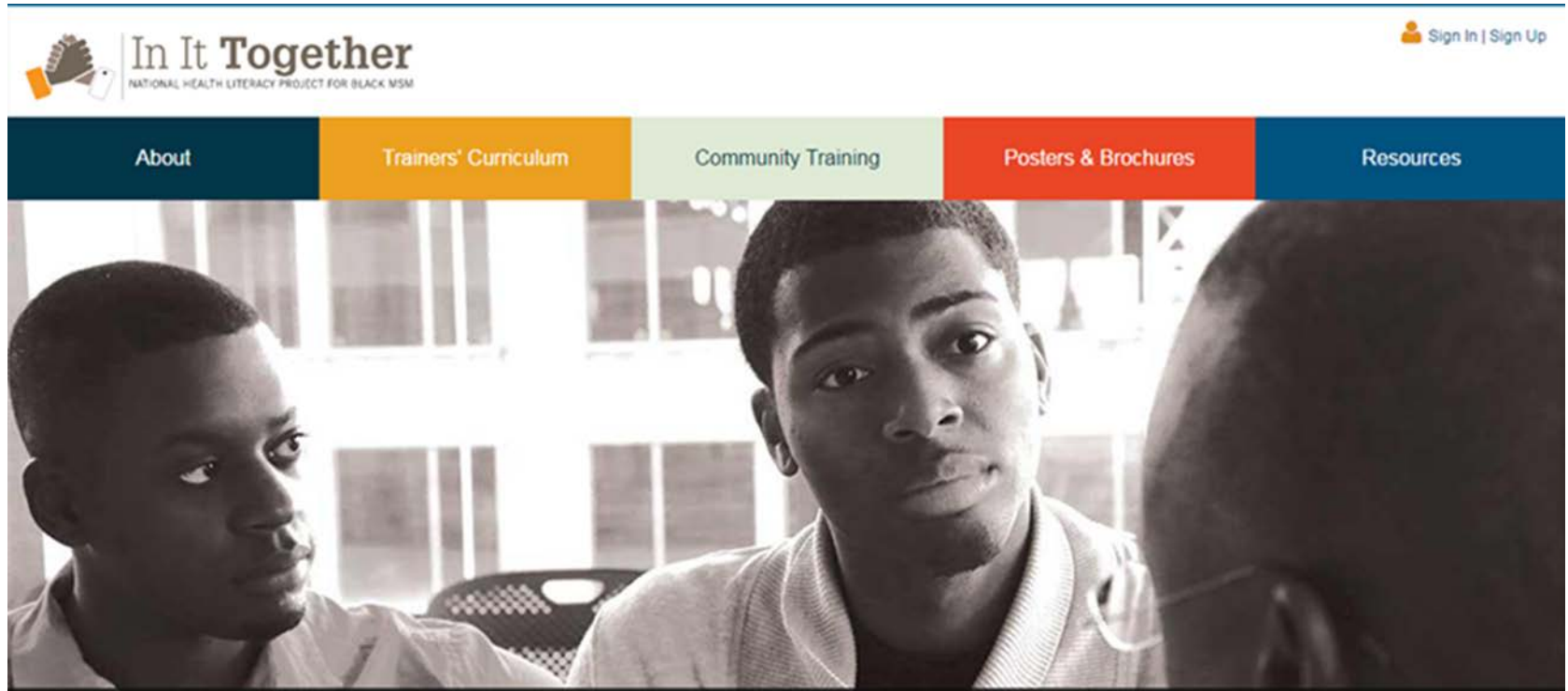
Who are our mighty health literacy trainers?

Minister Rob Newells, Nathan Townsend, Tyai Green, Alfredo D. Smith, Eddie Wiley, Sebrina James, Precious Comeaux, Julie Patterson, Devin Hursey, Lorenzo Anthony S., Tory W. Johnson, Tammy Belifa Jonathan, Kayla Gore, Charles Stotz, Larry D. Houston-Huff, Ricardo Wynn, Cornelius Mabin, Jr., Darrin K. Johnson, Bobby Rogers, Kabra' Benford, Phronie Jackson, Pastor Samuel Williams, William Grier, Frank Carlos Gihan, Sean Coleman, P.J. Moton, Ace Brooks, Justin C. Smith, Daniel Theodore Harris, Mark Godfrey and many, many more.



Tools to support health literacy in the workplace

[Link to "In It Together" page on Target Center](#)



Health literacy training materials, brochures and posters are available for download on the microsite

[Link to "In It Together" page on Target Center](#)



What questions do you have?



Thank you!
Please complete your
evaluation forms.



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