



Webinar Transcript | June 14, 2018

Get to Know the *In It Together* Health Literacy Project

Mira Levinson:

Hello everyone and welcome to today's ACE TA Center webinar. I'm Mira Levinson, the Project Director for JSI's ACE TA Center and *In It Together* projects under the HRSA supported healthcare access cooperative agreement. Our goal at the ACE TA Center is to help Ryan White program recipients and sub-recipients support their clients, especially people of color, to navigate the healthcare environment through enrollment in health coverage and improved health literacy.

One of our responsibilities is to provide clear, understandable, actionable information and help you implement successful strategies at your organizations. We often focus our webinars on engagement and enrollment in health coverage, and on health insurance literacy. But today we're sharing information from our *In It Together* project, which is a training initiative designed to help health professionals incorporate health literacy approaches across all the services they provide with the goal of improving engagement and retention in HIV care and treatment.

By the end of today's webinar we hope you'll be able to explain the importance of health literacy for people living with HIV, including communities of color, people with limited English proficiency, and LGBTQ people, discuss the cultural, social, and environmental factors that can impact health literacy of diverse clients, describe three strategies to promote health literacy, and recognize how *In It Together* resources could benefit health professionals in your organization or community.

Before we get started, here are a few technical details for anyone that might be new to our webinars. First, attendees are in listen only mode, but we encourage you to ask lots of questions using the chat box. You can submit your questions at any time during the call, or during the question period at the end. Our presenters will take as many of your questions as we can at the end of today's session, and if you think of a question after the webinar, that's fine too, you can always email questions to us at acetacenter@jsi.com.

The easiest way to listen to our webinar is through your computer, but if you can't hear very well, check to make sure your computer audio is turned on. If you still can't hear us, or if you experience a sound delay at any point, try refreshing your screen. And finally, if you are still having issues, you can mute your computer audio and call in using your phone.

The number is 800-776-0420 and the passcode is 983141. We've also put this information in the chat box.

As a reminder, today's webinar will be archived on our target center page, with is targethiv.org/ace, and we're gonna chat out a link to that now. And from that link you can also link to the *In It Together* micro site. All participants in today's webinar will also receive an email when it's posted so you can share it with your colleagues. If you'd like to access information about the *In It Together* community training, resource guide, and other *In It Together* resources we'll be presenting today, you can find them on that *In It Together* micro site. Again, the link to the Ace TA center's on your screen and you can click over to the *In It Together* micro site from there.

Now, let me introduce you to our presenters. Michelle Vataroro is a TA Specialist for *In It Together* specializing in distance based e-learning and she was the lead developer for the *In It Together* community training, which you'll hear about today. Michelle also has experience providing training and technical assistance to health departments, community based organizations, and federally qualified health centers.

Jamal Refuge is the Health Literacy Coordinator for the *In It Together* project, working closely with our community trainers. Jamal has experience in program management, social media, and digital marketing, and direct service to individuals living with or impacted by HIV.

We're also gonna hear from two of our Community Health Literacy Trainers, Devin Hurley and Sandy Rodriguez. Devin conducts the *In It Together* community training for providers throughout the Kansas City area and Sandy conducts the training in the Newark, New Jersey area.

This slide shows an overview of today's session. First, Michelle is gonna provide an introduction to the *In It Together* project, followed by an overview of health literacy. Then we'll hear from Jamal, who will talk with us about the relationship between health literacy and cultural competency. After that, we'll hear from Sandy about some of the approaches she teaches providers to use as part of the community health literacy training. Sandy and Devin will also share a few of their experiences as community trainers, and finally, before we take your questions, Jamal will share some *In It Together* resources you can use at your organizations.

So now, before I turn it over to Michelle, let's test out the technology and also get a sense of who is on today's call. Please answer the poll on your screen and let us know if you've heard of the *In It Together* program. Let's take a look at the responses as they're coming in. I'm gonna give it just a moment for all of you to click on that poll and hit submit.

It looks like we have just the right group on today's call. Looks like about 20% of you have heard of it and 80% of you have not. That's perfect. Let

me hand things over to Michelle now and she's gonna tell you a little bit about the project. And even for those 20% of you that have heard about *In It Together*, make sure you stay tuned because Michelle's gonna share some exciting updates about new *In It Together* materials and training opportunities we've just developed to complement our existing resources.

Michelle.

Michelle Vatalaro: Thanks Mira. As Mira just said, I'm gonna take some time to introduce the *In It Together* project now. *In It Together* is a national health literacy project and it's currently available in 34 communities around the country. Through *In It Together*, there are community trainings conducted in 34 communities around the country, but even though we only have 34 communities with trainers, the training materials and the health literacy resources developed through the project are publicly available on the *In It Together* website. We'll talk more about what these resources are at the end of the webinar.

In It Together is intended to build the capacity of healthcare systems, specifically those serving people with HIV or at the greatest risk for HIV, such as Ryan White HIV/Aids Program Clinics, to provide health literacy services to their clients. By taking a health literate approach to care, health professionals make it easier for all clients to understand and engage in their care. *In It Together* uses a community trainer model, wherein community members take part in an online training of trainers program that provides detailed information about factors that can affect health literacy and approaches that health professionals can take to improve their written and spoken communication.

The exciting news is there are now two *In It Together* curricula. The original training program focuses on improving health literacy for black men who have sex with men and the specific factors that affect them. The second training initiative is brand new, in fact, it actually launches today, so you are at the forefront of the beginning of our new initiative. It's called *In It Together, Improving Health Literacy for All*, and it provides information on how healthcare organizations serving a diverse client population can address health literacy and factors that underpin a client's ability to successfully engage in care. We're really excited about this. We know it's something that you've been asking for and we've worked hard to create a program that really meets the needs of organizations that provide care to people living with or at risk for HIV that serve diverse clients.

The health literacy community trainings are a great starting point for health care organizations to begin to incorporate health literacy tools and techniques into their conversations and services. The community training is about more than raising awareness about the issue of health literacy. Attendees leave the community training inspired, with real, tangible strategies that they can implement right away to improve their communication with their clients. Because the information they provide is

now easier to understand, apply, and use, clients can be more active and more engaged participants in their care. This leads to better health outcomes for all clients, particularly those with limited health literacy.

By addressing the health literacy needs of clients, organizations are really taking steps toward addressing health equity for clients with limited health literacy. And as I mentioned, today is the launch of *In It Together*, Improving Health Literacy for All, so now both community trainings are available.

Let's talk briefly about what health literacy is.

Health literacy is defined as the degree to which people have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. This definition recognizes that health literacy is a key factor in health care quality, safety, and equity. A person's health literacy is a result of two things, it's both their skills and abilities, and the demands that are placed on them by the healthcare system. The pressures on both sides change all the time, which is why we say health literacy is dynamic. It can change moment to moment as a person's health status changes or as we ask them to engage with the healthcare system in a different way.

Unfortunately, the moments where a person needs to be at their sharpest, for example, when a person receives an HIV diagnosis and gets a lot of new and important information, those can be the moments where we're often least able to take in and process health information. A person's physical and emotional state can affect what they hear, how they interpret it, and how they act on it. You know, it's easy to think about health literacy as a set of skills that an individual person needs to build up for themselves. And, it's true, and it's important that health ... it's important to help individuals develop their health literacy skills. That takes time and requires intensive work with each individual client, so therefore, we need to focus on reducing the demands that an organization places on our clients and speak to them in a way that they can understand and so that they are able to better understand and engage with their care.

Again, it's the responsibility of the healthcare organization and you, as a healthcare professional, to address health literacy even more so than your client. Organizations have a responsibility to provide information to clients in the way that they're gonna understand. And if some communities we serve aren't getting information, for whatever reason, we have a duty to refine how we communicate and provide that care.

People with limited health literacy often have limited knowledge of how the body works and we shouldn't assume that clients are familiar with the technical terms that we use to describe diseases, symptoms, and treatments. Similarly, people with limited health literacy often have limited knowledge about the cause of a disease and how that's related to what they experience as the disease. Those are different things. For example,

a person with HIV might not understand that they could be more susceptible to infection if their immune system becomes weakened because they just don't have that knowledge there that connects those things.

People with limited health literacy may also have difficulty understanding numeric medical information. Such as viral load, vaccine charts, or healthy weight ranges. For example, it can be hard for people with limited health literacy to know what it means when a lab test result comes back and they find that it's in the dangerous or the boarder line range. What does that mean to them?

People experiencing limited health literacy can also have difficulty understanding when, or how, to take their medication. For people living with HIV, this means that they might not take their medication as instructed or as prescribed. It might also be difficult to understand the risks or side effects that are written on medication labels. So that can be a dangerous situation for people.

All in all, health literacy underpins peoples ability to successfully engage with the healthcare system. Limited health literacy is increasingly recognized as a risk factor for poor health outcomes, in and of itself, and people with limited health literacy are at a disproportionate risk for a variety of poor health outcomes. This might be because people with limited health literacy may not understand when their next appointment is scheduled or how to follow their medication instructions. There's a variety of reasons why that might be true.

As you can imagine, limited health literacy can lead to poor health outcomes. People with limited health literacy skills are more likely to skip important preventative measures like flu shots or HIV tests. They're more likely to enter the healthcare system when they're sicker. People with limited health literacy skills typically know less about medical conditions and their treatment than people with proficient health literacy. They're more likely to have chronic conditions and they're less able to manage these conditions effectively. And when we look at hospitalization rates, limited health literacy skills are associated with an increase in preventable admissions. People with limited health literacy also use emergency services more frequently, which can drive up the cost of healthcare.

The hardest to measure, but perhaps the most important aspect to consider is the stigma and shame that can be associated with having limited health literacy. Studies show that low health literacy often can have negative psychological effects. One study found that people with limited health literacy skills reported a sense of shame about their skill level. People with limited health literacy might hide reading or vocabulary difficulties to help maintain their dignity or their sense of self.

One of the most important things we can do as a healthcare professional, and trusted partner for our clients, is to acknowledge that the healthcare

system, including medical forms, procedures, treatments, is confusing to everyone. Everyone has a problem sometimes. This can help people feel secure enough to disclose some difficulties that they might be having. They know that it can really be a problem for everyone.

In fact, the US Department of Education's National Assessment of Adult Literacy reports that 36% of adults in the US typically have limited health literacy. There are some people who are more likely to be affected by limited health literacy, including elderly people, people who are low income, people who are unemployed, or who didn't finish high school, communities of color, and people with limited English proficiency. But really, anyone can experience limited health literacy at any time, and most of us struggle with limited health literacy at some point. I know I can think of times when I've struggled with it myself, and my colleague whose in the room with me is also nodding, it's something that everybody experiences and so we really need to make efforts as an organization to ensure that we're communicating clearly all the time.

What does this look like for patients living, or clients living with or at risk for HIV? You can see on the slide that limited health literacy can affect a client's ability to do the things that they need to do to stay healthy. Like take their medications, which can lead to high viral load, and frequent hospitalizations, and other poor health outcomes.

We're gonna take a moment to do a poll here. We'll leave the poll up while you're all answering. Just to get a sense from everybody on the call. Have you ever struggled to understand something that your healthcare provider has said to you? I know it's a yes for me, and so I'm gonna go ahead and click that. Alright, I'm seeing that ... wow, 90% of you have struggled to understand something that your provider has said to you. That really goes to show that it's the organization's responsibility because we don't know when this is gonna sneak up on us and we're gonna suddenly not understand what's being told to us. Whether we have too much going on in our head or perhaps we're just really congested one day and you just really can't take in new information. Every moment is different. Thanks.

We have one more poll, which is the flip side. If you're a provider, a case manager, or a medical professional, or some other kind of service provider. Have you ever had a client struggle to understand something that you said to them? Even more. We've got almost 97% of you said that this has happened. Again, it's up to you in this instance to really start providing care in a way that all your clients are able to understand you and then better engage with their care and be active, engaged participants in their care. Which is what we really want to see because all of this leads to more health equity.

Health equity is the absence of disparities or avoidable differences among socioeconomic and demographic groups or geographical areas in health status and health outcomes like disease, disability, or mortality. That's a

big definition, but in essence, what it means is that everyone is on an equal playing field and has the same potential to achieve positive health outcomes.

The social determinants of health are conditions in the environment where people are born, live, work, play, worship, grow, all those things. Studies have found that there are differences in HIV transmission in areas that have substantial disadvantages in education or housing, unemployment, and income. These structural factors can impact access to care and health literacy in particular. The *In It Together* curriculum covers the effects of these socio-contextual determinants of health on health literacy. For example, the curriculum covers things like incarceration and justice system involvement, societal attitudes and stigma, medical mistrust, education, economic stability, or poverty, housing instability, provider bias, differences in culture, and age and how that can affect health literacy, as well as sexual orientation, gender identity and gender expression, languages that we speak, and geographic regions.

Now, I'm gonna hand it over to Jamal whose gonna talk about how health literacy and cultural competency are related.

Jamal.

Jamal Refugee: Yes, thank you so much Michelle for that. I want to talk a little bit about health literacy and cultural competency. We know that they're both intimately interwoven together so it's really hard to say where one starts and another one begins.

Because health literacy is an essential component of providing culturally competent care to our clients it's vital that we take those socio-economic status and environmental factors into play when we communicate with our clients. But how do we do this? How does it work for a community of color or LGBTQ people and other vulnerable populations?

Back to what Michelle was saying earlier about health equity. Health literacy is an issue of health equity. Healthcare providers have a responsibility to ensure that all their clients are getting the information that they need to get and stay healthy because at its most basic level, health literacy, again, is an issue of health equity.

There's a group of people who are not getting the information that they need for whatever reason. In this case, their health literacy, that we have and do need to address that in the same way that we do when we provide care.

Organizations also share their responsibility as well to provide information to clients in a way that they can understand and in a way that they can also use it. Organizations that serve people living with HIV should take steps to meet clients where they are, and by doing so clients can start to

understand the basics of their care and how to grow their health literacy over time.

So there are a couple of important moments in provider communication with people living with HIV. One example is explaining what to bring to a medical visit. This can be previous lab work, or medications that the patient may have been taking. All this helps to contribute a good provider visit. Also, explaining what to expect during a medical visit. Let's say for example, a client may need to get a lab draw or they may need to fill out paperwork. All this helps to improve their provider communication.

Also, explaining disease and symptoms. If a patient has a particular disease, explaining what that disease is and how it would possibly affect them. Also, communicating medications instructions. So whether to take the medication with food or take it before bed time, or to take it on an empty stomach, all of these types of communications are also important. Also, describing side effects. How will the medication effect the patient when they're taking it. Also, explaining what health insurance is and how to use it. What the co-pay or deductible, what's co-insurance. All of these little small moments that people don't readily think about are important when you're communicating with people who are living with HIV.

I'm also gonna talk about the universal precautions approach to health literacy. Many people struggle with understanding medications or self-care, instructions, and follow-up plans. I know I struggle some times too. The idea of universal precautions is just making sure that everyone has the same access, the same treatment, the same level of care, no matter what their health literacy status may be. It's also to ensure systems are in place to promote better understanding for all clients, not just the ones that you think need extra help or extra assistance. And, everyone benefits from simple language. Just being able to eliminate some of that jargon and being direct and being specific with a health related information can definitely improve a patient's health literacy.

Couple of general strategies to improve communication. Use plain, non-medical language. The great thing about that is it kind of helps to break down difficult concepts or ideas to a client. A lot of people may not know what viral suppression may mean, but they may know what undetectable means, or they may not know what an opportunistic infection is, so being able to put those in layman's terms helps to improve that communication.

Try limiting your content to two or three main points. Three things that a client can remember when they walk out the door after meeting with you. Repeat key points multiple times, and you can also ask the client to repeat something back to you to make sure that they understood it. Incorporate words and expressions used by the client. What are some words that they use? What are some words that they're familiar with and how can you incorporate that into your communication?

Be specific. if you need the client to take medication at a specific day or a specific time, or to show up to an appointment with specific paperwork, you want to be really, really clear about that. Make sure instructions are appropriate for the client's life. Whatever instructions that you provide, make sure it works into their schedule. Make sure that it flows well with the things that they have to do on a day to day basis.

Also consider cultural context. If there are any language barriers, if there are any cultural barriers that prevent you providing care, you want to take those into consideration as well when you're talking with the client. And encourage them to ask questions. Asking questions allows you and the client to make sure you guys are both on the same page about the same thing. So don't be afraid to ask questions.

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We're gonna talk a little bit about health literacy approaches. I'm going to turn it over to one of our wonderful trainers, Sandy, in Newark, New Jersey. So Sandy, if you can, just briefly introduce yourself and give a little bit of background if you mind.

Sandy Rodriguez: Hello. Thank you Jamal. Hi everyone. My name is Sandy Rodriguez, I work for Hackensack Meridian Health at our at our Raritan Bay Medical Center over at Central New Jersey and I serve as a Trainer and Education Specialist for the Aids Education Training Center and provide practice support for early intervention clinics. My focus is to identify some of the educational needs around our area and also facilitate flows and help design and develop and deliver appropriate learning solutions for our community and our health care professionals. I also collaborate with Team Leaders in building educational services for potential [inaudible 00:27:01] programs here at our HIV clinic and my every day goal is to represent the skills to our learning team and seek opportunities to build strong client relationships.

I will get to approaches to address health literacy. The general strategies for verbal communication we discussed earlier are really helpful when working with clients at critical care points. Now we are gonna go over three practice based approaches. The ask me three, the teach-back, and show-me approaches that we can use to help improve the quality and clarity of our health professional and client interactions.

The ask me three approach was developed by the Partnership for Clear Health Communication to improve client/provider communication and is designed to encourage clients to be more engaged in their own care by asking and understanding the answers to three essential questions at each visit. Providers should always encourage their patients to understand the answers to these. Number one. What is my main problem? Number two. What do I need to do? Number three. Why is it important for me to do this?

While the ask me three approach was originally structured as a guide for clients to help them understand how to ask health questions and

understand and apply information they received, you can use these three questions as a framework to guide your conversation with your clients. The ask me three helps you filter out information that may be nice to know but isn't really necessary to know, but the client can focus on what is more important. You can use the ask me three approach in conjunction with the teach-back approach.

For example, if your conversation with your clients are focused on medication adherence, you can help the client answer the questions. What do I need to do? By saying, "I talked a lot today about medication adherence and I want to make sure that I gave you the information that you need. In your own words, explain to me how and when are you gonna take your medication." Just to kind of make this a little more real, like an example, let's use something that's very common in practices.

Let's say for example, a patient comes in, her name is Amanda, and she was diagnosed with HIV just a couple years ago. With the help of her HIV medication, she's now probably ... she has reached viral suppression. The clinician is happy to inform her that now she's undetectable. Amanda turns around and says, "That means I'm cured." The clinician would then turn around and tell Amanda, "I want to make sure that you understand everything that we talked about today. In your own words, explain to me what viral suppression and being undetectable means to you?" You're using the ask me three approach.

Now let's go into the teach-back method. The teach-back method can help improve a clients understanding of health information and ability to adhere to their medication. It should be used by all staff to confirm clients understanding. As a result, using the teach-back method can improve client satisfaction and outcomes. The teach-back method is not a test of the clients knowledge, and you can tell them that too. It's a three step process through which you learn how to improve your communication with that client.

First, it explains the information to the client and specifies actions that they need to take. Number two. Check the clients understanding by asking them to restate the information back in their own words. Third, listen to the clients explanation and clarify or re-explain the information if necessary.

Let's use another real life example, but in this one we're just gonna focus on the teach-back method. Let's use Amanda for example. Amanda needs to start her HIV meds. She needs to take one pill when she gets up every single morning to help her viral load go down. You want to make sure that Amanda understands why it's important for her to adhere to her medication. So, how would you use the teach-back to make sure that Amanda understands what she needs to do?

You could say something like, "I've noticed that many individuals have problems remembering to take their medication. Can you tell me how you

will do this? Can you explain to me why you need your medication daily?" Explain what could happen when she doesn't take her medication. Again, we want to be able to get Amanda to take her medication and make sure that she is gonna take her pill each and every morning when she wakes up so that her viral load goes down.

Now let's get to the show-me approach. The show-me is similar to the teach-back method. For the show-me approach, you demonstrate a skill or an action to a client, such as how to check blood sugar or how to use an inhaler, rather than asking clients to hear or read about it. You then ask the client to demonstrate or show the skill or action to ensure that the client understands how to complete the task on their own. Using the teach-back method, it's important that the client doesn't feel that he is being tested. The show-me approach confirms how well we have demonstrated or communicated a skill or action.

Let's use another real life example for the show-me approach. Amanda needs to start her HIV medication. She needs one pill, every morning, you want to make sure that Amanda understands why it's important for her to adhere to her medications. How do you do that using the show-me approach? "I've noticed that many people have trouble remembering when to take their medication. Can you show me how you're gonna take it." You can use something like paperclips. "How many pills are you gonna take daily?" Some clients learn best by touching and moving things around. Be creative, use the objects around you, and role play with your clients. The show-me approach can help reinforce the clients understanding.

Michelle Vatalaro: Thanks so much Sandy.

Sandy Rodriguez: You're welcome.

Michelle Vatalaro: I think we have another poll, which we're gonna quickly ask you. Which of the approaches that Sandy just talked about is used to understand if a client has learned a skill or a task? Is that ask me three, teach-back, or show-me? And I'm seeing your results come in and you guys did a great job here. If a person has learned a skill or a task you can use show-me if it's a task that they ... they're trying to do something like using an asthma inhaler or which pill should I take. If it's a ... it's nice tactile learning method.

We also have some strategies that we can use for written content because it's important that if a person has limited health literacy or is just struggling a little bit in the moment that materials like forms, check lists, informed consent forms, are easy for people to understand. You want them to be appealing., use big font, make sure that there's a lot of white space on the page and that people can skim it easily. We also want to avoid things like all capital letters because it seems like people are maybe yelling at you, it's unpleasant. Underlining or italicizing text sort of changes the characters, so you don't want to use that either. We always

want to write in active voice, so very directed language telling them what to do.

One of the approaches, such as ask me three, teach-back, and all of the tips that were on that last slide for improved understanding, all of that helps to improve engagement and care and understanding of the care that's coming to a person.

Provider efforts to make healthcare easier to understand also helps to reduce medical mistrust, increase willingness to share or disclose personal information, and can decrease feelings of shame around health literacy and help clients, again, become active and engaged participants in their care.

Jamal Refuge:

Alrighty guys, it's Jamal, and I'm back. We're gonna talk a little bit about *In It Together* health literacy resources. As we mentioned at the top of the call, there are two trainings available. One of them is the *In It Together*, Improving Health Literacy For Black MSM. That focuses on black gay men who may be at risk for or living with HIV. And it also is ... the *In It Together*, Improving Health Literacy For All, which focuses on all communities.

The community trainings are conducted in person by local trained trainers at your organizations. One provider ... one provides approaches to providing health literacy services to a diverse audience, while the other focuses on black MSM. Your organization can receive whatever training best suites your needs.

So the trainers are located in about 34 communities. If your ... you can see the communities listed on your screen. If your community is not listed you can always go to our website and download our resources there. You can find copies of our slides and other materials. To get more information and the link is available on your screen right now, so feel free to click that. After the webinar is over of course. It'll help you to be able to schedule a training.

As I mentioned, our training materials are available. The training of trainers modules are also on there. Our webcast, our slides, and transcripts, as well as the community training slides.

We also have developed a resource guide to help you be your best health literate organization. They cover relationships between health literacy and culture, as well as organizational frameworks for providing health literate services, assessments and toolkits, and so many other great resources as well.

Now we're gonna turn to our trainers on the call to give us some perspectives from the field. I'm going to start with Devin Hursey, who is in Kansas City. He is one of really great trainers and I want to give Devin the opportunity to introduce himself and give a little bit of background.

Devin Hursey:

Hey everybody. My name is Devin Hursey and as been stated, I'm in Kansas City, Missouri, I work at Truman Medical Center, which is one of the main HIV ... we have one of the main HIV clinics here in the city.

I just wanted to say, when people, of course, receive a new HIV diagnosis, people like myself, we're expected to know a lot about HIV very quickly and there's such a high volume of information that's out there that's available on the internet, both true and untrue. So it's really no surprise that the other day we had a client come in who was asking about these stories that he saw where someone's HIV diagnosis went away or their virus went away and left their body and they no longer had HIV.

As people who work in the clinic, and especially some of our nurses, the things that he was saying seemed very absurd at the time. That's when they called me into the room, as the Peer Educator here on staff. They wanted to know if I could speak with him because they suspected that maybe he has some sort of cognitive delays or some sort of mental disability that was keeping him from really understanding what was happening with his body.

When I entered the room I didn't notice anything that was unusual about his ability to process and retain information. What I did notice is that this was a young, black, gay man, who received a brand new HIV diagnosis and he was really scared. He did not want to have this diagnosis, and he was looking for some way to make sense of it or to have it go away. When I spoke to him, what I did is, I mostly listened. I wanted to hear what he knew about HIV and where he was receiving his information from so that I can go ... so I can discuss with him some of the other sources of information. Some more credible sources of information. I also used some of the strategies from the *In It Together* training to make sure that I was limited the information so I wasn't overwhelming him or using language that was over his head.

Since that initial encounter with this client I have presented the *In It Together* training to my clinic here at Truman and I think it's become a lot easier for the staff, and even myself just going through this information again. I think it's gotten a lot easier for us all to recognize these opportunities to meet the client where they are and to be a little bit more sensitive to the ways that, I guess our emotions present themselves when we're receiving a new diagnosis, especially when we're working with someone of a different culture, or someone who may be a bit younger than we are.

Thank you.

Jamal Refuge:

Thank you so much for that Devin, it was really a great example of how health literacy is so important for people who are living with HIV, especially when they're first diagnosed.

We are going to move forward and look at some more great content.

We also want to give Sandy an opportunity as well. So Sandy, can you tell us how health literacy allows you to become a champion at your organization?

Sandy Rodriguez: You know what Jamal, I think I was waiting for that question all day. The *In It Together* project ... becoming knowledgeable is what health literacy really was. I remember I applied for the *In It Together* Coach Position a couple years ago and I really didn't know the fundamentals of health literacy. It was just something that I was just interested in and as I got trained with you guys, it kind of made me look at the way that I work and what I produce in my own environment and what you guys showed me and bringing it to my community, it made me look at things differently. Already I was implementing certain things because I work as support leader here. Just becoming aware of certain things, certain indicators, and being able to share that with my peers and helping our clinic become a little bit more patient centered was a big deal.

I think that's what kind of pushed me towards becoming a ... I don't know if I want to call it a health literacy champion, but I am a coach and we use it each and every day, we just gotta become aware of more things to help our clients get where they need to be.

Jamal Refuge: Okay, thank you so much for that Sandy. That was awesome.

You guys have heard a lot from our trainers. Their perspectives and what they're doing in their communities. Coming soon, you will also have an opportunity to become an *In It Together* trainer. People who are interested in becoming a trainer can apply through *In It Together* website. The way that it works is, we select applicants to attend a six module training of trainers program. We also complete a knowledge check and evaluation and trainers who graduate will be able to become trainers in our respective communities.

Michelle Vatalaro: Now we're gonna hand it back to Mira who is going to take a moment to facilitate the question and answers that ... the questions that you've been asking throughout the webinar.

Mira Levinson: Thanks Michelle. And I really want to say thanks to everybody. I'm so excited to hear from our trainers in the field and the work that they're doing and about the connections that they're able to make with the consumers that they're working with and talking with. I really want to acknowledge that work. I appreciate it very much.

Let's take a look at the questions that are coming in. I see one that's come in. If you haven't already typed your questions into the chat box you can go ahead and do that now. Also, don't forget to respond to our evaluation form when it pops up at the end. You can use that form to let us know what you thought of today's session, how we can improve our offerings, and share any ideas you might have.

Also, can we go to the next slide while we're waiting for questions to in and then we can show you how to find the Ace TA Center and the *In It Together* project. We've already chatted out both links and they're connected to each other so if you go to the ACE website you can navigate easily over to the *In It Together* site, even though you can't see that in the screen shot, we've just added it this morning. Underneath contact us you'll see a link over to the *In It Together* projects micro site and you can go to the micro site and you can request that the community training be delivered if you're in one of our 34 communities. You can actually also look at our resource guide and all sorts of other materials that are available, regardless of where you're located.

So Michelle, I think I'm gonna ask you to take the first question and that is, does the community health literacy training include health literacy with the trans population?

Michelle Vatalaro: I'm so glad you asked that because I'm still super excited that we're launching the new *In It Together*, Health Literacy For All curriculum. This program really takes a more comprehensive approach than the other one. The other one really focuses on nuances of the black gay bisexual and other men who have sex with men community. But the *In It Together*, Health Literacy For All really takes an approach that encourages the providers to think about a variety of different factors in a person, any person, who ... and the specific things about them that we might need to focus on specifically with regards to their health literacy. The curriculum encourages providers to talk about things like gender expression, sexual identity, and gives points and points on each of those topics. Also talking about intersectionality and how a person's whole person is ... can be distinct from any one of their identities and different and special in those ways. The training for the *In It Together*, Health Literacy For All curriculum does speak to the trans population and also speaks to it in the context of a comprehensive approach to looking at health literacy.

Mira Levinson: Thanks Michelle. Can you also talk a little bit about any costs associated with becoming a trainer?

Michelle Vatalaro: There are no costs associated with becoming a trainer. The program is free to you, the only thing you have to give us is your time and we hope that you'll give that joyfully. No, it's free to you, we want this to be available in community and so, we really made efforts to ensure that it is.

Mira Levinson: Great. Thanks Michelle. Now someone else submitted a question asking how to find the link to train for this program. We're actually gonna chat out a link in just a second, once we find it. But it should be on the *In It Together* micro site and if it's not ready yet we may be posting it. Michelle, do you know if that ... if people can sign up now or if we're still waiting a couple of weeks before we have a date?

Michelle Vatalaro: Yes. The training is not available ... the training of trainers link is not available yet so you can't quite sign up yet, we're expecting it'll take place

in the fall. So it's still a bit of a ways out, but, if you're interested, I'd say, go ahead and email us and we'll put you on our list and we'll let you know when the training application becomes available. You'll be the first one to know and so you can reach us at hivhealthliteracy@jsi.com. Then we chat that out so you can have that. But definitely go ahead and email us, let us know you're interested and we'll certainly reach out to you.

Mira Levinson: Great, and what we can also do is send an email out to the whole ACE list and let folks know that the link is up when it's ready for folks to sign up for the TOT once we know exactly how many spots we're gonna have.

Let's see, it looks like a couple more questions are coming in. So just bare with us one more second.

Alright. Michelle, I have another question for you. This person wants to know how to make sure that they are being as clear as possible making sure that clients are fully understanding everything that they're trying to communicate without seeming patronizing? So, they're looking for some tips in terms of how to make sure that the patient is understanding information clearly without feeling like they're being patronized. Devin, do you want to take that one?

Devin Hursey: Sure. Thank you. I'm really glad that this question was asked. It really shows that whoever asked cares, for one, so I just wanted to acknowledge that. Some things that I've seen working in a clinic setting are ... I've seen professionals walk into the room and speak very loud, or speak as if they're communicating with one who speaks a foreign language or is communicating in English as a second language. What I find is most helpful is to use plain, common language as much as possible. Speak to the person ... just speak to them normally. But what's helpful is to form some sort of a rapport with that person. So relationship building is very important within the clinic setting because we are trying to combat medical mistrust that impacts ... especially communities of color, historically. Building relationship is definitely important.

One of the other tips that is included within the *In It Together* training is to limit the points to about two or three really important takeaways. We don't want to overload them with everything that they need to do. We want to make sure that they have enough information to be adherent to their regime or to accomplish whatever the goal is and just enough information for them to retain.

Mira Levinson: Thank you Devin. I think we have time for just three or so quick more questions. One person asked if we've had any successes in enhancing health literacy with clients in group interventions like a class on how to use health insurance, and I feel like somebody just knew that they should ask that question so that I would remember to tell you about our webinar next month, which is focused on getting ready for open enrollment. We're gonna be sending out an email with the registration link in the next few days. So save the date for July 18th at 2:00, and we're actually gonna

hear from folks in the state of Illinois who've done quite a lot of work in terms of conducting health literacy capacity building with both clients, health insurance literacy capacity building, both with clients in groups, as well as with case managers in groups.

That's again, not just regular health literacy but specifically health insurance literacy and you all should pencil in July 18th at 2:00 and stay tuned for our email. If you are not on our email list yet, you can go ahead and subscribe now on our web page and we just chatted out a subscribe link for you in the chat box.

So Jamal, we have a couple of quick questions for you. The first is, how do we find the agency in our area for training? And the second is, can consumers go through the training of trainers program to be trained or does the individual need to be part of an organization?

Jamal Refuge: Okay. Thanks for those questions Mira. The first one is how do we find agencies in our area for training? It's a two pronged approach. The first approach is do a trainer RIB. Trainers will find agencies that they know who serve people who are living with HIV and they will connect with them directly, or we will also get requests through our website and so we would match those trainers up with those agencies who are requesting the *In It Together* training.

For the second question, yes, they do not need to be associated with any agency. They ... it can be helpful to have contacts in the area that you can train at, but you definitely don't have to be associated with an agency in order to become an *In It Together* trainer.

Michelle Vatalaro: Actually a lot of trainers were ... are consumers of services who wanted to become more involved in their community. Help others, give back, or help from a peer perspective, and so, it's actually ... it's really common and we love that perspective coming to the table.

Jamal Refuge: Yeah, for sure.

Mira Levinson: Alright. Thank you Jamal and Michelle. I also want to acknowledge that we have ... had a couple of people chime in with requests for Spanish language translations of these materials. We will definitely take that into consideration and look at the possibility. Thank you for asking.

And with that I think we should go ahead and start to wrap up. As a reminder, our webinar will be archived on our target center web page at targethiv.org/ace, and you'll also get an email when it's posted so you can share with your colleagues. I guess, just before we close, I'll remind you to keep your webinar window open to complete the evaluation when it pops up and special, special thanks to today's great presenters, Devin, Sandy, Michelle, and Jamal.

If you think of any further questions after the session ends, feel free to email us any time at acetacenter@jsi.com.

Thanks everyone and have a great afternoon. Good bye.