

In It Together: Improving Health Literacy for Black MSM

Health Literacy Community Training

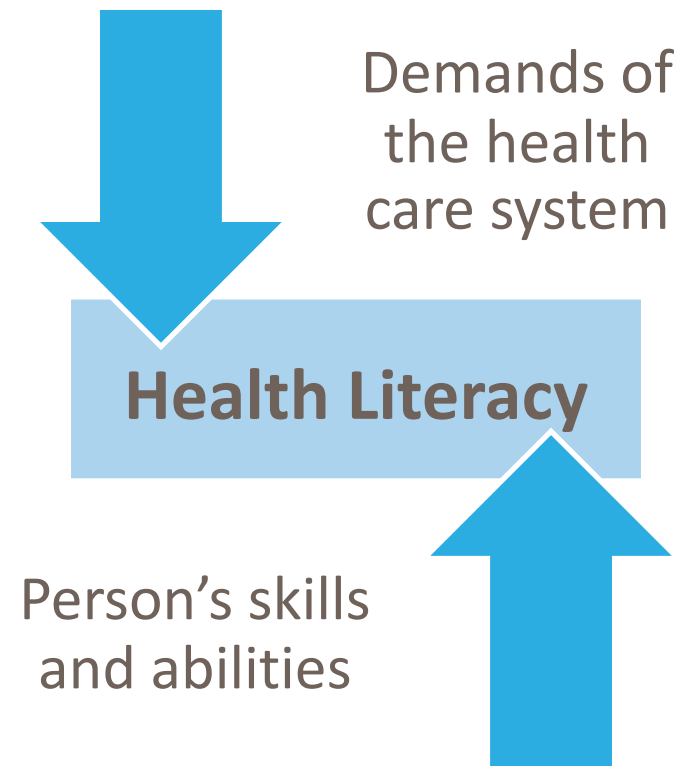
Training objectives

By the end of this training, you will be able to:

- Explain what health literacy means
- Recognize indications that your clients are experiencing limited health literacy
- Apply health literate approaches to improve communication with your clients
- Explain the importance of organizational health literacy for Black gay, bisexual, and same gender loving men
- Describe what steps you and your organization can take to promote health literacy and deliver health literate HIV services

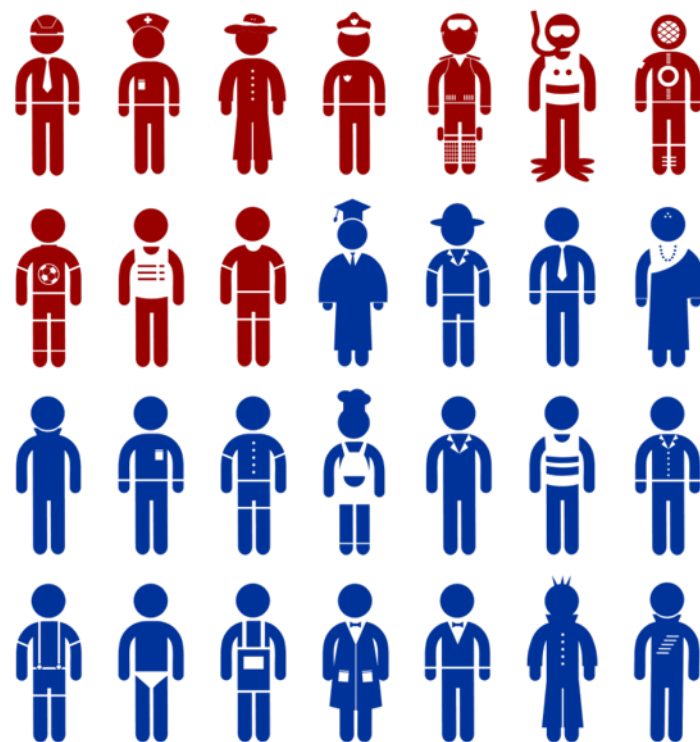
Definition of health literacy

Health Literacy: The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.



Who is at risk?

- Everyone can be affected by limited health literacy
- People most affected by limited health literacy include:
 - Older adults
 - Racial and ethnic minority populations
 - People of low socioeconomic status
 - Recent immigrants or other people whose first language is not English
 - Medically underserved people



89 million adults have limited health literacy.



How does limited health literacy affect people?

- Limited knowledge of the body
- Limited knowledge of the nature and cause of a disease
- Less awareness of how to prevent illness and stay healthy
- Less knowledge of their own medical conditions and self-care instructions
- Difficulty understanding numeric medical information
- Difficulty understanding when or how to take medication
- Difficulty identifying risks and side effects printed on drug labels

How does limited health literacy affect health outcomes?

People with limited health literacy are:

- More likely to describe their health as “poor”
- Less likely to use preventive services
- Less knowledgeable about medical conditions and treatment
- More likely to use emergency services
- Often ashamed about their health literacy skill level

Indications that a client may have limited health literacy

General indications

- Does not take medications correctly

General indications

- Does not take medications correctly
- Frequently misses appointments
- Fails to follow through on tests or referrals

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- Does not complete intake forms
- Cannot provide a detailed history of their illness or treatments

General indications

- Does not take medications correctly
- Frequently misses appointments
- Fails to follow through on tests or referrals
- Does not complete intake forms
- Cannot provide a detailed history of their illness or treatments
- Asks few questions
- Avoids reading tasks using commonly accepted reasons
- Does not remember information read earlier

Indications among people living with HIV/AIDS

- May not be able to articulate the basics of HIV
- Has a consistently high or unchanged viral load
- Does not take antiretroviral therapies correctly
- Has frequent hospitalizations
- Falls out of care
- May not engage in preventive care
- Has poor health outcomes



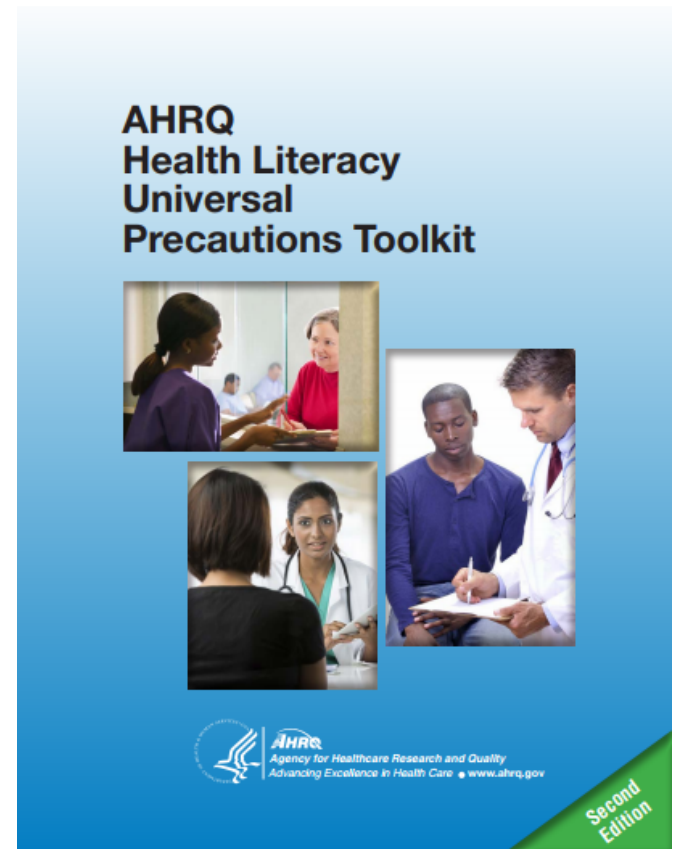
Universal precautions approach

Premise of the universal precautions approach to health literacy

- Many people struggle with understanding medications, self-care, instructions, and follow-up plans
- Ensure systems are in place to promote better understanding for all clients, not just those you think need extra assistance
- Everyone benefits from simple language

Universal precautions takes an organizational commitment

Universal precautions need to be implemented by all staff



Socio-cultural factors

Social determinants of health

Health Equity: the absence of disparities or avoidable differences among socioeconomic and demographic groups or geographical areas in health status and health outcomes

Social Determinants of Health: the conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health outcomes, quality-of-life outcomes and vulnerabilities

- Housing instability
- Poverty
- Educational level
- Incarceration/justice involvement

Intersectionality and the Black MSM experience

Intersectionality: The idea that an individual may have multiple identities that intersect to create a whole that is different from the component identities

- A person's intersectional identity makes them unique
- Negative effects can be compounded when a person experiences multiple forms of discrimination at the same time.
- People may respond to instances of marginalization with one identity at the expense of another
- Black MSM may feel marginalized by the black community and by the LGBTQ community



Diversity

- Different cultural groups may share characteristics:
 - Race
 - Ethnicity
 - Sexual orientation
 - Sexual behavior
 - Country of origin
 - Geographic region
- Every person is different and has a different lived experience.

**No group is
homogeneous**

Attitudes, stigma, and their impact on health-seeking behavior

Stigma

Stigma: the prejudice, avoidance, rejection and discrimination directed at people believed to have an illness, disorder, or other trait perceived to be undesirable

- Stigmatizing social environments negatively affect health-related outcomes
- Health care facilities
- Work environments
- Business establishments
- Family gatherings
- Friend groups and social settings
- Institutions of faith
- Institutions of learning
- ...and many other places

Responses to stigma

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

Attitudes, stigma, and their impact on health-seeking behavior

- Health care providers should indicate their comfort and willingness to discuss sex and sexuality with clients
- Few Black gay and bisexual men report talking about HIV in any of their social circles
- In a recent study, 61% of Black MSM reported rarely discussing HIV with their physicians



Medical mistrust

- Lived personal experiences, or knowledge of historic community mistreatment can prevent individuals from seeking assistance
- This can create barriers to open communication with health care providers
- Take the time to answer questions, and use clear language when talking with clients

Health literacy



Cultural competency

Cultural humility & cultural competency

Cultural Humility

Willingness to increase self-awareness of biases and perceptions and engage in a life-long self-reflection process about how to put these aside and learn from clients (Tervalon, Garcia, 1998)

Cultural Competency

The ability to understand, appreciate, and interact with persons from cultures and/or belief systems other than one's own



Provider bias



- **Bias:** A preference for one thing, person, or group over another
 - Conscious (Explicit)
 - Unconscious (Implicit)
- Bias can become a prejudice against certain people or groups in ways that are unfair and lead to discrimination

Current evidence on how to reduce implicit provider bias

Some research suggests that implicit bias can be diminished by:

- Increased exposure to counter-stereotypes
- Increased internal motivation
- Increased cognitive empathy
- Increased emotional regulation
- Increased partnership building skills

Face to face communication

General strategies to improve spoken communication

- Use plain, non-medical language
- Limit content to 2-3 main points
- Repeat key points multiple times
- Incorporate words/expressions used by client
- Be specific
- Make sure instructions are appropriate for the client's life
- Consider client's cultural context
- Encourage client to ask questions

Important moments in HIV communication

- Explaining what to bring to a medical visit
- Explaining what to expect during a medical visit
- Explaining disease and symptoms
- Communicating medication instructions
- Describing medication side effects
- Explaining what health insurance is and how to use it

Health insurance literacy materials are available at the ACE TA Center

<https://careacttarget.org/ace>

Stay Covered All Year Long

Now that you've enrolled in health insurance, make sure you keep it.

Health insurance is important because it covers all your health needs, such as HIV medications and care, free preventive care, hospital stays, and substance use and mental health services. This guide covers what you need to do to stay covered throughout the year.

Pay premiums on time2
Report income and household changes4
What to do if you lose coverage6

TIP
Even if you have health insurance, stay in touch with your Ryan White Program case manager. She can help make sure you stay enrolled in ADAP and have access to financial help for insurance and Ryan White Program services like transportation and housing support.

ACE TA Center | Stay Covered All Year Long | Page 1

Making the Most of Your Coverage

Now that you've enrolled in health insurance, use this guide to learn how to start using your benefits.

ACE TA CENTER

Si no tiene seguro de salud, este es un buen momento para conseguirlo.

Tome medidas para una vida sana.

El seguro de salud ayuda a pagar por la atención médica que necesita para mantenerse sano. Con los cambios en las leyes de atención médica, ahora es más fácil conseguir seguro de salud. Más de 16 millones de personas ya se han inscrito, pero hay mucha gente que aún tiene preguntas o inquietudes. ¿Tiene preguntas acerca del seguro de salud? Estas son algunas respuestas:

“¿Para qué necesito seguro de salud? Ya recibo mi atención para el VIH a través del Programa Ryan White.”

“Mi administrador de caso me ayudó a encontrar un plan que cubre lo que necesito para mi salud, incluso los medicamentos para el VIH.”

El seguro de salud ofrece cobertura para todas sus necesidades relacionadas con la salud. Además de la atención y los medicamentos para el VIH, podrá obtener otros servicios de salud que incluyen:

- atención preventiva gratuita, como vacunas contra la gripe y exámenes de detección del cáncer;
- atención y medicamentos para otros problemas de salud como la enfermedad cardíaca o la diabetes;
- hospitalizaciones;
- tratamiento para el uso de sustancias y servicios de salud mental;
- atención para la maternidad.

El seguro de salud protege sus finanzas. Si ocurre algo inesperado, como un accidente de auto, no quedará en bancarrota por pagar sus cuentas hospitalarias.

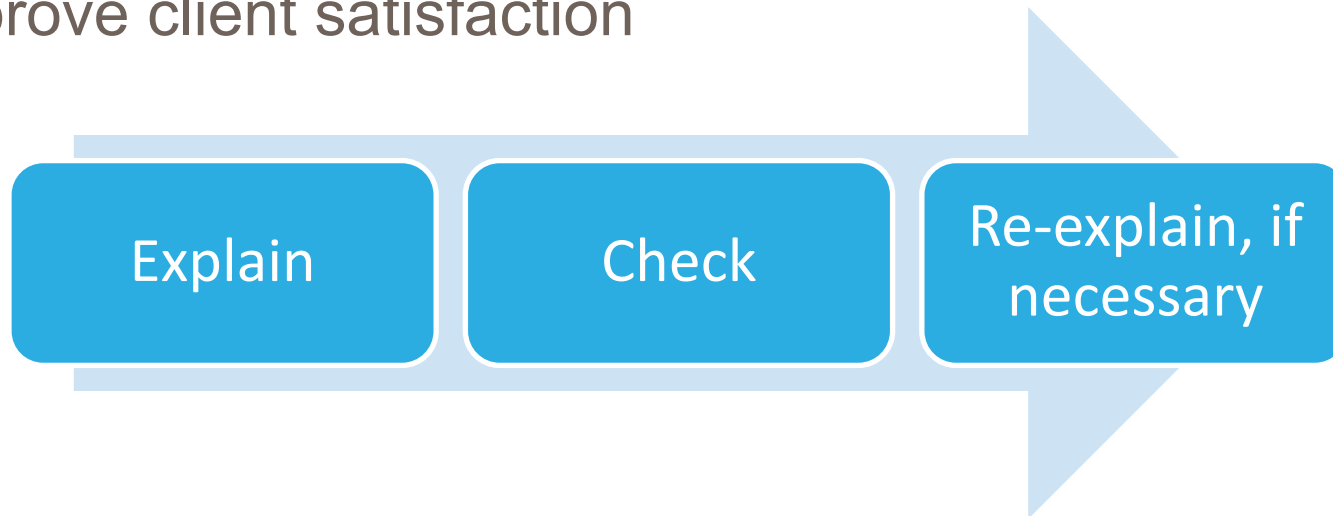
Centro de Asistencia Técnica de ACE | Obtenga cobertura para una vida sana | Página 1

Approaches to address health literacy

- Teach-back
- Ask Me 3
- Show Me

Teach-back method

- Improve client understanding and adherence
- Decrease call-backs and cancelled appointments
- Improve health outcomes
- Improve client satisfaction



Teach-back prompts

- In your own words, tell me...
- Explain to me...
- How will you explain...
- What will you do if...
- When will you...



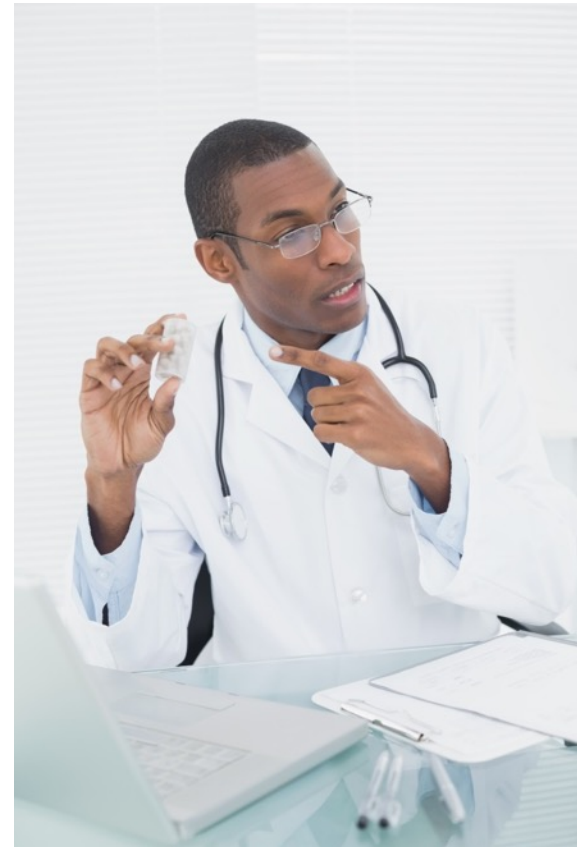
The Show-Me approach

Used to confirm that a client understands a skill or how to complete a task action by 'showing' the provider.



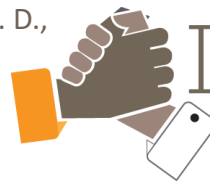
Tips for successfully using the Teach-back or Show-Me approaches

1. Use open-ended questions
2. Self-correct if you begin to use jargon
3. Document use of and client's response to teach-back and show-me approaches
4. Include family members or caregivers



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?



Vignette: Curtis

Curtis was diagnosed with HIV 2 years ago. With the help of his HIV meds, he's now undetectable. Curtis smiles and says, "That means I'm cured!"

What would you tell Curtis about viral suppression? How would you find out if he understands?

Tips for providers

- Focus on client
- Pay attention to non-verbal messages
- Listen to seek an overall understanding
- Be empathetic
- Ask questions
- Talk less, listen more

Other tips to communicate clearly

- Be self-aware
- Acknowledge personal limitations
- Sit down with client
- Slow down your speech
- Portray approachable body language
- Make client feel valued
- Ask what they can do to help the client



How health professionals can foster a care partnership

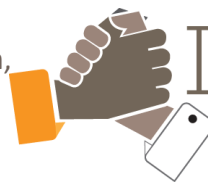
- Respect client's privacy and the privacy of their medical information
- Communicate openly about benefits and risks associated with treatment
- Provide client with information to make informed decisions about their care



Written communication

Formatting

- Immediately appealing
- Has a clear and obvious path for the eye to follow
 - Uses headings and subheadings (chunk)
 - Maintains consistent style and structure
- Uses **bolding** to emphasize important points
- Uses easy-to-read font in 12 point larger
 - Times New Roman
 - Arial
 - Calibri
- Left-justify text



Avoid

- ALL CAPITAL LETTERS
- *Italicized* text
- Underlined text
- Acronyms and contractions
- Technical words or jargon
- Passive voice
 - Passive voice: The results of your lab work will be sent to you
 - Active voice: We will send you your lab results

Word choice

- Simple words with 1 or 2 syllables
- Short sentences with 10 to 15 words
- Strong, vivid words, including verbs
- Words or phrases familiar to the audience
- At a 6th grade reading level
- Use culturally appropriate words

Content

- Focus on the patient's experience of the condition
- Clearly state:
 - What the client needs to do
 - Why the client needs to do it
 - When the client can expect results
 - What warning signs the client needs to watch for
 - What to do if a problem occurs
 - Who to contact with questions



Download posters and brochures

<https://hivhealthliteracy.careacttarget.org>



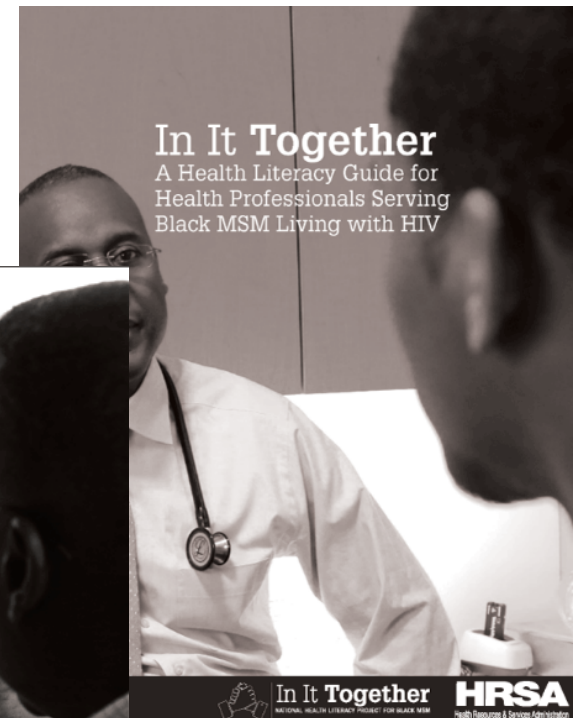
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NATIONAL HEALTH LITERACY PROJECT FOR BLACK MSM

HRSA
Health Resources & Services Administration



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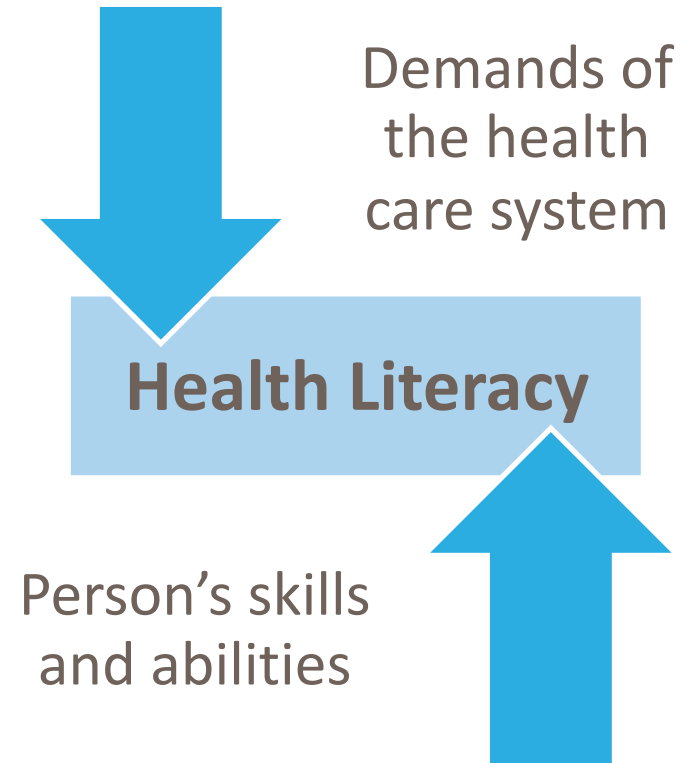
IMPROVING HEALTH LITERACY FOR BLACK MSM

Health literate organizations

Definition of a health literate organization

Organizations that:

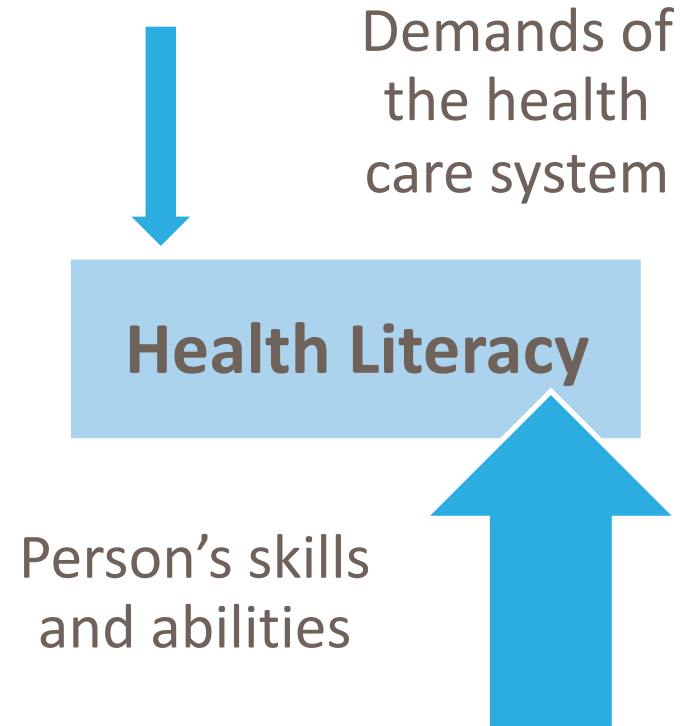
- Reduce demands placed on the client by the health care system
- Help people find, process, understand, and use health information and services
- Recognize that health literacy, language, and culture are interrelated



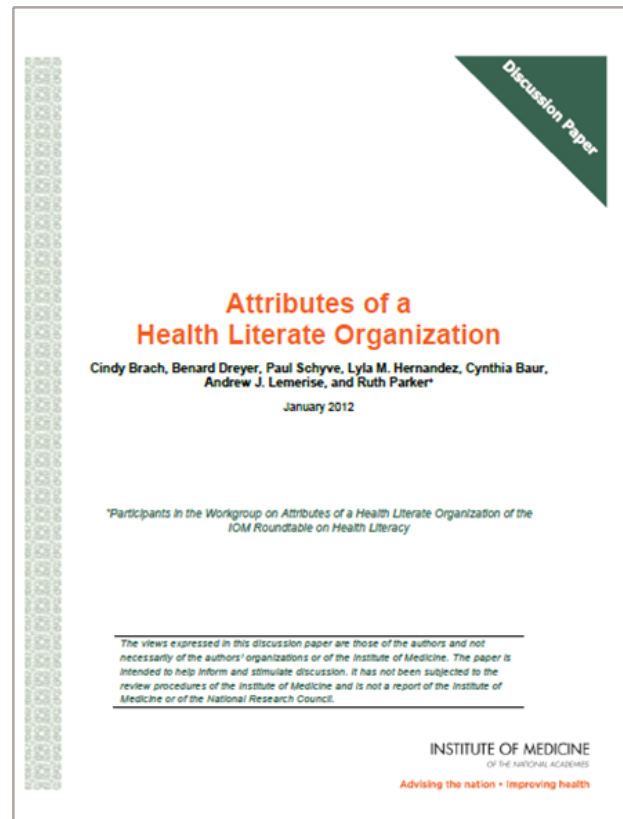
Definition of a health literate organization

Organizations that:

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10 attributes of a health literate organization



10 attributes of health literate organizations

- **Attribute 1:** Have 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:** Prepare the workforce to be health literate and monitors progress



10 attributes of health literate organizations

- **Attribute 4:** Include populations served in the design, implementation, and evaluation of health information and services
- **Attribute 5:** Meet needs of populations with different levels of health literacy skills to avoid stigma
- **Attribute 6:** Use health literacy strategies in communications and confirms understanding at all points of contact

10 attributes of health literate organizations

- **Attribute 7:** Provide easy access to health information, services, and navigation assistance
- **Attribute 8:** Design and distribute print, audiovisual, and social media content that is easy-to-understand and actionable
- **Attribute 9:** Address health literacy in high-risk situations, including care transitions and communications about medicines
- **Attribute 10:** Communicate clearly what health insurance plans cover and how much individuals will have to pay for services

Become a more health literate organization

- Start a discussion of health literacy in the workplace
- Form a health literacy team
- Set health literacy goals
- Create a health literacy improvement plan



The Health Literacy Resource Guide

Health Literacy Resource Guide

In It Together: National Health Literacy Project for Black MSM

Overview

This guide provides a curated overview of health literacy resources, organizational assessments, client assessments, and toolkits that your HIV program can use to begin or enhance efforts to provide services that meet the needs of clients with limited health literacy. The resources in this guide can be adapted to a variety of health care settings.

[Expand](#)

Section 1: Relationship Between Health Literacy and Culture

Resources in this section focus on the relationship between cultural competency and health literacy and provide information that health care organizations can use to improve their cultural competence.

[Expand](#)

Section 2: Organizational Frameworks for Providing Health Literate Services

This section describes overarching care models that health care organizations can use to incorporate health literate practices into all aspects of planning and operations.

[Expand](#)

Section 3: Organizational Assessments and Toolkits

This section contains comprehensive toolkits and assessments designed to look at health care organizations' current communication environments, suggest improvements to organizational practices, and plan for implementation of those improvements.

[Expand](#)

Section 4: Materials Improvement Tools

This section contains tools to help organizations create written materials for print and online media that meet the communication needs of clients of all health literacy levels. These tools focus on how to involve consumers when developing and testing materials, which is an integral step in creating materials for clients.

[Expand](#)

Section 5: Strategies to Improve Communication

This section contains evidence-based verbal communication strategies that health care providers can use in their interactions with clients to ensure that clients are able to obtain, process, and understand the basic health information they need to make appropriate health decisions.

[Expand](#)

Section 6: Further Reading and Training

This section contains health literacy data and findings that can help health care organizations justify investments in health literacy. This section also contains information about local health literacy initiatives.

Start today!

Promote the use of health literate practices

- Universal precautions approach
- Clear communications
- Cultural competence

Thank you!
Please complete your
evaluation.

[INSERT LINK HERE]



This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U69HA30143: Building Ryan White HIV/AIDS Program Recipient Capacity to Engage People Living with HIV in Health Care Access. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government. The persons shown in photographs on this website/tool/resource are models and are being used for illustrative purposes only.

Administrative information

Expectations for trainers

- Identify organizations at which to train
- Inform JSI when trainings are scheduled
- Collect training participant information on sign-in sheets
- Provide participants with online evaluation link



What organizations should you train?

- Health care organizations in your community that serve Black gay, bisexual, and same gender loving men
- Community: The metropolitan area for which you were selected as a trainer

Who should you train?

- Physicians
- Physician assistants
- Nurse practitioners
- Registered nurses
- Nurse aides/medical assistants
- Social workers
- Case managers
- Community health workers
- Pharmacy staff
- Intake staff
- Outreach staff
- Health educators
- Health navigators
- Enrollment specialists
- Others working in HIV prevention, care, and treatment

How to get connected with organizations

- Community trainings
- Training requests submitted through the website
- Conference presentations

Reimbursement

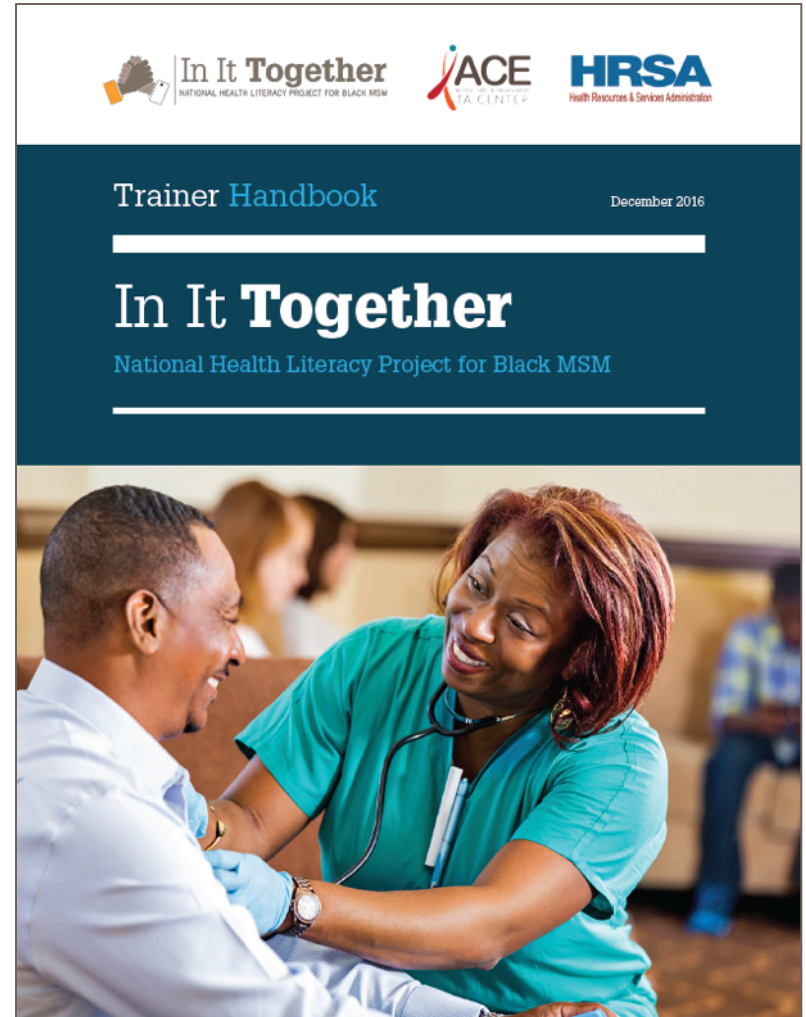
- 50 community trainings will be funded per year on a first-conducted-first-compensated basis
- Stipend of \$250 per training
- Maximum three trainings compensated per trainer
- Maximum three trainings conducted in a community
- You are welcome to conduct additional sessions as a volunteer or with direct support from a community organization

To receive your stipend:

- Complete and submit a W-9
- Inform JSI of a scheduled training and obtain evaluation link
- Conduct training and collect evaluation data
- Submit the completed sign-in sheet to JSI via email or mail
- Allow 30 days for processing

Trainer packet

- Trainer Handbook
- Scheduling Worksheet
- Sign In Sheet
- Contextualizing Your Presentation
- Community Training Slides
- Health Professional Brochure
- Client Brochure
- Trainer FAQ



Questions?



Thank you!

hivhealthliteracy@jsi.com

Please complete the evaluation.

http://bit.ly/tot2017_evaluation

