Practicing health literate communication to engage black MSM in care

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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
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

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

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

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


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


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
ASK ME THREE™ EXERCISE

Jamaal is a 33 year-old financial analyst who was recently diagnosed as HIV positive. Homophobia is very common in his community and though his boyfriend and his very close friends know his HIV status, his family and the majority of his friends do not. Jamaal is extremely nervous to start his ART treatment program because it increases the likelihood that someone will find out that he is same-gender loving and HIV positive.

William has been in a committed relationship for the past 30 years and is 63 years old. He is looking forward to retirement and plans to play chess and volunteer more in his community and at his church. William recently updated his will and life insurance policy, and as part of that process, William received an HIV test and was diagnosed as HIV positive. He is at his first visit to his HIV care provider.

Kevious is 20-years old and is in his third year of university, where he is studying psychology. He plans to become a physician assistant. He and his girlfriend both got an HIV test on a whim at a mobile clinic that was set up outside a local bar. Kevious just received the results of his confirmatory test and is still in shock. He did not complete the sections of the personal history form that address sexual activity and has stated to his nurse that he just wants to get the drugs he needs to take and go home.
Teach-back Exercise

Leo is 26 and received his HIV diagnosis a few years ago. At that time, he lived at home and was on his parents’ insurance and didn’t want them to find out. Since he felt fine, Leo decided not to go on meds. Leo has since moved to the city. He lives in an apartment with some roommates and has a good job. Recently he heard some friends talking about a pill that you just have to take once a day to cure HIV. He has come to the clinic to see if he can get a prescription for the pill that cures.

Odell is 48 and single. He has been on antiretrovirals for six months, but his CD4 count has not increased. When asked how he is feeling, Odell says that he has been experiencing bouts of nausea. He did some internet research and decided that he might be lactose intolerant, so he has recently cut dairy out of his diet and has been eating a lot more meat. He also cut back on his meds, and now is starting to feel better. His daughter is getting married in a couple of months and he has been practicing his speech and his first dance at the wedding.
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)

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
Tips for health literate social media content

- Let your audience determine the best technology to reach them; don’t let trends in technology drive your platforms
- Embrace user-centered design
- Be mindful of concerns about privacy on public pages

It is important that your social media outreach is accessible on mobile devices
UNIVERSAL PRECAUTIONS APPROACH
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.
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**: Makes 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.
- 3 in 10 gay and bisexual men don’t have a regular physician.

Why is a health literate organization important to Black MSM?

- 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.

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

https://hivhealthliteracy.careacttarget.org

Click on the Community Training folder

Click the Contact Us to Request a Training button
Tools to support health literacy in the workplace

https://hivhealthliteracy.careacttarget.org
Health literacy training materials, brochures and posters are available for download on the microsite https://hivhealthliteracy.careacttarget.org
Who are our mighty health literacy trainers?

What questions do you have?
Thank you!
Please complete your evaluation forms.

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