

CEC LESSON

This lesson is designed specifically for Client Experience Contributors (CECs).

SUPPORTING HEALTH LITERACY AMONG BLACK MSM

Kurt Ragin, Jr.

This lesson is designed to teach CECs how to support the health and wellness of Black men who have sex with men (BMSM) through increasing and sustaining their health literacy. This includes, but is not limited to, teaching what health literacy means, how to assess a client's health literacy, and implementing tactics which promote health literacy.

FORMAT

Workshop

TIME

90 minutes





PREPARATION

The facilitator(s) should use this section to prepare for the lesson.

PREPARATION

WHY THIS LESSON IS IMPORTANT FOR BLACK MEN

Health literacy is known to affect vulnerable communities, particularly vulnerable communities impacted by HIV/AIDS, such as the BMSM community (Wawryzniak, Ownby, McCoy, & Waldrop-Verve, 2013). When we think about increasing the sexual health and wellness of BMSM, health literacy has been shown to impact client and client experience contributor communication and decision making- two important factors of sexual health and wellness (Wolf, Curtis, Wilson et al., 2012). Health literacy is a complex concept highlighting access to and skillful use of health-related information to inform and improve health decision-making, behaviors, and outcomes. It is closely correlated to socioeconomic status and education, underscoring an increased risk for low health literacy among those who are most vulnerable. HIV/AIDS disproportionately impacts the most vulnerable populations including, but not limited to, those with low socioeconomic status, and members of racial, ethnic, and sexual minorities, making their low levels of health literacy a factor that complicates their health care (Dewalt, Berkman, Sheridan, Lohr, & Pignone, 2004). Increasing health literacy for BMSM allows us to positively contribute to their sexual health and wellness as we best equip them with the knowledge and skills to make informed decisions about their sexual health and wellness.

GOAL

Participants will increase their knowledge and skills integral to the provision of education and care that promote health literacy for BMSM clients.

OBJECTIVES

By the end of this lesson, participants will be able to:

- Identify clients that are experiencing limited health literacy
- Implement health literate tactics to advance communication with clients
- Promote health literacy and deliver health literate HIV services to BMSM
- Expound on the importance of organizational health literacy for BMSM

TIME

STEPS 1–4	Introductions and Opening Activity	15 min.
STEP 5	Introducing Health Literacy	20 min.
–	Break	5 min.
STEPS 6–8	Communication Methods to Improve Health Literacy	40 min.
STEPS 9–11	Closing Activity	10 min.

REQUIRED BACKGROUND KNOWLEDGE FOR EDUCATORS

In order to effectively implement this lesson, the facilitator(s) should possess:

- A minimum of one year of working with LGBTQ+ populations
- A minimum of one year of working within an LGBTQ+ healthcare agency
- At least one year of experience providing adult education
- Effective group management skills

KEY TERMS

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.

Homonegativity: the acceptance of societal anti-gay attitudes toward oneself.

Stigma: deep discrediting associated with a circumstance, quality, or person.

Sexual stigma: negative regard, inferior status, and relative powerlessness that society accords to any non-heterosexual behavior, identity, relationship, or community.

FACILITATION PREP

The facilitator(s) should complete the following tasks before the lesson starts:

- ❑ This lesson includes a slide presentation, “Supporting Health Literacy Among Black MSM,” which can be found on the SWAG Toolkit website. Review the full presentation at least one day prior to the session to become familiar with its contents.
- ❑ Check your space 60 minutes in advance of the session to ensure that a computer, projector, and projector screen are available and in working order, and the presentation can be seen and navigated properly. If you do not have access to technology, print out the presentation as a handout for each participant.

HANDOUTS

Each participant should be provided with the following printed materials:

- ❑ H1, “Supporting Health Literacy Role Play”

MATERIALS

The facilitator(s) should have the following materials for the lesson:

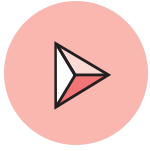
- ❑ Pens or pencils (*one for each participant*)
- ❑ Computer
- ❑ LCD projector, screen, and connector cables
- ❑ “Supporting Health Literacy Among Black MSM” slide presentation
- ❑ Stopwatch or timer
- ❑ 2 x 8–16 oz bottles hand sanitizer
- ❑ 2 boxes Kleenex
- ❑ Small objects such as play dough, pipe cleaners, stress relief balls to go on tables to assist in concentration for participants

SPECIAL CONSIDERATIONS

This lesson is written to be delivered to groups of practicing client experience contributors (CECs) ranging from 10–30 participants, with participants working in groups of five. If there are less than 10 participants there is no need to create small groups. The physical space needs to accommodate 10-30 participants as one large group, accommodate small group break outs, and is inviting for individuals with various abilities and accessibility needs. Space should also be equipped with a screen, projector, internet connection, computer, sound, and a dry erase board.

The lesson has been written for one facilitator, although it can be cofacilitated. Multiple facilitators can provide diverse perspectives. Be sure to assess the qualifications of each facilitator including discussing in advance about sharing the training floor appropriately.

Lastly, in the case of emotional discomfort, having a licensed therapist or social worker accessible to help with unpacking emotions for any participant in need of emotional care is encouraged. Emphasize with participants that if they feel triggered by any words or experiences they have the liberty to leave the space to honor their needs during the workshop.



PROCEDURE

The facilitator(s) should follow the steps in this section to facilitate the session, and use the margin for notes and prompts.



Introductions and Opening Activity

STEP 1

Welcome participants to your session, and thank them for coming. Briefly introduce yourself, sharing your name, pronouns, and no more than two sentences about who you are. Explain group introductions will take place momentarily as a part of the icebreaker.

STEP 2

Review all established community agreements and reaffirm consent from the group. If group agreements have not been completed, please create them at this time (*use the Community Agreements lesson, if necessary.*)

STEP 3

Introduce the session topic by informing the group that the lesson will explore health literacy and how it impacts the sexual health and wellness of BMSM.

STEP 4

Share with participants that the next few minutes will be used to engage in an introduction icebreaker. Instruct participants to share their name, pronouns, and what the theme song to their life would be. After all participants have shared, be sure to restate your name and pronouns, and share your theme song. Thank everyone for sharing.



Introducing Health Literacy

STEP 5

Open the slide presentation included with this lesson, Slides S1, “Supporting Health Literacy Among Black MSM”. Proceed through the slides as follows:



SLIDE 1 Title Slide

Introduce that participants will be learning about the scope and impact of health literacy as it pertains to the sexual health and wellness of Black men who have sex with men (BMSM), and skills to enhance health literacy with BMSM clients.

SLIDE 2 What Is Health Literacy?

Encourage participants to offer their own definitions of medical mistrust aloud.

SLIDE 3 Health Literacy Defined

To encourage participant engagement, ask for a participant to read the definition of health literacy aloud from the slide. If no one volunteers, proceed to read the definition aloud.

Before moving on, ask participants if there is anything they would change to the definition provided. As you allow additional thoughts, thank them for sharing and remind them that this is the definition that will inform the workshop.

SLIDE 4 Health Literacy Impact

Share with participants that low to no health literacy has been shown to impact certain communities including, but not limited to, the populations listed on the screen. Highlight that it is not uncommon for these identities to intersect, particularly among BSM.

Review bullet points on slide aloud. *(You may choose to engage participants by having volunteers read the bullet points aloud.)*

SLIDE 5 Limited Health Literacy

Review bullet points on slide aloud. *(You may choose to engage participants by having volunteers read the bullet points aloud or asking what else they would add to the list provided.)*

Highlight that limited health literacy also tends to correlate with:

- Individuals describing their health as poor
- Individuals who are less likely to access preventive services
- Individuals who are ill informed about the nature of a condition and treatment options
- Individuals who are more likely to access emergency services

SLIDE 6 How Can You Assess Limited Health Literacy?

Read the question aloud and then solicit responses from participants.

SLIDE 7 Signs of Limited Health Literacy

Review bullet points on slide aloud. *(You may choose to engage participants by having volunteers read the bullet points aloud, or asking what else they would add to the list provided.)*

SLIDE 8 Signs of Limited Health Literacy Among People Living With HIV/AIDS

Review bullet points on slide aloud. *(You may choose to engage participants by having volunteers read the bullet points aloud, or asking what else they would add to the list provided.)*

Highlight that this may present as:

- Lack of awareness regarding various strains of HIV or increased susceptibility for STIs
- Engaging in prevention practices even if partner or partners are also living with HIV/AIDS
- Lack of awareness of resources to assist in offsetting costs of medication, housing, etc.
- That an HIV/AIDS diagnosis is considered a disability and may make them eligible for service that can positively impact quality of life
- Stereotypes and stigma around medication or status disclosure that may put them or partners at risks

SLIDE 9 There is No “I” in Team Work

Share with participants that increasing health literacy as a team for a client is most helpful. As clients build various levels of trust with their care team, they may disclose some things to one CEC that they don't share with another, providing multiple windows of opportunities to supportively educate clients and increase their health literacy.

SLIDE 10 Contributing Factors to Limited Health Literacy Among Black MSM

Explain the following terms:

- Internalized Homonegativity is the acceptance of societal anti-gay attitudes toward oneself.
- Stigma is a deep discrediting associated with a circumstance, quality, or person.
- Sexual stigma is negative regard, inferior status, and relative powerlessness that society accords to any non-heterosexual behavior, identity, relationship, or community.

SLIDE 11 Responses to Homonegativity

Review the bullet points aloud. (You may choose to engage participants by having volunteers read the bullet points aloud, or asking what else they would add to the list.)

SLIDE 12 Responses to Stigma and Sexual Stigma

Review the bullet points aloud. (You may choose to engage participants by having volunteers read the bullet points aloud, or asking what else they would add to the list.)

SLIDE 13 Cultural Factors That Influence Literacy Among Black MSM

Review the bullet points aloud. (You may choose to engage participants by having volunteers read the bullet points aloud, or asking what else they would add to the list.)

Highlight that medical mistrust is a very real and pervasive phenomenon among the Black community in the United States at large in addition to the BSM. Medical mistrust is a result of the medical field conducting experiments on the health of Black people without their consent and in cases such as the Tuskegee Syphilis Trial causing harm.

SLIDE 14 Socioeconomic Factors That Influence Literacy Among Black MSM

Review the bullet points aloud. (You may choose to engage participants by having volunteers read the bullet points aloud, or asking what else they would add to the list.)

Explain these factors impact specifically accessibility to services and professionals where health literacy can be provided.



Break

Announce that there will be a five minute break. Encourage participants to use the restrooms, stretch, etc. Remind them to return in five minutes.



Communication Methods to Improve Health Literacy

STEP 6

Welcome everyone back. Resume slide presentation.

SLIDE 15 Communication: Improving Health Literacy with Black MSM Clients

Share with participants the most effective way to increase health literacy is by using effective client-centered communication. Explain that we will discuss both verbal or in person communication methods as well as written forms of communication and social media.

SLIDE 16 Communication Methods that Support Health Literacy

Review the slide aloud. Share you will spend the next few minutes elaborating on each of the three methods listed.

SLIDE 17 The Ask Me 3 Method

Explain to participants that as their time with their client comes to a close, they should use the Ask Me 3 Method to summarize the engagement or appointment by asking the following:

- “What is the primary concern?”
The client should be able to share what the primary concern discussed was
- “What do I need to do?”
The client should be able to communicate what they need to do. (i.e. schedule a follow up appointment, pick up the referral for the specialist at the front desk and schedule to see the specialist in X amount of days, dietary changes, etc.)
- “Why is it important for me to do this?”
The client should be able to communicate why it is important for them to do what you have encouraged or instructed them to do.

STEP 7

Distribute a copy of Handout H1, “Supporting Health Literacy Role Play” to each participant, asking them to review the case study titled “Ask DeMarcus.” **Instruct** participants to find a partner as they and their partner will use the Ask Me 3 Method for the role play.

Explain to participants that they will have seven minutes to work through the role play and questions with their partner. **Explain** that each partner should have a turn playing Demarcus and the Client Experience Contributor.

STEP 8

Resume slide presentation.

SLIDE 18 The Show Me Method

Review new bullet points on slide aloud. *(You may choose to engage participants by having volunteers read the bullet points aloud.)*

Highlight this method can also be used to:

- Demonstrate how to properly open and use a condom
- Demonstrate how to facilitate a conversation about disclosing HIV/STI status
- Demonstrate how to ask for consent
- Demonstrate how to utilize an online portal to access medical records, appointments, telemedicine, etc.

SLIDE 19 The Teach Back Method

Review new bullet points on slide aloud. *(You may choose to engage participants by having volunteers read the bullet points aloud.)*

Explain this method:

- Helps CECs to assess how efficient information was taught and what needs to be reviewed with clients
- Has been shown to be successful regardless of initial health literacy levels
- Has been shown to improve health outcomes for clients on all literacy levels

SLIDE 20 Health Literacy in Written Materials

Share with participants that while verbal communication and in person exchanges are optimal ways to assess and enhance health literacy, utilizing written materials is another valuable form of communication to enhance health literacy.

SLIDE 21 Assess Current Written Materials

Review bullet points on slide aloud. *(You may choose to engage participants by having volunteers read the bullet points aloud.)* Highlight that after assessing current materials, remove irrelevant, out of date, exclusive or culturally inappropriate materials.

SLIDE 22 Create New Written Materials

Review bullet points on slide aloud. *(You may choose to engage participants by having volunteers read the bullet points aloud.)*

SLIDE 23 Social Media Content

Review bullet points on slide aloud. *(You may choose to engage participants by having volunteers read the bullet points aloud.)*

SLIDE 24 Final Recommendations

Review bullet points on slide aloud. *(You may choose to engage participants by having volunteers read the bullet points aloud.)* Share that these are final recommendations that may be integrated into communication methods that can enhance health literacy among BMSM clients.



Closing Activity

STEP 9

Ask if anyone has any outstanding questions about the lesson. Respond to these as necessary. Distribute a copy of the End-of-Session Evaluation to each participant. Allow participants 5–7 minutes to complete the evaluation, and collect them as they are completed. After five minutes, invite any participants who have not completed the evaluation to do so after the next activity.

STEP 10

Conclude by asking each participant to reflect upon their experience in this lesson. Instruct each participant to answer the following question:

- “Of the communication methods shared today which are you most inclined to integrate into the way you support the healthy literacy of BMSM?”

Encourage all participants to answer.

STEP 11

Once everyone has shared, thank the participants again for participating and then adjourn the session. Be sure to collect all evaluations to review and implement in future workshops as appropriate.



HANDOUT

SUPPORTING HEALTH LITERACY ROLE PLAY

Case Study: Ask DeMarcus

You are finishing your appointment with your 63-year-old African American gay client DeMarcus who shares he's been seeing Kyle, who is 17 years his junior. DeMarcus explains Kyle has reawakened his appetite for life and DeMarcus finds himself open to all types of new things. He expresses being happier than he's been in a long time, and hasn't felt depressed or anxious, so much so that he hasn't taken his antidepressants the past few days. You share with DeMarcus that having a partner who brings so much vitality is great. You also share that while he hasn't felt anxious and depressed, discontinuing his medications cold turkey can present other health concerns. You share with DeMarcus you desire to support him and propose he meet with his psychiatrist in the tapering off his medications through decreased amounts over the next few weeks. You share tapering will help curb some of the pain he's been in recently and the range of emotions that brought him to your office today as it sounds like he may be experiencing withdrawal.

1. What is the primary concern?
2. What does DeMarcus need to do?
3. Why is it important for DeMarcus to do this?