

NAVIGATING HEALTHCARE SYSTEMS AS A BLACK GAY MAN

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This lesson focuses on how to deal with the challenges of getting healthcare needs met due to barriers related to racism and homophobia within healthcare settings. This lesson will focus on harnessing self-efficacy and engaging supports.

KEYWORDS

Communication
Bias
Gender
Health/Sexual
Health
Race
Stigma
Stress Management

THEME

Discrimination
& Bias

FORMAT

Workshop

TIME

100 minutes



PREPARATION

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

PREPARATION

WHY THIS LESSON IS IMPORTANT FOR BLACK MEN

Black gay and bisexual men are disproportionately impacted by many health issues, including STIs and HIV (CDC, 2016). The health threats facing black men who have sex with men (BMSM) are woven into other negative cultural and structural determinants such as racism, homophobia, stigma, and inaccessibility to healthcare (Levy et. al., 2014). These determinants have grossly impacted the sexual health and welfare of BMSM, especially regarding access to support systems, resources, and holistic care (Buot, et.al., 2014). Black men who have sex with men have a difficult time receiving quality, culturally competent care that does not perpetuate racism, homophobia, transphobia, or HIV-related stigma. This continues to reinforce individual and structural barriers to knowledge, services, care, and resources that promote sexual health and wellness for BMSM (Buot, et.al., 2014; Peterson & Jones, 2009). It is important that BMSM have space to discuss and address their experiences with healthcare and develop a greater sense of agency, support, and dignity in their pursuit of quality healthcare.

GOAL

Participants will increase their capacity to self-advocate for high quality healthcare services, allowing for improved and/or sustained sexual health.

OBJECTIVES

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

- Describe three kinds of bias experienced by Black gay men seeking healthcare.
- Articulate a strategy for assertively communicating with a healthcare provider.
- Identify and demonstrate two strategies for reducing stress and anxiety.

TIME

STEPS 1–4	Introductions and Opening Activity	25 min.
STEPS 5–13	Recognizing and Resisting Bias in the Healthcare Setting	45 min.
STEPS 14–17	Prioritizing Mental Health	20 min.
STEPS 18–21	Closing Activity	10 min.

KEY TERMS

Anti-Black bias: biases or acts of bias that are specific to the lived experience of being a Black person (e.g., assuming that Black people requesting extra painkillers are over-exaggerating their pain, or might be requesting them to sell or abuse).

Anti-gay bias: biases or acts of bias that are specific to the lived experience of being homosexual (e.g., assuming that a gay individual has acquired, or is at risk for acquiring HIV, without any supporting information, assuming that a gay individual is automatically engaging in high-risk sexual behaviors (e.g., multiple partners, anonymous sex), a medical professional expressing fear or avoidance when discussing sexual health with patients).

Bias: Prejudicial thought or action that leans in favor of or away from one thing, person or group compared with another; can be obvious (explicit) or subtle and implied (implicit).

Conocimiento: meaning “having knowledge of”; describes a dialoguing practice that uses discussion prompts to encourage sharing and finding commonalities among individuals.

Intersectional bias: biases or acts of bias that are unique to the lived experience of individuals with multiple identities (e.g., Black gay men assumed to be living “double-lives”, having a primary female partner while secretly engaging sexually with male partners).

REQUIRED BACKGROUND KNOWLEDGE FOR EDUCATORS

This lesson can be led by any individual with at least a high school education and/or reasonable comprehension skill.

FACILITATION PREP

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

- This lesson includes the use of “Conocimiento” (pronounced “Coe-no-see-me-YEN-to”), a community building strategy developed by Dr. Robert Vargas for fostering healing and leadership development among traditionally marginalized communities. More information on this strategy can be found online at context.org/iclib/ic17/vargas (If you are not already familiar with this strategy of conversation building, it is strongly encouraged that you study the materials at this link prior to beginning of the session.)

- This lesson also includes the use of a video entitled “3-Minute Body Scan”, which can be found online at elishagoldstein.com/videos/3-minute-body-scan. Make sure you have WiFi access, and that the video can be successfully played prior to the beginning of the session. While this video does not require viewing, please make sure that you have access to proper sound for it to be heard by everyone in the space.

- Prepare a sheet of flip chart paper with the following list:
 - 1: Make Eye Contact
 - 2: Be Direct
 - 3: Be Short & Consise
 - 4: Ask For What You Need

Fold up the sheet and place it out of sight until the appropriate time during the session.

- Prepare four sheets of flip chart paper with the following prompts:
 - As a Black gay man, what I find hardest about getting good healthcare is...
 - If I felt fully comfortable with my healthcare provider, I would say to them...
 - One way I work to maintain my physical health is...
 - One way I work to maintain my mental health is...

Tape the sheets to the wall and provide markers. As each participant enters the room, instruct them to—without talking—write their answers to the prompts.

- Cut out cards from Handout H1.

MATERIALS

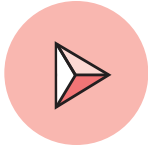
The facilitator(s) should have the following materials for the lesson:

- Name tags
- Markers/pens
- Flip chart paper or newsprint
- Computer/phone with Internet access
- Speakers

HANDOUTS

Each participant should be provided with the following printed materials:

- Cards from H1, “Four Assertive Communication Strategies”
- H2, “Stress Management Techniques”
- End-of-Session Evaluation



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 conduct brief introductions (name, pronouns, fun personal fact—optional) with the group as needed. Review all established group 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 2

Direct participants' attention to the sheets of flip chart paper they wrote on prior to the beginning of the session. Explain that you will now review the first two sheets. Invite participants to respond to them as they feel comfortable.

STEP 3

Select the sheet entitled “As a Black gay man, what I find hardest about good healthcare is...” and read each response. Stop between each for any participant feedback. Select the sheet entitled “If I felt fully comfortable with my healthcare provider, I would say to them...,” reading each response and stopping for any participant feedback.

After both flip chart sheets have been read, proceed through the following Discussion Questions:

- “What was it like to answer these questions publicly, or to hear your response read aloud?”
- “Do the responses written by any of the other group members ring true to your experience as well?”
- “Would anyone like to talk specifically about any of their responses to these first two prompts?” (Encourage participants to share, while reminding them that they are not required to discuss their particular experience.)

STEP 4

Conclude the discussion by asking participants if they have ever heard the term “Conocimiento”. If anyone has raised their hand, solicit one or two responses from anyone who has raised their hand. Explain that “Conocimiento” is a way for group participants to get to know each other, by sharing individual stories to find common ground. Explain that the group will do another Conocimiento activity later on in the session, and then move on.



Recognizing and Resisting Bias in the Healthcare Setting

STEP 5

Adhere a clean sheet of newsprint to the wall, and then ask participants to answer the following question:

- “What are some specific ways a Black gay man might know that he is being provided sub-standard health care?”

Write participants’ responses on the sheet of flip chart paper.

STEP 6

Look at the list and circle any items that mention the word “*bias*”; if the word hasn’t been written, write it down on the sheet and circle it with a bright marker color. Ask participants the following question:

- “In what ways might bias impact a Black gay man’s experience of seeking health care?”

If participants seem confused by the term, read the definitions for bias listed in the Key Terms section of this lesson. Encourage participants to consider all types of biases (ie., anti-Black bias, anti-gay bias, anti-HIV bias) in their answer.

STEP 7

Solicit a show of hands from participants of anyone who has ever experienced bias while seeking healthcare services. Proceed through the following Discussion Questions:

- “What does it feel like to experience this kind of bias?”
- “Have you ever experienced bias and felt guilty or paranoid for calling it that?”

STEP 8

Explain to participants that it is normal to worry that we are being overly-sensitive when bias happens against us, particularly when it’s done by someone we don’t know, who we wouldn’t think has a “reason” to have a bias.

STEP 9

Encourage participants to consider that even if bias isn’t what’s happening in the moment, someone may still be experience a care situation that’s less than ideal. **Solicit** 2-3 examples from participants of ways they might communicate their needs to their healthcare provider when things aren’t going ideal, being careful not to judge what is shared.

STEP 10

Explain to participants that sometimes it might help to practice effective ways of addressing our challenges respectfully with medical professionals, to avoid getting caught off-guard when someone is out of line. **Distribute** the cards from **Handout H1, “Four Assertive Communication Strategies,”** and then **reveal** the flip chart sheet with the communication strategies written on them. **Read** each strategy aloud, one by one. **Ask** participants if they have any questions about the list before moving on.

STEP 11

Divide participants into four small groups. **Explain** that they will now try using these strategies during a specific customer service scenario. **Distribute** one scenario from **Facilitator Resource A, “Assertive Communication Scenarios”** to each small group, and then **give** them seven minutes to create a role-play. **Instruct** them to select one person to play each role in the scenario and determine as a group what each person will say.

STEP 12

After seven minutes, **reconvene** the large group, and have each small group perform their role-play. **Allow** the small groups to give each other feedback after each scenario. After all the presentations have been given, **proceed** through the following Discussion Questions:

- “What was it like to think about and engage in these scenarios?”
- “Was there anything you noticed about the role-plays that surprised you?”
- “On a scale of 1 (‘Absolutely Not’) to 10 (‘Completely’), how comfortable do you think you would be discussing actual challenges with your actual healthcare provider?”

STEP 13

Conclude the exercise by reminding participants that while medical professionals may be experts in their field of care, they are the ultimate experts on their own body. Encourage participants to keep practicing any new skills, as it may take time for them to build a more long-lasting comfort. Encourage them to trust their gut if they are feeling uncomfortable in the future, and to not be afraid to ask questions to ensure they are getting good care.

**Prioritizing Mental Health****STEP 14**

Direct participants' attention to the two remaining sheets of flip chart paper adhered to the wall featuring health management strategies. Allow participants to review the answers on the sheets silently. Solicit any clarifying questions participants may have about the items written, and then validate the strategies that participants have presently used to take care of themselves.

STEP 15

Invite participants to think more deeply about the responses on both flip chart sheets by considering how compromises in mental health can affect both our physical health, and our ability to effectively advocate for ourselves in healthcare spaces. Explain that, for example, when we're dealing with unchecked depression, that might cause us to avoid eating regular meals or remaining hydrated, which can adversely affect a person's mental clarity, causing us to avoid raising health concerns up with doctors when they occur. Solicit 2-3 examples of links between mental health strategies and physical health/advocacy outcomes from participants before moving on.

STEP 16

Explain to participants that stress is often one of the major causes of less-than-ideal mental health, and then distribute Handout H2, "Stress Management Techniques" to each participant. Solicit 3-4 volunteers to read each section. Ask if participants have any questions about the items listed, then explain that they will now practice one of the exercises, via a "Body Scan". Explain that a body scan is a slow and intentional process where one can focus extra attention on various parts of their body that might usually go overlooked.

STEP 17

Cue up and play the video “3-Minute Body Scan.” When it ends, solicit and validate 2-3 reactions from the group. For participants who have not had experiences with this type of activity, affirm any initial discomfort they may have. Explain that for some, comfort comes with greater practice of the exercise.

**Closing Activity****STEP 18**

Close the session by congratulating participants for their willingness to engage and contribute. If they have not yet, encourage participants to consider adding body scanning and another other of the activities from the handout to their list of self-care/mental health strategies.

STEP 19

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 20

Solicit any remaining questions participants have about the session. Close by asking each participant to name one thing they are glad to have learned in this session, and one thing they will continue to think about after they leave.

STEP 21

Once all final thoughts are shared, thank participants again for their time and adjourn the session.



FACILITATOR RESOURCE A

ASSERTIVE COMMUNICATION SCENARIOS

Directions: Cut out each scenario below for use in **STEP 11**.

Scenario 1: The doctor asks you if you have a girlfriend. When you say “no,” the doctor asks if you are having sex with any girls/women. When you say “no,” the doctor moves on to the next subject. However, you would like to discuss your current sexual behavior in order to make sure you are getting the proper screenings.



Scenario 2: You mention to your doctor that you are worried you may have chlamydia, because your last partner has alerted you that he recently tested positive for it. The doctor says she will test your urethra for STIs and asks you to give a urine sample. However, your last partner was a top, so you need to have an anal swab in order to be tested. Your doctor has not mentioned that option though.

Scenario 3: You mention to your dentist that you are having substantial pain after a tooth extraction and the medication he prescribed isn't helping. He states that you should be fine, as long as you take the medication as directed. He then attempts to end the conversation.





Scenario 4: You overheard the doctor speaking to someone outside your treatment room. You heard them say, “I'm pretty sure he's just trying to get more pain meds. He's one of those.”



HANDOUT

FOUR ASSERTIVE COMMUNICATION STRATEGIES

Directions: Cut along the lines below and distribute to participants in **STEP 10**. Encourage participants to take this with them, and keep it in their wallet for reference.

<p>4 Assertive Communication Strategies</p> <ol style="list-style-type: none"> 1. Make eye contact. 2. Be direct. 3. Be short & concise. 4. Ask for what you need.  	<p>4 Assertive Communication Strategies</p> <ol style="list-style-type: none"> 1. Make eye contact. 2. Be direct. 3. Be short & concise. 4. Ask for what you need. 
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HANDOUT

HANDOUT

STRESS MANAGEMENT TECHNIQUES

MOVE YOUR BODY

Physical activity can be a great way to distract from stress. In addition, physical activity also releases chemicals in your body which assist in managing stress and mood. You don't have to do a full exercise routine. Try something more manageable like taking a quick walk or even just standing to shake off your stress a little.

MEDITATE

Meditation may sound like something you don't know how to do, or something complicated. Meditation can be simple though. Here's a simple way to meditate that we can do right now. Sit up straight with your feet on the floor. Close your eyes. Focus your attention on silently saying "I feel at peace." If you begin to get distracted, that's okay. Just let those thoughts float away like leaves on a river. Just take a minute or two and silently say to yourself, "I feel at peace." Even this short meditation can be a useful way to start reducing your level of stress. As you get more comfortable with meditation, you may want to try something longer. In addition to stress relief, meditation is a great tool for helping people to be intentional about their thinking. This is useful when depressing thoughts come up, because you will be better able to focus on other thoughts instead.

DEEP BREATHING

Deep breathing allows you the opportunity to remove yourself from a stressful situation and focus our attention elsewhere. However, it has also been shown that deep breathing impacts a part of your brain that is partially responsible for level of calm. One way to practice deep breathing is to place your hand on your belly as you inhale through your nose. As you feel the breath expand your belly, focus on that expansion. Then, as you exhale, focus on the shrinking. Repeat for a few minutes.

SELF CHECK-IN

Take a deep breath. Then take another one. Try to get in touch with your body and notice where you are feeling the stress. Also, try to notice where you might be feeling calm. If you locate a source of stress that you can do something about, do it. That may mean a quick massage or it may mean a hot shower. But if you find that you can identify a stressful area in your body where you can intervene, intervene.