SPRING 2024

HOMEWARD

HEALTH CARE for the HOMELESS

Intro to Health Literacy

Since starting in January 2022, REI Health Specialist Arie Hayre-Somuah, LMSW, MPH has worked with our clinical teams to identify health disparities and move us closer to health equity. This year, she is turning her focus to the topic of health literacy.

We all want to make informed decisions about our health when we see a doctor. But it can be confusing and overwhelming to wade through all the information. Our ability to process and understand health information relates to the concept of "health literacy."

When you hear the word "literacy," it is easy to think only about the ability to read. But health literacy is a far broader concept: we are speaking to a person's ability to ask relevant questions, assess information as credible, communicate effectively, use medical tools like a thermometer correctly, or understand instructions. Generally, health literacy is a person's ability to understand, comprehend, and apply all forms of health information to make informed health decisions.

How does someone's health literacy level impact their experience getting care?

If you do not understand the medical terms your doctors are using, that may change how you answer their questions, which may affect your diagnosis and treatment. If the instructions on your prescription label are unclear to you, that determines how and if you take your medications. When a clinic fails to post flu clinic information in languages spoken by the people they serve, those individuals are less likely to know about the flu clinic and get vaccinated. These are small but important examples of how low health literacy can lead to poorer health outcomes including more hospital stays, higher medical costs, and misdiagnosis or treatment errors.

How does health literacy tie into racial equity?

At its core, health literacy is an issue of equity. Historically, Black and Brown people in the U.S. have been denied the opportunity to engage with resources that could positively affect health literacy levels. Examples of this include 18th and 19th century laws banning teaching enslaved people to read and write, Jim Crow laws that legalized racial segregation and limited non-white individuals' access to equitable education and healthcare, and income inequality resulting from systemic oppression.

Additionally, due to the legacy of unethical medical treatment and research in the U.S., such as the mass sterilization of Puerto Rican women in the 1930s, and the Tuskegee syphilis study from the 1930s-1970s, high levels of medical mistrust exist within these communities. A person cannot make informed health decisions if they do not trust the information they are given or the people who deliver care. As a health care clinic committed to racial equity and inclusion, it is our responsibility to prove our trustworthiness through our care—and ensuring clients have the tools necessary to make the best health choices for themselves is the first step.

Continued on page 2...

...Continued from page 1

What's in store for 2024?

We have been informally addressing health literacy through methods like avoiding medical jargon where appropriate, using language translation lines, and ensuring all health education information is available in English and Spanish. However, we aim to become more deliberate about the methods we use to engage clients of varying health literacy levels. I am excited to formalize this process with a training to reintroduce our clinical staff to a shared concept of health literacy—what it is, why it's important, and how it impacts client care. I also plan to work alongside providers to identify a standard assessment tool to use during intakes. By having a basic understanding of someone's health literacy from their first visit, staff can provide more individualized care for clients to achieve better health outcomes.

How does health literacy show up in your life?

- Are you afraid to ask your doctor questions?
- Do you feel safe in health care settings?
- Are you comfortable challenging doctors' recommendations?
- Are all the materials given in a language you understand?
- Do your doctors use technical terms without telling you what they mean?

Day in the life: Community Health Worker

Gregory Rogers is a Senior Community Health Worker (CHW) with years of experience in addiction counseling. A vital part of a client's care team, CHWs work with clients to navigate care both in the clinic and out in the community.

8:00 AM It's early Friday morning, and Greg arrives at the lobby of 421 Fallsway. He greets the clients he recognizes and introduces himself to those he doesn't, checking in with people to assess their needs while they wait.

One man sits beside an oversized red suitcase. "That's a bright red sign he might need help finding a bed tonight," says Greg, before introducing himself.

A few minutes later, Greg jots down his name and number for another client trying to get into Project PLASE, a local shelter; he has contacts at all the local homeless service providers.

Nurse Adam Pfeifer finds Greg to touch base: a client they both work with didn't make it to treatment last night, and they're trying to find him. Greg will check the man's usual spots in the city today.

9:00 AM Greg moves up to the second floor to greet people waiting for medical appointments or MAT [medication assisted treatment]. "Everybody good this AM?" he calls out, friendly.

Someone in the corner catches his eye. "Good morning, man. Have you been here before?"

They sit and talk quietly. The man has been living at a treatment center for two years and needs permanent housing. "This is the place to be," says Greg, "because we've got MAT, dental, mental health, whatever you need."

"I'm trying to get straight. I never expected to live this long, to be honest," he admits.

"Hey, me neither brother," says Greg. "I know you're tired. You have to keep building on it. Are you going to meetings?"

Greg helps him look up specific NA groups around the city.

They shake hands and exchange information as Greg gets another call. "There are no shelter beds available right now," Greg says to the

person on the phone. "We can only send people to Baltimore Mission."

9:45 AM After checking in with staff around the building, Greg heads to a local food bank. He regularly picks up a few weeks' groceries at a time for clients who cannot leave their homes. "I don't like to go home and have food when my clients do not."

Once at St. Bartholomew's, Greg waits his turn in line while chatting with church volunteers. "Food insecurity is the biggest need I see right now," says Greg. The director agrees, citing rising food costs: "We get visitors from 60 different ZIP codes."

11:20 AM After Greg's SUV is filled with groceries, he puts the first address into his GPS. "Today I've got one drop-off in West Baltimore, three in East," he says. "The majority of my clients are undocumented; most are elderly, disabled, or unable to leave the house."

During one drop-off, Clayvon, who has seen Greg for five years, comes out to meet him: "Hey Mr. Greg!"

12:30 PM Back at Fallsway, Greg works on case notes and paperwork. "These days I'm working with about 40 clients at a time. Last year I connected with 400 people."

2:00 PM MAT Nurse Kathy Pretl calls Greg in for a conference with a client who's interested in going to inpatient treatment today. As he walks down the hall, he's already on the phone with a staff member at a local treatment center; they're on a first-name basis. "If he's already on suboxone, can we send him to you without detoxing?"

In Kathy's office, the client, John, is sitting in a chair by her desk. It's a close fit as they all sit down to talk business.

"I got a few options for you," he tells John. "I got one place in Dundalk, to start."

"I don't want to be stranded somewhere," John says, nervous. And his main concern is getting transported there. "If they don't take me right to the door I'll run away."

"If you want to get into treatment," Greg assures him, "we'll get you there. Don't worry."

Greg keeps a mental count of spots at local treatment centers—what beds are available where, each facility's requirements, what their program is like. Between Kathy, Greg, John, and a rolodex of Greg's contacts, they negotiate a spot at a nearby center. Kathy gets John a snack while they order an Uber.

"It's different when it's your choice to go," Greg tells him. "Trust me."

2:30 PM Greg escorts John downstairs, through the lobby, and out of the building to the Uber. He tells John a staff member will be waiting to meet him at the treatment center.

"You're the man, Greg."

"Hey, you're doing more for me than I am for you," Greg says. "That's the most beautiful day to me when someone decides to get treatment."

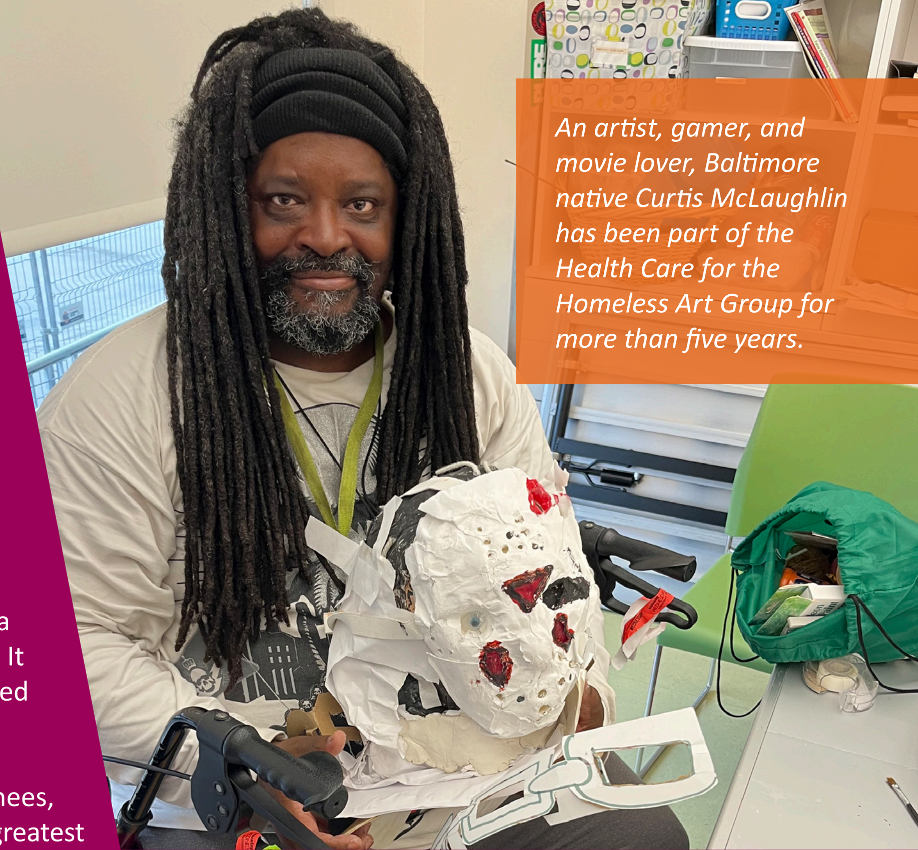
3:00 PM Greg gets back in his car. He drives around, checking on regulars and looking for the client who never arrived to treatment the night before.

"I'm the guy in Baltimore, if a person is missing and can't be found, I can find them. I can go to any home, any corner, and connect with people."

"People trust me," Greg continues. "That's the work of a Community Health Worker—to develop trust."

Greg is part of the Community Health Worker Coalition, too—advocating for better recognition of CHWs in Maryland. "We need to be supported, and employers need to value us just like they value case workers, social workers, other providers," Greg said at a recent rally.

PASS the MIC with CURTIS MCLAUGHLIN



An artist, gamer, and movie lover, Baltimore native Curtis McLaughlin has been part of the Health Care for the Homeless Art Group for more than five years.

Art is one of my coping skills. I can be anywhere and create art wherever I go.

Several years ago, that was stripped from me. I had a TIA, a small stroke. I couldn't use my whole left side. It made it hard to draw, or thread a needle. But I worked in physical therapy to bring myself back from that.

Right now I'm working on a sculpture of Jason Voorhees, from *Friday the 13th Part IV,* specifically. One of the greatest horror characters of all time. I am inspired a lot by the movies and characters I love: *Jaws, Assassin's Creed, Alien.*

People will say I live in a fantasy world; I know that. But I see something and I want to go make it. In the first Art Show I ever participated in at Health Care for the Homeless, we were making art about leaders who inspire us. I couldn't think of anything more inspiring than Batman. Now, I have him at home, in paper mâché, and he sits in my front window, watching the street corner—the one that says "No shoot zone."

I was raised in a foster home after age eight. I was very restricted; I felt like everything I did was reported back to someone. So I walked on eggshells my whole life, treading carefully, like David Carradine in *Kung Fu.*

When I was a teenager, I wanted to be out of the house as much as possible. I was happiest performing. I danced, I sang in choir, I played cymbals in the marching band. I could do impressions so good, people thought the radio was on—I could sound just like Optimus Prime.

At a Black History Month performance in high school, I got up there with the Black Awareness Club and did a reading in this deep baritone voice as John Henry—the man who beat the machine to make the railroad but died trying. Somebody even asked me to autograph their program.

But growing up in the system, I wasn't encouraged to pursue that. They didn't think I would finish the 12th grade. They didn't want to put me in independent living; they didn't think I should be in charge of my own money. But I said, "Nope. I must have faith that I can get through this." And I graduated on time—darn, I'm good!

People were always trying to close doors in my face...I'd say, "Open that door back up!"

I'll be 50 next year. Living through everything I've lived through, homelessness, living in shelters—people have put me through a lot of stuff. But I realized a few things in all that time: I was at peace with myself. People are going to do whatever they choose to do towards me and my character. I stay positive through all of that. Once you start going negative, your mental health goes out the window.

My brother, he's having some of the same health issues I've had: dysautonomia, tremors. He said he was going to sell his video games since it was harder to play; I said, don't sell your games! Your hand shakes, you have to use that to your advantage—that makes you better at button mashers. I'm great at Fruit Ninja. In Mortal Kombat, no one survives when they battle me!

I've lived my life. Now I just want to chill out—not break anything worse than it already is. I'm an uncle; my sister's children are the most important people in my life. I come to Art Group to refill my social battery, to get some quiet and peacefulness. When I'm in stress mode, I can start drawing, and it's a release. And maybe when I'm done with Jason, I'll hang him in the window and scare all the neighbors.

The Trans Health Equity Act bill signing in 2023; Governor Moore is joined by advocates, including members of the Trans Rights Advocacy Coalition

Protect trans rights

The Trans Rights Advocacy Coalition (TRAC) has been the driving force in championing trans rights policy changes in Maryland. Due to stigma and structural discrimination, transgender people – particularly transgender people of color – experience high rates of homelessness. Following the implementation of the Trans Health Equity Act in January, we talked with TRAC leadership about their work and community.

Some of the TRAC leadership team, from left to right: Brige Dumais (they/them), Maya Holliday (they/she), Ngaire Philip (she/they), Jamie Grace Alexander (she/they), Sam Williamson (they/them). Not pictured: Alexis Blackmon (she/her), Devon Ojeda (he/they).

Who makes up the Trans Rights Advocacy Coalition and when did the coalition first come together?

Formed in 2022, TRAC is a coalition led by trans and gender-expansive Marylanders with the goal of improving the well-being of trans communities in Maryland. TRAC members include people with lived experience, medical professionals, lawyers, researchers, religious leaders, and allies. TRAC advocates for policies to ensure that all Marylanders are able to live safe, affirming, and prosperous lives—including those behind bars.

Where does access to health care rank among issues relevant to the trans community?

Access to affordable, high-quality gender-affirming care is incredibly important to the well-being of trans and gender-expansive people. It is linked to lower rates of suicide and addiction. Access to gender-affirming care makes us less likely to be discriminated against when it comes to employment and housing. It very tangibly reduces the danger of violence and harassment. Gender-affirming health care is life-saving. Still, health care is only one part of the constellation of issues relevant to the trans community.

You celebrated a big win last year with the Trans Health Equity Act. Why is this new law so important?

The passage of THEA sends the message that Maryland is one of the few states willing to acknowledge and protect trans people against the wave of anti-trans hate. Many have fought to access this care for years, and it is incredible to see Maryland's Medicaid program follow the medical science and begin providing full coverage for gender-affirming care. Although the legislation was fully implemented only a few months ago, several individuals who are part of TRAC have begun accessing the newly covered care. We know that when trans people have supportive care, it makes a world of a difference. To be able to see yourself and be seen by others is a life-changing, healing experience when that authentic connection is paired with real protections against discrimination and violence.

How does legislation like THEA compare to what's happening in other states?

The national landscape on trans issues is bleak. In the past few years, 25 states have passed legislation that restricts trans peoples' access to care and our right to participate in society as full citizens.

The reality is that all trans people, and increasingly the people who care for and about us, are under attack. States are legislating the clothes we can wear publicly, making gender marker changes illegal, viciously attacking trans youth, and restricting funding for entities that affirm trans people. This is all on top of the violence and harassment

that trans people face every day, which is also getting more severe. Maryland is leaps and bounds ahead of most states when it comes to protecting trans people. Maryland's gender-affirming care providers have seen an increase in trans people coming from other states to receive care here.

What's in the works for 2024?

There's still a lot of work to be done in Maryland. This session, we helped pass SB119—which protects gender-affirming care patients, providers, and support networks from out-of-state litigation and harassment. TRAC also continued our campaign to improve the safety and wellbeing of trans folks behind bars. We hope to see progress towards the Department of Public Safety and Correctional Services' compliance with legal requirements and ultimately healing and liberation for our communities.

Get involved with TRAC! Email **transrightsadvocacycoalition@gmail.com**

Advocacy Matters

This spring, we fought for and won...

Protections for providers of gender-affirming care

Ability to buy private health insurance, regardless of immigration status

$6.4M for statewide expansion of the Medicaid supportive housing waiver (ACIS)

$10 million for eviction prevention through community schools

Rights to safe, habitable homes for renters

Read more at **hchmd.org/2024-legislative-session**

Who benefits from storytelling?

Client storytelling is a staple of the nonprofit business model, ever present in advocacy, clinic tours, fundraising—and newsletters like the one you are reading right now.

But until last September, we didn't honor clients' time or expertise in this space beyond lunches or occasional gift cards. As we began to apply a racial equity and inclusion lens to our work, a coalition of staff members, clients and board members committed to addressing this inequity.

Consumer Relations Committee Chair Mark Council explains, "It wasn't about the money. It was about recognizing the work coming from those experiencing homelessness. I now receive a stipend for my role in the monthly New Hire Orientation where I talk about the advocacy work I do as a former person experiencing homelessness. Even though I have done and would continue doing this work without compensation, it indeed helps."

Now, when you read Pass the Mic features from individuals like Curtis (pg 4) or watch our upcoming documentary *Taking Care: Portraits from Baltimore*, know that clients involved are directly compensated for their contributions.

12 clients were paid for articles, video interviews, tours and presentations

Consider adding client compensation at your workplace. You don't have to start from scratch. We would love to share advice and final documents as references for other organizations to use in creating their own policies and practices. Reach out to **communications@hchmd.org**.

Board Member Mark Council, Senior Client Relations Manager Malcolm Williams, and former Chief Strategy Officer Keiren Havens will present "Countering Nonprofit Exploitation: A Call for Client Compensation" at the National Health Care for the Homeless Council Conference in Phoenix this May.