

Prevention for Positives: community-driven health education for people living with HIV



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1 Background

The Moore Clinic for HIV Care envisions itself as a community uniting clients living with HIV, providers, and clinical and administrative staff. With approximately 20,000 office visits annually, the Moore Clinic is the "centerpiece" of the Johns Hopkins Hospital AIDS Service which currently follows over 2,000 clients in various stages of HIV infection.

For people living with HIV, health literacy and education significantly impact individual, family, and community health. Extensive research has confirmed the strong positive relationship between effective educational interventions and improved health outcomes for people living with HIV (1-7).

These principles are the driving force behind "Prevention for Positives," a collaborative effort between Kisten Nolan, Nurse Manager for the Moore Clinic and Judy Greengold, a Fuld Fellow at Johns Hopkins University School of Nursing. The Prevention for Positives initiative seeks to improve health education offerings through a multi-phase project. The research presented here reflects the outcome of Phase I, where community perceptions and priorities were examined. We focused on assessing provider and client knowledge, skills, and attitudes to form the foundation of an effective health education program rooted in feedback from the community.

2 Methods

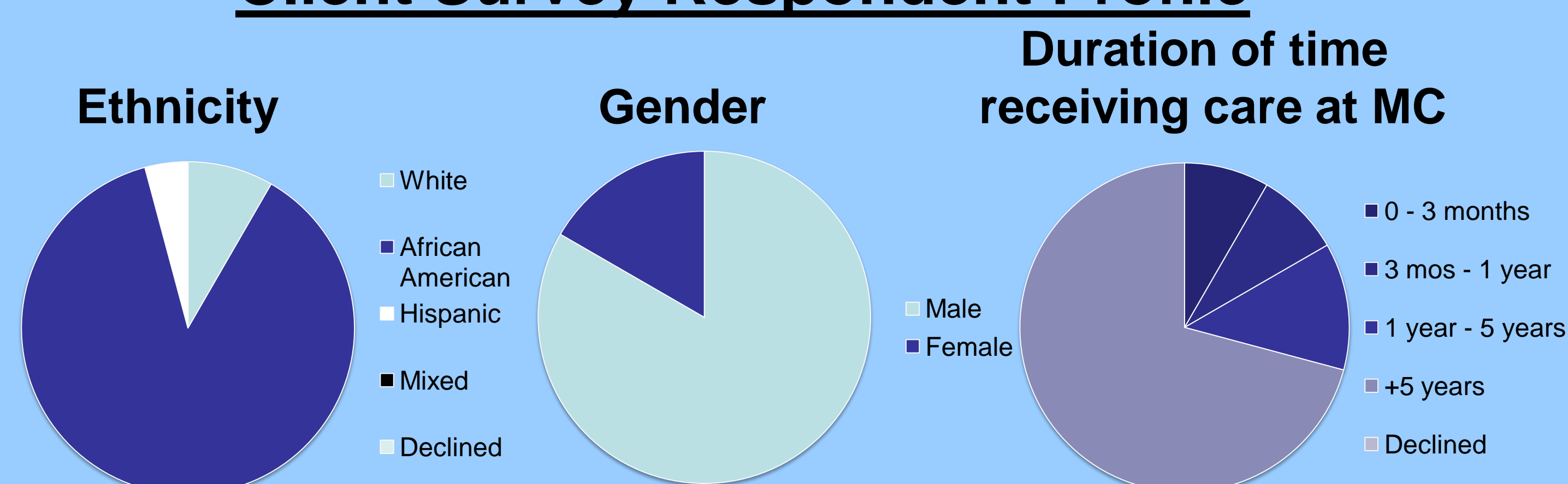
We utilized a **mixed methods** approach to data gathering, including:

- Interviews
- Surveys:
 - Provider Health Education Program Survey
 - Client Health Education Program Survey
- Literature Review

We involved **multidisciplinary** sources, seeking representation from all provider groups, clinic staff, and clients. Approximately 80% of providers responded to the Provider Survey. The Client Survey, administered by trained Johns Hopkins University Nursing Students, received 25 client respondents.

3 Results

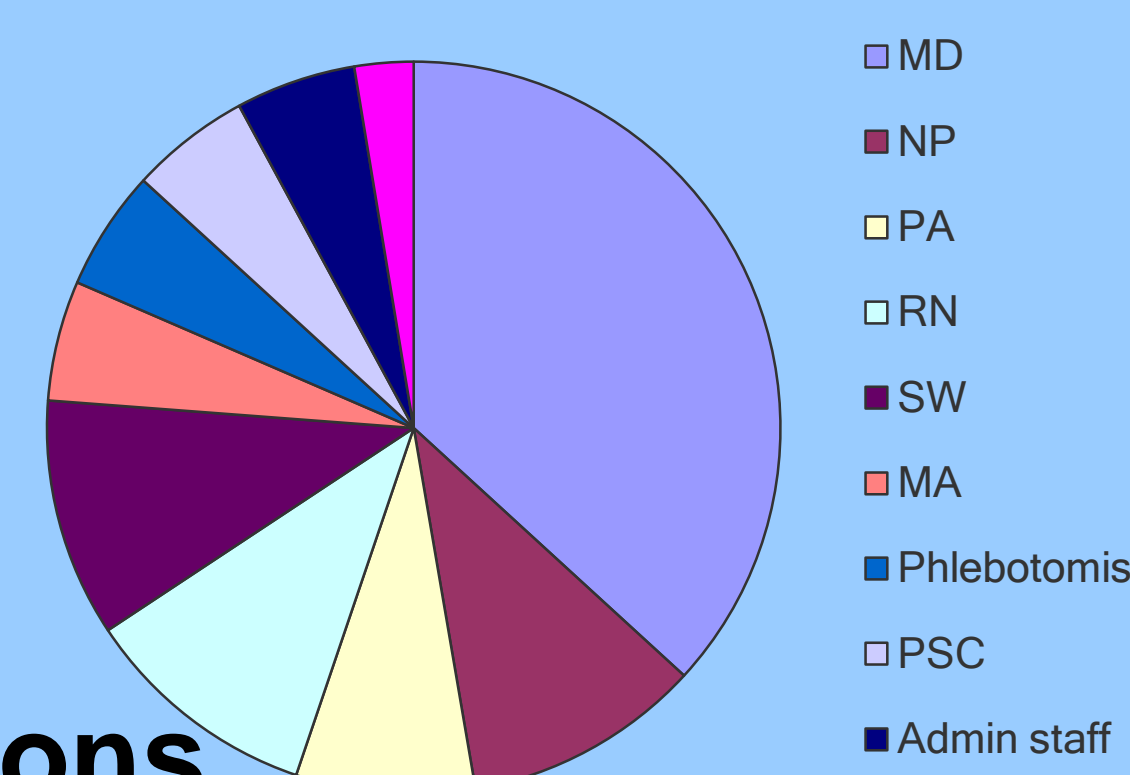
Client Survey Respondent Profile



Majority of patient respondents were African American males who had been patients at Moore Clinic for more than 5 years.

Provider Survey Respondent Profile

Majority (37%) of provider respondents were physicians.



Client & Provider Perceptions

Preferred Learning Method

Both providers and clients expressed enthusiasm for **face-to-face** educational opportunities. Print materials were reported as less effective & less utilized by both providers and clients.

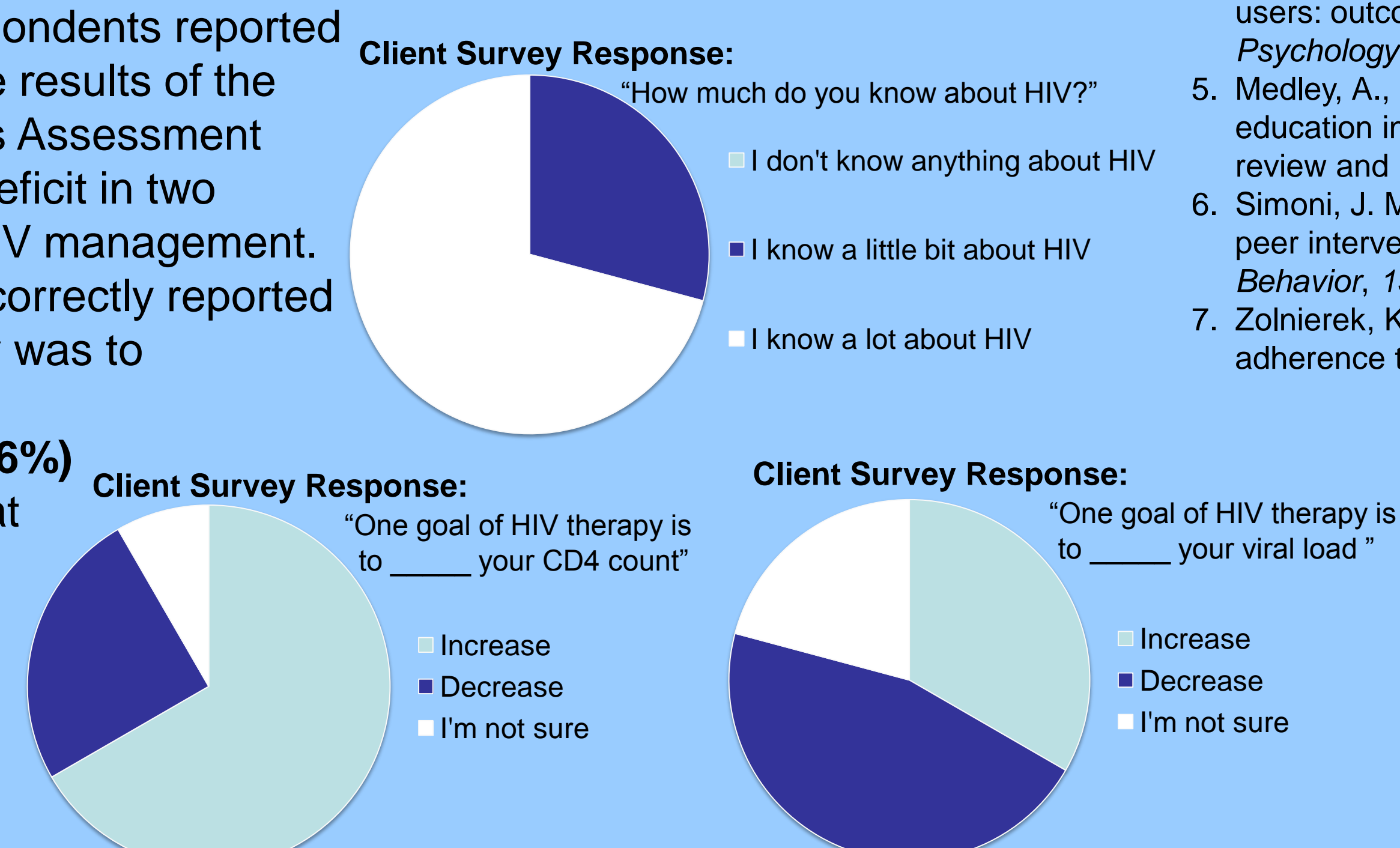
Topic Relevance

When asked to prioritize relevance of various health education topics among the client population, responses varied:

Relevant Topics (per Client)	Relevant Topics (per Provider)
More About HIV	Medication Adherence
Nutrition	Substance Use
Preventing Spread of Disease	Barriers to Care
Irrelevant Topics (per Client)	Irrelevant Topics (per Provider)
Alcohol & Substance Use	Nutrition
Diabetes	Diabetes
Medication Adherence	Cardiovascular Health
Sexually Transmitted Infections	Intimate Partner Violence

HIV 101 Educational Needs Assessment

Although 70% of client respondents reported "I know a lot about HIV," the results of the HIV 101 Educational Needs Assessment demonstrated knowledge deficit in two fundamental concepts of HIV management. Two-thirds of respondents correctly reported that the goal of HIV therapy was to increase your CD4 count. However, **less than half (46%)** of respondents reported that a goal of HIV therapy is to decrease the viral load.



4 Conclusions

Based on interviews as well as survey responses and comments, **face-to-face communication** is most widely perceived as the educational delivery mode with greatest efficacy and applicability to the Moore Clinic community by providers and clients alike. Print materials are generally viewed as less effective and have poor utilization rates among providers.

Common themes emerging from key informant interviews include:

- Limited resources for health education
- Limited provider time
- Limited space
- **Motivation** to improve health education offerings

5 Future Directions

Phase I has presented evidence and justification for the next steps in Phase II. Our next steps draw from the data to address current barriers and limitations while responding to the dominating request for increased face-to-face educational opportunities.

Our goal as Prevention for Positives evolves is to structure a comprehensive health education program reflective of the needs and self-identified priorities of the Moore Clinic community.

6 References

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