



Increasing HIV Health Literacy to Achieve an AIDS-free Generation in the United States: 2015 Health Literacy Webinar Series

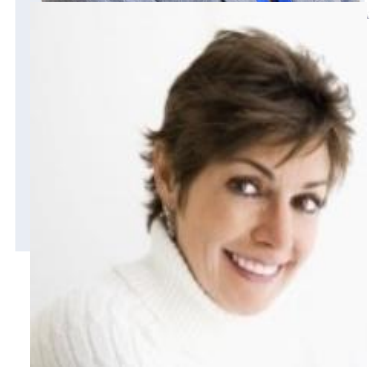
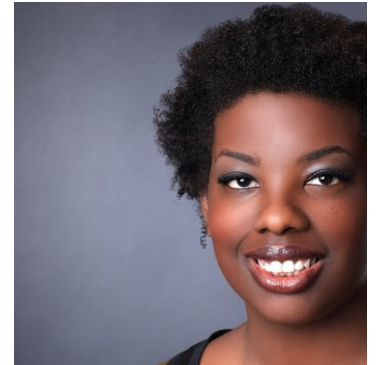


May 2015

Presentation Outline

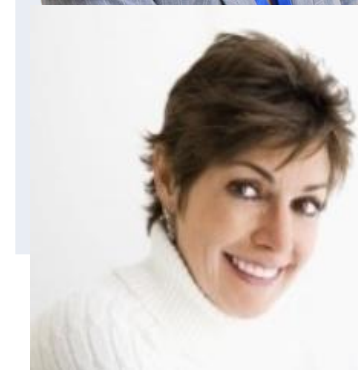
The National Women and AIDS Collective's (NWAC)

1. HIV & America
2. One strategy for combating HIV in America
3. Preliminary results
4. Attendee assessment
5. Access to slide decks



Context: HIV & America

- There are an estimated 1,148,200 individuals are living with HIV in the U.S.
- Every year approximate 47,000 to 50,000 Americans will be diagnosed with HIV
- Of this group approximately 206,676 (18%) are not aware of their status

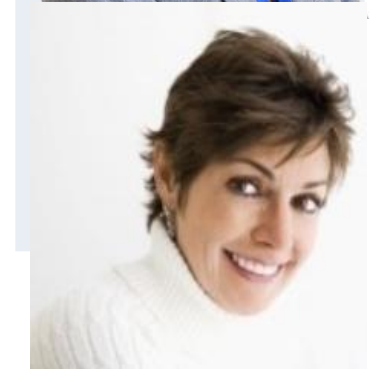
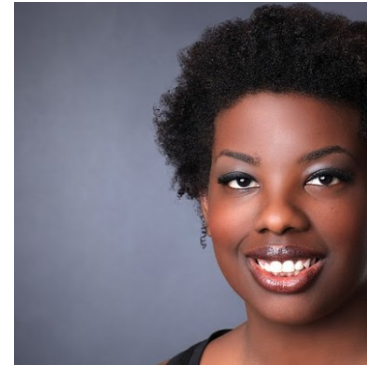


Context: HIV & America

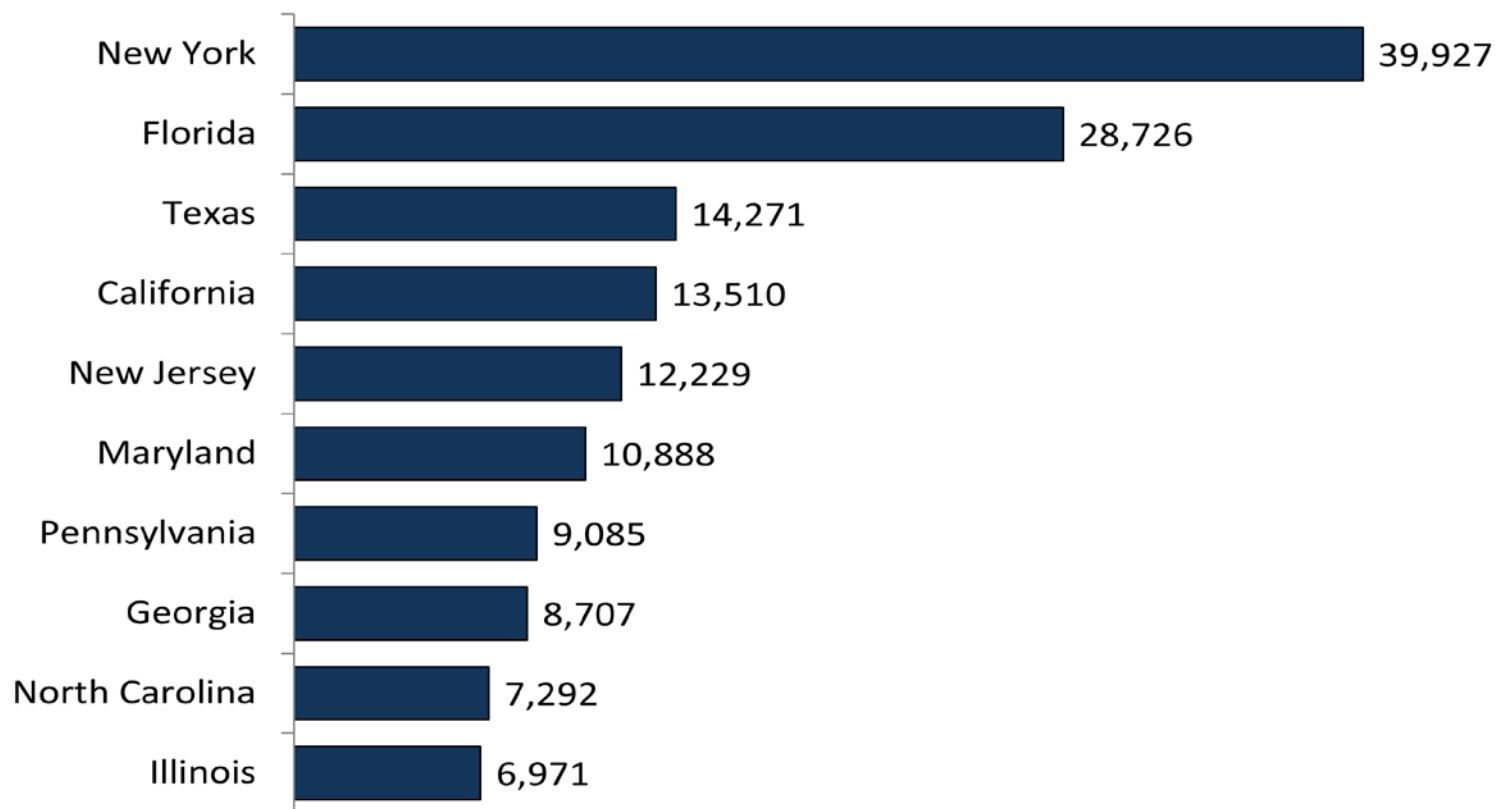
For women living in the U.S.:

24% (280,000) of people living with HIV are women;

- 21% of new HIV diagnoses and 25% new AIDS diagnoses were women;
- 84% of these new cases resulted from heterosexual transmission from male partners; and
- 25% of AIDS deaths in 2010 were in women.



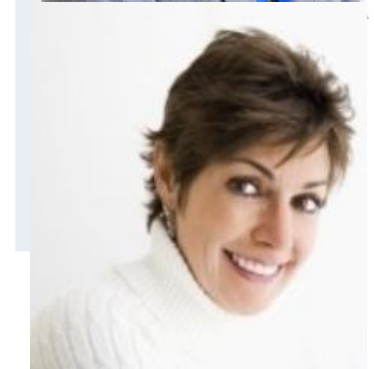
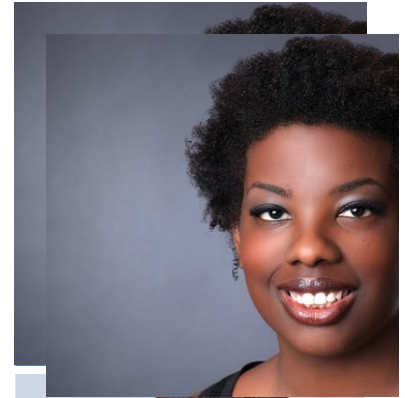
Number of Women & Girls Estimated to be Living with an HIV Diagnosis, Top 10 States, year-end 2010



NOTES: Data are estimates for adults/adolescents ages 13 and older in all 50 states, the District of Columbia, and Puerto Rico.
SOURCE: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Atlas.

Project Organizer

- **The National Women and AIDS Collective's (NWAC)**
 - *NWAC's mission* is to advocate and build the capacity of women-led and serving organizations and programs to work in partnership with women impacted by HIV/AIDS in order to improve their overall health and quality of life.



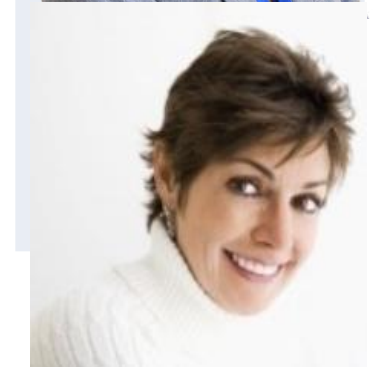
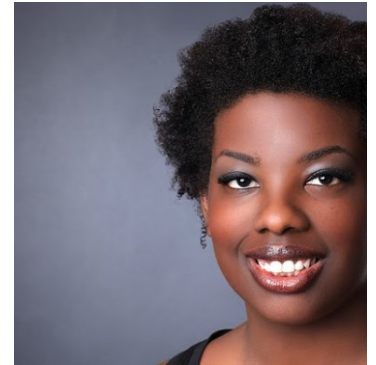
Project Summary

- This proposed demonstration project seeks to improve linkage and retention to care by improving HIV-related health literacy among a minimum of 100 workers at women-led and focused community-based HIV organizations (CBHO) and programs across the U.S. and its territories.



Project Description

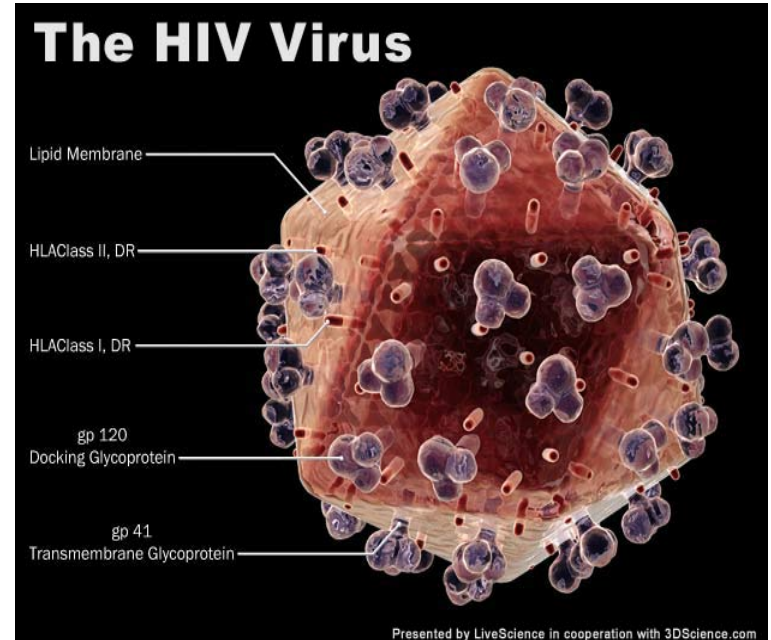
- **Steps**
 - Conducted research
 - Obtained learning platform
 - Formulated learning design
 - Developed materials & tools
 - Hosted webinar series
 - Assess and evaluate
 - Prepare for future sessions



Project Overview

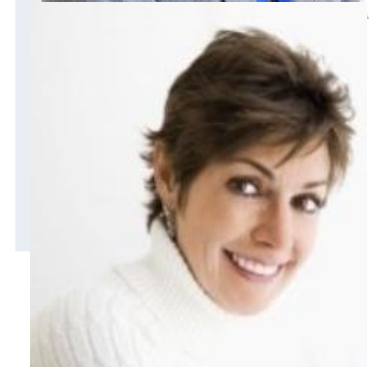
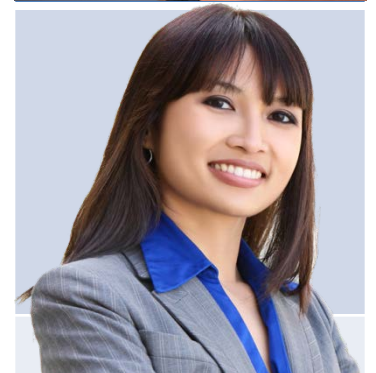
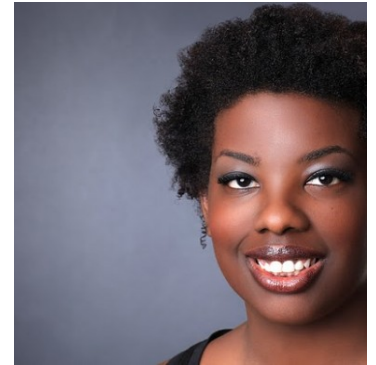
Helping Women Understand HIV

US HIV Policy
Framework,
Statistics & Basic
HIV Facts

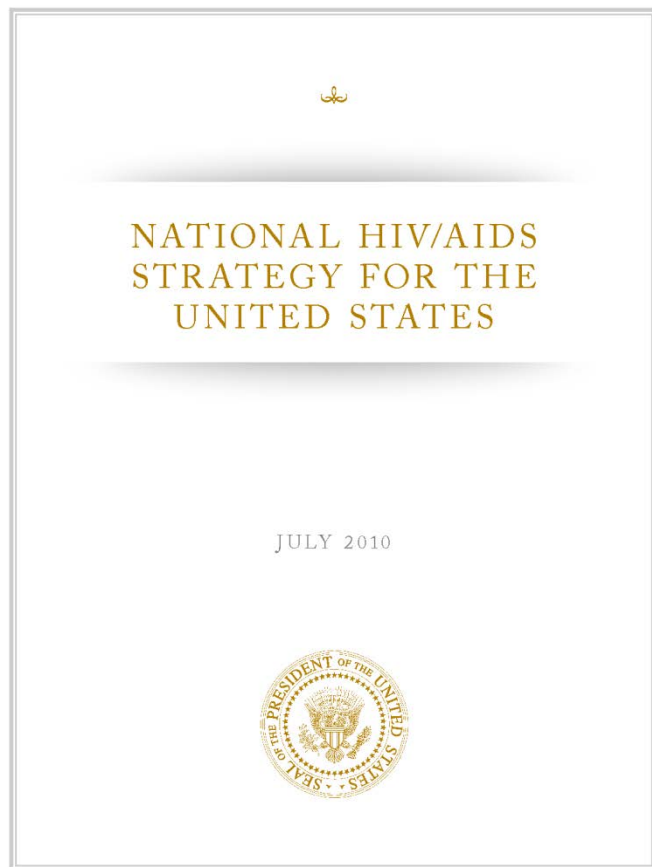


Project Description

This 4-week online professional development opportunity sought to improve linkage and retention to care for women by improving HIV-related health literacy among employees at women-led and focused community-based organizations (CBOs) and programs across the U.S. and its territories.



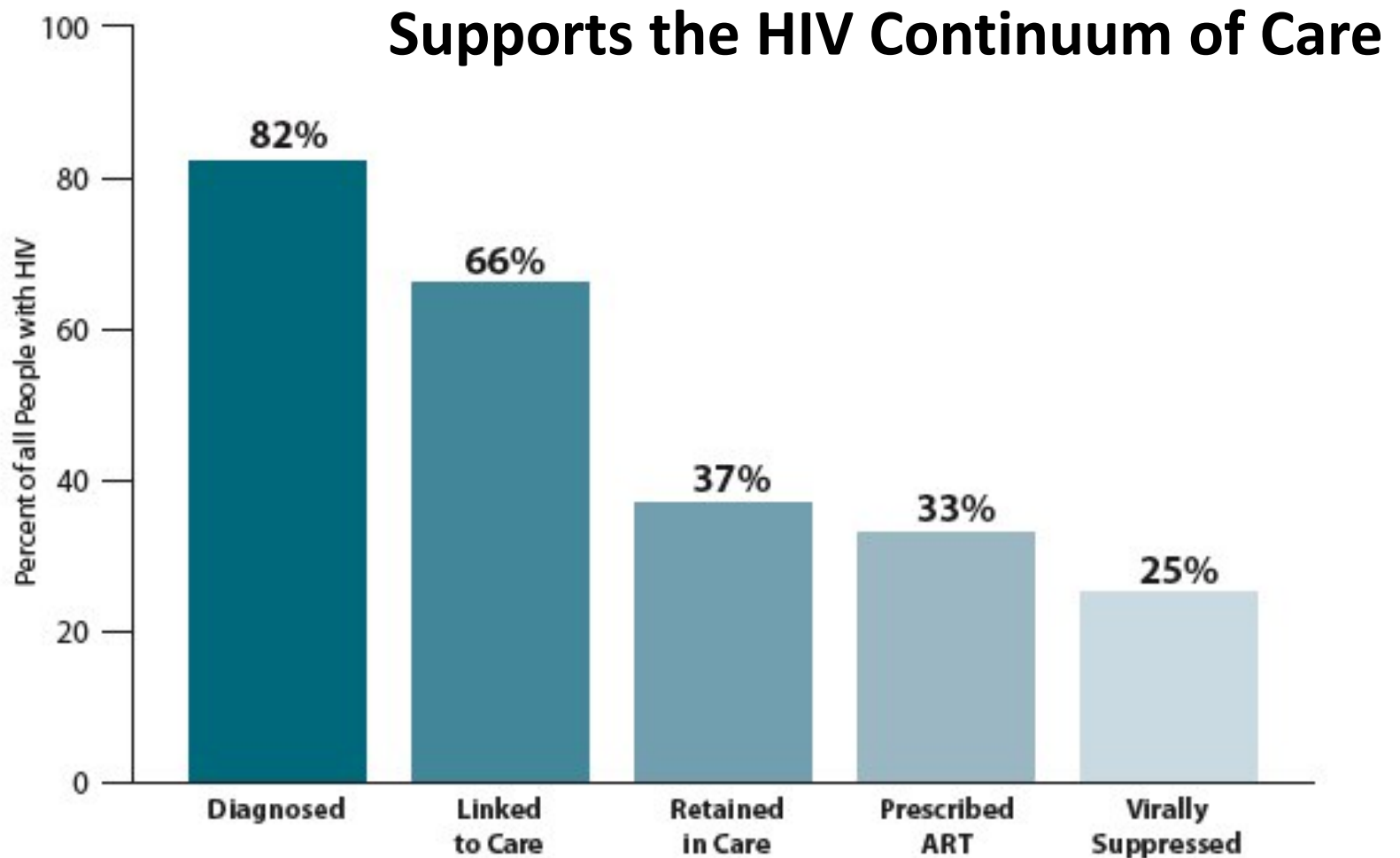
Project Goals



SUPPORTS NHAS

On July 13, 2010 the White House released the National HIV/AIDS Strategy (NHAS). This ambitious plan is the nation's first-ever comprehensive coordinated HIV/AIDS roadmap with clear and measurable targets to be achieved by 2015.

Project Goals





What Is Health Literacy?

- Health literacy is the degree to which individuals have the capacity to *obtain, process, and understand* basic health information and services needed to make appropriate health decisions.
- Health literacy is dependent on both individual and systemic factors:
 1. Communication skills of lay people and professionals
 2. Knowledge of lay people and professionals of health topics
 3. Culture
 4. Demands of the healthcare and public health systems
 5. Demands of the situation/context



What Factors Affect Health Literacy?

1. Health literacy is dependent on the communication skills of lay people and health professionals.
 - Communication skills include literacy skills (e.g., reading, writing, numeracy), oral communication skills, and comprehension.
 - Communication skills are context specific.



What Factors Affect Health Literacy?

2. Health literacy is dependent on lay person and professional knowledge of various health topics.

- People with limited or inaccurate knowledge about the body and the causes of disease may not:
 - Understand the relationship between lifestyle factors (such as diet and exercise) and health outcomes
 - Recognize when they need to seek care
- Health information can overwhelm people with advanced literacy skills.



What Factors Affect Health Literacy?

3. Health literacy is dependent on culture.

Culture affects:

- How people communicate and understand health information
- How people think and feel about their health
- When and from whom people seek care
- How people respond to recommendations for lifestyle change and treatment



Health Literacy and Health Outcomes

- Persons with limited health literacy skills have:
 - Higher utilization of treatment services
 - Hospitalization
 - Emergency services
 - Lower utilization of preventive services
- Higher utilization of treatment services results in higher healthcare costs.



Percentage of Adults in the *Below Basic* Health Literacy NAAL Population: 2003

Characteristic	Percent in <i>Below Basic</i> population	Percent in total population
Did not graduate from high school	51	15
Did not speak English before starting school	39	13
Adults reporting poor health	10	4
Hispanic adults	35	12
Age 65+	31	15
No medical insurance	36	18
Did not obtain health information over the Internet ¹	80	43
Black adults	19	12
One or more disabilities ²	48	30

¹ The "Did not obtain health information over the Internet" category does not include prison inmates.

² Disabilities include vision, hearing, learning disability, and other health problems.

Source: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, 2003
National Assessment of Adult Literacy (NAAL)



Sources of Health Information

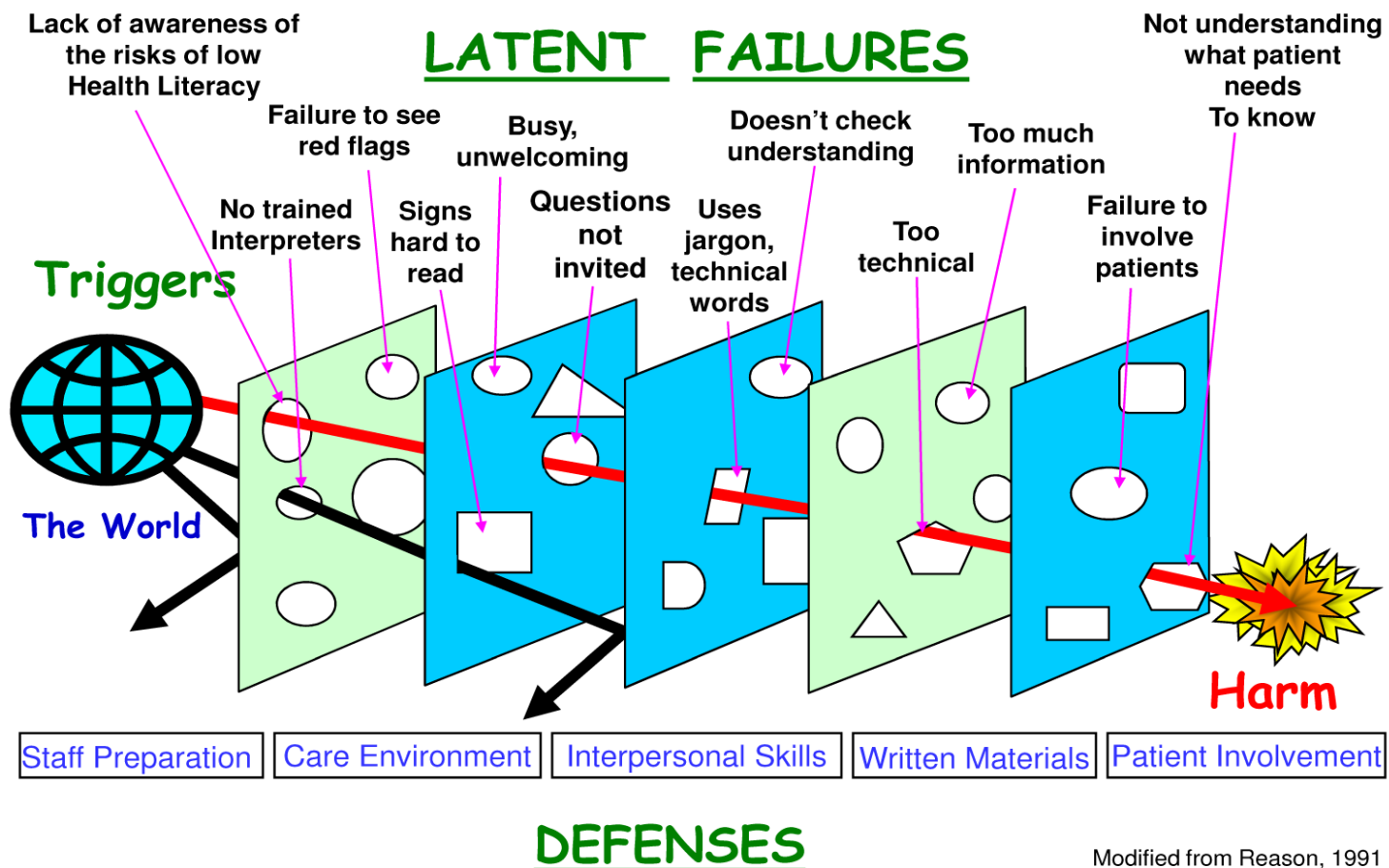
Percentage of adults with *Below Basic* or *Basic* health literacy who get **little** or **no** health information from the following sources:

Source	Below Basic	Basic
Internet	85%	70%
Magazines	64%	47%
Books or Brochures	62%	45%
Newspapers	59%	51%
Family or Friends	47%	40%
Healthcare Providers	35%	30%
Radio or TV	33%	29%

Source: National Center for Education Statistics, Institute for Education Sciences

How low health literacy affects HIV-related healthcare

Swiss Cheese Model: Adapted from James Reason



Modified from Reason, 1991

4-Part Webinar Series

No.	Session Description
1	TUESDAY, APRIL 14TH at 2pm ET/11am PT Helping Women Understand HIV (Part 1) US HIV Policy Framework, Statistics and Basic HIV Facts
2	THURSDAY, APRIL 16TH at 2pm ET/11am PT Helping Women Understand HIV (Part 2) HIV Life Cycle, Treatment and Biomedical Interventions
3	TUESDAY, APRIL 21ST at 2pm ET/11am PT Helping Women Achieve Viral Load Suppression Linking and Retaining Women in Care and Treatment
4	THURSDAY, APRIL 23RD at 2pm ET/11am PT Incorporating Trauma-Informed Care Addressing the Effects of Violence and Abuse to Improve the Continuum of Care for Women Living with HIV

Moderators



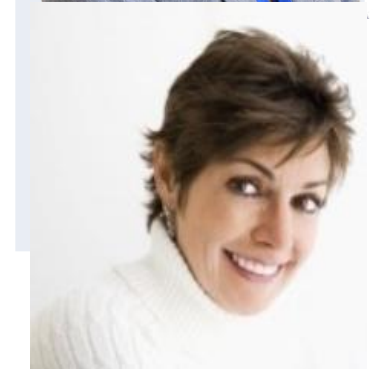
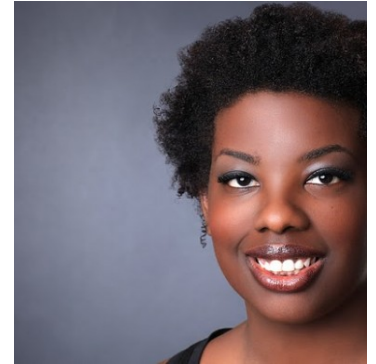
INGRID FLOYD
Executive Director,
Iris House



ELIZABETH BROSNAN JOHNSON
Executive Director
Christie's Place

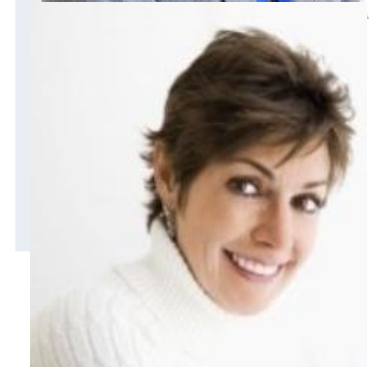
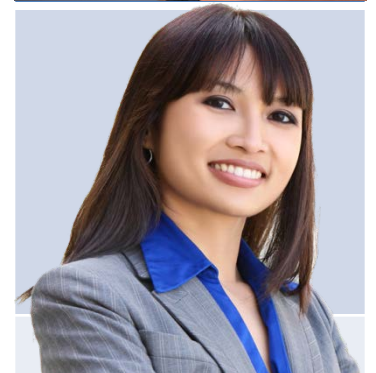
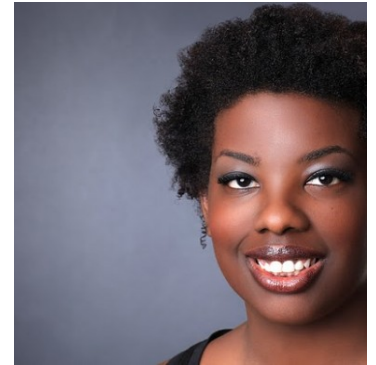
Presenters

- ❖ Sylvia Britt, WORLD
- ❖ Erin Falvey, Ph.D., Christie's Place
- ❖ Tai Edward Few, Aniz Inc.
- ❖ Ingrid Floyd, M.B.A., Iris House, Inc.
- ❖ Elizabeth Johnson, Christie's Place
- ❖ Sylvia J. Lopez, MS, AIDS Services/Austin
- ❖ Theresa Mack, MD, MPH, Iris House
- ❖ Krista Martel, The Well Project
- ❖ Jo Schneiderman, Twin States Network



Participants

- Webinar access
- Chat box
- Polling questions
- Questions or comments
- Online pre/post-assessment surveys
- Online post webinar participant evaluation
- Resources and references
- Webinar slide decks
 - www.nawc-us.org



Project Preliminary Results

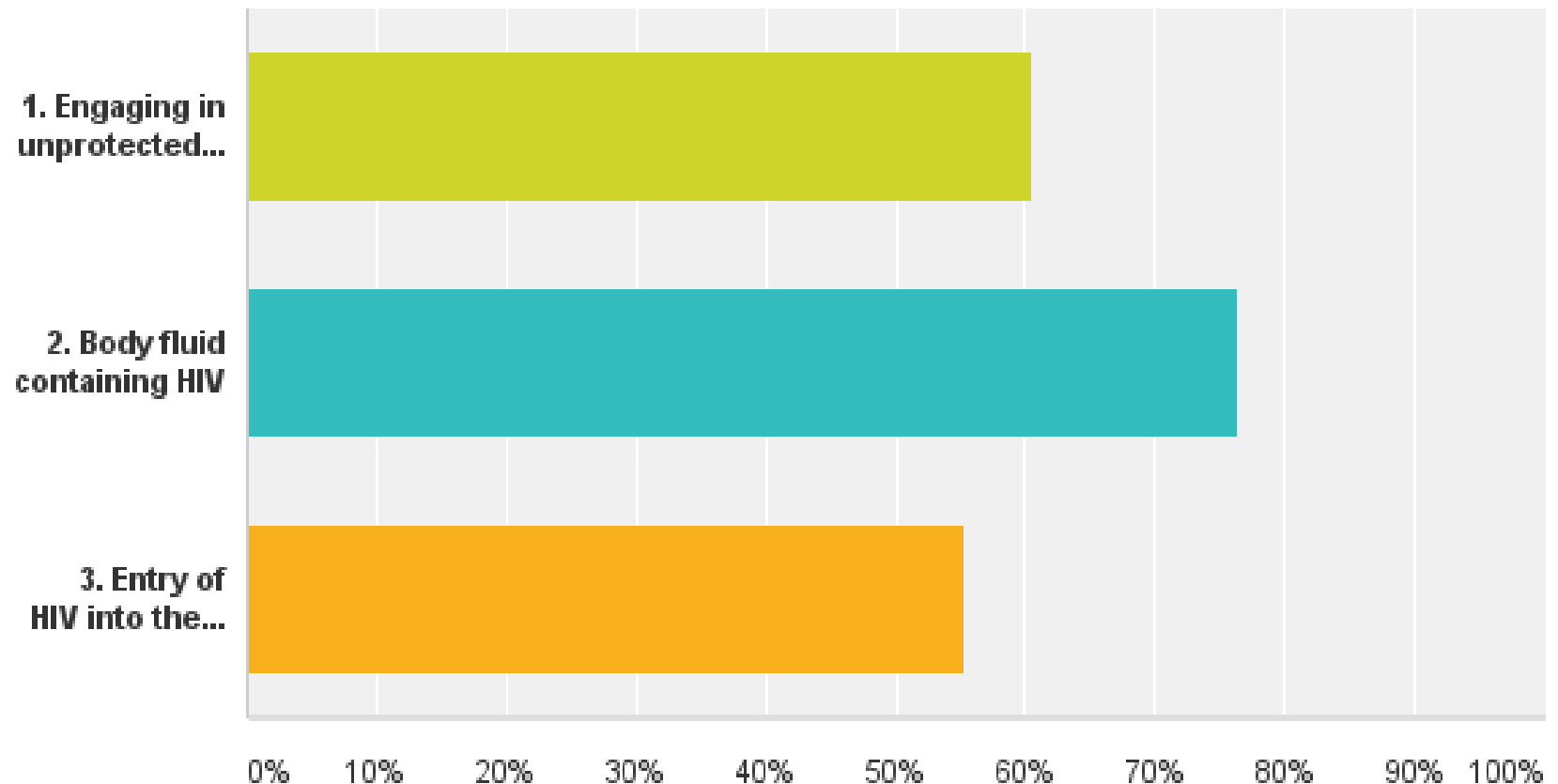
What is **HIV**?

What is **AIDS**?



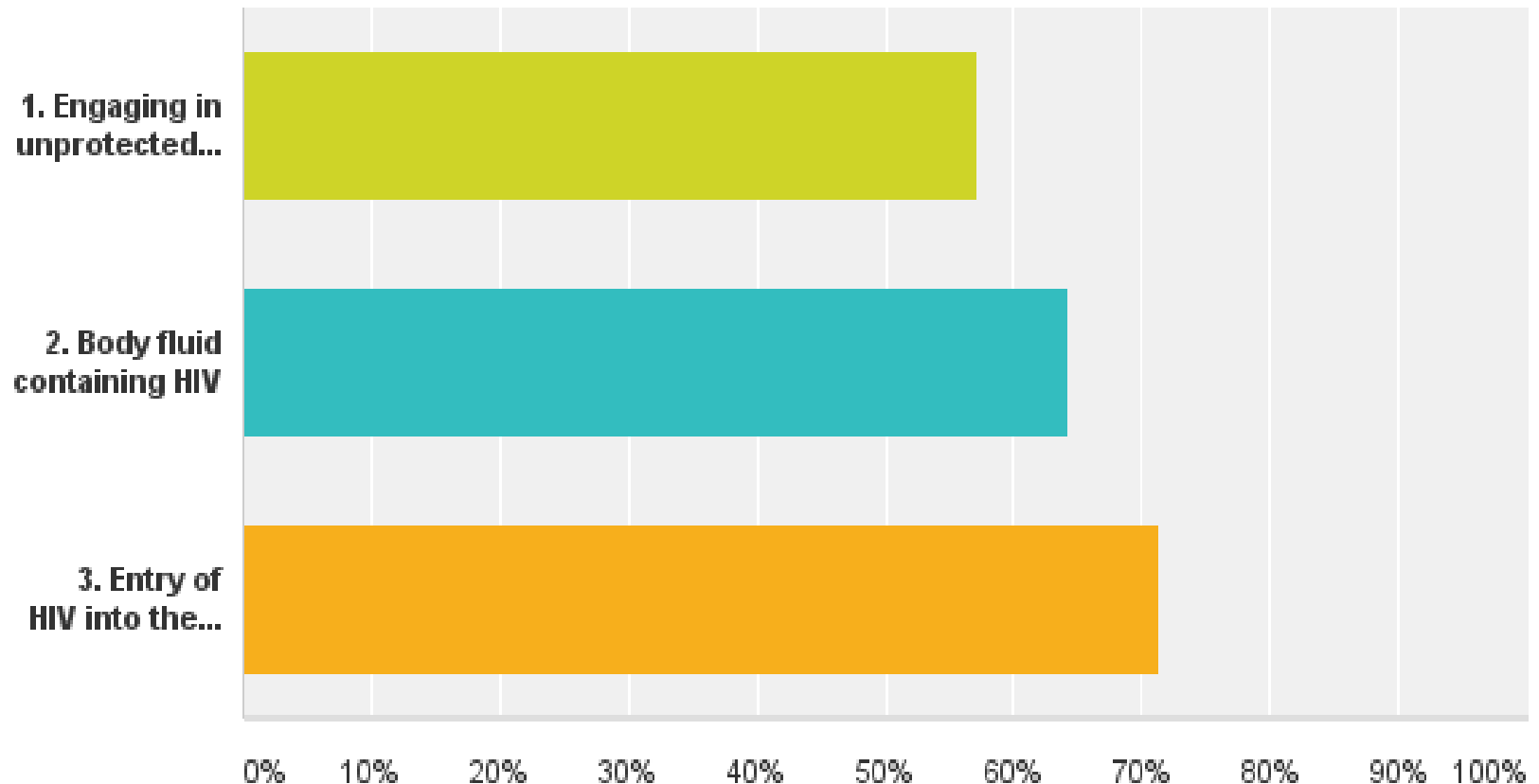
S1-PR/Q3: Which are the two basic requirements necessary for HIV transmission?

- Answered: 38 Skipped: 0



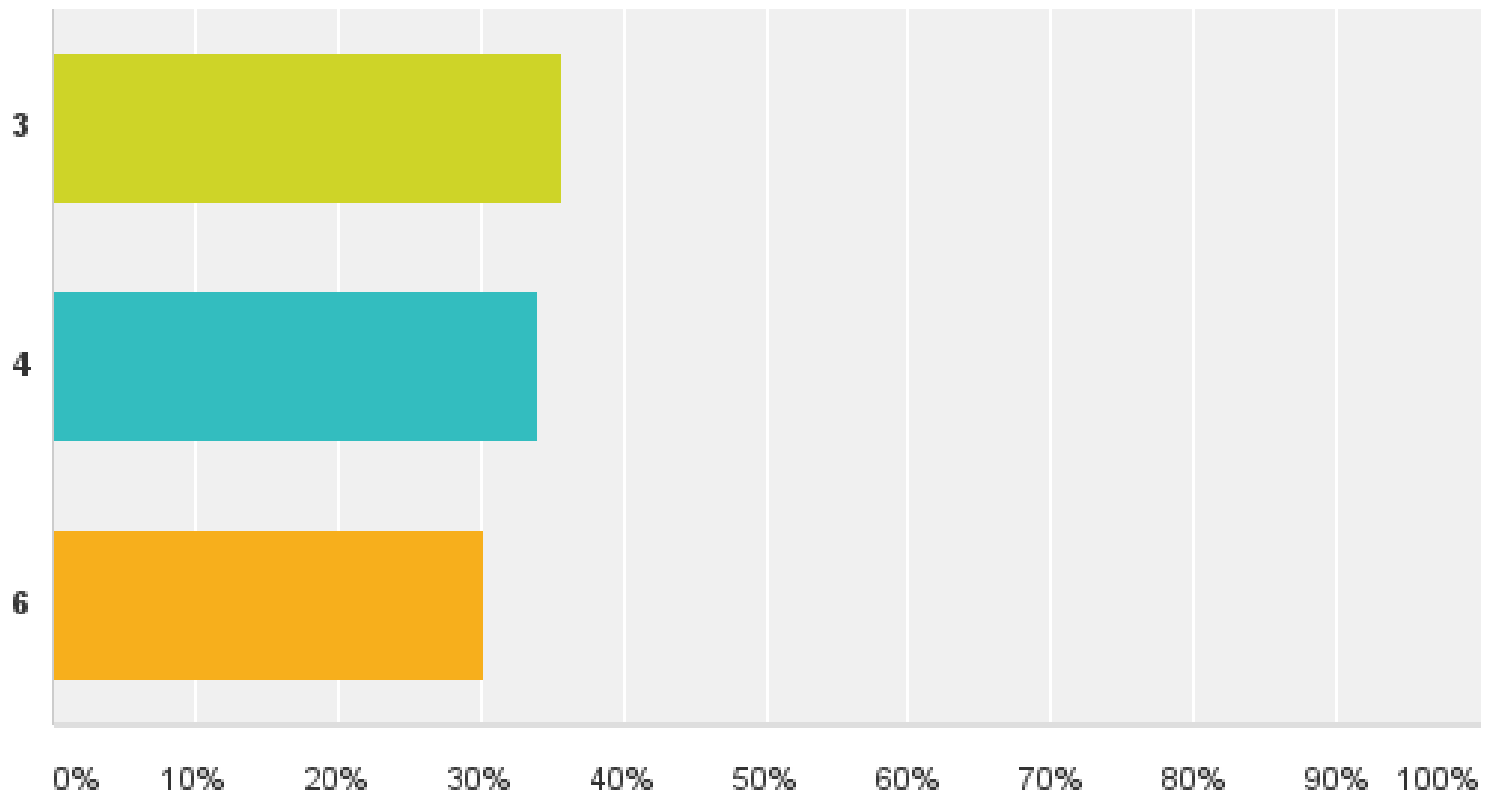
S1-PO/Q3: Which are the two basic requirements necessary for HIV transmission?

- Answered: 28 Skipped: 0



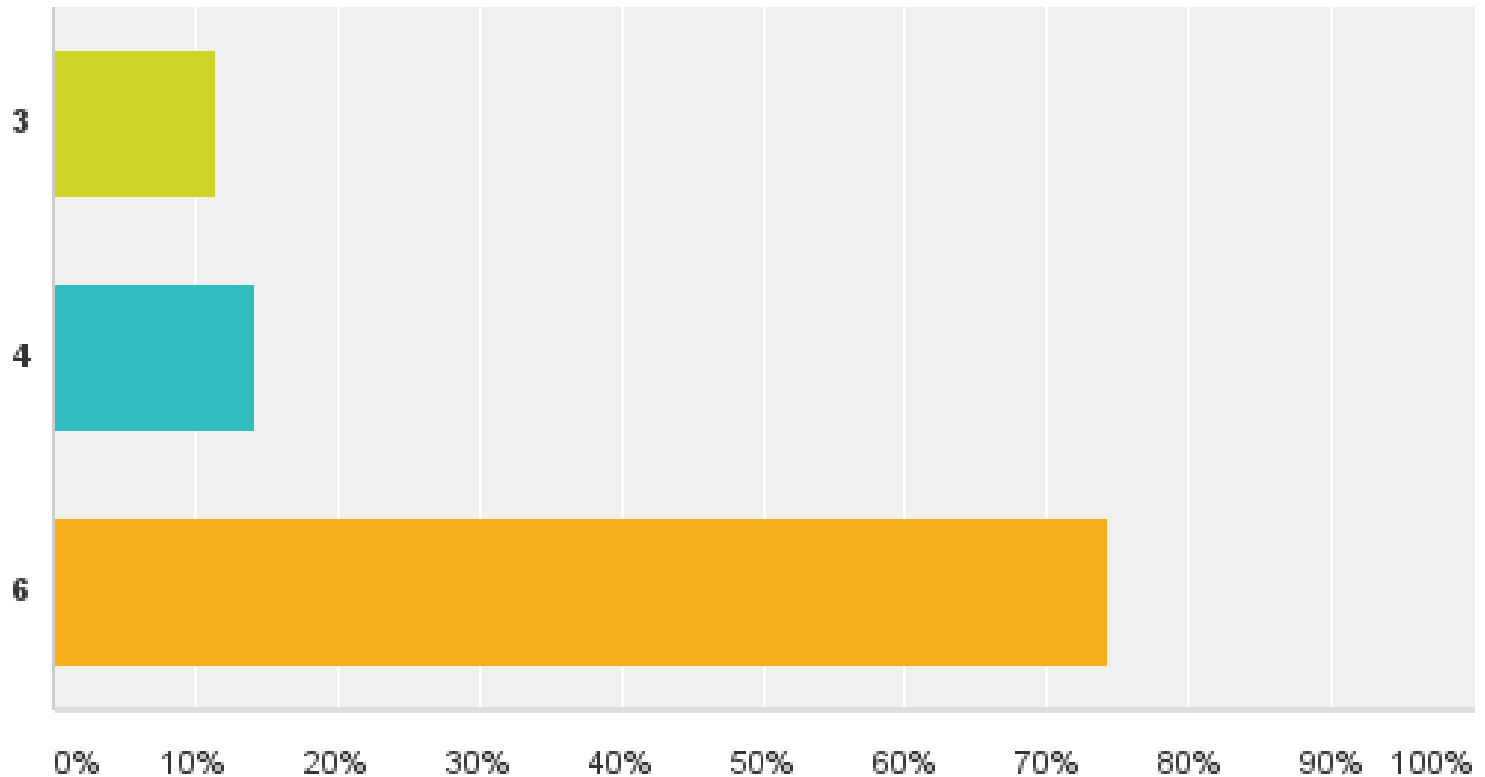
S2-PR/Q6: The number of anti-retroviral (ART) classes is ____ ?

- Answered: 56 Skipped: 0



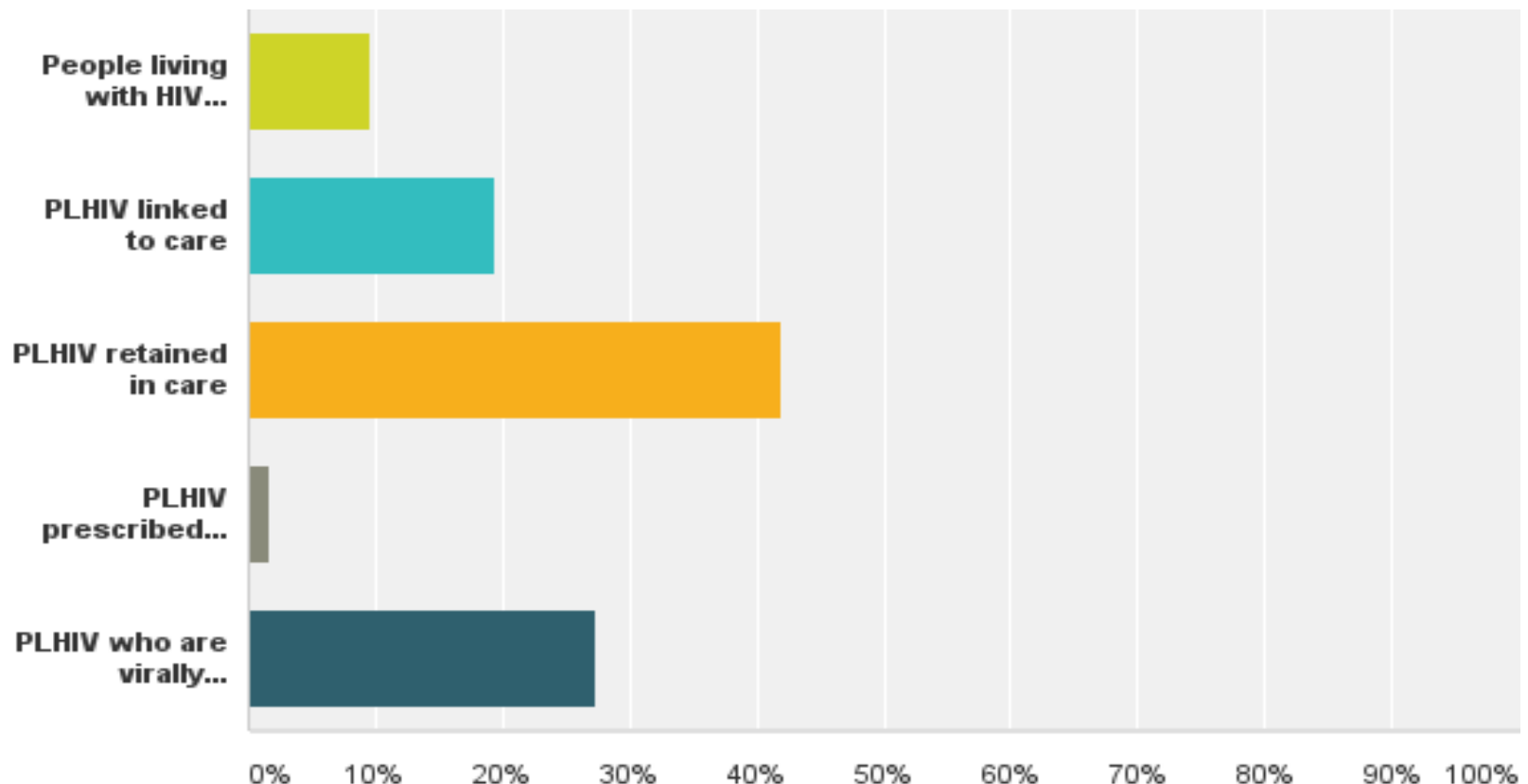
S2-PO/Q6: The number of anti-retroviral (ART) classes is ____ ?

- Answered: 35 Skipped: 0



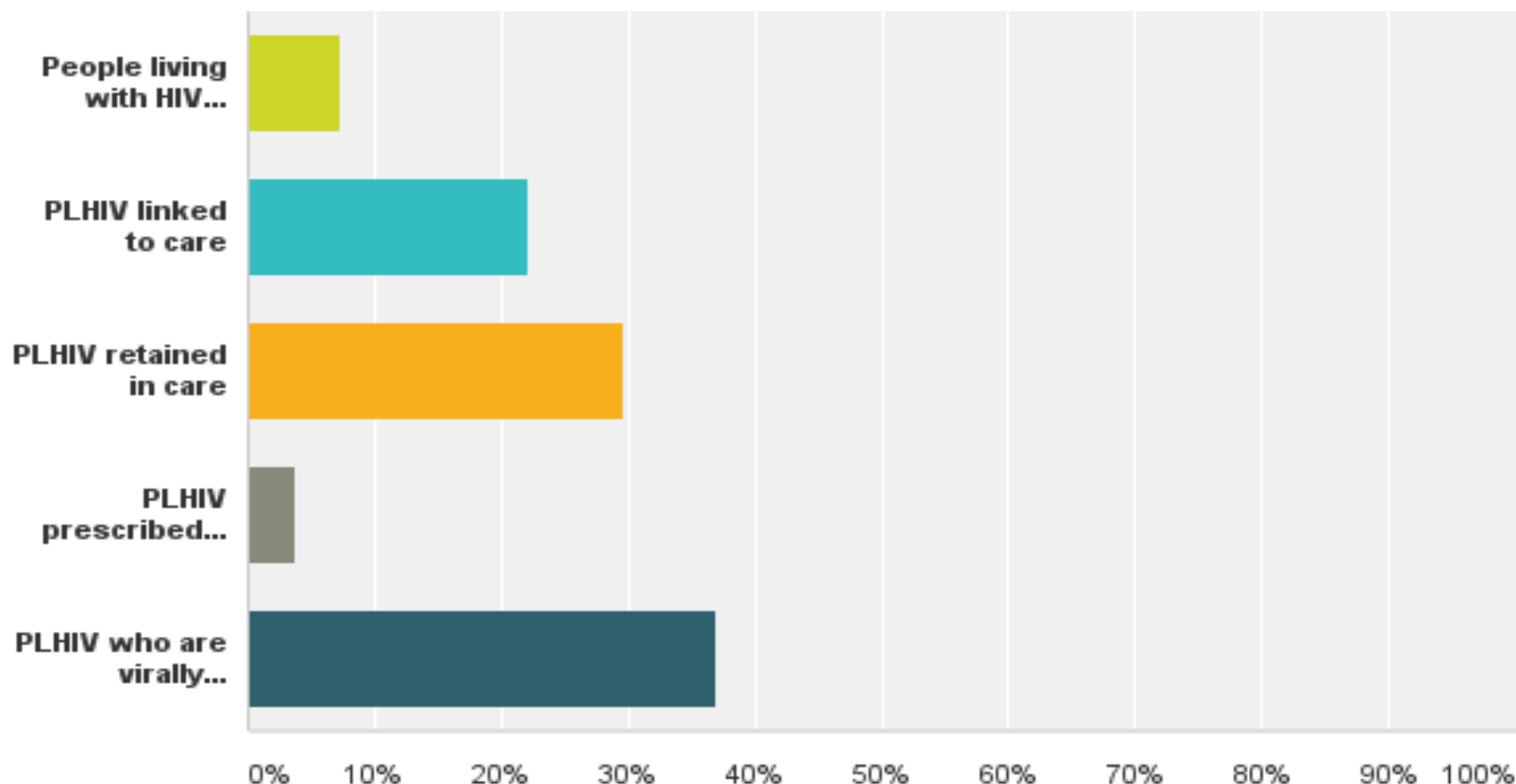
S3-PR/Q2: Which one of the following choices is the ultimate goal of HIV Continuum of Care?

- Answered: 62 Skipped: 0



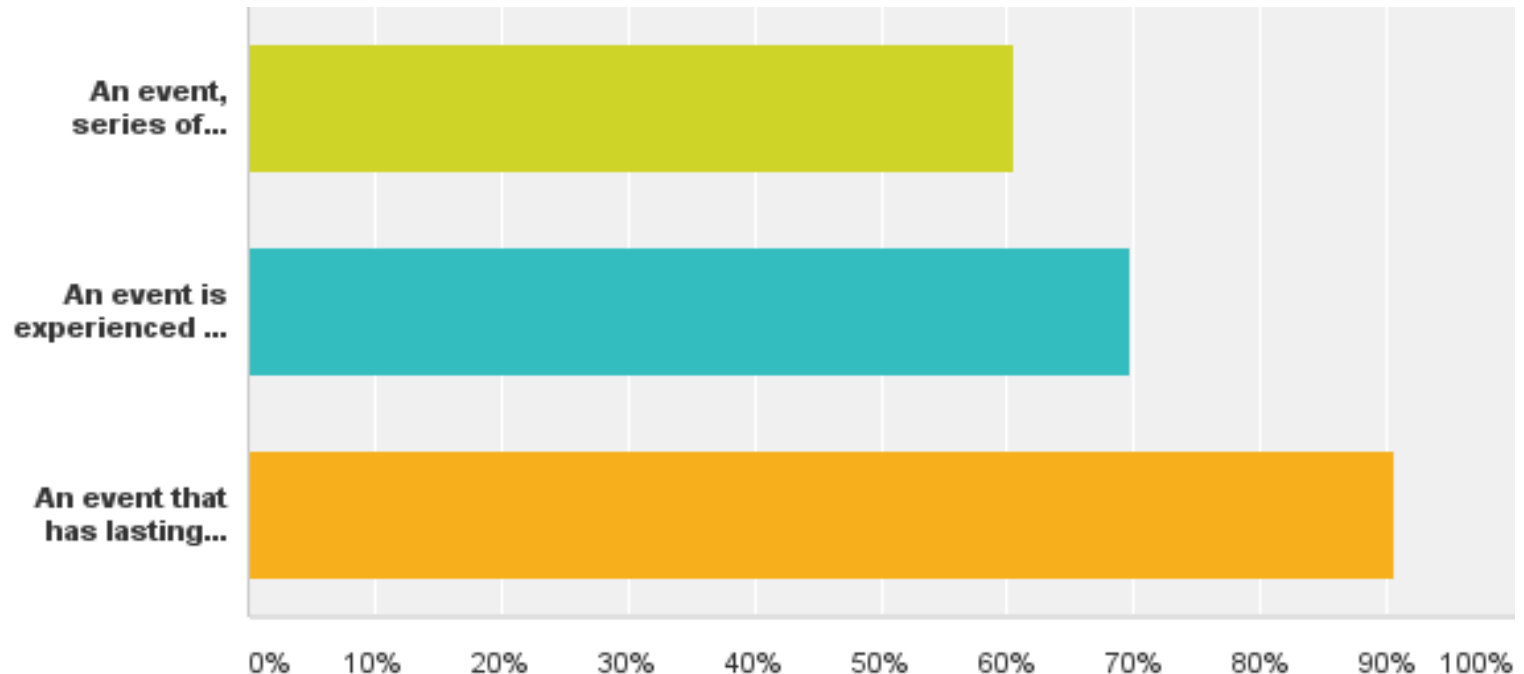
S3-PO/Q2: Which one of the following choices is the ultimate goal of HIV Continuum of Care?

- Answered: 27 Skipped: 0



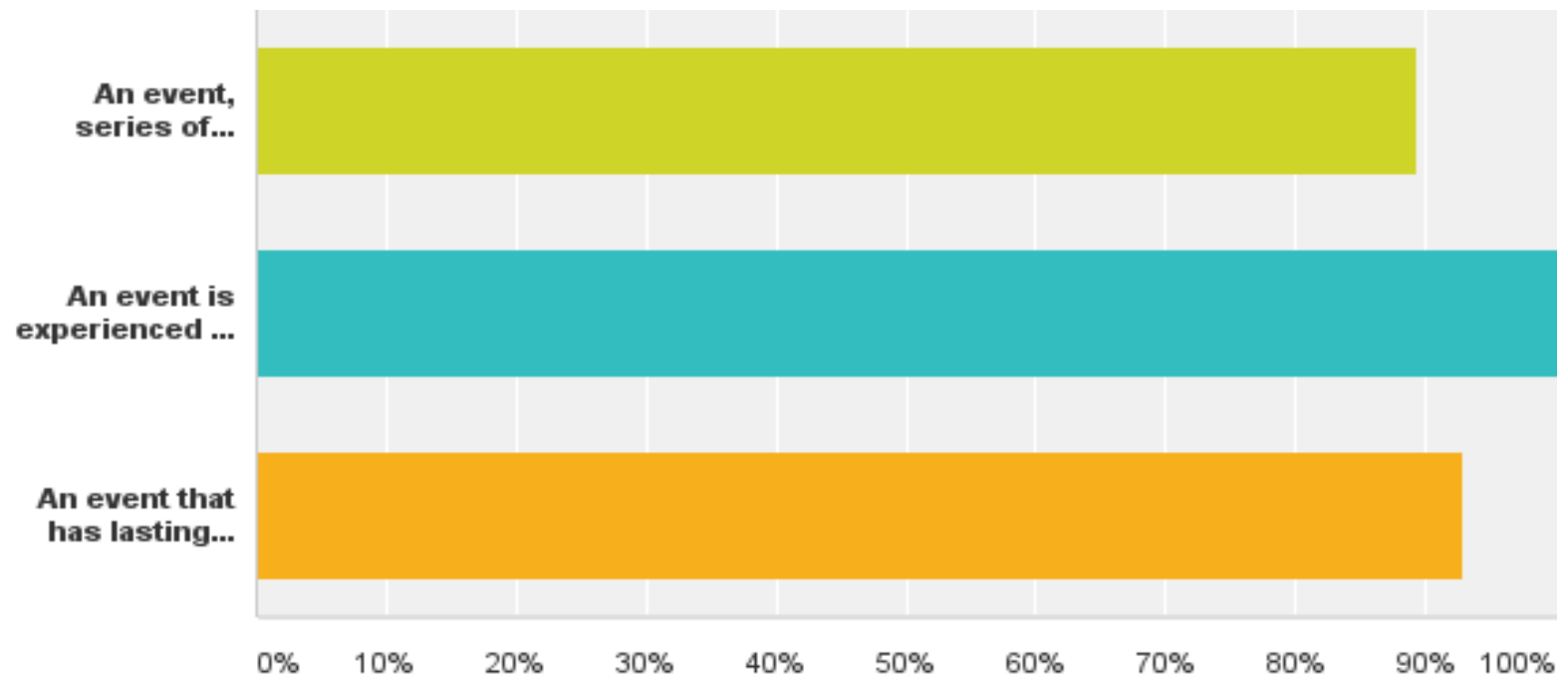
S4-PR/Q1: Individual trauma results from?

- Answered: 43 Skipped: 0



S4-PO/Q1: Individual trauma results from?

- Answered: 28 Skipped: 0



If time permits

- **Assessing attendee HIV literacy**

HIV Transmission

FACT

- The basic modes of HIV transmission and prevention have not changed in 34 years.

REQUIRES

1. A specific Body fluid containing HIV
2. Entry of HIV into the body.

Routes of Transmission

Sex

Anal

Vaginal

Oral

Digital

Toys

Blood

Needle Use

Occupational
Exposure

Transfusion of
blood products

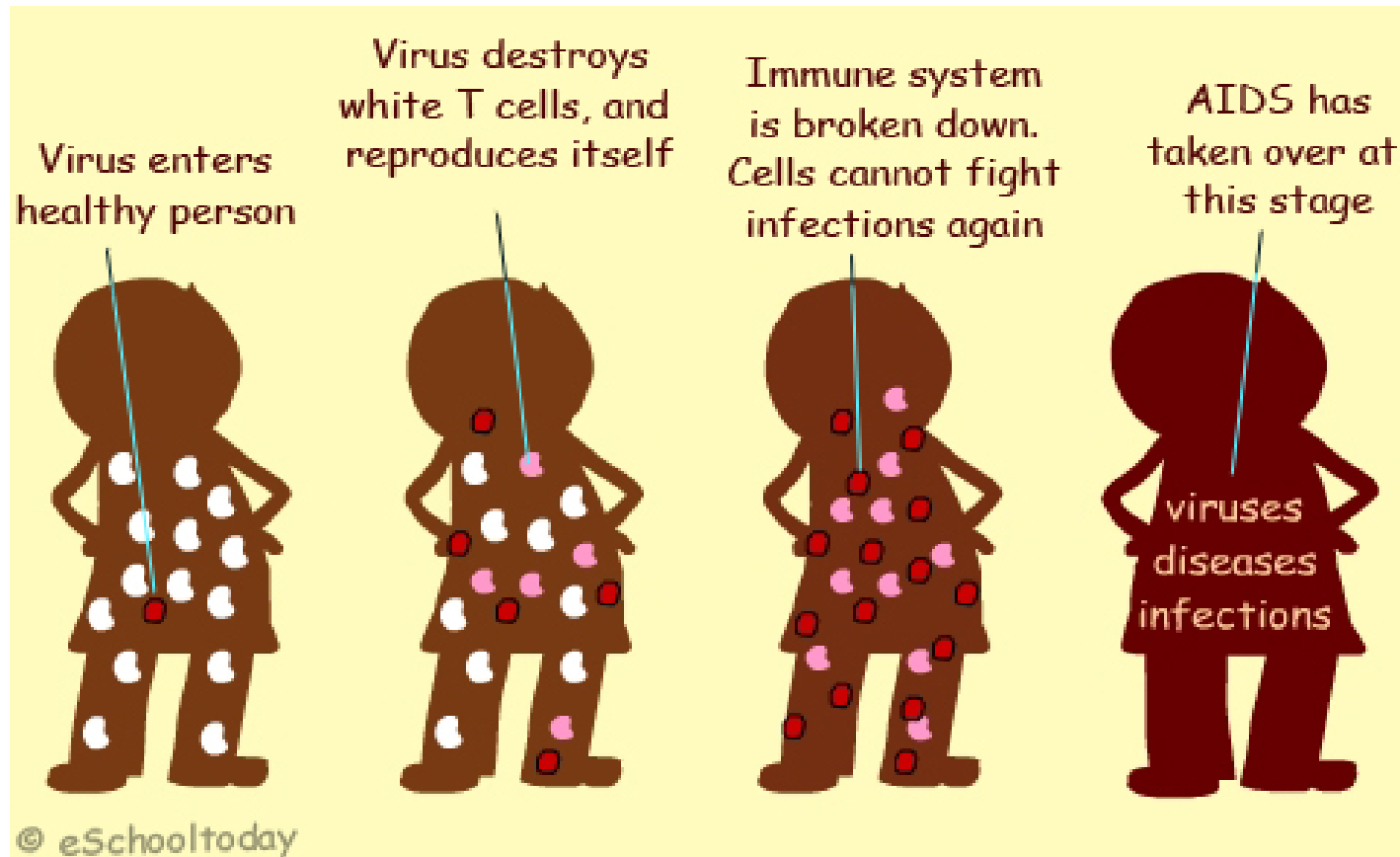
Tears in skin or cuts

Perinatal

Transmission from
mom to baby

Breast Feeding

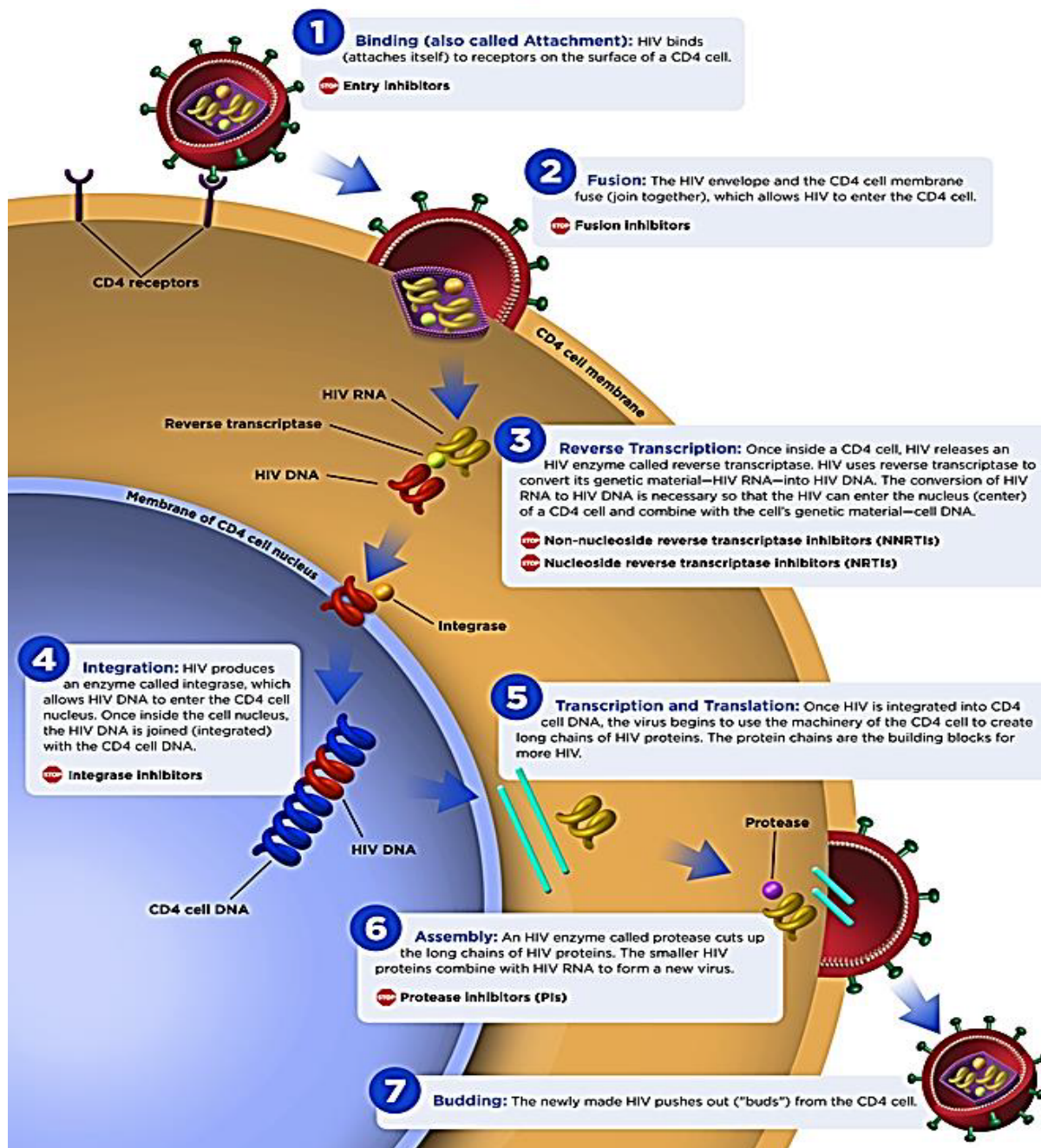
Stages of HIV Disease



From Exposure to HIV -> AIDS

The HIV Life Cycle

HIV medicines in six drug classes stop HIV at different stages in the HIV life cycle.



Six Anti-retroviral (ART) Classes

**1. Entry
Inhibitors**

**2. Fusion
Inhibitors**

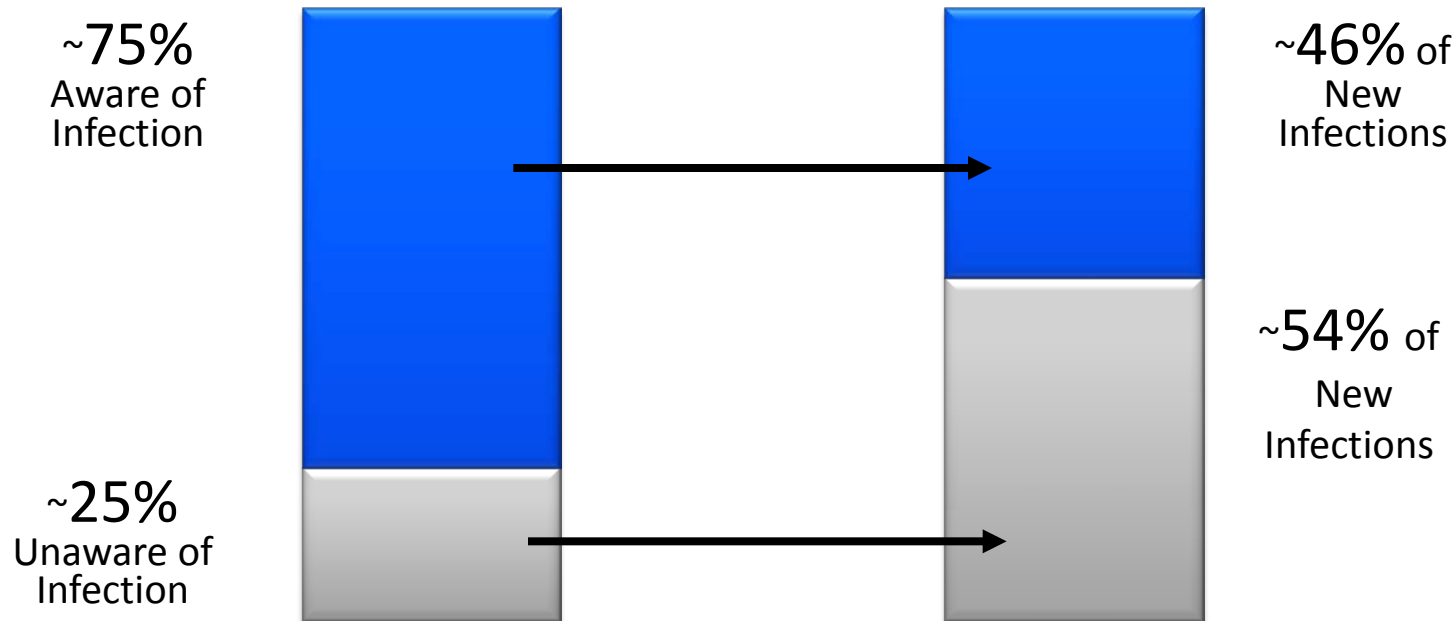
**3. Non-Nucleoside
Reverse
Transcriptase
Inhibitors (NNRTIs)**

**4. Nucleoside Reverse
Transcriptase
Inhibitors (NRTIs)**

**5. Integrase
Inhibitors**

**6. Protease
Inhibitors (PIs)**

Adherence and Prevention



Awareness of HIV Status Among People with HIV: Estimates of Transmission

HIV Biomedical Interventions

- **Prevention Technology/Combination HIV Prevention**
 1. Condoms-male and female
 2. Microbicides
 3. TasP
 4. ARVs for PMTCT, PEP, PrEP
 5. Medical Male Circumcision
 6. STI treatment
 7. Clean syringes
 8. Blood supply screening
 9. Education/Behavior Modification
 10. Treatment/Prevention of Drug Alcohol Abuse

Key Determinants of Health that Impact HIV Infection



- Homelessness
- Poverty/Income
- Education
- Gender

Education

Table 4. Diagnoses of HIV infection among adults, by year of diagnosis, sex, and selected social determinants of health, 2005–2009—18 areas

	Year of diagnosis										Average Rate ^a		
	2005		2006		2007		2008		2009			2005–2009	
	No.	%	No.	%	No.	%	No.	%	No.	%		Total No.	%
Female													
Below federal poverty level (%)													
<6	368	10.3	334	10.3	301	9.7	271	8.5	241	7.6	90	2.8	
6.00–11.99	514	14.5	535	16.4	511	16.1	481	15.3	451	14.0	15.1	4.5	
12.00–19.99	701	19.7	731	22.4	701	21.8	671	21.3	641	19.8	19.8	7.9	
≥20	1,973	55.5	2,026	61.0	1,977	61.4	1,923	61.1	1,869	56.1	56.1	19.9	
Less than high school education (%)													
<2	358	10.1	355	10.9	341	10.5	321	9.9	301	9.2	10.1	3.1	
2.00–3.99	549	15.4	520	15.8	501	15.4	481	14.9	461	14.0	14.9	5.3	
4.00–7.99	942	26.5	966	29.2	941	28.8	911	28.2	881	26.4	26.4	9.4	
≥8	1,709	48.0	1,787	54.1	1,795	55.3	1,753	54.0	1,707	48.6	48.6	16.5	
Median household income (U.S. \$)													
<36,000	1,789	50.4	1,865	56.7	1,801	55.4	1,751	54.3	1,691	50.7	51.0	19.9	
36,000–47,999	775	21.8	774	23.5	751	23.1	721	22.5	691	20.7	21.7	7.9	
48,000–65,999	526	14.8	565	17.1	541	16.6	511	15.8	481	14.4	15.8	4.9	
≥66,000	463	13.0	421	12.7	487	14.9	451	13.9	421	12.6	11.4	3.4	
Unemployed (%)													
<3	483	13.6	450	13.7	421	12.9	391	12.2	361	10.9	12.6	4.1	
3.00–4.99	844	23.7	900	27.4	871	26.7	841	25.8	811	23.7	23.7	5.8	
5.00–6.99	875	24.6	870	26.4	851	25.9	821	25.2	791	23.4	24.4	9.6	
≥7	1,356	38.1	1,408	42.5	1,387	42.1	1,353	41.3	1,317	39.3	39.3	19.2	
Subtotal ^b	3,558	100.0	3,628	100.0	3,579	100.0	3,675	100.0	3,320	100.0	17,760	100.0	8.4

Note:

- As education increases rate of diagnosis in females decrease.
- As income increases rate of diagnosis decreases.
- However, the greater percent living below the FPL the higher the rate of diagnosis.

Note:

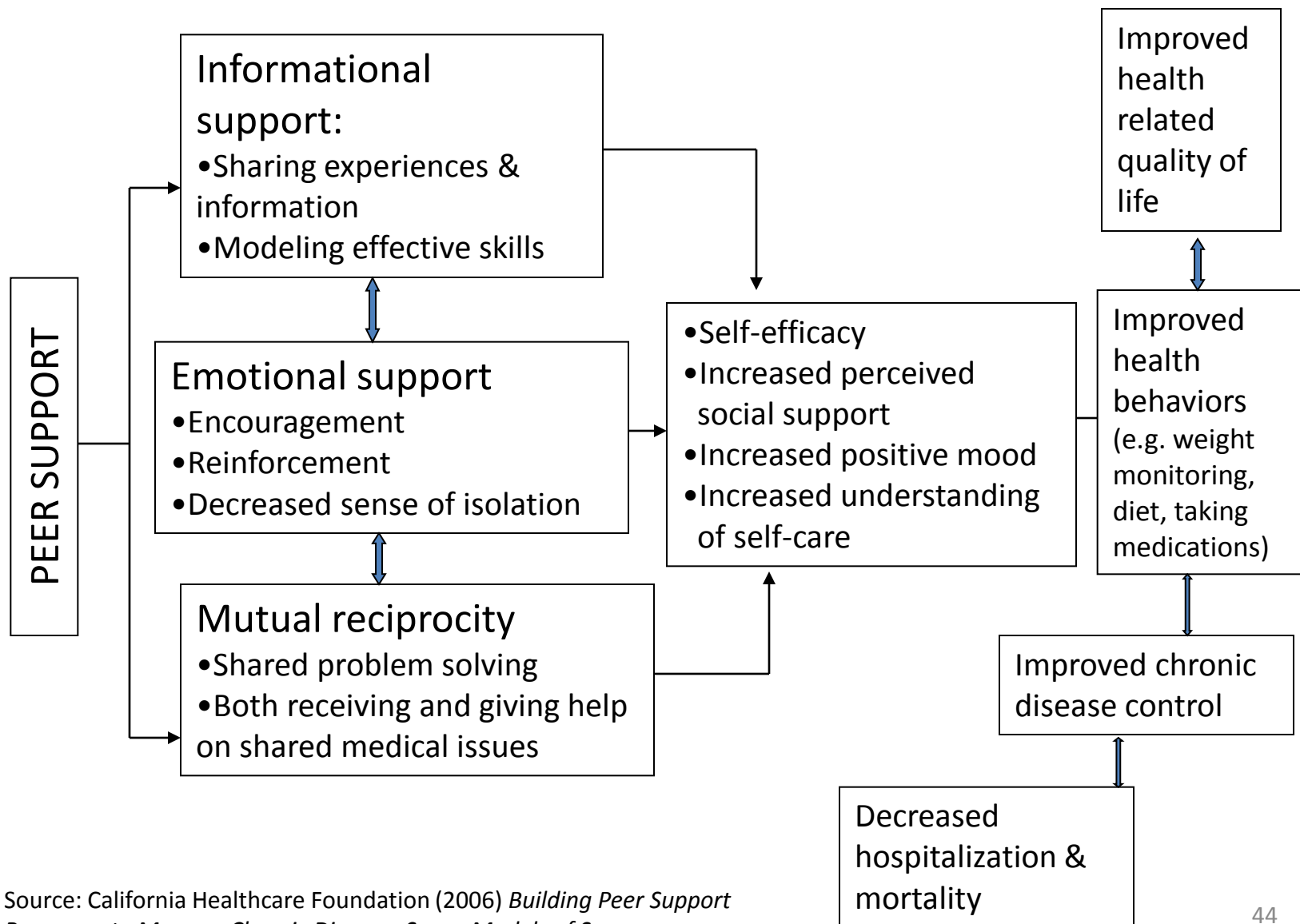
•As education increases rate of diagnosis in females decrease.

•As income increases rate of diagnosis decreases.

•However, the greater percent living below the FPL the higher the rate of diagnosis.

Making the Academic Case

How Peer Support Can Improve Chronic Disease Outcomes



Webinar 4 Overview

Addressing the Effects of Violence and Abuse to Improve the Continuum of Care for Women Living with HIV



The purpose of this webinar is to orient the audience to the effects of violence and abuse on the lives of women living with HIV and the importance of trauma-informed care.

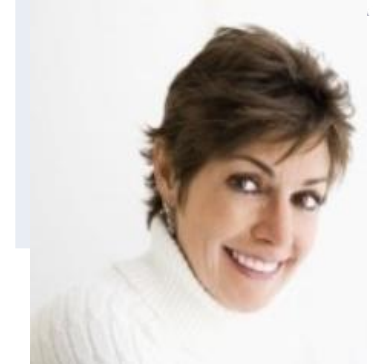
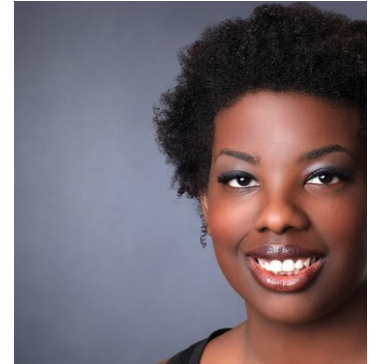
Life Event Experience	N	% Patients (N) Reporting Witnessing Event at Baseline	% Clients (N) Reporting Experiencing Event at Baseline	% Clients (N) Reporting Witnessed and/or experienced Event at Baseline
Natural Disaster	41	7.3% (3)	31.7% (13)	39% (16)
Fire/Explosion	40	22.5% (9)	7.5% (3)	30% (12)
Transportation Accident	41	2.4% (1)	56.1% (23)	58.5% (24)
Serious Accident	41	7.3% (3)	24.4% (10)	31.7% (13)
Toxic Exposure	40	0 (0%)	15% (6)	15% (6)
Physical Assault	41	7.3% (3)	56.1% (23)	63.4% (26)
Assault with a Weapon	41	2.4% (1)	43.9% (18)	46.3% (19)
Sexual Assault	40	2.4% (1)	52.4% (22)	54.8% (23)
Unwanted Sexual Experience	39	0% (0)	45.2% (19)	45.2% (19)
War/Combat	40	2.4% (1)	2.4% (1)	4.8% (2)
Captivity	41	2.4% (1)	24.4% (10)	26.8% (11)
Life-threatening Illness/Injury	40	5.0 % (2)	60% (24)	65% (26)
Human Suffer	40	7.5% (3)	30% (12)	37.5% (15)
Violent Death	40	17.5% (7)	25% (10)	42.5% (17)
Unexpected Death of Someone Close	40	2.5%(1)	67.5% (27)	70% (28)
Caused Serious Injury or Harm	41	0% (0)	14.6% (6)	14.6% (6)
Other Events	40	0% (0)	40% (16)	40% (16)

Conclusion

- **More about NWAC**
- **Contact information**

Join NWAC

- **NWAC Membership**
 - NWAC has two types of membership with the following benefits:
 - ***General Membership***
 - Organizations
 - ***Associate Membership***
 - Individuals
 - For more information go to www.nwac-us.org





THANK YOU!

National Women and AIDS Collective

CONTACT INFORMATION

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Fax: (202) 733-1303

