Wisdom Matters: Enhancing Health Literacy in HIV+ Women using a Community Based Intervention

Nathanaelle Ibeziako, MA, BA, Dr. Ndidiamaka Amutah-Onukagha PhD

Background

The incidence of HIV/AIDS in communities of color has seen little decline in the last decade and in 2017, African American women accounted for 4, 397 (61%) of the estimated new HIV infections among all women. The estimated rate of new HIV infections for African American women (38.1/100,000 population) in 2015 was 16 times that of White women and almost 5 times that of Hispanic/Latino women [1].

Wisdom Matters is a health literacy intervention that aims to train HIV+ women in order to move them from lower rates of health literacy to a place of critical health literacy. Adequate health literacy can be paramount to improving the health of HIV+ women, and previous research demonstrated that people with low health literacy (those that had limited skills for obtaining and acting in ways to benefit their health) had lower HIV disease related knowledge and were less likely to take and adhere to antiretroviral medications.

Outcomes & Goals

The outcomes of this program were as follows:

1) HIV+ mothers gained hands-on experience with engaging their communities around issues related to HIV risk.
2) HIV+ mothers gained confidence in and recognized the value of civic engagement.
3) Community organizations had an opportunity to replicate the project beyond the event and encourage further dialogue about the impact of HIV on communities of color.

Goals of the intervention were to encourage participants to:

1) Ask questions regarding differing access to healthcare resources
2) Increase health literacy in the subjects presented in the lecture materials
3) Understand that health disparities are unfair and mobilize her family and community to act against them
4) Engage in action to change healthcare access in her neighborhood

Methods and Materials

The intervention implemented a 6-week curriculum to increase health literacy and empower African American HIV+ women. The sample size is a group of 10 HIV+ mothers (N=10) at The Dimock Center in Jamaica Plain, MA. The Dimock Center is a community center geared towards providing care specifically to the underserved.

The intervention included lectures conducted on a weekly basis, encompassing topics that enabled the participants to attain critical literacy. In addition to the lecture material, pre-test, post-test, weekly surveys and a final focus group (i.e., critical health literacy, increase in knowledge, attitudes and beliefs about HIV and Pre-Exposure Prophylaxis (PrEP), increase in medication adherence) were included in the 6-week curriculum.

Areas in which health literacy greatly improved included nutrition for HIV+ postmenopausal women, medication adherence, stress management, and disclosure of HIV infection status.

Results

Areas in which health literacy greatly improved included nutrition for HIV+ postmenopausal women, medication adherence, stress management, and disclosure of HIV infection status.

Demographic Data Collected:

- Average age of the female participant: 55 ± 5 years
- 90% were diagnosed with HIV over 10 years ago and 10% were diagnosed within the past 1-3 years
- 50% of women started antiretrovirals within one week of diagnosis
- 100% of women reported undetectable viral loads
- Most common comorbidity amongst women was depression
- Employment Status: 70% unemployed
- 30% part-time employment
- 50% receiving SSI concomitantly

Conclusions

HIV+ mothers received education concerning the management of their health and hands-on experience with engaging their communities around issues related to HIV and now have confidence in and recognize the value of civic engagement. Critical health literacy is the ability to advocate for oneself and others through sociopolitical action. Improving low literacy is critical for improving the health of families and reducing disparities. In order to make systemic changes, improvements in overall literacy are essential. Increases in literacy levels to critical literacy is an extensive process that would require a program longer than the intervention provided by this study. However, through this intervention, the first step in achieving critical literacy has been initiated and future studies will continue to focus on the longevity of education, the attainment of critical literacy, and the encouragement of advocacy.

References


Figure 1: Curriculum Plan and Materials collected by lecture

Figure 2: Highest Level of Education-Completed by intervention participants

Figure 3: Estimated Income range at the time of the intervention

Figure 4: Changes in literacy levels measured by pre- and post- intervention assessment and weekly surveys