



Building a Health Literacy Culture For People Living With HIV/AIDS in Baltimore

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The Problem

Experience the environment

➤ The Baltimore Ryan White Program

- A Federally-funded program providing 90,000 services annually to 10,000 low-income people with HIV/AIDS in the Baltimore area.
- Funds for the Baltimore high HIV-impact area, administered by the Baltimore City Health Department
 - Health care services such as primary medical care, substance abuse treatment, mental health treatment
 - Supportive services such as case management, emergency housing, medically necessary nutrition

➤ Health literacy and HIV

HIV-positive people who had low health literacy reported:

- Negative outcomes on two key HIV health indicators,
 - Lower CD4 counts
 - Higher Viral Load counts
- Less likely to be taking anti-retroviral medications,
- Poorer health. ¹

➤ The Baltimore scene

- 73% of Baltimore's Population is estimated to have literacy less than a high school level.²
- 85% of our clients are African-American and African-American patients had a twofold greater likelihood of being non-adherent to their anti-retroviral regimens...In the final model, **health literacy**, not race, significantly predicted non-adherence."³

1, 2 See handout for references

The Process

Encourage enthusiasm

- Identify provider and consumer concerns
- Build a health literacy team
- Hold health literacy trainings
- Form an advisory panel
- Share with the wider world

2010 Activities	2011 Activities (scheduled to date)
March Health literacy conference	February ♦ Provider presentation at dental school ♦ HL focus to national Fellowship
April Provider collaborative	
May Health literacy conference	March ♦ Consumer presentation ♦ Design process evaluation ♦ Provider presentation—national HIV clinical conference
June Consumer presentation	
July Consumer presentation	April ♦ Consumer presentation ♦ Provider presentation—county health agency
August National Ryan White meeting (poster)	May Health literacy conference—poster
September ♦ Provider presentation ♦ Consumer presentation ♦ Baseline assessment	June ♦ Advisory panel meeting ♦ Schedule additional provider/consumer presentations
October ♦ Advisory panel meeting ♦ National webinar	
November Provider presentation	July Develop HL brochure for national distribution—Ryan White community
December Collaboration with local provider education organization	August National HIV prevention conference, if accepted
	November APHA, if accepted

The Pitch

Engage and educate (health literacy trainings)

➤ Fit in to current activities

- Providers
 - Brown-bag lunches
 - Conferences
 - Seminars
 - Mandatory funding meetings

➤ Consumers

- Support groups
- Trainings
- Health fairs

➤ Be informative, practical, persistent

➤ Providers

- Health Literacy 101
- Recognizing patients with low HL
- Effective verbal and written communication
- Medication adherence

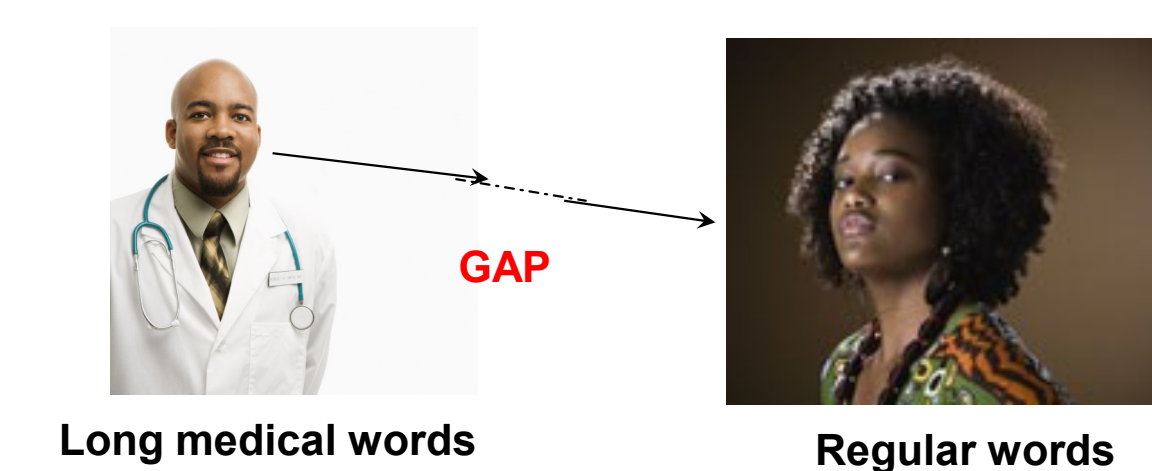
➤ Consumers

- Health literacy 101
- Positive self-management
- "Ask me three"

➤ Tailor the message and the medium

Impact of low health literacy on African-American HIV-positive patients

"African-American patients had a twofold greater likelihood of being non-adherent to their anti-retroviral regimens...In the final model, **health literacy**, not race, significantly predicted non-adherence."⁴



Sample provider slide

Sample consumer slide

The Product

Evaluate effectiveness

➤ Process evaluation

- Feedback after each event

➤ Outcome evaluation

- 2010, Pilot baseline assessment of **HIV** health literacy

CONSUMER BASELINE EXAMPLE

The Ryan White Office is looking at whether people are getting the information they need to manage their HIV. Your feedback is important to us. Answering these questions is voluntary. No one will know your answers, the agency that provides you services will not see your answers.

Please look at Mr. X's prescription label from Hudson View Pharmacy and answer the questions below. **Baseline percent correct indicated in red.**

1. Please circle the drug name on the label. **97%**
2. Please circle the pharmacy's phone number on the label. **100%**
3. How should Mr. X take this drug? **13%**
 - Twice a day
 - Two tablets twice a day
 - Two tablets twice a day with food and without alcohol
 - Two tablets twice a day with food
 - Until he feels better
 - I do not know
4. Who should Mr. X call if he feels sick from this drug? **89%**
 - The pharmacy
 - Dr. Smith
 - I do not know
5. Should Mr. X drive a car if he takes this drug? **88%**
 - Yes
 - No
 - I do not know
6. How much Kaletra should Mr. Smith take every day? **48%**
 - 150mg
 - 300 mg
 - 600 mg
 - I do not know
7. Can Mr. X get this prescription re-filled today? **3%**
 - Yes
 - No
 - I do not know

- 2011, strengthen measurement instrument, reassess consumer **HIV** health literacy
- 2011, pilot intervention (PDSA cycles with two agencies)
- 2012, Link literacy levels to HIV outcome measures (viral load and CD4)

➤ Course correction

- Ongoing—Confer with Health Literacy Advisory Group.
- 2011—Feedback from health literacy mentor.

