AETC-NMC
AIDS Education and Training Center
National Multicultural Center
HOWARD UNIVERSITY COLLEGE OF MEDICINE

**Case Study Adapted from Addressing HIV Care and Health Literacy**

Sharon is a 31-year-old woman of Caribbean origin. She was diagnosed with HIV in 1994 and has adhered to her care recommendations only sporadically. She attended one clinic visit two years ago and one visit last year, prior to this pregnancy. She presents to the practice in her second trimester of pregnancy. At her last clinic visit, her CD4+ T cell count was <20 cells/$mm^3$ and her viral load was > 7000 copies/mL.

Sharon arrived in the United States from Haiti more than ten years ago. She has been on her own since early adolescence and became pregnant at 13, after surviving rape. She is hesitant to share information about her past, but says she remains in close contact with sisters residing in Haiti as well as in her current neighborhood. Sharon's primary language is French.

Sharon currently resides with her two children and fiancé. During subsequent clinic visits, Sharon appears to be detached and, at times, annoyed with the intense focus of the care team. Her lab results suggested she was not adhering to antiretroviral therapy (ART).

In response to her failing adherence, the clinical team initiates home visits from a nurse case manager who is French speaking and of Caribbean origin. The nurse completes an assessment which considers Sharon's health history, cultural practices, and religious beliefs. Sharon shared that the intensive team effort was intrusive and embarrassing. Also, she is seeking care from a Mambo[1] and has discontinued using her meds during the past 3 months.

During case management home visits, Sharon was more at ease and willing to discuss her concerns about poisoning her unborn child with HIV meds. Feelings of worthlessness, anger, and sin were frequent topics during conversations with the nurse.

## *Discussion Questions*

1. How can Sharon's health beliefs be assessed and how does this help assess her health literacy?

[1] Mambo: is the term for a female priestess in the Vodou religion in Haiti. A Mambo can manage fatigue, weight loss and skin conditions associated with active anti-retroviral medications' side effects with remedies. Also, Mambos provide spiritual counseling about beliefs that someone's HIV/AIDS status is due to an evil spirit's or spell. They can also provide education about HIV/AIDS transmission and prevention. (*NMAETC, HIV in Communities of Color: The Compendium of Culturally Competent Promising Practices: The Role of Traditional Healing in HIV Clinical Management, 2011, 32-39)*

2. What health literacy issues arise when working with a client whose primary language is not English?

3. What were the power dynamics between Sharon and her provider(s)? Do you think she felt comfortable asking questions? How can providers assure a shame free environment?

4. What teaching techniques could be used to help Sharon understand the effect of HIV medication on an unborn child?

5. Other than building a trusting and open atmosphere, what questions could the provider ask to better understand the client's belief system and understanding of HIV infection and treatment?

6. Based on the case study discussion, what strategies to address health literacy might you include in an action plan for Sharon's care?

7. Discuss other Cultural Competence issues that may impact retention into care and treatment

8. Who is a Mambo? What role does a Mambo Play in addressing Sharon's HIV status? IS it possible to include the Mambo in Sharon's treatment regimen?