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

Joe, a 35-year-old homeless Iroquois veteran, with no recent family contact and a history of alcohol abuse, receives care in a large urban clinic in the Pacific Northwest. Joe was diagnosed with HIV four years ago. He presents at the clinic, as a walk-in client and asks to see Maggie Hernandez, the nurse he usually sees in the clinic for his "appointments." After about an hour, Ms. Hernandez escorts Joe to an exam room and asks, "What brings you in today?" Joe likes Ms. Hernandez and seeks her out at the clinic, refusing to receive care from other available staff. He tells Ms. Hernandez that he "just thought it was time to come in."

During the clinic visit, Ms. Hernandez notes that Joe is forgetful and exhibits mental slowing and language finding problems. He appears disheveled and in need of a shower. His last CD4+ T cell count was 620 cells/mm^3 and his viral load was 45,000 copies/mL. Joe says he has difficulty taking his medications; he forgets his schedule, often loses medications, and is generally ambivalent about his need for non-Native drugs. He believes that a traditional Native healer could help him feel more comfortable with his illness. He lives in street camps and continues to drink alcohol on a daily basis.

Joe and Ms. Hernandez discuss an occasion when he received services from a traditional Native healer. The healer refused to continue helping Joe unless he stopped drinking. Joe told the traditional Native healer that he didn't drink and was offended by what he considered the healer's disrespectful behavior. Ms. Hernandez attempts to talk with Joe about his drinking but he becomes very upset. She shifts her approach and asks if he would consider a referral for a neuropsychiatric assessment. She also presents the possibility of finding a case manager to help Joe with medication adherence and housing. Joe asks, "what type of assessment is that and why do I need a case manager?"

Discussion Questions:

1. How does culture influence Joe's ambivalence regarding HIV medication, his desire to maintain walk-in visits with Ms. Hernandez, and his interest in receiving assistance from a traditional Native healer?

2. How could a provider clarify the need for a neuropsychiatric assessment and assigning a case manager for Joe?

3. Discuss the health literacy implications of Ms. Hernandez's interaction with Joe.

4. Should Ms. Hernandez have made an effort to find out what services or treatment Joe received from the traditional Native healer? Why or why not?

5. What types of veteran services are available for Joe?

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

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