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

Case Study Adapted from Addressing HIV Care and African American Model

A 44-year-old woman of African descent came in alone to the clinic for her monthly visit for HIV management. She has not been in the clinic for six months. When questioned about her missed appointments the patient simply looks away and tells the healthcare professional she has been too busy to come in. The patient reports that she has been feeling fine, but has noticed that her tongue has looked white for a few weeks. She had a T-cell count of 34 and a viral load of 110,000. She was given information about antiretroviral therapy and was asked to begin treatment with lamivudine/zidovudine (Combivir) and efavirenz (Sustiva).

When asked if she understood the dosage and side effects, she nodded her head in agreement that she understood. When asked if she had a support system among family members or friends, she said, "They do not know."

When questioned by the health care professional when, or if, she would disclose this information to her family, she responded, "I am okay." During the second visit, it was discovered that she was not adhering to the regimen. Her viral load was increasing and her T-cell count was declining. She stated that she had taken the medicine for the first few days but did not continue because she felt fine and could not remember to take medication every day. The patient also tells the healthcare professional she has been "having some issues" and does not know if she will be able to get the medication and return to the clinic every month.

Discussion Questions

1. How could the health care professional be more culturally sensitive?

2. What intervention, if any, would you implement regarding support for this client?

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