BACKGROUND

• AIDS is the leading cause of death among African-American (AA) males and the second leading cause of death among AA females between the ages of 25 and 44 years.1
• AA’s represent 13.1% of the U.S population, yet accounted for three quarters (75%) of all cases of HIV in 2012.2
• Of all women and men living with HIV in 2012, AA women (92.6%) and men (88.5%) accounted for the majority. HIV/AIDS in Washington, D.C.
• Washington, D.C. is one of the cities with the highest prevalent of HIV/AIDS.2
• AA’s (48.6%) accounted for the majority of D.C residents living with HIV in 2012, of all women and men AA women (50%) and men (43.9%) were the highest.3

HIV Support Services

• HIV is a chronic disease requiring long-term medical and psychosocial support for both the patient, and families.4
• Support networks are effective methods for reaching HIV patients. Positive long-term outcomes are associated with peer-support groups. Support groups have the power to alter the subjectivities of patients and change health behaviors in the area of successful coping through an empowering process and an increase in self-care and self-efficacy.5

PURPOSE

This research project examined the qualities of offsite supportive counseling and educational services, through the analysis of patient interviews and focus group transcripts. The design of the supportive service is specifically targeted toward HIV positive medical patients at Family and Medical Counseling Services (FMCS) in Southeast Washington, D.C.

Research Question

What factors may influence the feasibility and quality of offsite (i.e., outside of their medical care appointments) supportive counseling services for HIV positive patients?

METHODS

This study utilized data from the Family Medical Counseling Services, Inc. (FMCS) Patient Engagement Needs Assessment Project funded by Consumer Health Foundation. The FMCS project focuses on factors that can improve patient engagement in an underserved population in Southeast Washington, D.C. For the purpose of this study, we used a sub-sample of interview and focus group participants who are HIV positive.

Participants

Out of the 35 participants, 31 African American females (N=14) and males (N=17) were recruited from Family Medical Counseling Service (FMCS) through the following methods: advertisements throughout FMCS, sign-up sheets at the front desks offices, and groups that are held in the Behavioral Health Department. Eligibility criteria included the following: appointment within the last year, age 18 and older, and medical or non-medical client at FMCS.

Procedure

This study received approval from University of Maryland Institutional Review Board. Participants were enrolled in the study after they met the eligibility criteria and went through the informed consent process. Upon enrollment they completed a demographic form and were placed in either a patient interview or a focus group about their experience as a patient/client at FMCS. There were six medical patient interviews and two medical patient focus groups. A trained researcher from the UMD-PRC conducted each patient interview which lasted approximately 30-60 minutes. A facilitator led each focus group for medical patients at FMCS. The focus group lasted approximately 90 minutes. Patient interview participants received a $20 Target gift card as an incentive for completing the interview. Focus group participants received a $25 Safeway gift card as an incentive for completing the interview.

Analyses

Transcripts and notes from the six patient interviews and two focus groups were analyzed from one question in the Health Literacy sections of both moderator and interview guides. All responses to the question: “When you get home and you have questions about your care, do you have access to medical advice or on-call supportive counseling?” All responses were reviewed for thematic content related to quality of off-site support services. Quotations were used to exemplify each theme.

RESULTS

Data analysis revealed that on-call supportive counseling, medical advice vehicle, and on-line services were the most frequently mentioned offsite services. The themes of, religious belief, pharmaceutical advice/health literacy information, confidentiality and trust and suicidal support emerged as effective qualities of offsite support services. Other important characteristics of services included:

Receiving a positive experience and inviting attitude from the service provider over the phone
• Limiting waiting time over the phone when patients call in.
• Having consistancy with on-call service and in-person service
• Receiving follow-up callbacks with added information.

CONCLUSIONS

• On-call supportive counseling services received the most positive and valuable responses as the preferred offsite service for medical advice.
• There were a number of other referred services including online, which had the least valuable responses.

FUTURE RECOMMENDATIONS

On-call supportive counseling service as the medical advice vehicle for HIV positive patients at FMCS with these qualities:
• Strategic care of health literacy and counseling services
• Positive engagement and advocacy for the patient
• Collaboration from medical and therapeutic staff
• Addressing barriers to medication adherence and psychosocial adjustment

REFERENCES