"Keep it simple": Older African Americans' preferences for an HIV disease management intervention

Category: 3. Behavioral Science

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**Purpose:** Health literacy is lower in minorities and older adults and has been associated with non-adherence to medications, treatment, and care in people living with HIV. Likewise, African Americans with HIV are more likely to be non-adherent to their HIV medications, less likely to keep their clinic appointments related to HIV treatment and care, and more likely to die during hospitalizations than their ethnic counterparts. The present study explored the preferences of older African Americans with HIV for a health literacy intervention to promote HIV disease management.

**Methods:** In this qualitative study, twenty (N = 20) older adult African Americans living with HIV were recruited from an HIV/AIDS outpatient clinic in the southeastern region of the U.S. Using patient-centered participatory design methods, semi-structured individual interviews were conducted to determine patient preferences for intervention development and design. Health literacy was also measured using the revised Rapid Estimate of Adult Literacy in Medicine (REALM-R).

**Results:** Four major themes emerged related to intervention development and design: keep health information simple; use a team-based approach for health education; tailor teaching strategies to patients' individual needs; and consider patients' low experience, but high interest in technology. Forty-five percent of the sample had low health literacy based on the REALM-R.

**Conclusion:** Future interventions that target minorities and older adults living with HIV should consider patients' learning needs, gender-specific and mental health needs, and delivery approaches in order to increase uptake and improve overall effectiveness of behavioral interventions.