Purpose

Since 2018, 1.2 million people have been diagnosed with HIV/AIDS while 1 in 7 individuals are unaware of their infection (“US Statistics,” 2019).

To provide thorough information of the effectiveness in prevention and comprehensive sexual education in order to reduce diagnoses of HIV/AIDS

To find an effective tool for lowering rates of HIV/AIDS for people in the Hamilton County Area and globally

Methods

The method used an 8-question format where I interviewed Medical Case Managers at Caracole Inc via Zoom to get their experience on Client responses for sexual educational tools.

8 Central Questions:
1. What is your case load from September 2020 to March 2021?
2. What are the demographics of your case load? (i.e. race, gender, sexual orientation, etc)
3. Have your clients received sexual education prior to being diagnosed with HIV/AIDS
4. Have your clients received ongoing sexual education after being diagnosed?
5. Do your clients practice safe sex? If not, why?
6. Have your clients discussed why they use harm reduction tactics regarding safe sex practices?
7. How many of your clients are taking HIV medications?
8. What is a case that has impacted you or stood out to you in anyway?

Results

The caseloads ranged from about 50 – 80 clients

Client age ranged from early teens to older adulthood

All Medical Case Managers reported that their clients had been prescribed HIV Medications

All case managers reported that there was no indication that their clients had received ongoing sexual education prior to receiving services

Case managers reported that close to half of their client population identifies with the LGBTQIA+ community

Many of the clients served among the case management are male followed by female

All Medical Case Managers reported that their clients have received ongoing sexual education after being diagnosed and enrolled in case management services

Discussions

Compared to previous literature, implementing comprehensive sexual education is an effective tool for guiding people to make safe decisions regarding their health and well-being (Haberland, 2015).

I found it very interesting that most clients reported their lack of condom use due to being virally undetectable or having a partner that is living with HIV/AIDS as well. The case manager’s reported that clients may not feel the need to use external or internal protection due to their HIV status- whether they were virally undetectable or not.

The weaknesses include solely interviewing the medical case managers without getting the firsthand perspective from the clients served at Caracole. Due to COVID-19, Caracole has been remote and most of our work is via telephone and online communication applications

Background

Newly reported diagnoses of HIV in Ohio population by race (“HIV Among Blacks/African-Americans in Ohio, 2019”):
48% Black and African American
42% white
6% Hispanic and Latinx
69% were among gay, bisexual and other men who have sex with men
Black/African American MSM accounted for 25% of new HIV Diagnoses and 38% of diagnosis among all MSM (“HIV in the United States and Dependent Territories”)

Data Analysis

Reading through interview notes taken place with Medical Case Managers regarding the questions asked

Looking for patterns of demographics, sexual education teaching, and medication adherence

Analyzing what conclusions could be drawn from the interview responses

Limitations

Solely interviewing Caracole Medical Case Managers and not the client population served

The study will not have the first-hand perspectives from clients enrolled at Caracole

COVID-19 Restrictions put in place in the United States- Caracole Inc is currently remote regarding case management services

References


I would like to thank Caracole Inc. for the opportunity to advocate and empower people living with HIV/AIDS. The work I have done has allowed me to learn about HIV/AIDS in order to combat the stigma that many PLWHA experience every day.”