

Background

This practicum was conducted at Neighborhood Family Practice (NFP) on Ridge Road in Cleveland, Ohio, within the Ryan White (RW) Program. The project focused on improving the quality of HIV care for underserved populations through patient-centered and data-driven approaches. The practicum emphasized understanding barriers to care and identifying opportunities to strengthen patient education, satisfaction, and treatment adherence.

Population

The RW program serves people living with HIV/AIDS, with a focus on underserved populations including refugees, transgender individuals, and newly diagnosed patients. Most patients are refugees who face compounding linguistic, cultural, and socioeconomic barriers to accessing care.

Program Highlights

The program integrates behavioral health and social support to enhance patient engagement. It gathers patient input through satisfaction surveys, identifying needs such as interest in a peer advisory council to provide support and suggest improvements. It also uses practical case management to simplify care coordination and reduce access barriers. Activities include pre-packing medications for a full month for patients at risk of non-adherence to encourage behavior change and habit-forming routines. The program also supports overall patient health by connecting patients experiencing food insecurity to the onsite Food is Medicine pantry.

Learning Objectives

- Examine how limited health literacy, combined with linguistic and cultural barriers, complicates HIV medication management and treatment adherence among refugee patients
- Evaluate the effectiveness of health literacy interventions (visual aids, simplified materials, peer education, digital tools) in improving treatment knowledge and engagement
- Design culturally responsive, multilingual health education materials that incorporate refugees' existing knowledge and preferred learning styles to improve outcomes

Activities

- Conducted literature reviews on HIV care interventions for refugee populations to identify effective models and research gaps
- Observed clinical settings and patient visits to assess how language and health literacy barriers affect care
- Analyzed patient satisfaction survey data to better understand care experiences and identify areas for improvement across two NFP clinic locations (Ridge Road and Detroit Shoreway)
- Designed and pilot-tested culturally adapted health education materials and evaluated existing interventions
- Performed patient chart reviews and updated the Ryan White QI Tracker to monitor patient visits, viral load, and risk factors for those most in need
- Developed evidence-based recommendations to strengthen health literacy support and engagement in HIV care for refugee populations

Evidence Based Approaches

Health Literacy Strategies & Tools

Patient visits and satisfaction surveys highlighted a need for greater involvement in care. Using evidence-based strategies such as visual aids, simplified language, and self-monitoring tools (Perazzo et al., 2017), I developed clinician tools and a health passport to help patients track progress, understand medications, and stay engaged. Translating these tools into patient languages (Kinyarwanda, Swahili, French, Wolof) can further improve understanding, adherence, and lab markers.

Motivational Interviewing & Stages of Change

Many patients experienced HIV-related stigma, which can reduce engagement. Motivational interviewing (Bischof et al., 2021) and the Stages of Change model (Raihan & Cogburn, 2023) can better support adherence through dialogue and patient-centered education.

Trauma & Culture-Informed CHAOS Approaches

Refugee backgrounds and life stressors can create “chaos,” disrupting routines. The CHAOS framework (Confusion, Hubbub, and Order Scale) addresses life instability and its impact on behaviors and outcomes (Larsen et al., 2023; Wong et al., 2007). Trauma-informed, culturally sensitive care promotes safety, trust, and respect, providing a foundation for CHAOS-based approaches (Ranjbar et al., 2020). Integrating CHAOS assessments into behavioral health can identify higher-risk patients and tailor support to improve adherence.

Deliverables

- Written report with recommendations on patient satisfaction in HIV care
- Patient clinical summaries accompanied by evidence-based interventions
- Developed clinician and educational tools, including a health tracker, health passport
- Compiled and analyzed patient satisfaction survey data from two clinic sites

Patient Satisfaction Survey



Figure 1—Word Cloud: Visualization of common themes and keywords drawn from patient responses about their perceptions of HIV care and services received at the clinic.

Clinician Tools

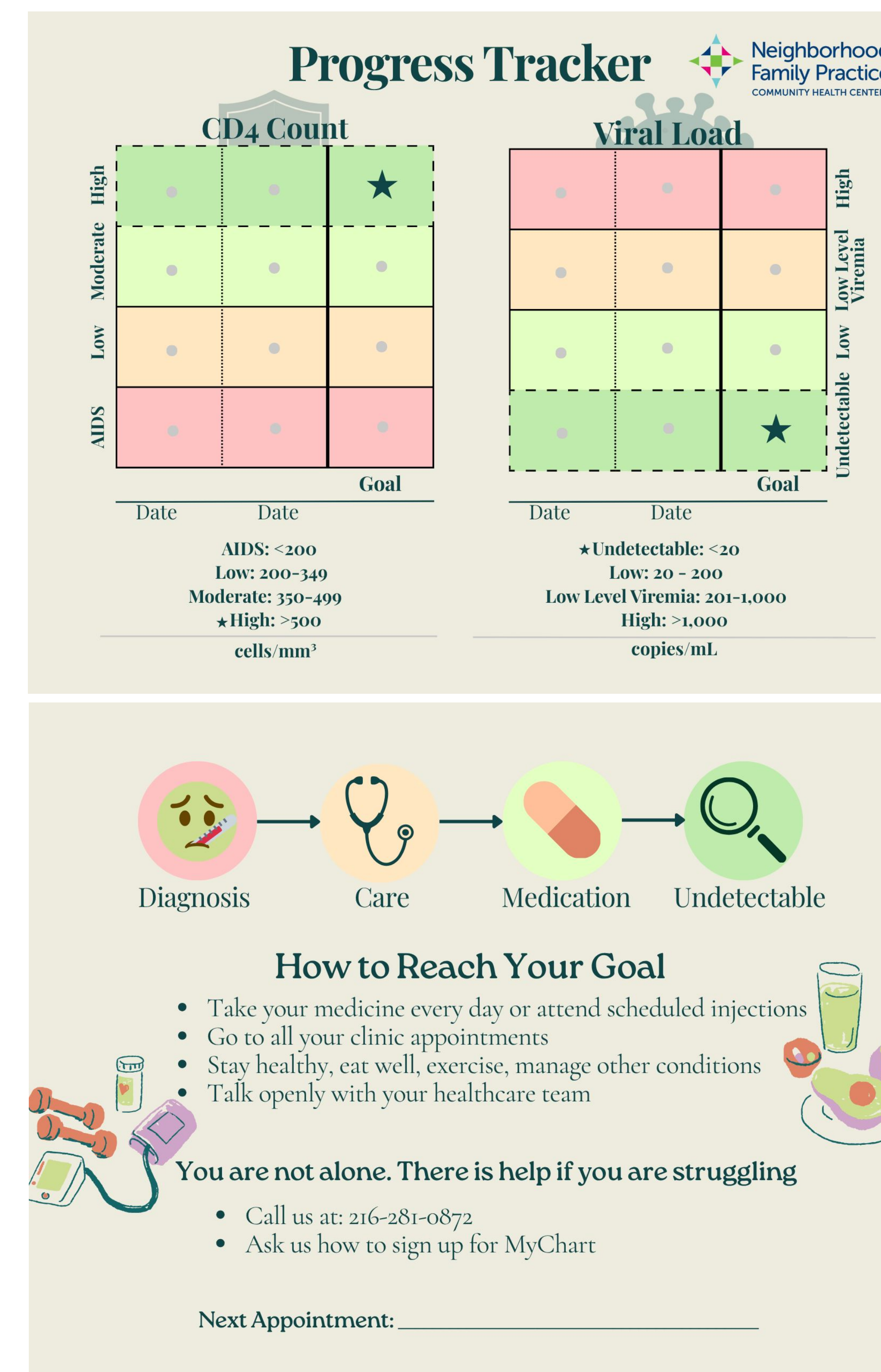


Figure 2—Progress Tracker: Postcard-size tool for tracking patient progress toward HIV treatment goals, displaying CD4 count and viral load levels from low to high (TOP), with practical steps and contact information for additional support in the back (BOTTOM).



Figure 3—Health Passport: Culturally inspired health passport designed to promote patient engagement by tracking key health information such as vaccination records, CD4 count, viral load, and appointment reminders—adapted from the health booklets commonly used in sub-Saharan Africa to foster familiarity and active participation in care.

Lessons Learned

- Observations supported by literature showed that limited health literacy, language, and cultural differences influenced how patients engaged with HIV care, validating the need to consider these factors when designing adherence strategies. Developing culturally tailored and visual materials showed strong potential to improve comprehension and engagement once implemented.
- Trauma-informed communication and motivational interviewing fostered trust and empowerment. Patients appeared more engaged when clinicians asked about their personal lives and goals, helping them feel seen and reinforcing the importance of individualized care.
- Piloting tools such as health trackers and health passports revealed opportunities to strengthen self-monitoring and support patient autonomy. Future translation and evaluation of these tools will further guide culturally responsive care design.

Public Health Implications

Culturally tailored HIV interventions can reduce disparities for refugees and underserved populations. Improving health literacy and patient engagement supports adherence, viral suppression, and overall health.

Tools like progress trackers and health passports empower patients to take an active role in managing their care. Integrating behavioral health, social support, and case management further strengthens patient services and addresses social determinants that would otherwise hinder patients from actively engaging in their care.

References

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