HTTP://GREATERTHAN.ORG/ADS/WATCH-CREATING-CHANGE-VOICES/

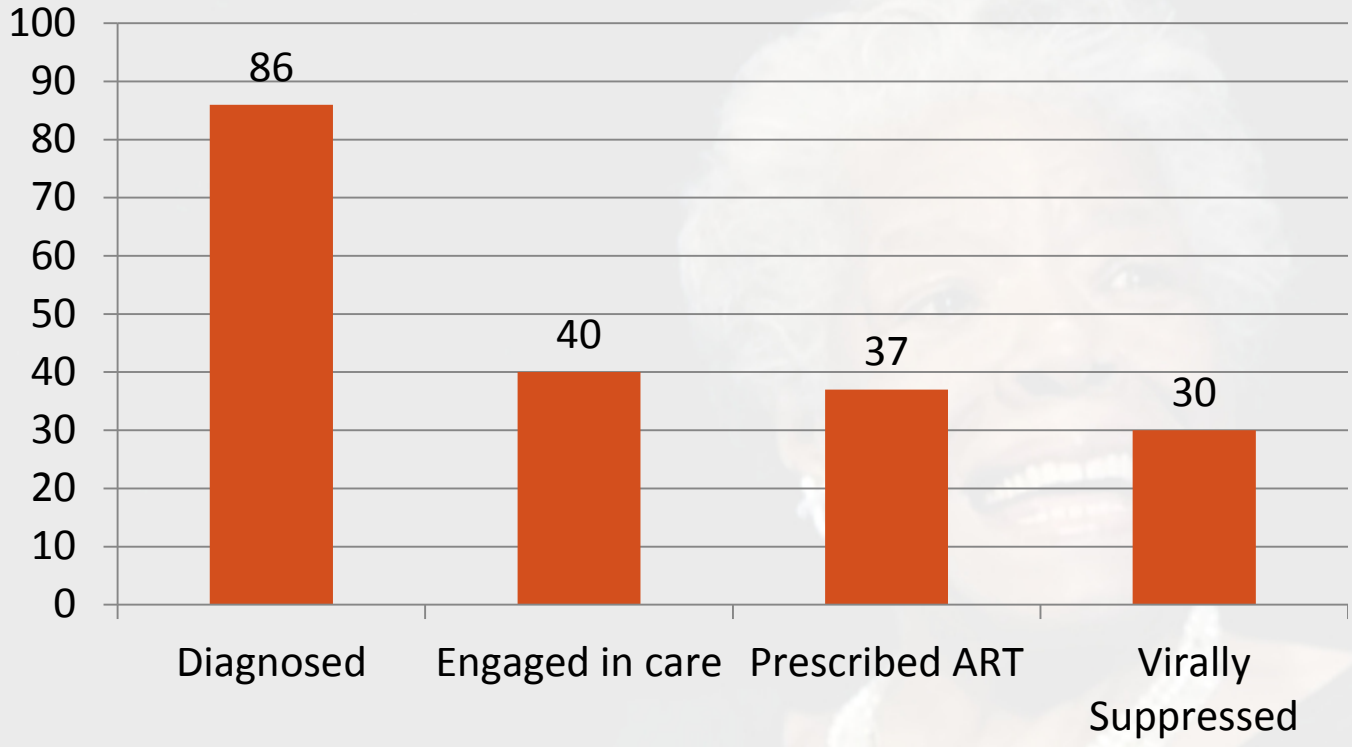
WHEN WE KNOW BETTER, WE DO BETTER!

NATIONAL RESEARCH COUNCIL'S STANDING COMMITTEE ON THE SCIENCE OF CHANGING BEHAVIORAL HEALTH SOCIALNORMS
WASHINGTON DC
MARCH 18, 2015

Presented by Phill Wilson,
President and CEO
Black AIDS Institute

When We Know Better, We Do Better

Treatment Cascade



THE BLACK AIDS INSTITUTE

When We Know Better, We Do Better

The State of HIV/AIDS Science and Treatment Literacy in the HIV/AIDS Workforce

Black AIDS Institute

February 6, 2015

When We
Know Better,
We Do Better

Background

A survey was designed to analyze the level of HIV Science and Treatment Literacy, familiarity with and attitudes about Bio-Medical interventions among the non-medical HIV/AIDS Workforce in US, in three areas:

- Basic Knowledge and Terminology
- Treatment Knowledge
- Clinical/Biomedical Knowledge

Data collected between 2012-2014

When We Know Better, We Do Better

Approach

Design

This was a quantitative survey. The instrument also measured respondent demographics, and information about the respondent's work organization.

Partners

CDC, Latino Commission on AIDS, NASTAD, Janssen Therapeutics, Johns Hopkins University,

Implementation

- The survey was administered online, via iPad on site or via respondents' computer
- There were multiple waves of data collection:
  - US Conference on AIDS (USCA)
  - National Rollout, conducted via intercepts in each of 10 US markets
  - Spanish language roll out with 300 respondents
  - State Survey via state & local health departments conducted in 43 states

Respondent Completes Summary

Wave	Dates	# Completes
Total across waves	**9/30/12-9/7/14**	**3663**
USCA	9/30-10/2/12	643
National Rollout Spanish Language augmentation	3/22-5/5/13 10/10-12/2/13	1523 300
State Rollout	6/13-9/7/14	1197

THE BLACK AIDS INSTITUTE

THE BLACK AIDS INSTITUTE

FINDINGS

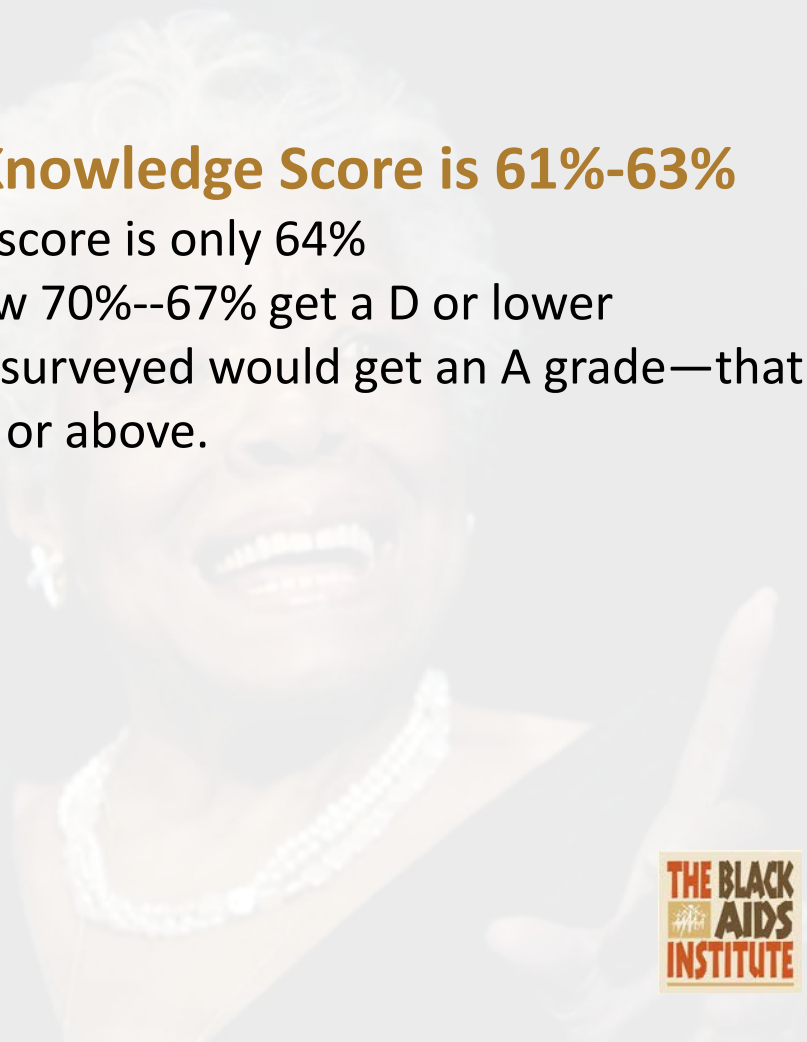
When We Know Better, We Do Better

Overall Level of Knowledge

Overall, the level of knowledge of HIV science & treatment is quite low.

The average HIV Knowledge Score is 61%-63%

- Even the median score is only 64%
- with a score below 70%--67% get a D or lower
- Only 4% of those surveyed would get an A grade—that is, a score of 90% or above.



THE BLACK AIDS INSTITUTE

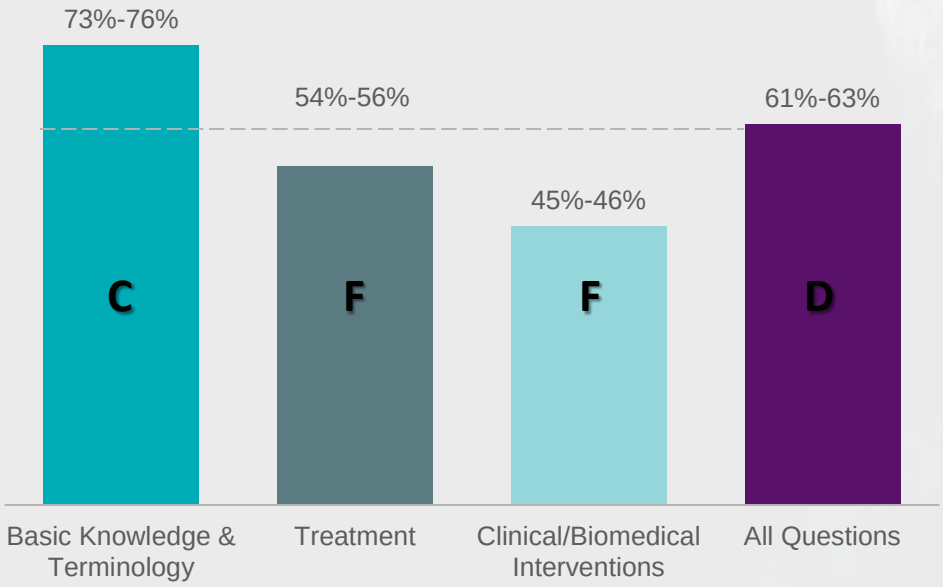
When We Know Better, We Do Better

There were three knowledge categories, with the most basic category having the highest score

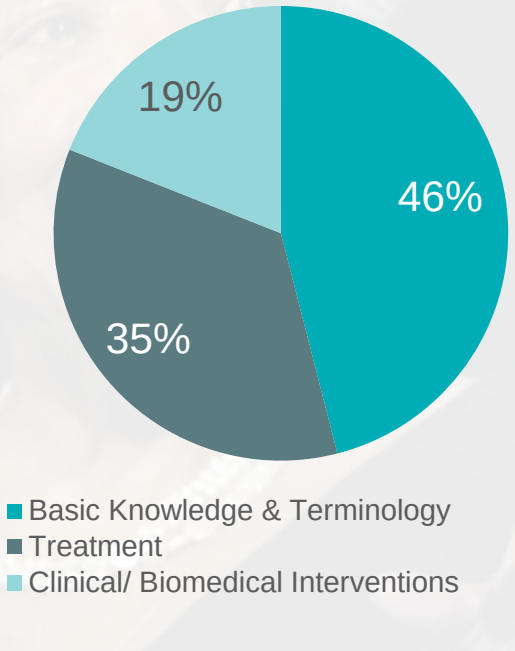
Questions covered 3 major topic areas—Basic Knowledge & Terminology, Treatment and Clinical/Biomedical Interventions.

Scores were highest, on average, for Basic Knowledge and Terminology questions (73%-76%), and lowest for the questions pertaining to Clinical/Biomedical Interventions (45%-46%).

Average Score by Category



Proportion of questions per Category



THE BLACK AIDS INSTITUTE

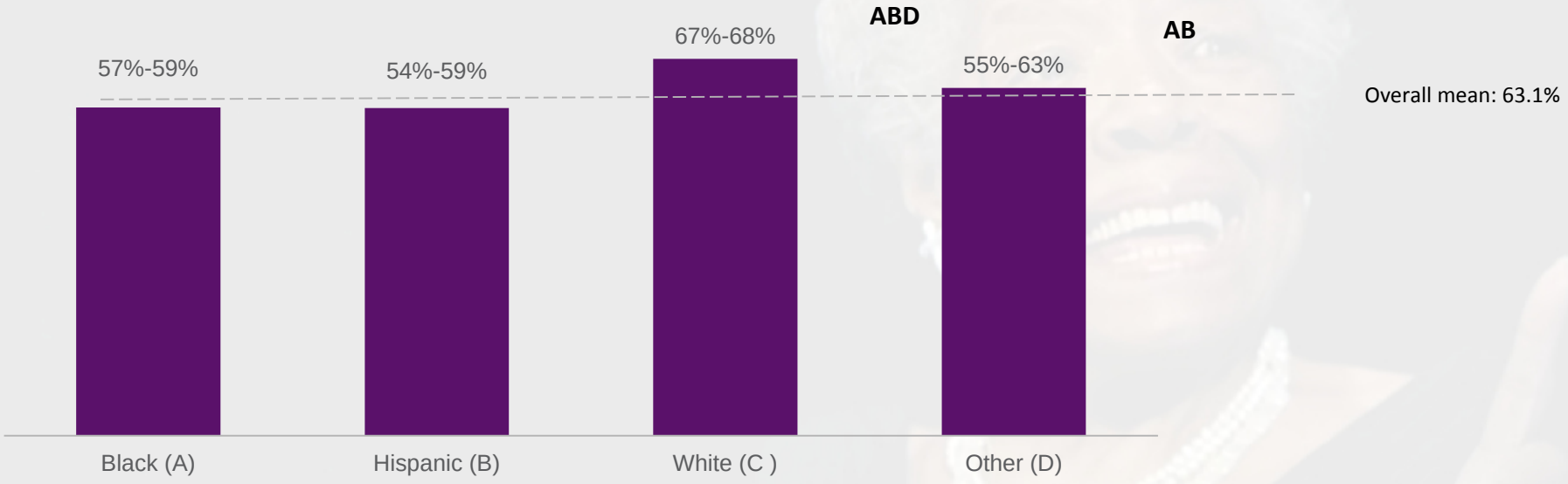
HIV KNOWLEDGE SCORE PREDICTORS

When We Know Better, We Do Better

On average, Black and Hispanic respondents scored lower than white and "other" respondents on the HIV Knowledge questions.

“Other" consists of respondents identifying themselves primarily as any one of the following: American Indian or Alaskan Native (n=37), Native Hawaiian or other Pacific Islander (n=26), Asian (n=57) or "Other" (n=76).

% Correct Answers by Race/Ethnicity



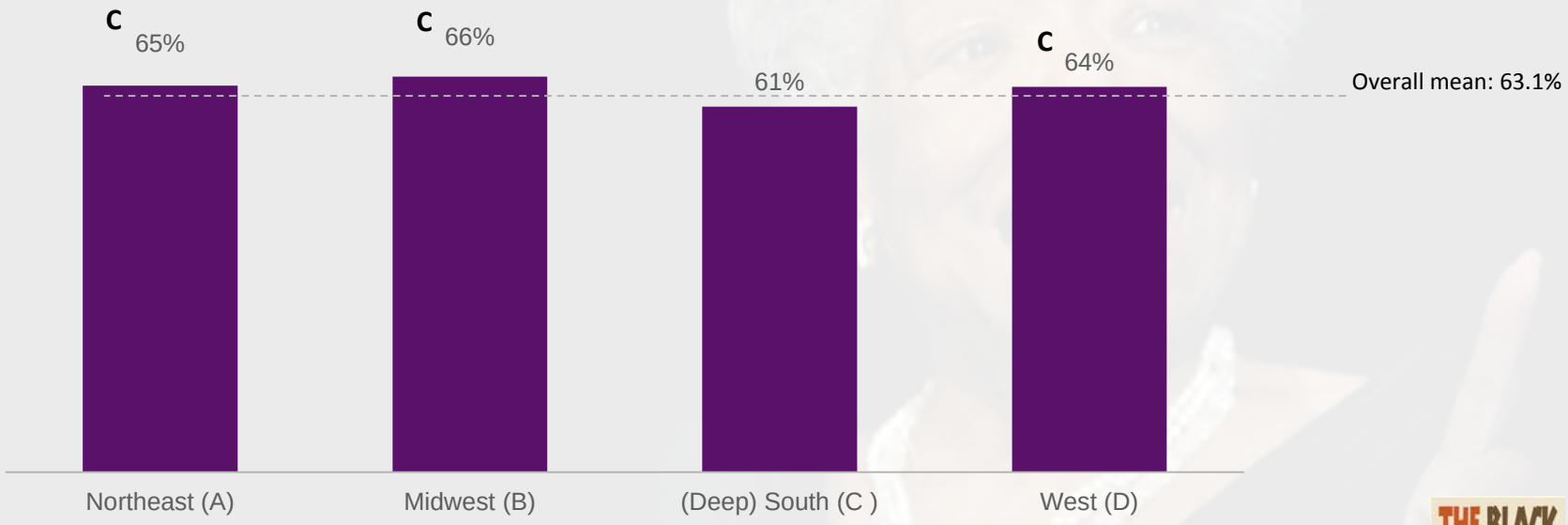
Sample size: 3363; African American: 1188; Hispanic: 441; White: 1538; Other: 196
Statistically significant differences between comparison groups marked with a letter (95% significance)

THE BLACK AIDS INSTITUTE

When We Know Better, We Do Better

Respondents from the deep South score lower than those from other regions.

% Correct Answers by Region



Sample size: 3036; Northeast: 790; Midwest: 455; (Deep) South: 1316; West: 495(excludes "Other")
Statistically significant differences between comparison groups marked with a letter (95% significance)

THE BLACK AIDS INSTITUTE

When We Know Better, We Do Better

State-Level Differences

Location matters! The State scores range from a high of 67% (Ohio) to a low of 57% (North Carolina).

While, North Carolina, Florida, Texas and Georgia have below average HIV Knowledge scores, Maryland respondents have above average scores. Those from Alabama, Louisiana, and DC have scores that are close to the national average.

Top five States:

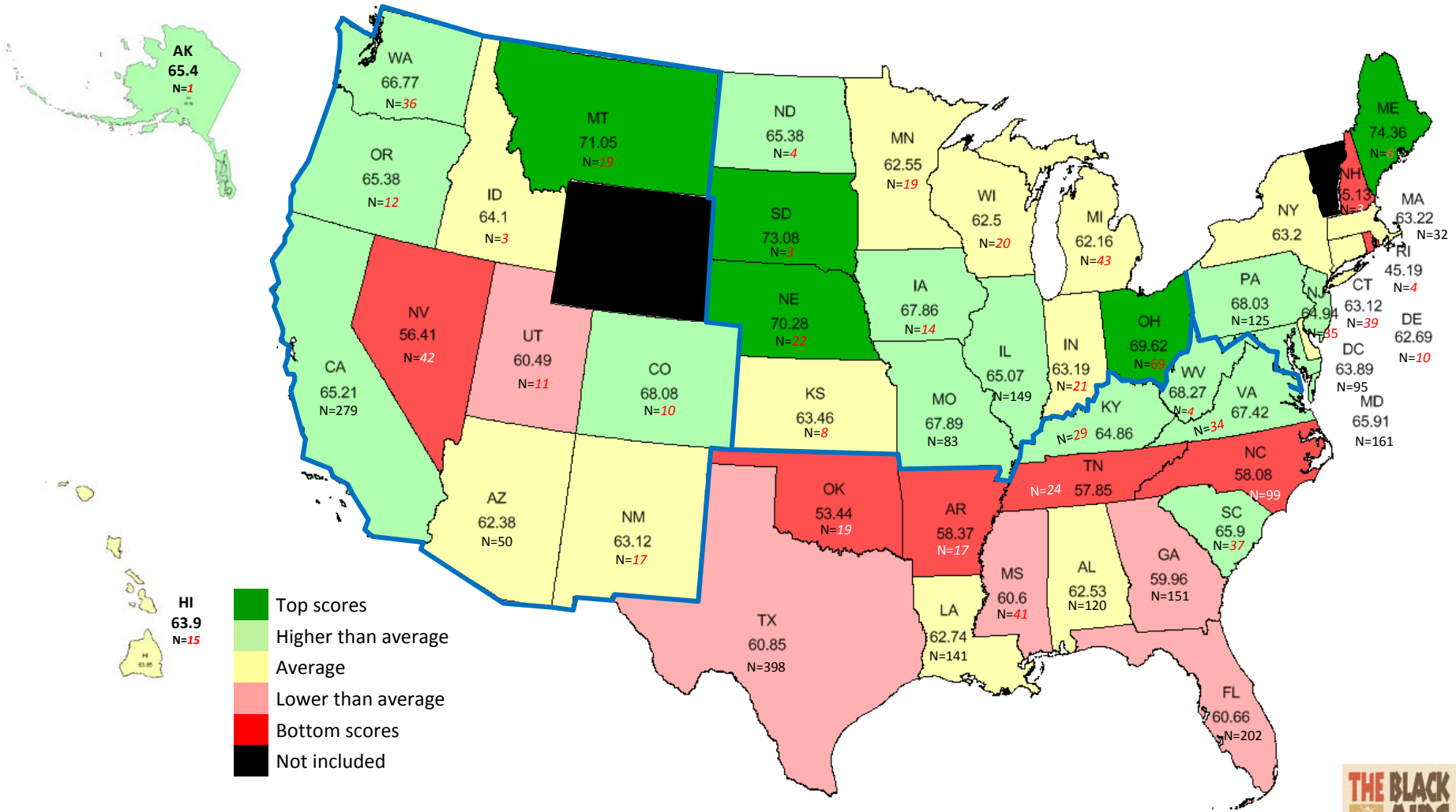
Ohio:	67%
Pennsylvania:	66%
Maryland:	66%
Missouri:	65%
District of Columbia:	64%

Bottom five States:

Arizona:	62%
Texas:	60%
Florida:	60%
Georgia:	59%
North Carolina:	57%

THE BLACK AIDS INSTITUTE

The lower scores in the southern states are visually clear here.



Sample size: 3363; States combined across the three waves. Highest scoring states included in this analysis are those with high enough base sizes for reasonable comparisons: Ohio, Pennsylvania, Missouri, Maryland, California, Illinois. Lowest scoring states included in this analysis are those with high enough base sizes for reasonable comparisons: Nevada, North Carolina, Georgia, Mississippi, Florida, Texas

Statistically significant differences between comparison groups marked with a letter (95% significance).

THE BLACK AIDS INSTITUTE

Detailed Findings

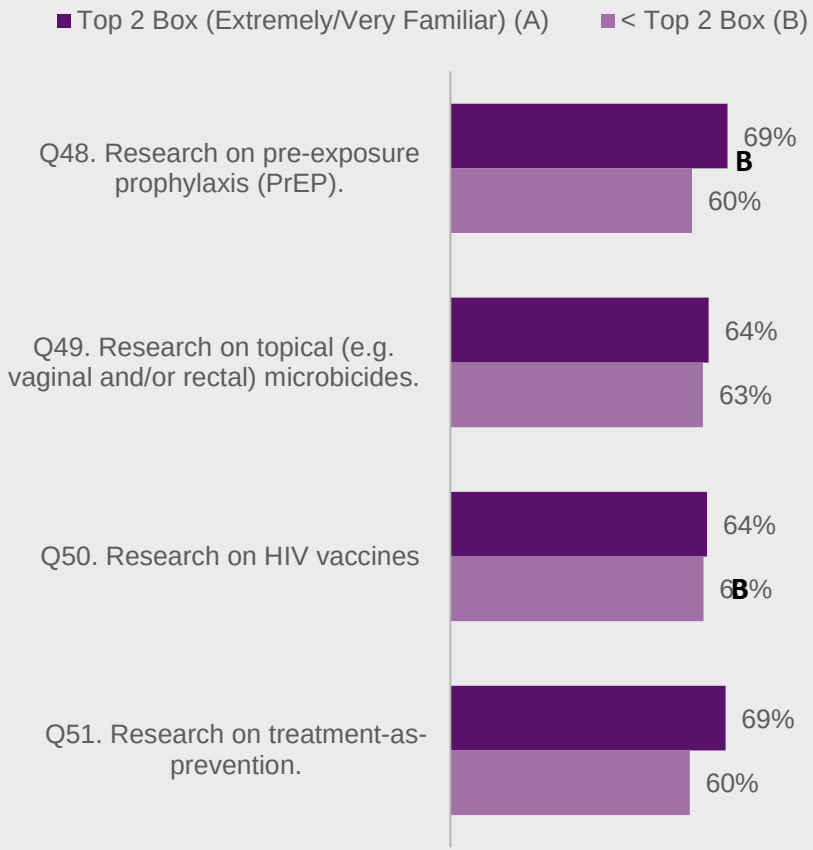
FAMILIARITY AND ATTITUDES

Familiarity and attitudinal agreement go hand-in-hand with higher scores.

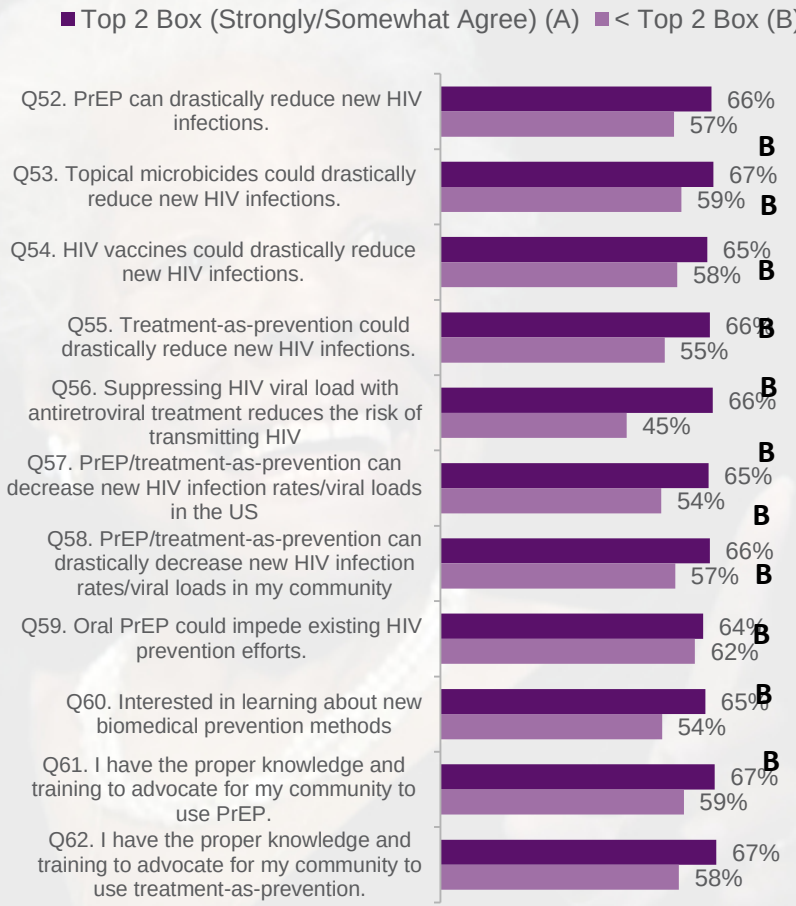
When We Know Better, We Do Better

On all but two of the attitudinal items, respondents with high familiarity (Q48-Q51) or high agreement (Q52-Q62) are significantly more likely to have higher scores on the HIV Knowledge questions. This makes sense, as both the knowledge questions and the agreement/familiarity questions appear to measure knowledge of HIV.

% Correct Answers by Level of Familiarity



% Correct Answers by Level of Agreement

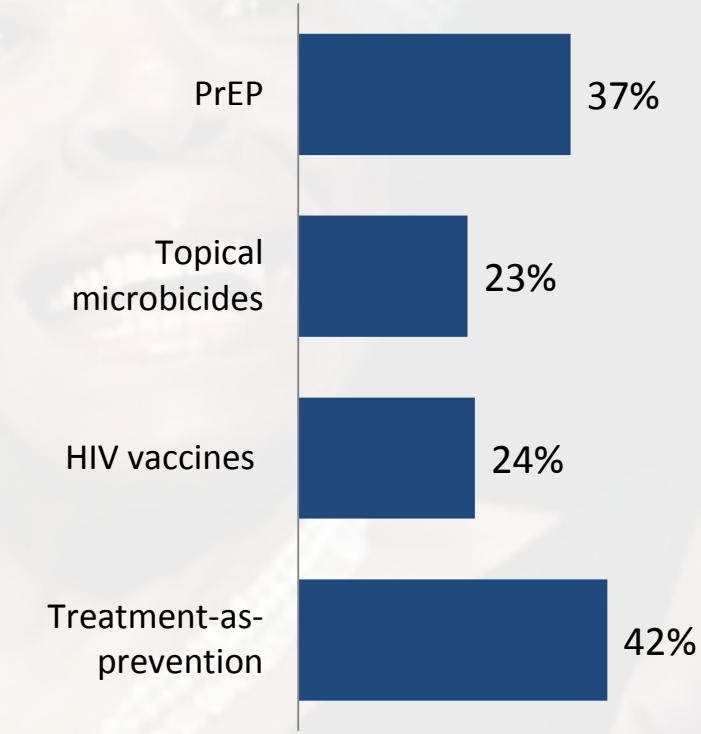


Sample size: 3363

Statistically significant differences between comparison groups marked with a letter (95% significance)

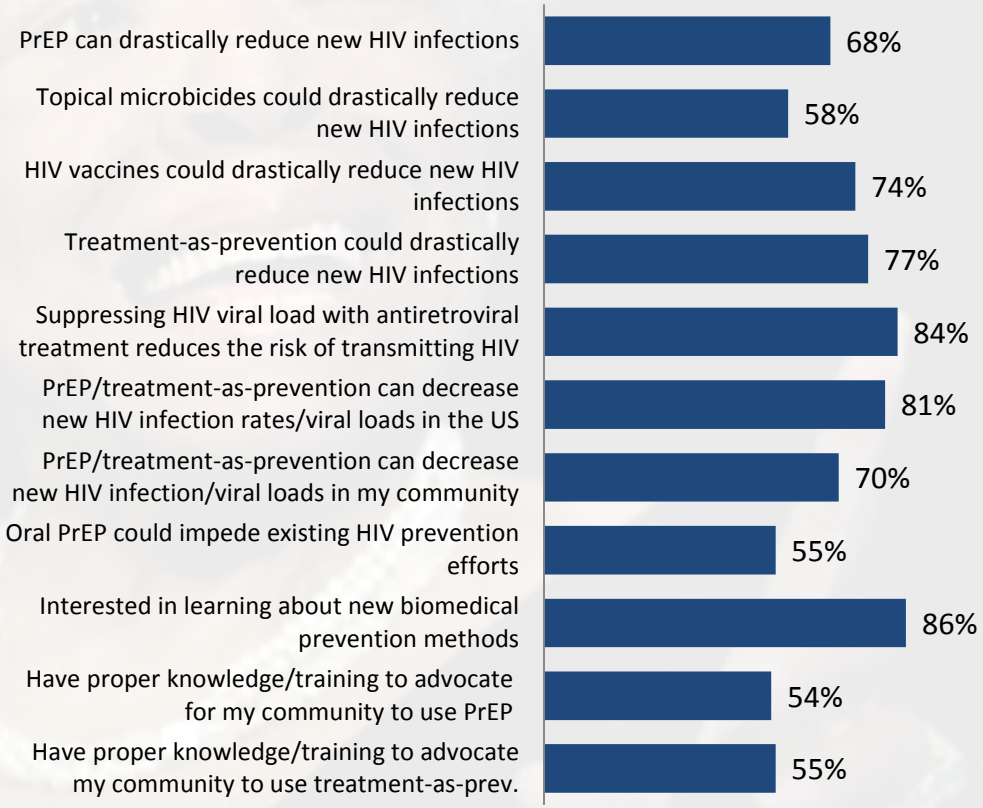
Familiarity with Biomedical Interventions

Rated “Extremely Familiar” or “Very Familiar”



Efficacy of Biomedical Interventions

Rated “Strongly Agree” or “Somewhat Agree”

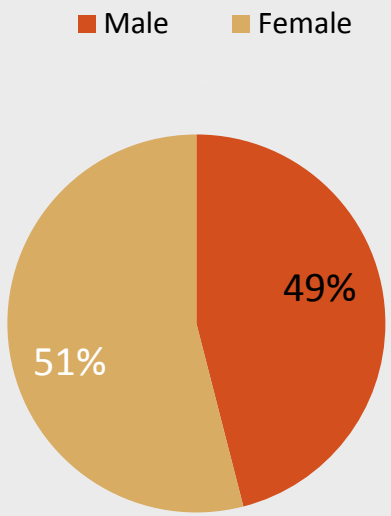


DEMOGRAPHICS

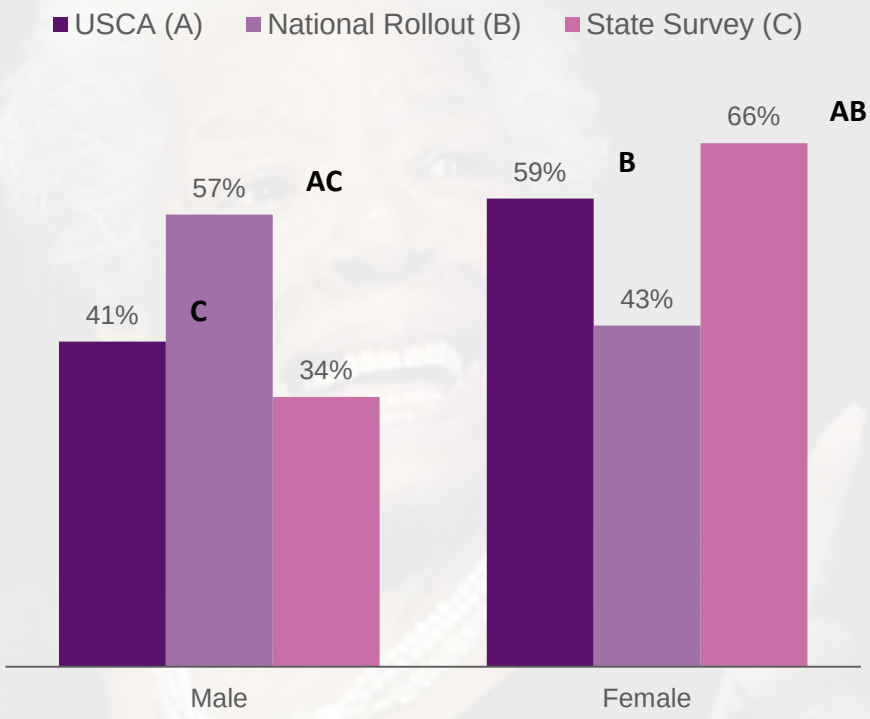
When We Know Better, We Do Better

The sample was fairly equally divided by gender (at birth) overall, but the National Rollout wave had a proportionately higher representation of men than other waves, while the State Survey had a higher representation of women.

Gender



Gender by Wave



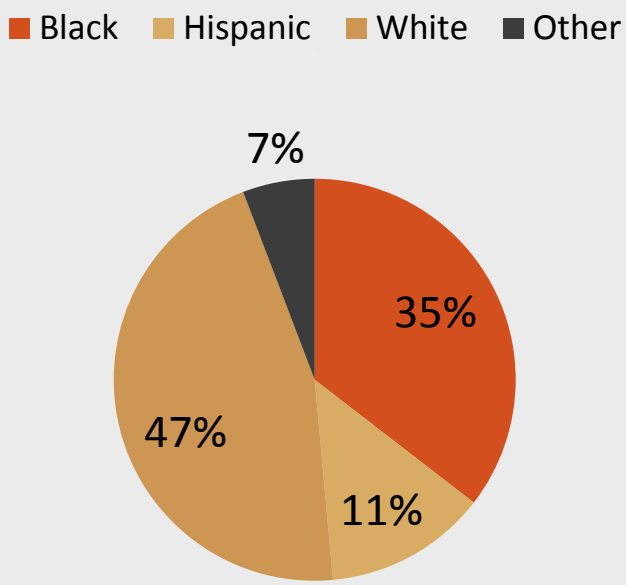
Sample size: 3363; USCA wave: 643; National Rollout: 1523; State Survey: 1197
Statistically significant differences between comparison groups marked with a letter (95% significance)

When We Know Better, We Do Better

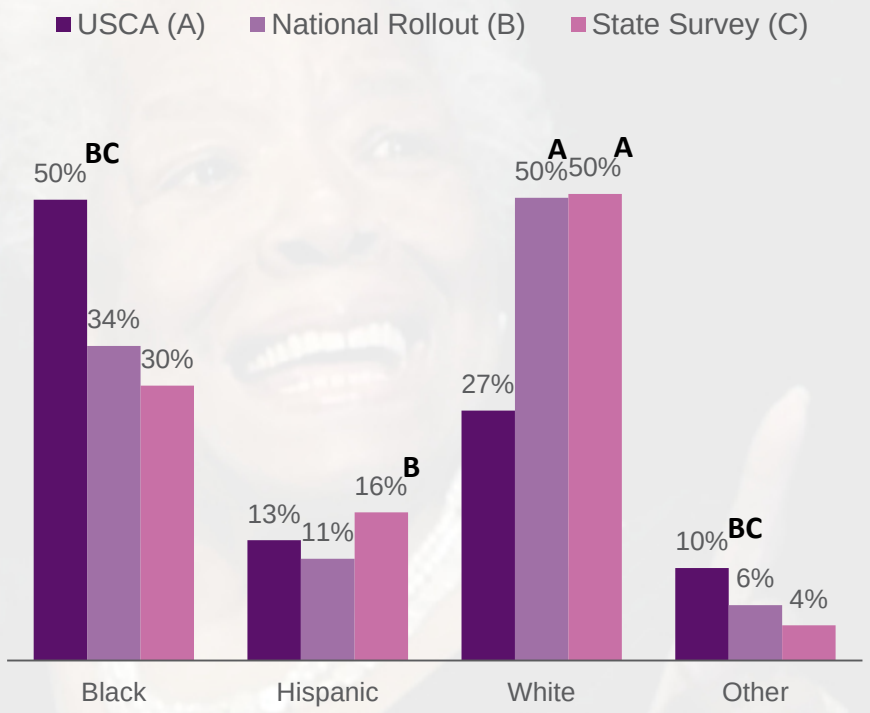
Survey respondents are primarily either white (47%) or Black (35%), with the next largest group identifying primarily as Hispanic (11%).

African American representation was higher and white representation lower among USCA respondents.

Race/Ethnicity



Race/Ethnicity by Wave



Sample size: 3363; USCA wave: 643; National Rollout: 1523; State Survey: 1197

Statistically significant differences between comparison groups marked with a letter (95% significance)

RECOMMENDATIONS

When We Know Better, We Do Better

5 recommendations to raise the HIV/AIDS Science and Treatment knowledge

Call for a national movement to increase science and treatment knowledge to end the AIDS Epidemic in America.

Most respondents had HIV Knowledge Scores of a D or F (below 70%), while only 4% scored an A grade of 90% or higher.

1. **To help end the HIV/AIDS epidemic, a major national initiative is needed to increase HIV science and treatment literacy among the non-medical HIV/AIDS workforce.**

   The curricula multifaceted and should focus on the two weakest topic areas:

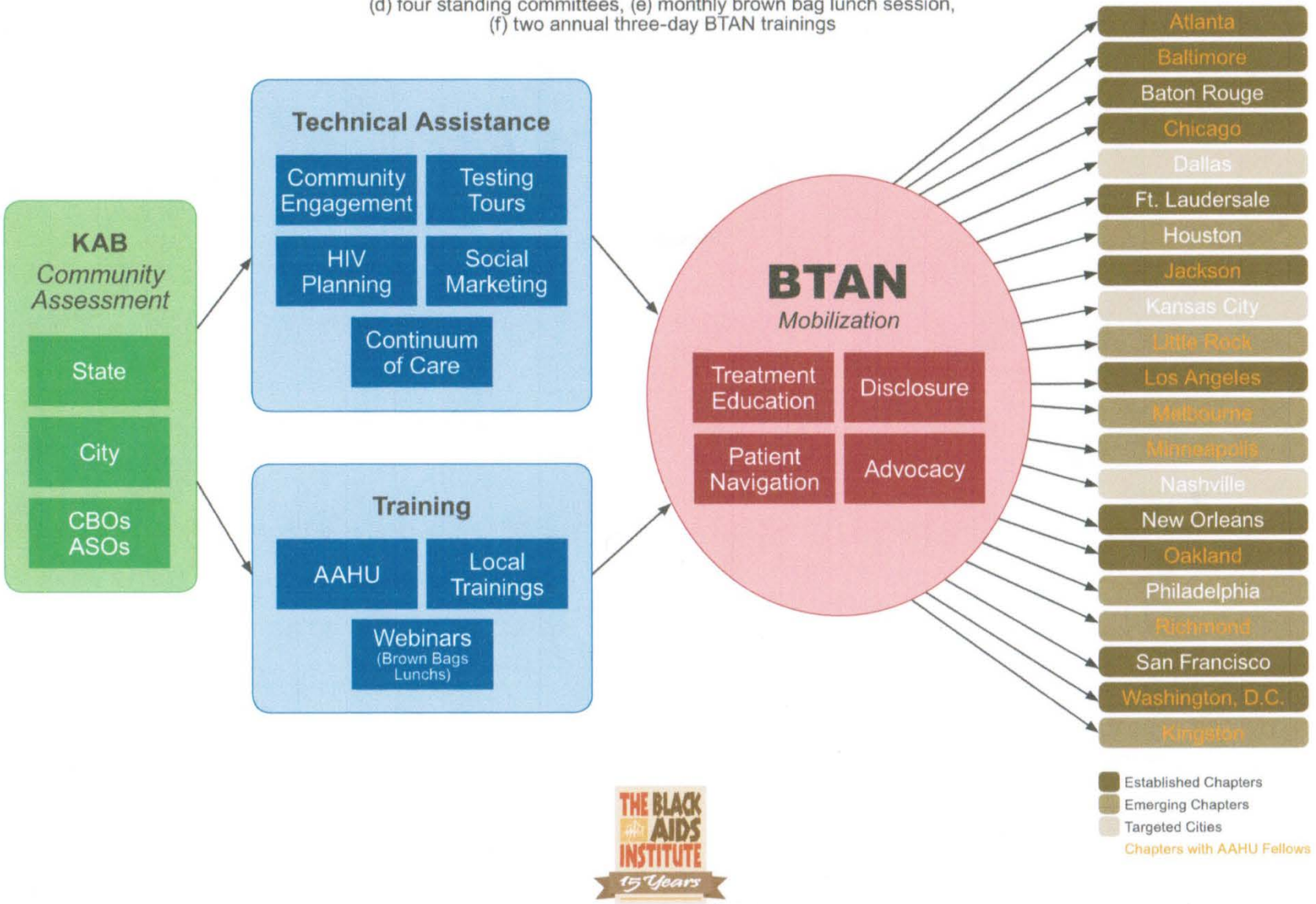
   - Clinical/Biomedical interventions
   - HIV Treatment

2. **Developing a clear set of core competencies for workers in the HIV field would help increase baseline knowledge**
3. **Establish a nationwide certification program for the HIV/AIDS workforce.**
4. **Require that HIV/AIDS workers pursue continuing education on HIV science and treatment issues.**
5. **Dramatically increase PLWHA in the HIV/AIDS Workforce**

In addition, the material should be presented in a culturally competent manner; talking about HIV to the Black or Hispanic communities presents different challenges than doing so to the LGBT community, and guidance on how to talk about the virus with these different communities is an essential part of training

Black AIDS Institute
Strategic Model

BTAN Basics: (a) co-convened by the local or state health department and a local NGO,
(b) minimum of 50 active members, (c) standing monthly meeting,
(d) four standing committees, (e) monthly brown bag lunch session,
(f) two annual three-day BTAN trainings



THE BLACK AIDS INSTITUTE 15 Years

Black AIDS Institute
Black Treatment Advocates Network
17 Cities and 13 States (including District of Columbia)

LEGEND

- ACA High Intensity States
- Has ACA Navigator Agency (10 Networks)
- Non-Governmental Organizations
- Health Departments

THE BLACK AIDS INSTITUTE
15 Years

When We Know Better, We Do Better!

THANK YOU!

#KnowBetterDoBetter