

HIV and Comorbidities



OBJECTIVES

At the end of this unit, participants will be able to:

- Name common comorbidities most often associated with HIV
- Understand how best to manage comorbidities including but not limited to: diabetes, hepatitis C, hypertension, kidney disease, depression, and substance abuse disorder



INSTRUCTIONS

1. Welcome participants.
2. Review the unit objectives.
3. Review slides 3 and 4 introducing the concept of comorbidities.
4. Facilitate group research activity on the significance of common comorbidities.
5. After groups present, review the slide for each comorbidity to review any key points that were not covered in the group presentations.
6. Wrap up. Thank the group for their active participation. Summarize the session by noting the importance of understanding the common comorbidities associated with HIV, possible causes, side effects and how best to manage comorbidities while living with HIV. People don't die from HIV or AIDS; they die from complications of the disease which is most often a comorbidity.



Related C3 Roles

Providing culturally appropriate health education and information, providing coaching and social support, building individual and community capacity, providing direct service

Related C3 Skills

Communication skills, professional skills and conduct, knowledge base



Method(s) of Instruction

Small group activity, brainstorm, teach back



Estimated time

60 minutes



Key Concepts

Comorbidities, diabetes, hypertension, hepatitis C, kidney disease, depression, substance abuse



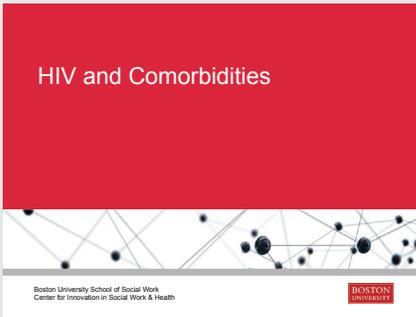
Materials

- Computer with internet access and projector
- PowerPoint slides
- Flip chart
- Markers

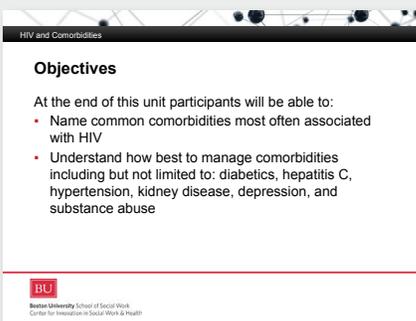
Handouts

- Diabetes and HIV , Fact Sheet #654 at <http://www.aidsinfonet.org>
- Hepatitis C, Fact Sheet #507 at <http://www.aidsinfonet.org>
- HIV and Cardiovascular Disease Fact Sheet #652 at <http://www.aidsinfonet.org>
- HIV and Kidney Disease, Fact Sheet #651 at <http://www.aidsinfonet.org>
- Depression and HIV, Fact Sheet #558 at <http://www.aidsinfonet.org>
- Drug Use and HIV Fact Sheet #154 at <http://www.aidsinfonet.org>

HIV and Comorbidities



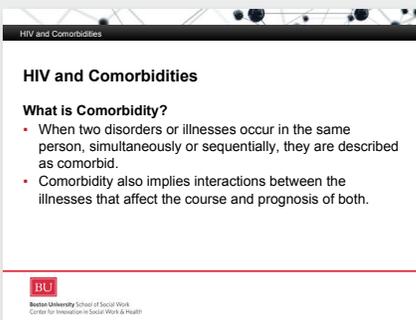
SLIDE 1



SLIDE 2

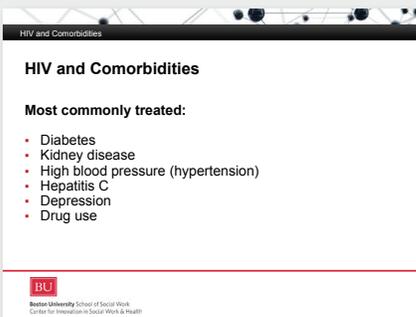
Review objectives.

Ask, "What do you think of when we say comorbidity?" Allow time for participants to answer.



SLIDE 3

Review the slide.



SLIDE 4

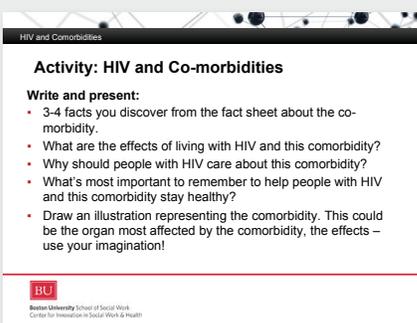
Review the slide, listing the most commonly treated comorbidities for people with HIV.



SLIDE 5

Group activity

- Divide participants into 6 groups (one for each comorbidity) and guide them through the next activity.
- Say, "Today we will be research assistants to our doctors, learning as much information as we can about each comorbidity. We will conduct our own brief research on the most common comorbidities that affect people with HIV."
- Give each group a different comorbidity fact sheet, flip chart sheets, and markers.

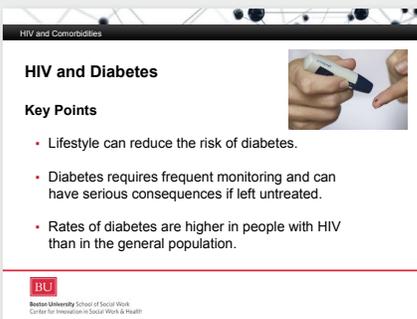


SLIDE 6

Ask each group to choose a recorder and a reporter. The recorder will write on the flip chart sheet key points about the comorbidity, and the reporter will present these points, including how it can potentially result in negative outcomes for a client with HIV.

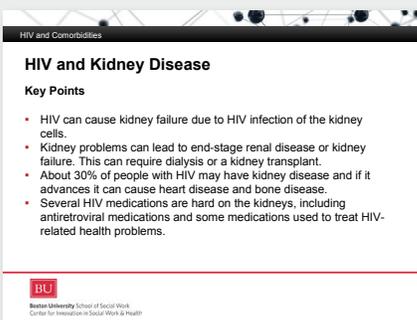
Each group must answer the questions listed on the slide, as well as create a piece of artwork. Each question is worth five points, for a total of 20 points, with extra credit for completing an illustration.

Each group will have 20 minutes to prepare and five minutes to share in a teach back to the larger group.



SLIDE 7

Cover any key points the group did not discuss during their presentation.



SLIDE 8

Cover any key points the group did not discuss during their presentation.

HIV and Comorbidities

HIV and High Blood Pressure

Key Points

- Blood pressure should be monitored regularly as part of HIV care.
- HIV drugs can interact with other medicines to affect blood pressure.
- Blood pressure can be affected by diet, smoking, and lack of exercise.



BU
Boston University School of Social Work
Center for Innovation in Social Work & Health

SLIDE 9

Cover any key points the group did not discuss during their presentation.

HIV and Comorbidities

HIV and Hepatitis C

Key Points

- A blood test for antibodies will show exposure to hepatitis C.
- HIV treatment has particular benefits for people with HIV and hepatitis C co-infection.
- Hepatitis C treatment can cure most people of hepatitis C.



BU
Boston University School of Social Work
Center for Innovation in Social Work & Health

SLIDE 10

Cover any key points the group did not discuss during their presentation.

HIV and Comorbidities

HIV and Depression

Key Points

- Depression can be a life-threatening disorder.
- Depression among people with HIV is common and is associated with increased high-risk behavior, nonadherence to ART, and progression of immunodeficiency.
- Depression can be diagnosed and treatment can be initiated in the primary care setting.



BU
Boston University School of Social Work
Center for Innovation in Social Work & Health

SLIDE 11

Cover any key points the group did not discuss during their presentation.

HIV and Comorbidities

HIV and Drug Use

Key Points

- Substance use disorders (SUDs) are common among people with HIV: 40% of people with HIV in the United States are associated with injection drug use (IDU), either directly or by having an IDU sex partner.
- Among people who inject drugs in the United States, 40-45% have HIV.
- Substance use is a significant cause of morbidity and mortality in itself, and it is associated with HIV transmission and acquisition.
- Ask all patients about any current or recent use of illicit drugs or alcohol, or misuse of prescription drugs. Ask specifically about injection drugs, opioids, methamphetamines, cocaine, and "club drugs."



BU
Boston University School of Social Work
Center for Innovation in Social Work & Health

SLIDE 12

Cover any key points the group did not discuss during their presentation.

In closing, it's important to understand common comorbidities associated with HIV, possible causes, side effects, and how best to manage comorbidities while living with HIV. People don't die from HIV or AIDS; they die from complications of the disease, which can include comorbidities.

Acknowledgments

This curricula draws from and is adapted from other training curricula for peer educators and community health workers, such as the Building Blocks to Peer Success (<https://ciswh.org/resources/HIV-peer-training-toolkit>) and the Community Capacitation Center, Multnomah County Health Department (<https://multco.us/health/community-health/community-capacitation-center>)

Team

Serena Rajabiun

Simone Phillips

Alicia Downes

Maurice Evans

LaTrischa Miles

Jodi Davich

Beth Poteet

Rosalia Guerrero

Precious Jackson

Maria Campos Rojo

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U69HA30462 "Improving Access to Care: Using Community Health Workers to Improve Linkage and Retention in HIV Care" (\$2,000,000 for federal funding). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Suggested Citation:

Boston University Center for Innovation in Social Work & Health. (2019). A Training Curriculum for Using Community Health Workers to Improve Linkage and Retention in HIV Care. Retrieved from: <http://ciswh.org/chw-curriculum>



Boston University School of Social Work
Center for Innovation in Social Work & Health