

**Anna:** *You're listening to Changing Minds: Transformative Talks for Healthcare Improvement. Grab a coffee or tea and join our team as we chat with leaders in the academic detailing space. For more information on academic detailing, visit us at [narcad.org](http://narcad.org).*

**Anna:** Welcome back to *Changing Minds*. I'm your host, Anna Morgan Barsamian, and we are very excited to have Mary Hightower with us. Mary Hightower is a regional health specialist with the Iowa Department of Health and Human Services, Bureau of HIV, STI, and Hepatitis. Her role involves building relationships with healthcare providers and community stakeholders to promote STI testing, treatment, and education. For the last eight years, she has connected stakeholders to resources for HIV linkage to care and encouraged PrEP uptake while addressing stigma in rural Iowa. Welcome, Mary. We're so happy to have you here today!

**Mary:** I'm excited to be here. Thank you for having me.

**Anna:** Yes. Could you provide an overview of Iowa's detailing program and its primary goals? We'll jump right in and get started!

**Mary:** Absolutely. Yeah, so Iowa's Detailing Program - we're known as the Regional Health Specialists. It was launched in 2016 as part of a comprehensive initiative to address health disparities related to HIV, STIs, and hepatitis. The primary goal of our program is to cultivate the workforce and equip them to tackle challenges that are in low incident areas where rural doctors may have limited experience working with people living with HIV or individuals who would benefit from testing and prevention services within local small communities.

The initiative arose from the integrated HIV planning process, and it really focuses on training those healthcare professionals, but also includes other folks like mental health folks, substance use providers, community-based corrections and we help by providing them with information. It could be county specific or Iowa specific data around HIV, STIs, and hepatitis C.

Our program is really dedicated to raising awareness of those critical health issues and connecting individuals with treatment resources and eliminating the stigma around HIV and STIs throughout Iowa. So, we're really committed to making a significant impact in those communities.

**Anna:** And your team is doing just such amazing work in this area. Specifically, you recently presented at our NaRCAD2024 conference about the role of patient voices in your work. Can you tell me how the role of patient voices has evolved within the program over time?

**Mary:** Yes, and another fabulous conference, by the way, thank you for having us!

**Anna:** Thank you for coming.

**Mary:** The role of patient voices in our detailing program is really crucial. Initially the program focused on providing clinical education and resources to healthcare providers and the other stakeholders that I had mentioned. It's really evolved to prioritize incorporating people with lived experience - those patients voices into our messaging and our outreach efforts by actively including patient perspectives, our program can ensure that we are, our education materials that we're sharing, are relevant, they're compassionate, and they're really reflective of patients' fundamental challenges that they're facing around HIV stigma and STI stigma.

And this approach really does help strengthen the connection between healthcare providers and the individuals that they're serving - their patients. Hopefully that's going to lead to a more impactful and effective program and outcome for everyone.

**Anna:** Definitely. Why do you think it's so critical to incorporate patient voices and academic detailing, specifically, in this clinical outreach approach?

**Mary:** Yeah, and that's a great question. So, incorporating patient voices into academic detailing, into our work, is really important for several compelling reasons. First it empowers healthcare providers to understand and effectively address the unique challenges that their patients might face, especially folks from marginalized populations, black, indigenous, and people of color.

Patient experiences deliver an invaluable insight into barriers to care, stigma, social determinants of health, and we know that that can significantly impact treatment outcomes. So, by acknowledging and addressing those challenges, providers can make informed decisions, they can enhance their patient communication, and again, our goal is achieving those better health outcomes for patients.

Embracing patient perspectives enriches medical education, and it reminds healthcare providers of the actual patients behind the statistics, right? So this is a person, not just a number or a statistic.

**Anna:** We've been seeing a lot more detailing programs incorporating the patient voice so it's so nice to see your team has been working on this for a while. What methods does your team use to actively engage with patients and gather their insights?

**Mary:** Our program engages people living with HIV. We don't just gather insights, but we know we need to do that right to drive meaningful change. But we also are attending some really amazing conferences and meetings with people with lived experience. So an example is the regional health specialists were just invited to the Positive Iowans Taking Charge or PITCH Wellness Summit in May. This is a group of folks living with HIV in Iowa that come together every summer. We were invited to help lead activities during their Wellness Summit and we hosted sessions that encouraged participants to share their stories through different platforms. So some folks created masks, some folks did testimonials, other folks wrote poems - however they felt to express themselves.

We really foster those strong connections among our stakeholders too and our community folks that we're working with to enhance HIV treatment and access to care. We want to establish those robust ongoing support systems. So, we really prioritize addressing HIV related stigma and promoting open and honest dialogue between patients and providers.

Through these initiatives, we can really ensure that patient perspectives are integral to our educational efforts. We're creating a comprehensive and impactful program from both people with lived experience and providers.

**Anna:** You mentioned masks that people were creating at the Summit. Can you tell me a little bit more about that?

**Mary:** Yes. We had bought little face masks like New Orleans Mardi Gras masks, but they were masks that folks could decorate however they wanted to - we had feathers and glitter and I think sequins and the thought behind it really was sometimes we hide behind a mask, right? We might

not present ourselves as you know who we are - we feel like we have to mask perhaps who we are or our identity. And so this was one activity or way that folks could express themselves. We used one of those masks as our introduction slide at the NaRCAD conference!

**Anna:** I love that. What a cool project and an exercise to do. How are the detailers or regional health specialists trained to incorporate these patient perspectives into their interactions with providers?

**Mary:** We work to actively and empathetically listen to our community partners needs as well. So reflecting on the diversity and complexity of their patients experiences is really important. We engage in conversations beyond clinical knowledge. We're addressing the social, the psychological, and the emotional factors that impact patients' lives. We utilize the patient's testimonials, their stories and experiences to shape our educational materials, and our presentations to the healthcare providers and community stakeholders that we're working with. That's really to ensure that the content that we're using is evidence-based and it's patient centered, right?

We provide those strategies for addressing stigma and promoting open communication by using people first language. We have some really nice tools that we can give providers and community stakeholders around non-stigmatizing behavior.

**Anna:** That's incredible. Do you collaborate with any patient advocacy groups or organizations to ensure diverse patient perspectives are represented in your work?

**Mary:** Yes. We collaborate with a lot of different patient advocacy groups and organizations. But again, to ensure that we are getting the perspectives of diverse folks, we want to make sure they're represented. So some of those groups I think I've mentioned, include PITCH, our HIV and Hepatitis community planning group - that's here in Iowa and their focus is on people living with HIV and kind of sharing their experiences working within the communities - but we also work with other populations as well.

We work with the Iowa's Health Initiative for People Who Use Drugs or HIPWUD. HIPWUD includes a cross sector advisory group of professionals and individuals with lived experience. These partnerships help our program's inclusivity by addressing the needs of the different populations.

So again, including people living with HIV, folks who are in the substance use field, correctional facilities, and then members of marginalized populations. Working with these organizations, our program can tailor our approaches to meet this specific experiences and challenges faced by diverse patient populations rather than just a one size fits all strategy, right? We know that doesn't work.

**Anna:** We do. And it sounds like your team is just so connected to the community, which is helpful, especially in this work of including patient voices into your detailing campaigns. Are there upcoming projects or initiatives that you're excited about that you could tell us about that are coming up?

**Mary:** Yes, yes, we are. We're continuously launching new initiatives and one of our key focuses right now is enhancing the meaningful involvement of people living with HIV through a Speakers

Bureau. Our goal is to have people living with HIV join us in our communities during our detailing sessions, whether that is out working with our medical providers or out working with other community stakeholders. We're also developing virtual platforms to help provide the capacity to educate healthcare providers and their patients using personal testimonials of people living with HIV.

We're really committed to refining and integrating patient feedback and folks with lived experience into this process - again, making healthcare more responsive and centered around those folks needs.

**Anna:** I love that idea of having someone come along with you to your detailing visits. So not only are they sharing their story, but they're there to answer any questions as well that might come up that the regional health specialist might not have answers to.

**Mary:** Exactly!

**Anna:** What advice would you give to other detailing programs looking to better incorporate patient voices into their processes?

**Mary:** I believe that really listening to patients directly and learning through those advocacy organizations that you have in your communities, right? It's necessary to ensure those voices are genuinely heard and they're acted upon. We have a saying, you know, "nothing about us without us". We work with that in mind. Educational programs really should strive to build trust with communities by engaging patients in meaningful ways because allowing their experiences and concerns to shape the content that we're providing to healthcare providers is really, really important.

We need to recognize that patients' perspectives are powerful and can lead to positive changes in care and treatment approaches. By fostering ongoing, strong, collaborative partnerships with advocacy groups and community organizations, we can really ensure that diverse voices are included and that our programs remain responsive to the actual needs of those that we're serving.

**Anna:** Thanks for sharing that, Mary. Is there anything else that you want to share before we wrap up? Anything you want to tell our listeners?

**Mary:** Just again, really thank you very much to NaRCAD - super grateful for just all the support that you've given our team over the years. And also, I will say that the responses from our stakeholders and the community folks we work with are really positive. When we talk about this meaningful engagement with folks with lived experience, they're excited about it too. They want to support and be a part of it and help in any way they can. It's a group effort with the communities that we're working in as well. So, it's really exciting!

**Anna:** Thank you so, so much, Mary, for joining us on our podcast today and sharing these insights. I really hope that our listeners will gain a lot from this and be able to implement some of your strategies that you're using within your program with their home teams. So, thank you again so much for joining us and we can't wait to catch up again soon.

**Mary:** Thank you again!