



Replicating Innovative HIV Care Strategies in the Ryan White HIV/AIDS Program

Innovative HIV Care Strategies for Priority Populations

February 24, 2023

Agenda

- *Project Overview*
 - About the Special Projects of National Significance (SPNS) Program & Integrating HIV Innovative Practices (IHIP) Project – presented by: Shelly Kowalczyk (MayaTech)
- *Intervention Overview*
 - Housing First to Treat & Prevent HIV – presented by: Carolyn Yorio with *Caracole*
 - Positive Peers – presented by: Jennifer McMillen-Smith with *MetroHealth System*
- *Q&A*
- *Participant Feedback*

Project Overview: About the Project

- **Funded By:** The U.S. Department of Health and Human Services, Health Resources and Services Administration's HIV/AIDS Bureau through RWHAP Part F: Special Projects of National Significance.
 - HRSA oversight provided by: Melinda Tinsley and Adan Cajina
- **Awarded To:** The MayaTech Corporation
 - Subcontractor: Impact Marketing + Communications
 - Contract Period of Performance: September 27, 2021 – September 26, 2023
- **Purpose:** To support the coordination, dissemination, and replication of innovative HIV care strategies in the Ryan White HIV/AIDS Program (RWHAP) through the development and dissemination of implementation tools and resources.

Framework for RWHAP SPNS RWHAP

DEMONSTRATE OR IMPLEMENT	EVALUATE & DOCUMENT	COORDINATE, REPLICATE, & INTEGRATE
<p>Fund recipients to respond to emerging needs of people with HIV using evidence-based, evidence-informed, and emerging interventions</p>	<p>Use an implementation science framework to identify effective interventions to improve HIV outcomes among Ryan White HIV/AIDS Program clients</p>	<p>Develop guides and manuals, interactive online tools/toolkits, publications, and instructional materials that describe how to coordinate, replicate, and integrate interventions and strategies for RWHAP providers</p>
<p>Fund special programs to develop a standard electronic client information data system to improve the ability of recipients to report data</p>	<p>Evaluate and document specific strategies for successfully integrating interventions in RWHAP sites</p>	<p>Streamline access to materials and promote replication through the Best Practices Compilation</p>

Key Support to RWHAP Providers

- Implementation tools and resources
 - Featuring interventions implemented by RWHAP grant recipients/subrecipients
- Capacity building TA (CBTA) on featured interventions
 - CBTA webinars—now offering CEs
 - Peer-to-peer TA
- Support in the development and dissemination of implementation tools and resources
 - Webinars
 - One-on-one TA
- Helpdesk (ihiphelpdesk@mayatech.com)

*Check out <https://targethiv.org/ihip>

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Carolyn Yorio

Nothing to Disclose

Jennifer McMillen-Smith

Nothing to Disclose

Housing First to Treat and Prevent HIV

Carolyn Yorio, MPH, LISW,
Director of Housing, Caracole

February 24, 2023



Carolyn Yorio Disclaimer

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under project number 03160132RW1222 of Ryan White Part B, awarded at \$2,930,865 over one year. Housing and Urban Development (HUD) and other governmental and non-governmental funding sources were also utilized. 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.

Presenter, Carolyn Yorio, MPH, LISW

Carolyn Yorio is the Director of Housing at Caracole. Caracole's mission is to positively change lives in the fight against HIV/AIDS through prevention, housing and care. Carolyn started at the organization in 2012 as a case management intern and moved to the housing department in 2019.

She holds a bachelor's degree in social work from the University of Cincinnati, a Master of Social Work from the University of Alabama, and a Master of Public Health from the University of Alabama Birmingham.

Ms. Yorio's work for the last several years has focused on the intersection of housing and chronic health condition management, as well as an internship in maternal addictions.



Overview: Caracole Housing

Caracole is an AIDS service organization in Cincinnati, Ohio

- Provides permanent supportive housing to about 170 households every year
 - Mostly in scattered-site housing
 - A 19-unit site-based project
- Funding:
 - HUD Permanent Supportive Housing and Housing Opportunities for People with AIDS (HOPWA)
 - Ryan White Part B through the Ohio Department of Health
 - Additional government and private funders, including the United Way

How Are HIV and Housing Linked?

- Why are people living with HIV at increased risk of homelessness?
- How does homelessness increase the risk of contracting, transmitting, or having health complications from HIV?

Linking HIV and Housing Stability

- Higher risk survival behavior
- Fear of people finding out HIV status
- Missed medical care
- Access to condoms & new needles
- Rx access & storage
- Lack of rest
- Food insecurity

Intervention: Housing First to Treat and Prevent HIV

Purpose: to help clients achieve both housing stability and viral load suppression

Priority population: people who are homeless or unstably housed who have multiple barriers to housing stability:

- Multiple health conditions
- Low/no income
- Substance use
- Mental illness
- Legal histories

Challenges

- Lack of affordable housing and landlords willing to work with subsidies
- Seeking to serve the most vulnerable means clients can be difficult to engage and difficult to house
 - No phone
 - No transportation
 - No income
 - Previous evictions
 - Legal histories
- Limitations based on funding availability and regulations



Collaborative Care



Each client is assigned to a **housing specialist** and a **medical case manager** working together

Collaborative service plans

- Coordinated home visits
- Staff are trained and supervised together

The client, medical case manager, and housing specialist work as a team to:

- Identify needs
- Set goals
- Secure resources
- Move toward health and housing stability together

Polling Question: Models for Client Intervention

Have you learned about or used any of these models in your work?

1. Harm Reduction — (Result: 81%)
2. Housing First — (Result: 39%)
3. Motivational Interviewing — (Result: 69%)

Interventions Based on Values

Dignity, Respect & Empowerment

- Housing First: Housing without precondition
- Motivational Interviewing: Engage in conversations about change
- Harm Reduction: Equip people to be as healthy and stable as they can be

Outcomes: 2017 Study

- Project Entry
 - VLS: 66%
 - CD4>200: 28%
- Most Recent Labs
 - VLS: 79%
 - CD4>200: 45%

Bowen, E. A., Canfield, J., Moore, S., Hines, M., Hartke, B., & Rademacher, C. (2017). Predictors of CD4 health and viral suppression outcomes for formerly homeless people living with HIV/AIDS in scattered site supportive housing. *AIDS Care*, 29, 1458-1462.

Outcomes: Measuring Success

Of the 169 households in Caracole permanent supportive housing in 2021:

- 83% achieved or maintained **viral load suppression**
- 72% in scattered-site housing **avoided a disruptive move** due to eviction or housing quality problems with the help of their Housing Specialists
- 94% **maintained their housing or graduated** to a more independent permanent option

Lessons Learned: Equip Staff

- **Training** on client-centered service delivery models that empower both staff and clients in their work
- Support through **individual and group supervision**
- Appropriate **caseloads**: capped at 35 households
- Turnover happens; have the training tools and staff capacity to make vacancies and onboarding doable

Lessons Learned: Find Flexible Funding

Leverage **private funds** alongside government grants to pay for all the pieces needed to provide this level of care

- Tenant meetings and classes
- Utility arrears
- Furniture and household items
- Cleaning supplies
- Cover damages beyond security deposit
- Incentives for program engagement

References

1. HUD's guide to Housing First in Permanent Supportive Housing:
<https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>
2. Summary of housing first evidence from United States Interagency Council on Homelessness:
https://www.usich.gov/resources/uploads/asset_library/Evidence-Behind-Approaches-That-End-Homelessness-Brief-2019.pdf
3. The Harm Reduction Coalition's principles of HR:
<https://harmreduction.org/about-us/principles-of-harm-reduction/>
4. Motivational Interviewing: Helping People Change, third edition by William R. Miller and Stephen Rollnick
5. Harris NS, Johnson AS, Huang YA, et al. *Vital Signs: Status of Human Immunodeficiency Virus Testing, Viral Suppression, and HIV Preexposure Prophylaxis — United States, 2013–2018*. *MMWR Morb Mortal Wkly Rep* 2019;68:1117–1123. DOI: <http://dx.doi.org/10.15585/mmwr.mm6848e1>
6. Centers for Disease Control and Prevention. HIV and African American people. Updated January 20, 2021. Accessed July 30, 2021. <https://www.cdc.gov/hiv/group/raciaethnic/africanamericans/index.html>
7. *Annual Homeless Assessment Report to Congress, 2021*:
<https://www.huduser.gov/portal/sites/default/files/pdf/2021-AHAR-Part-1.pdf>



Carolyn Yorio Contact Info

Carolyn Yorio, MPH, LISW
Director of Housing

cyorio@caracole.org

513-619-1476

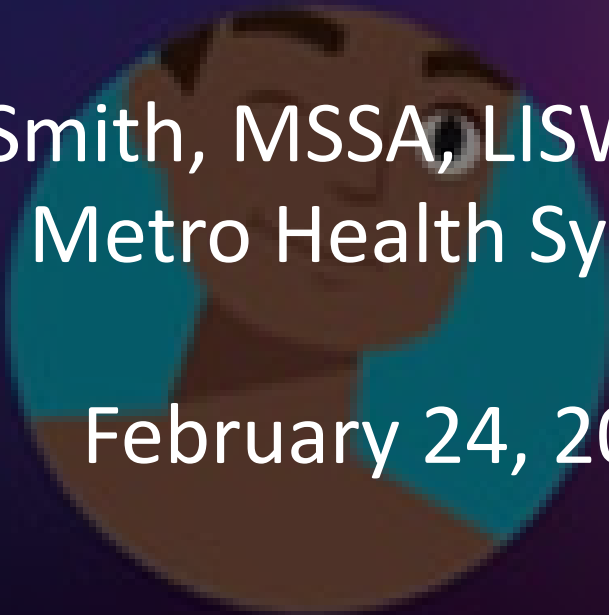
Caracole, Cincinnati OH



Positive Peers

Jen McMillen Smith, MSSA, LISW-S, Project Director
Metro Health System

February 24, 2023



Jen McMillen Smith Disclaimer

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H97HA28892 SPNS Initiative, awarded at \$1.2M over 4 years, with 25% non-governmental sources used to finance the project. 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.



Presenter, Jen McMillen Smith, MSSA, LISW-S

Jen McMillen Smith is a Licensed Independent Social Worker who has been working with people living with HIV in Cleveland since 1998. She created Compass Services at MetroHealth, a program designed to support and guide people living with HIV along the path to wellness.

With expertise in mental health and addiction, Jen facilitates support groups for people with HIV and provides counseling plus Rapid Start services for those who are newly diagnosed. Jen manages several HIV-related grants & projects, most notably a mobile app for 13-34 year-olds living with HIV, Positive Peers. She also coordinates a biennial display of the AIDS Quilt at MetroHealth, including panel-making workshops that have contributed over 50 new panels to the Quilt since 2009.

Jen has a Master of Science in Social Administration from Case Western Reserve University and a BA in Sociology from Baldwin Wallace University.

Intervention Overview

Positive Peers is an app with companion social media and a website that aims to engage young people in HIV care and connect them to a private, stigma-free, supportive community of peers from all over the US



positivepeers.org

[@PositivePeers4U](https://twitter.com/PositivePeers4U)



Polling Question #1

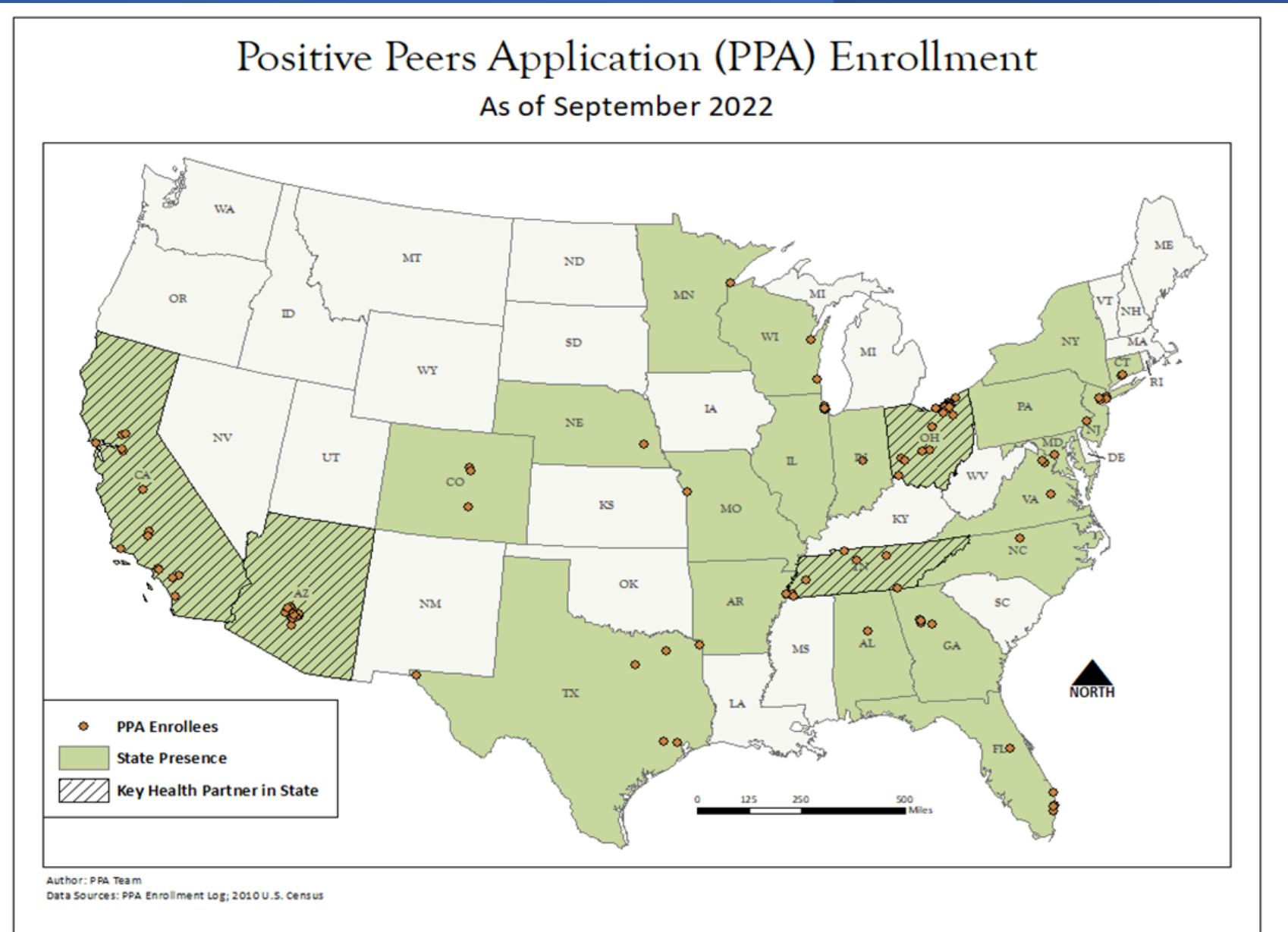
What state are you joining us from?

Please place your answers in the chat

Demographic Overview

Positive Peers is always free for young people with HIV and has users from all over the United States

(Note: Oklahoma was added as a Key Health Partner in Q4 2022)



Polling Question #2

What is the most common way you use your favorite social app?

Please make up to 3 selections

1. Connect with family and friends — (Result: 67%)
2. Meet new people — (Result: 7%)
3. News / current events — (Result: 60%)
4. Learn things — (Result: 53%)
5. Be aware of the cool things going on in my area (cultural events, new restaurants, etc.) — (Result: 44%)
6. Following the latest trends and celebrities — (Result: 22%)
7. Watch funny videos — (Result: 44%)
8. View other peoples' drama / lurk / troll — (Result: 15%)

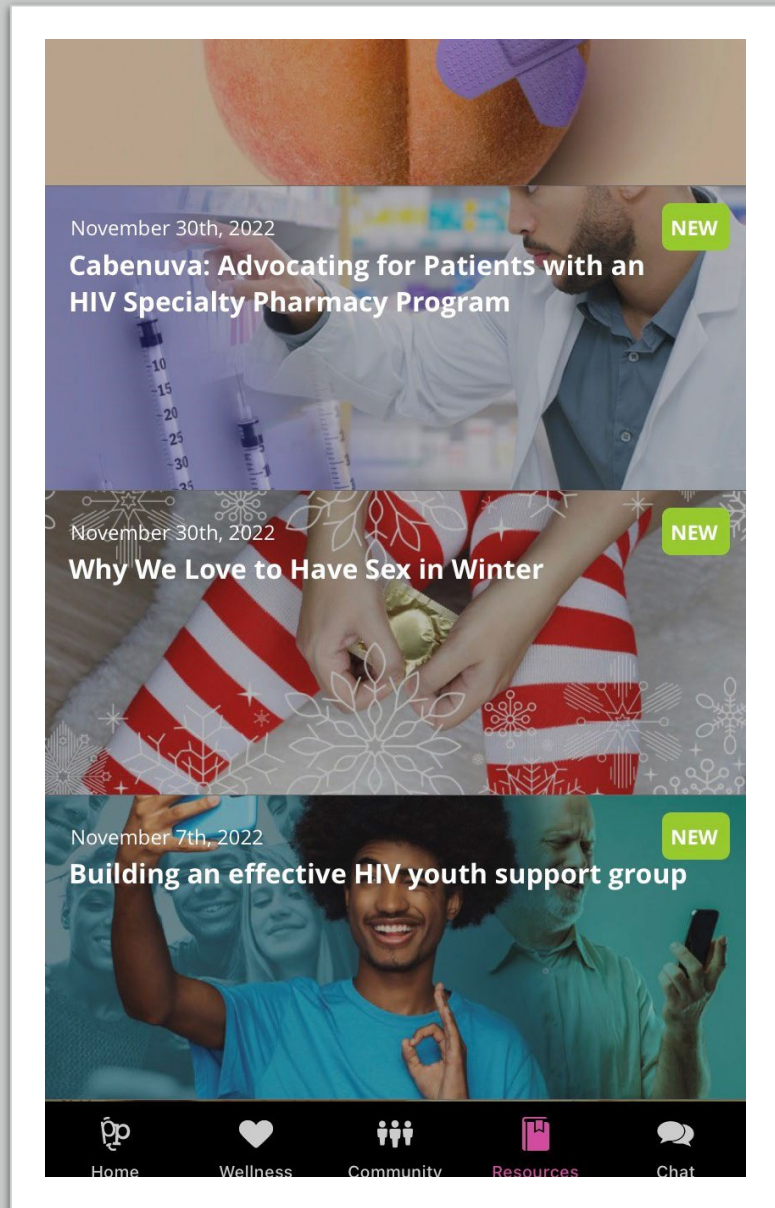
Media Affordance Theory

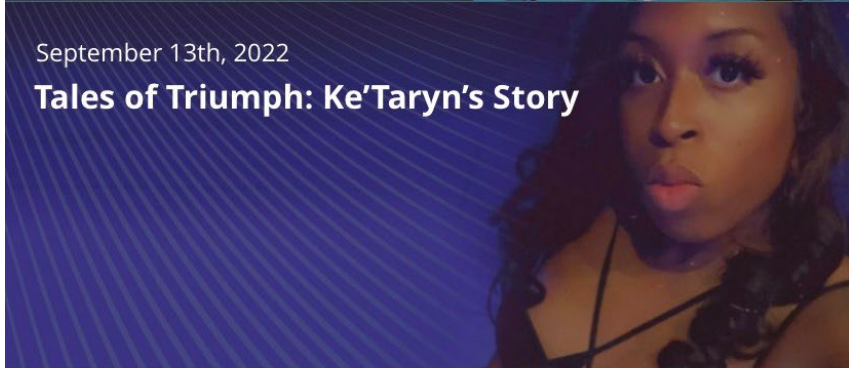
- Positive Peers is based on Media Affordance Theory
- *Affordances* are **features of user/technology** interaction that offer gratification of perceived needs
- *Affordances* **emerge from interaction** with technologies (Leonardi, 2011)
 - Experimentation and adaptation shape user's perceptions of how technology can work for them
 - Relational actions occur among users with technologies (Leonardi & Barley, 2008; Faraj & Azad, 2012)

Intervention Description

Positive Peers Provides:

- Accurate, easy-to-understand HIV health and wellness education information in 300+ articles written at a 6th grade level
- [Medical News Today](#) named Positive Peers one of the top 10 best blogs on HIV/AIDS in 2018
- [MyTherapy](#) listed Positive Peers among the top 10 Best HIV and AIDS Blogs in 2019
- [FeedSpot](#) named Positive Peers one of the Top 50 HIV Blogs, Websites and Influencers in 2019 and 2020
- [Verywell Health](#) named Positive Peers one of the 7 Best HIV Support Groups of 2021
- [WebMD](#) lists Positive Peers as a support app for PWH



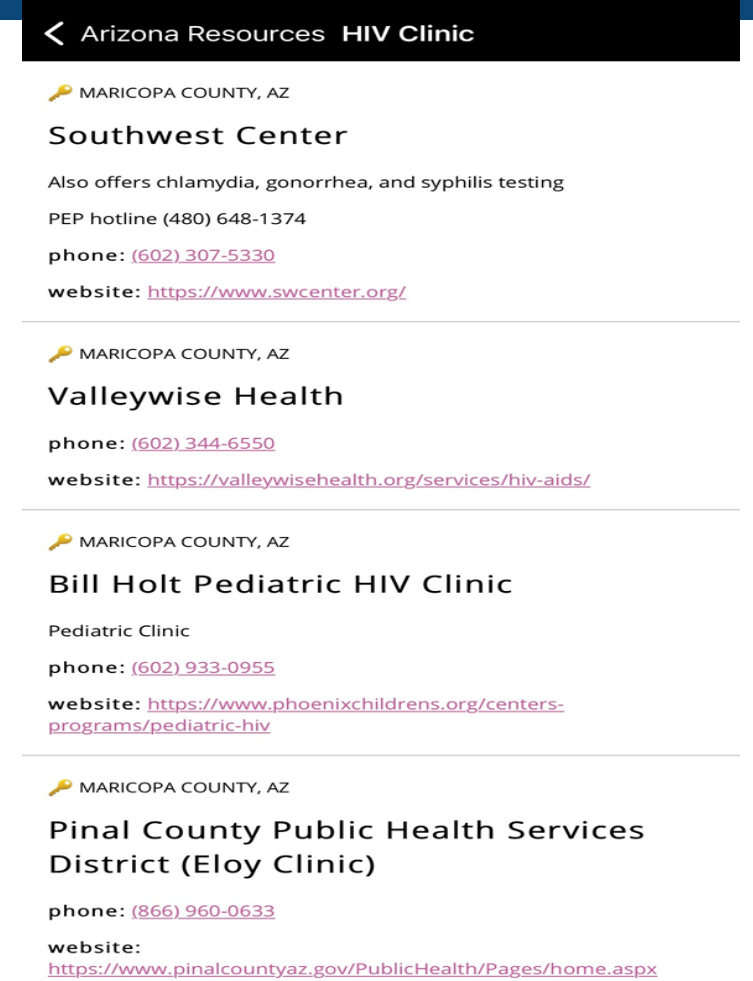
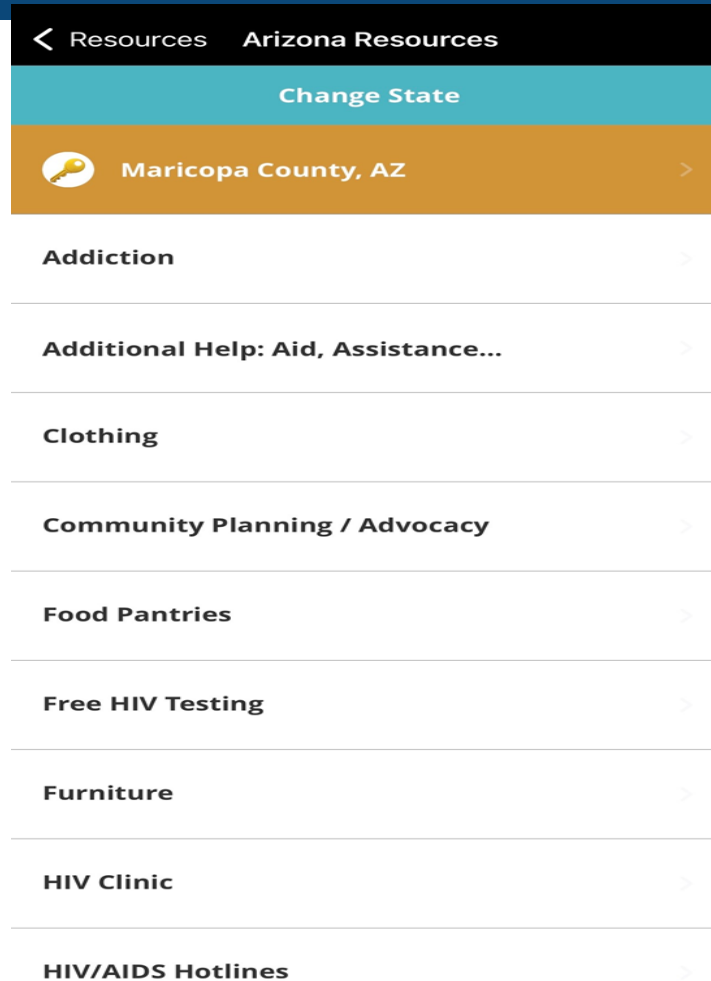


Tales of Triumph

Personal stories of real young people living with HIV

Intervention Resources

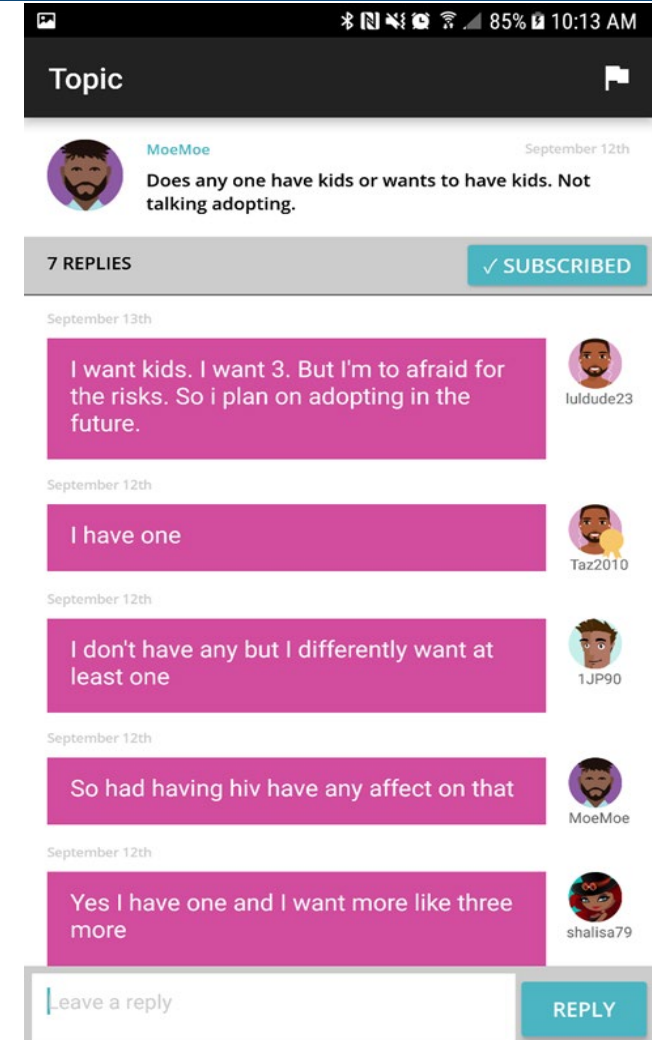
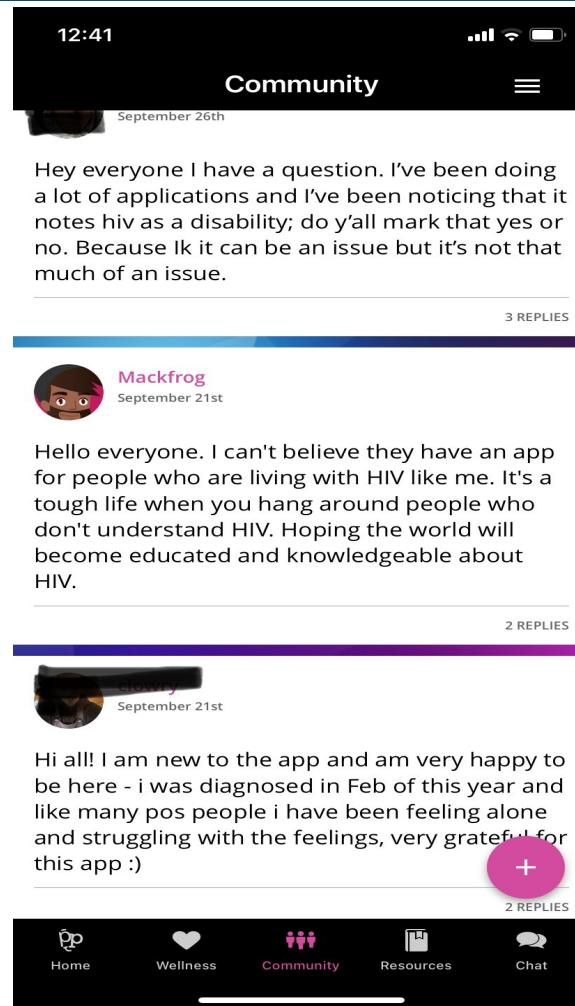
Positive Peers Provides:
Curated community
resources that can be
customized and
maintained by Key
Health Partners



Community Connection

Positive Peers Provides:

Human connection in a virtual space through social networking in a community conversation and private chats



Community

- Similar to posting on Facebook or an online forum
- Everyone can see and reply to posts
- Admins can add in links to external or in-app content
- Everyone can use emojis 😊 and GIFs
- Participants cannot upload and share pictures or videos

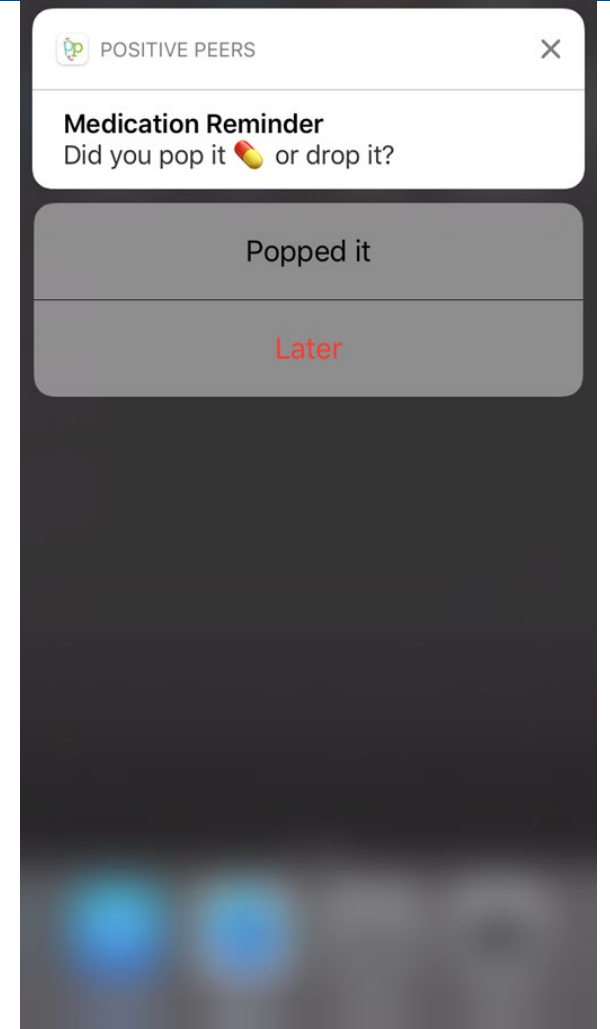
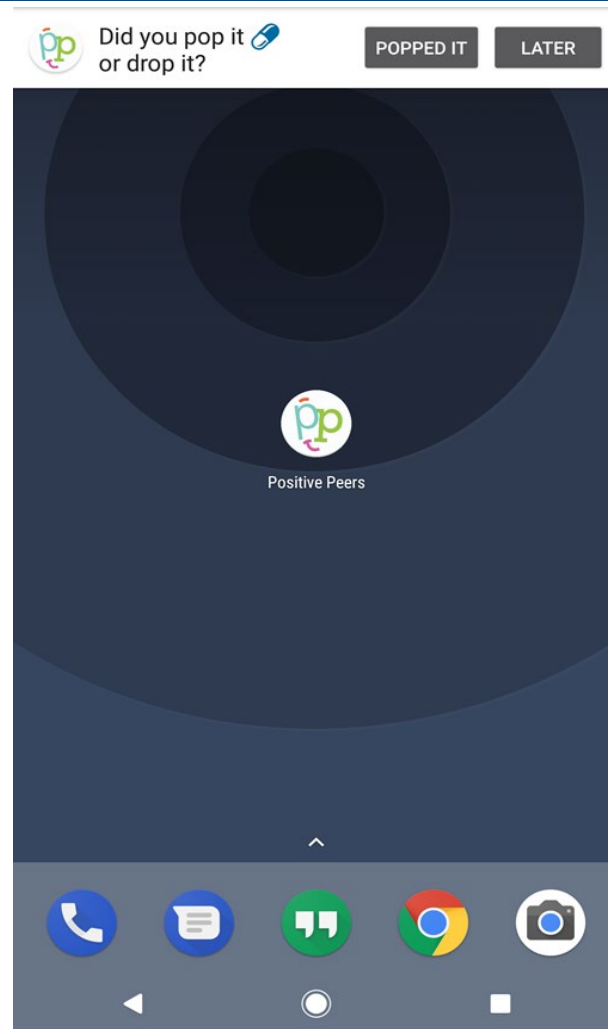
Chat

- App 2.0 upgrade includes extra admin features in chat – all users in that geographic area are listed for easy one-click messaging by admins
- Users and Key Health Partner admins can message one another
- Completely private
- Similar to direct messaging (DMs) on Instagram
- Divided by age (13-17 vs. 18-34) for safety of minor participants

Health Management Tools

Positive Peers Provides:

Health management tools,
such as our customized
medication reminder



Wellness Tracker

Positive Peers Provides:

A Wellness Tracker where users can accumulate daily points in mind, body, and spirit



Enrollment

Positive Peers Provides:

- FREE and easy online enrollment
- Option to upload proof of age and status or choose to allow Key Health Partner to verify eligibility

Getting started is simple, safe and discreet.

Let's start with a few simple questions.

Fields marked with an * are required



- between the ages of 13 and 34 years old
- a resident of the United States

- a functioning iOS or Android smartphone
- a current email address

Don't worry!

We take your privacy very seriously and will never share your information with anyone. Read our [Privacy Policy](#).



Intervention Successes

- After initial SPNS grant period ended and Positive Peers was well received, MetroHealth used local and internal resources to fund a scale-up strategy to bring the app to all eligible young people with HIV in the US for FREE
- As of the end of 2022, there are app users from 28 different states, and we have Key Health Partnerships in 5 different states:
 - Maricopa County Ryan White, AZ
 - Sacramento County Ryan White, CA
 - Tennessee Department of Health, TN
 - Equitas Health, an ASO in OH
 - Oklahoma State Department of Health, OK

Published Outcomes – JMIR 2022

Positive Peers app use and viral suppression

- One year after enrollment in the study, app users on average experienced more optimal health outcomes than the comparison group
- App users overall were 1.66 times more likely to attend office visits than those who did not use the app
- The youngest group, ages 13-24, were 2.85 times more likely to obtain HIV laboratory tests and were **4.22 times more likely to achieve HIV viral suppression** than the comparison group

Published Outcomes – HPP 2020

Positive Peers app use and stigma

Black participants reported less stigma than other participants both at baseline and over time (*Specific stigma measures included: overall stigma, personal stigma, disclosure stigma, self image stigma, and perceived public attitudes*)

- Overall stigma and public attitudes stigma lessened for all participants over all time points
- Participants who were under 25 years old reported less disclosure stigma over time ($p=.06$; $p=.03$)
- Participants who were 30 years and older reported less public attitudes stigma over time ($p=.01$)
- There is a trending inverse relationship for broad use of the app and disclosure stigma ($p = .09$)

Intervention Challenges and Lessons Learned

Security - To keep users' data secure and safe, in August 2022, Positive Peers moved to a cloud-based, secure server that is SOC-2 (i.e., preventing the unauthorized use of assets and data handled by the organization) and *Health Insurance Portability and Accountability Act* (HIPPA) compliant.

Platform - The key to developing effective social media technologies like the app is to listen to the people who will be using it and ask them where they access information and socialize. What began as a Facebook group is now a mobile app more in line with the social media preferences of this target population.

User expectations - Just because the functionality is there does not mean it will be used. The app has three types of users: some are broad users who click on everything and use all the app has to offer, some are strictly community forum users, and some primarily use the private messaging feature. Different people use it for different purposes, which affords them customized experiences and benefits.

Sustainability

- Collect data using existing Positive Peers surveys to:
 - Highlight the positive impact of the app on health outcomes to use in securing additional resources and partners
 - Obtain feedback from participants to improve recruitment, retention, and satisfaction
- Add/update local content to maximize impact on participant engagement and health outcomes, and to keep the conversations fresh and current
- Enhance app features to improve user experience (e.g., access, navigation)

Positive Peers App Benefits

Meet young people where they are

- Young people see their phones and social media as their most important means of communicating and socializing. Positive Peers is a way to meet them where they are.
- Young people often change their addresses, phone numbers, and even email addresses. They typically do not change social media handles—so once a person is registered for Positive Peers, you have another way to reach them and (re)engage them in care if needed.

Promotional materials and training

- Spread awareness of the app within your community with available posters, marketing handouts, promotional pins, and stickers provided by the interventionist.
- Receive virtual training, upon request, to better understand the features and administration of the app.

Positive Peers App Benefits (continued)

Admin access

- A mutually agreed-upon staff member will have admin access to interact directly with users in your geo-location
- Post and reply to all Positive Peers users within the community forum
- Send private chats & push notifications

Provide regional content for your community

- Curate a regional calendar for local events
- Add your community resources
- Share success stories about your local young people with HIV (YPWH) in Tales of Triumph

Local, aggregate data

Get data about local YPWH from optional baseline surveys

References (con't)

The Positive Peers Monograph and Implementation Manual located under the SPNS Social Media Initiative Demonstration Site website (Target HIV): Click on this link and scroll down to “Positive Peers Application (PPA) - Mobile App”:

<https://targethiv.org/library/spns-social-media-initiative-demonstration-site-resources>

“Positive Peers”: Function and Content Development of a Mobile App for Engaging and Retaining Young Adults in HIV Care:

<https://formative.jmir.org/2020/1/e13495/>

Positive Peers Mobile Application Reduces Stigma Perception Among Young People Living With HIV:

<https://journals.sagepub.com/doi/pdf/10.1177/1524839920936244>

The Use of Positive Peers Mobile App to Improve Clinical Outcomes for Young People With HIV: Prospective Observational Cohort Comparison:

<https://mhealth.jmir.org/2022/9/e37868/>

Contact Information

PI: Ann K. Avery, MD

aavery@metrohealth.org

Project Director: Jen McMillen Smith, MSSA, LISW-S

jmsmith@metrohealth.org

Visit & Follow

positivepeers.org & [@PositivePeers4U](https://www.instagram.com/PositivePeers4U)

Participant Feedback

Please use the following link to give your feedback

<https://www.surveymonkey.com/r/2RZXDQ5>

Stay Connected!

Sharing Information & Strategies

CBTA questions, email:

IHIPhelpdesk@mayatech.com

To access IHIP tools/resources and join the IHIP Listserv:

<https://targethiv.org/ihip>

Contact Information (con't)

Melinda J. Tinsley, MA
Senior Public Health Analyst
Division of Policy & Data (DPD)
HIV/AIDS Bureau (HAB)
Health Resources and Services
Administration (HRSA)
Mtinsley1@hrsa.gov
301-443-3496
<https://hab.hrsa.gov>

Shelly M. Kowalczyk, MSPH, CHES
IHIP Project Director
The MayaTech Corporation
Silver Spring, MD 20910
skowalczyk@mayatech.com
301-587-1600
<https://mayatech.com>