

# **NIH-Funded Implementation Research Addressing HIV in Black Women**

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Associate Director

Basic Sciences Program

Division of AIDS, NIAID

August 23, 2022



National Institute of  
Allergy and  
Infectious Diseases

# Disclosures

Ann Namkung Lee has no relevant financial interests to disclose.

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There was no commercial support for this activity.

# **Centers for AIDS Research and AIDS Research Centers Projects through the Ending the HIV Epidemic Initiative**

## **Reaching Cisgender Women with PrEP**



# Addressing Unmet PrEP Needs among Diverse Black Women

**PI: Bisola Ojikutu (Harvard University CFAR)**

Incorporate PrEP access into a mobile HIV/STI community outreach intervention and determine feasibility and acceptability of PrEP access through this intervention among African-American, African immigrant and Caribbean immigrant women in Suffolk County, Massachusetts



150 YEARS  
OF ADVANCING  
PUBLIC  
HEALTH



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# Exploring PrEP Implementation Strategies Tailored for African American Cisgender Women Living in Mississippi

**PI: Larry Brown, MD (Providence/Boston CFAR)**

Examine barriers and facilitators to PrEP use to reduce HIV incidence among cisgender heterosexual African American (AA) women living in Mississippi (MS) HIV hot spots and implement tailored strategies based on the needs, context, and attitudes of AA women living in MS and of the relevant healthcare organizations



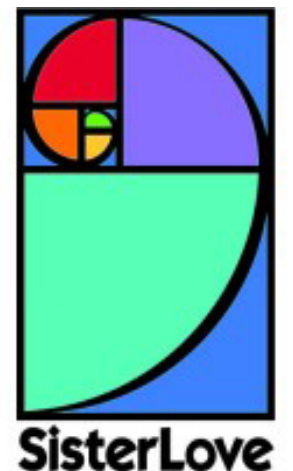
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# Implementing PrEP into Non-Title X Settings to Reduce HIV Disparities among African American Women

**PI: Courtney Bonner, PhD (University of North Carolina CFAR)**

Increase providers' PrEP knowledge and self-efficacy to prescribe PrEP to increase PrEP access among African American women in the Atlanta area.



# Telehealth to Optimize PrEP Care Continuum Outcomes among Cisgender Black and Latina Heterosexual Women

**PI: Ronald Brooks, PhD (University of California, Los Angeles  
CHIPTS – ARC)**

Bolster uptake of PrEP among Black and Latina Heterosexual Women in Los Angeles County by implementing a telehealth PrEP intervention within the setting of two community-based agencies that do not provide clinical services



**CHIPTS**  
Center for HIV Identification, Prevention  
and Treatment Services



**BLACK WOMEN  
FOR WELLNESS**



# Optimizing PrEP Engagement among Cisgender Heterosexual Women and their Partners

**PI: Ju Park, PhD (Johns Hopkins University CFAR)**

Address ongoing disparities in access to and uptake of PrEP among cisgender women and their sexual and injection partners working with Baltimore City Health Department and service providers to characterize barriers and facilitators to PrEP engagement





# **Novel Strategies for Reducing Barriers to HIV Testing and Increasing Access to PrEP for Cisgender Women**

**PIs: Sarit Golub, PhD, MPH and Oni Blackstock, MD, MHS  
(Einstein/Rockefeller/CUNY CFAR)**

Develop and pilot an innovative strategy to increase and normalize HIV testing, PrEP awareness, and PrEP access among cisgender women by expanding and enhancing NYC's HIV home-testing program



# **Strengthening HIV Prevention Efforts for Women in the Southern U.S. (RFA-MH-21-151)**



# **Increasing HIV/STI Home Testing, Linkage to Care, and Linkage to PrEP via a Digital Intervention among Black Women in a Geographic Hotspot**

PI: Liesl Nydegger, PhD, MPH, CHES (University of Texas at Austin)

Use a web-based intervention guided by theoretical components to increase HIV home testing among Black women at risk for HIV and sexually transmitted infections (STIs) in Travis County, Texas.



# **Implementation and Dissemination of Evidence-Based Interventions to Improve PrEP Care Continuum Outcomes among Women in Community Health Clinics in the Southern U.S.**

PI: Jessica Ridgway, MD (University of Chicago)

Adapt a previously identified successful implementation strategies for engaging Black cisgender women in the PrEP care continuum in a Midwestern community health center (CHC) for use in Southern CHCs.



# Development and Evaluation of a PrEP Decision Aid for Women Seeking Domestic Violence Services in Baltimore

PIs: Tiara Willie, PhD, MA (Johns Hopkins University) and Jaimie Meyer, MD, MS, FACP (Yale University)

Adapt an existing PrEP decision aid to intimate partner violence-exposed Black women seeking domestic violence services in Baltimore, Maryland.

Drs. Tiara Willie and Jaimie Meyer Awarded Grant from National Institute of Mental Health

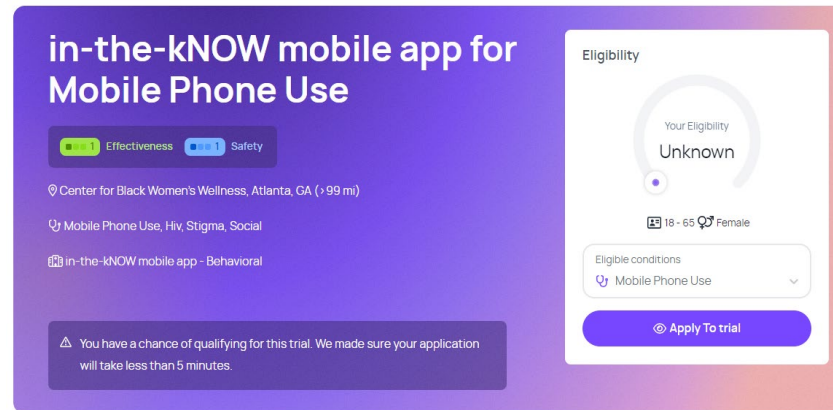
Drs. Tiara Willie and Jaimie Meyer, both former CIRA fellows, are the latest affiliates to successfully turn their CIRA pilot project into a full-scale HIV prevention research project. Willie, an Assistant Professor at Johns Hopkins Bloomberg School of Public Health, and Meyer, an Assistant Professor of Medicine and Clinical Assistant Professor of Nursing at Yale School of Nursing, received the award from the National Institute of Mental Health for their project *Development and Evaluation of a PrEP Decision Aid for Women Seeking Domestic Violence Services in Baltimore*. The R34 grant aims to adapt, implement and evaluate self- and advocate-administered versions of a PrEP decision aid in a domestic violence agency in Baltimore in order to increase PrEP uptake among Black women in an Ending the HIV Epidemic priority area, address trauma as a barrier to PrEP uptake, and ultimately combat racial disparities in women's HIV cases. REIDS scholar Dr. Kamila Alexander and Dr. Stefan Baral, both faculty at Johns Hopkins University, are Co-Investigators.



# **In-the-kNOW (Novel approaches to Optimizing Women's Health): A mobile application to optimize HIV prevention and sexual/reproductive health communication among Black women in the Southern U.S.**

PI: Rasheeta Chandler,  
PhD, RN, FNP-BC,  
FAANP, FAAN (Emory  
University)

Refine and test in-the-kNOW, an evidence-based and theory-driven mobile application (app), specifically designed for PrEP-eligible Black women.



Emory School of Nursing Assistant  
Professor, Dr. Rasheeta Chandler,  
Receives Grant for In-the-kNOW

Aug. 10, 2021




# PrEP 4 Her: Developing a Novel Strategy to Implement PrEP into Women's Healthcare

PI: Latesha Elope, MD (University of Alabama at Birmingham)

Improve engagement in HIV PrEP care among Black cis-gender women in the South by developing and piloting an implementation strategy for PrEP service delivery at gynecology clinics as part of routine reproductive and sexual health care visit.

## LATESHA ELOPRE AWARDED TWO R34 GRANTS



DR. LATESHA ELOPRE

"PREP 4 HER: DEVELOPING A NOVEL STRATEGY TO IMPLEMENT PREP INTO WOMEN'S HEALTHCARE" (R34MH128002)

"PREP US NOW: PREP UTILIZATION THROUGH INCREASING SOCIAL CAPITAL AMONG YBMSM NETWORKS WITH WOMEN" (R34MH128072)

"Both awards are furthering initiatives to improve access to effective biomedical prevention strategies like PrEP. To that end, we are hopeful through improvements in social capital and provision of PrEP in non-stigmatized environments increased uptake may be seen among communities vulnerable to HIV due to systemic and contextual barriers" -Dr. Latesha Elope

# PrEP Pro: Adapting a Multi-Component Intervention to Train and Support Providers to Promote PrEP for Adolescent Girls and Young Women in the Deep South

PI: Lynn Matthews, MD (University of Alabama at Birmingham)

Adapt an evidence-based curriculum using a multi-component context-specific provider intervention, PrEP-Pro to support Family Medicine providers to adolescent girls and young women in the Deep South

 UAB Mary Heersink Institute for Global Health  
@uabglobalhealth

Today is National Women & Girls HIV/AIDS Awareness Day

@ltmatthews, our Associate Director for Research & Partnership, is dedicated to reducing HIV in the context of sexual & reproductive health for Ugandans, South Africans, & girls/women in AL w/[@UAB\\_ID](#) ([@UABDeptMed](#))





# Socio-Structural Intervention to Improve Pre-Exposure Prophylaxis (PrEP) Services for Cisgender Women (CGW)

PI: Rachel Scott, MD, MPH (MedStar Washington Hospital Center)

Adapts and tailor the Project Shikamana approach to address the culturally-specific, socio-structural barriers to HIV prevention specific to U.S. Black, reproductive-age CGW in Washington, D.C.



**SPEAKER HIGHLIGHT**

INTERNATIONAL WORKSHOP ON  
**HIV & WOMEN 2022**  
FROM ADOLESCENCE TO MENOPAUSE



**Rachel Scott, MD, MPH**  
Medstar Washington Hospital Center,  
United States

**HIV Pre-exposure Prophylaxis for  
Cisgender Women: Clinical Trials &  
Implementation Challenges**

**#HIVWOMEN**

# Summary

- NIH efforts discussed are collaborative across several NIH institutes, centers, and offices
- Implementation research can help identify strategies to reduce barriers to HIV services for Black women
- Partnerships between researchers, practitioners, and the community are critical to support effective implementation strategies that address HIV issues facing Black women

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**Thank you!**

# 101: Adapting Evidence Informed Interventions to Address Barriers to Care for Black Women with HIV

Robyn Neblett Fanfair MD, MPH  
CAPT, United States Public Health Service  
Division of HIV Prevention, CDC

National Ryan White Conference  
July 15, 2022



# DISCLOSURES

**Dr. Robyn Neblett Fanfair has no relevant financial interests to disclose.**

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**Commercial support was not provided for this activity.**

# Learning Objectives

**At the conclusion of this activity, the participant will be able to:**

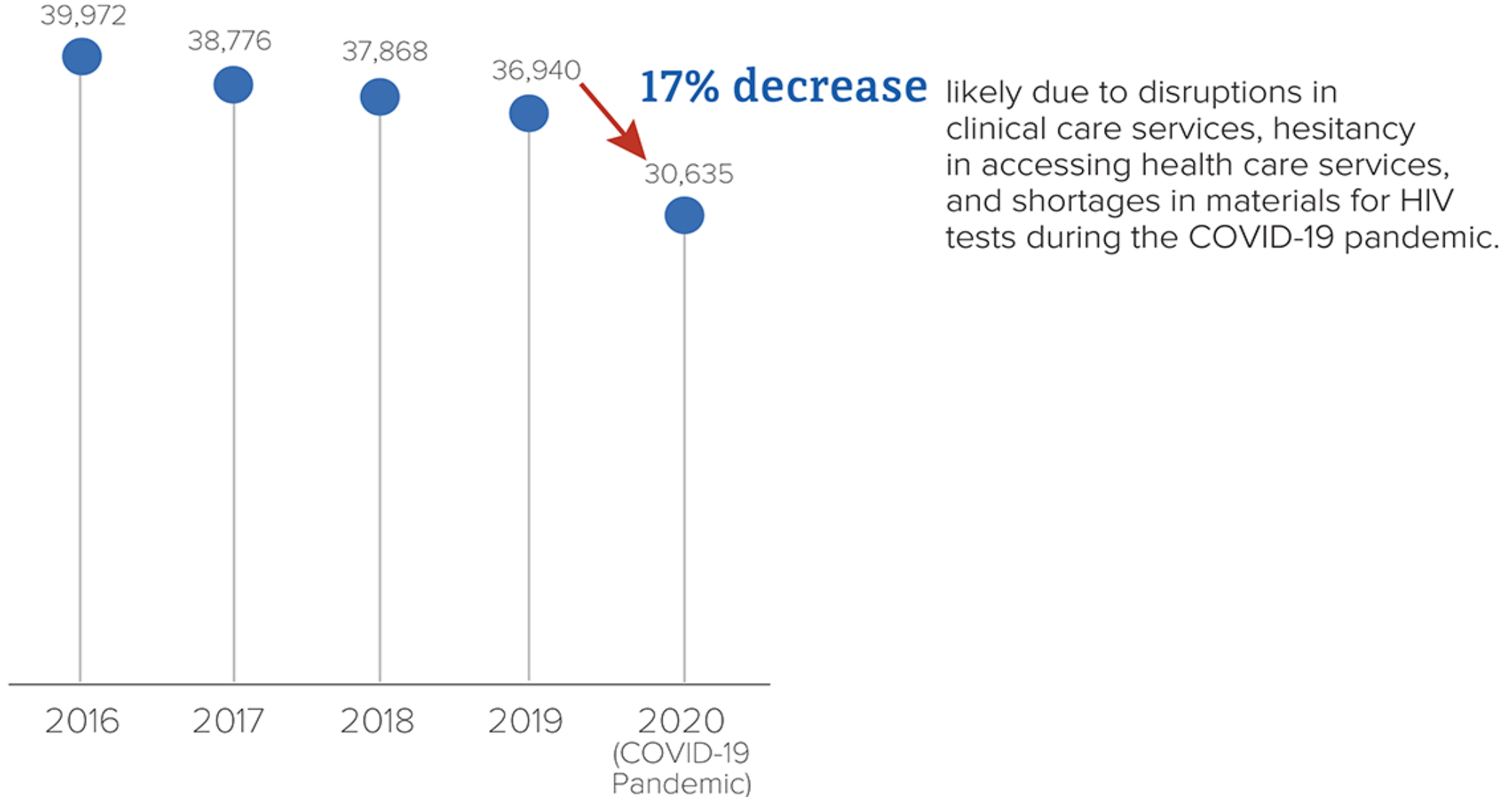
- 1. Describe overall trends in HIV diagnoses in the United States**
- 2. Describe disparities in HIV diagnoses among female adults and adolescents**
- 3. Recite CDC initiatives to address HIV prevention and care among Black women**



## **Current State of HIV in the U.S.**

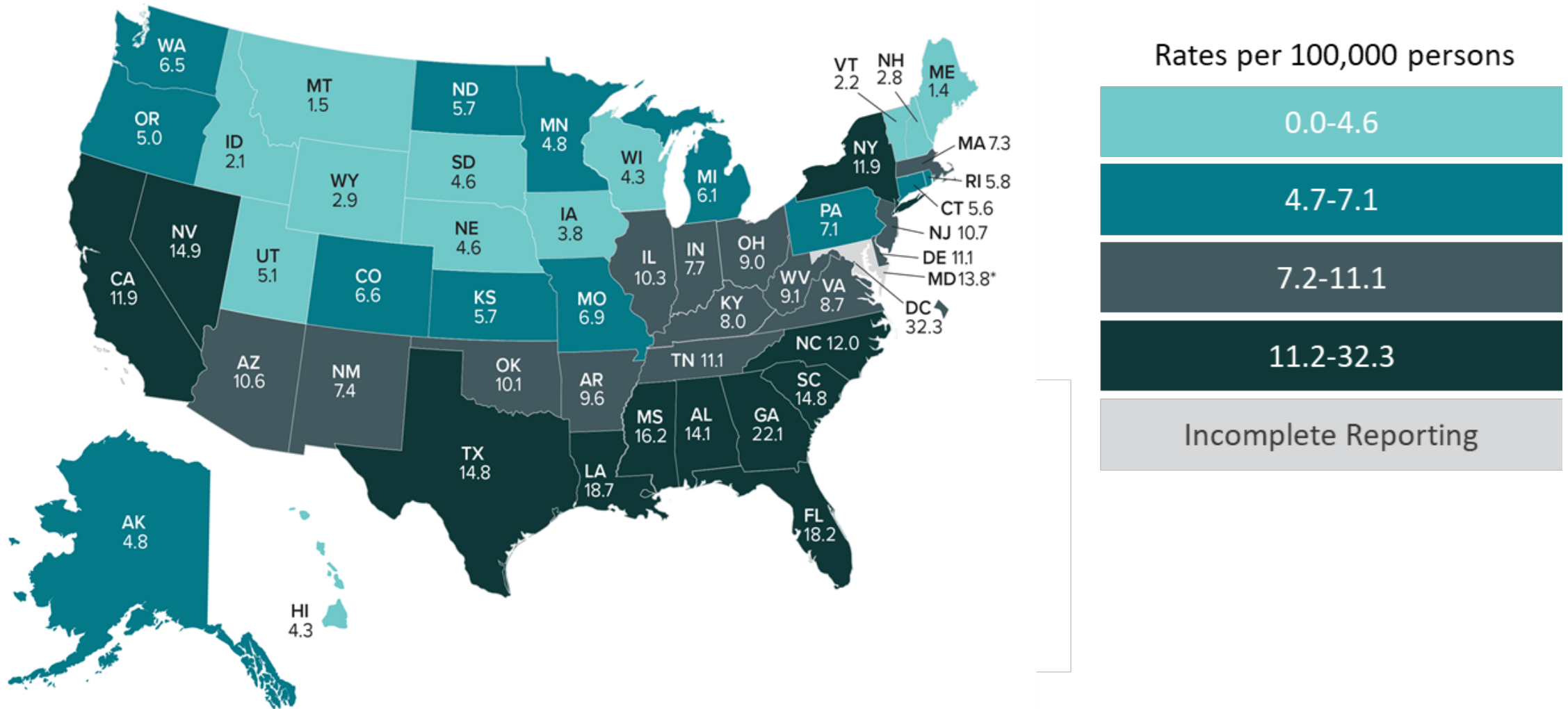


## Diagnoses of HIV infection—United States, 2016–2020



Note. Diagnoses of HIV infection reported to CDC through December 2021. The annual number of HIV diagnoses in 2020 was 17% lower than 2019. The decline in 2020 was larger than the average yearly decline (2-3%) observed during 2016–2019.

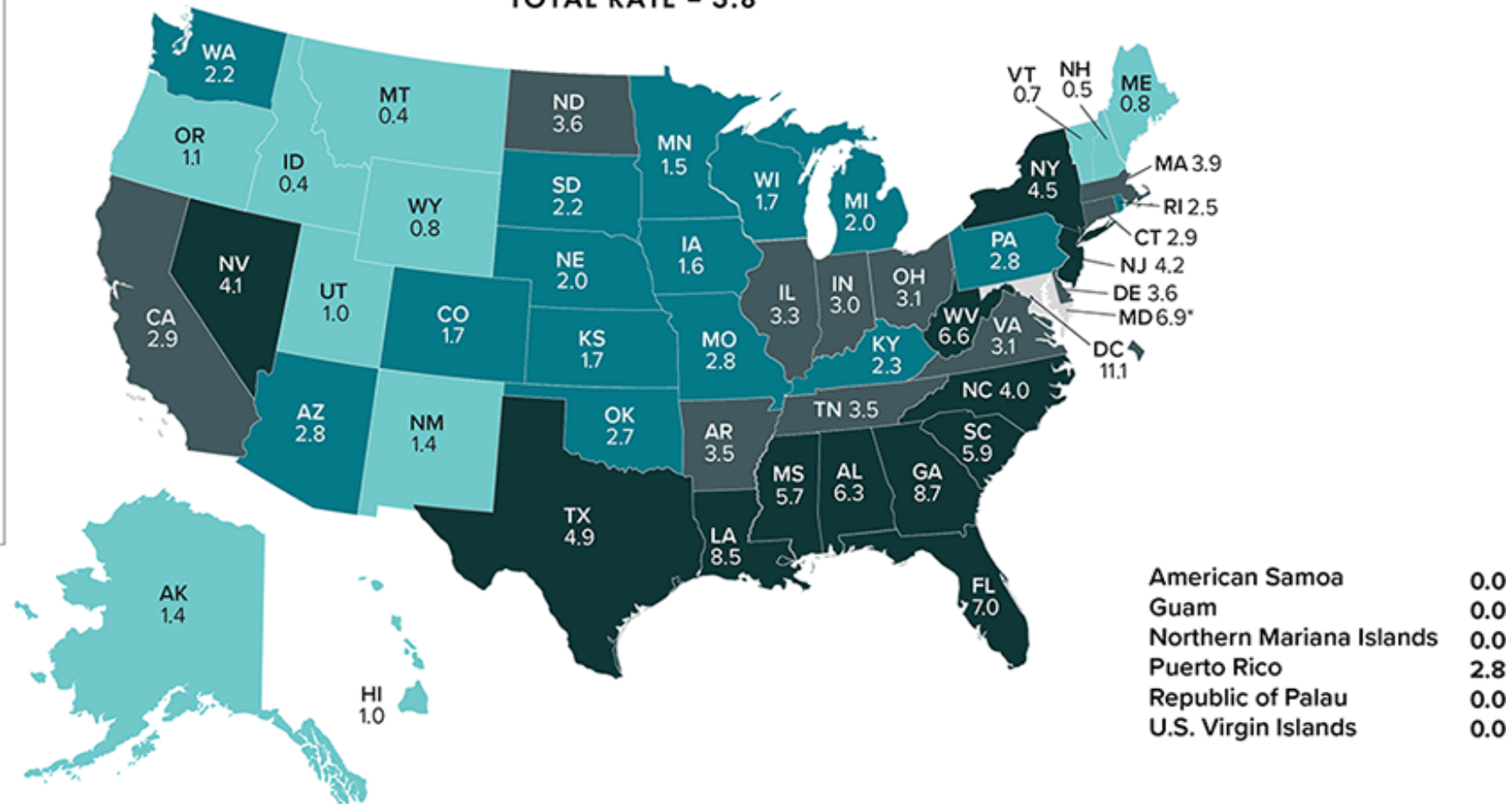
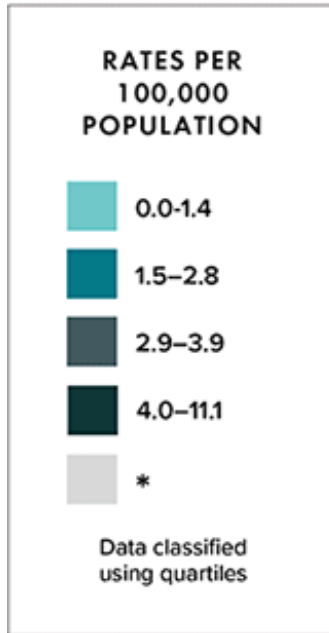
# Rates of diagnoses of HIV infection in the United States



Note. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care related services, and case surveillance activities in state/local jurisdictions.

## Rates of Diagnoses of HIV Infection in 2020 Among Female Adults and Adolescents in the U.S.

N = 5,490  
TOTAL RATE = 3.8

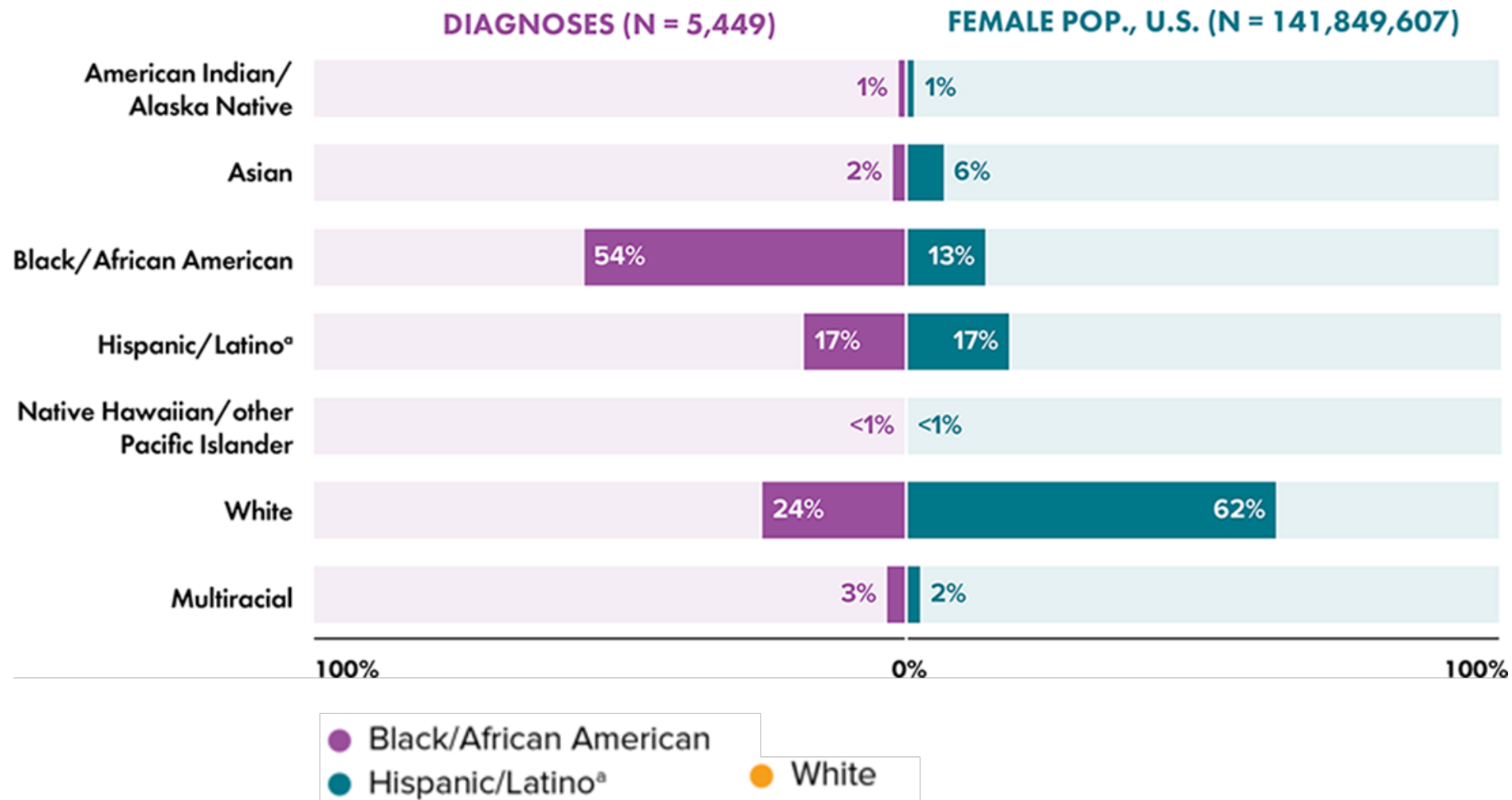


In 2020 there were 5,490 HIV diagnoses among women in the U.S.

The South has the highest rates of HIV diagnoses among women.

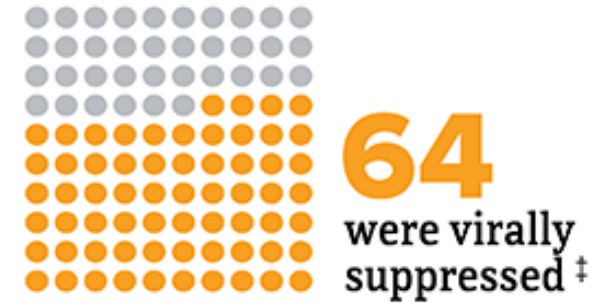
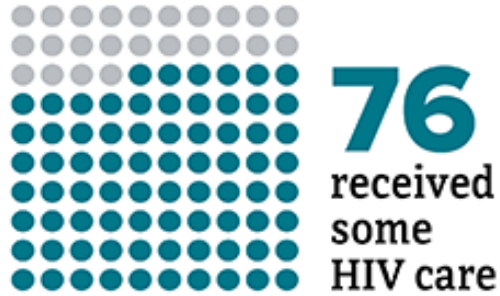
Despite only making up 13% of the female population in the U.S., black women accounted for more than 54% of HIV diagnoses among women in 2020.

## Diagnoses of HIV Infection in 2020 Among Female Adults and Adolescents in the U.S. by Race/Ethnicity



# Treat

Compared to all people with diagnosed HIV, women have lower viral suppression rates. **For every 100 women with diagnosed HIV in 2019:**



For comparison, for every **100 people overall** with diagnosed HIV,  
**76 received some care**, **58 were retained in care**, and **66 were virally suppressed**.

# Prevent - PrEP

PrEP Coverage by **Race/Ethnicity** in 2020\*

● Black/African American ● Hispanic/Latino ● White ● Other

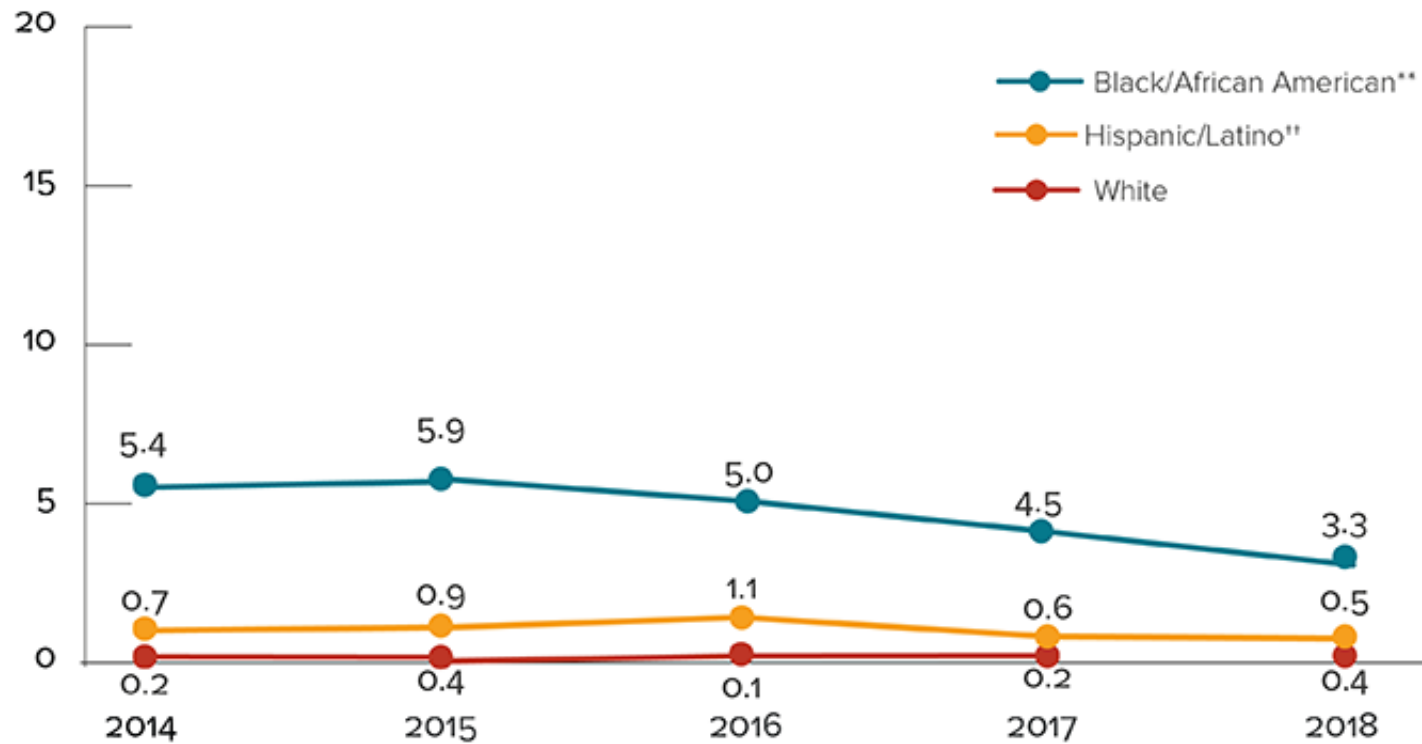


PrEP Coverage by **Sex at Birth** in 2020\*\*

● Female ● Male



## Rates of Perinatally-Acquired HIV Infections Among Persons Born in the United States, by Year of Birth and Mother's Race/Ethnicity, 2014-2018



\*Data include only persons born in the United States (50 states and District of Columbia). Data accounted for delays between birth and diagnosis, as well as between diagnosis and reporting.

†Rates are per 100,000 live births.

‡Live-birth data reflect race/ethnicity of the infant's mother.

\*\**Black* refers to people having origins in any of the Black racial groups of Africa. *African American* is a term often used for Americans of African descent with ancestry in North America.

††Hispanics/Latinos can be of any race.

Source: Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2018. *HIV Surveillance Supplemental Report* 2020;25(2).

# Despite reductions in new HIV diagnoses among women, disparities persist for black and transgender women.



**48%**

of transgender women diagnosed with HIV were black

# Challenges and Barriers to HIV Prevention & Care

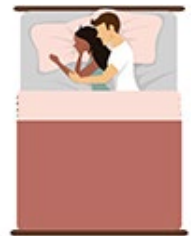
There are several challenges that place some women at higher risk for HIV.

## Racism, Discrimination, and HIV Stigma



Racism, discrimination, and stigma may affect whether some women seek or receive high-quality health services.

## Risk of Exposure



Because receptive sex is riskier than insertive sex, women are more likely to get HIV during vaginal or anal sex than their sex partner.

## Unaware of Partner's Risk Factors



Some women don't know their male partner's risk factors for HIV (such as injection drug use or having sex with men) and may not use a condom or medicine to prevent HIV.

## Intimate Partner Violence (IPV)



Women who have been exposed to IPV may be more likely to engage in risky behaviors or be forced to have sex without a condom or medicines to prevent or treat HIV.





**CDC Initiatives to Address HIV prevention and care  
Among Black Women**

# Initiatives to address HIV Prevention & Care among Black Women

## Evidence Based Interventions for Women

CDC's Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention includes three specific interventions for women that CBOs may leverage, including:

- The CHAT Intervention encourages women to discuss HIV and STD prevention with their family, friends, and sex partners.
- The AMIGAS intervention emphasizes the importance of healthy relationships, raises awareness about HIV prevention strategies, and explores how cultural experiences can affect HIV risk.
- The Healthy Love intervention empowers women to choose safer sex options by improving their knowledge about HIV testing, transmission, and prevention.

## Comprehensive High-Impact HIV Prevention Programs for Community Based Organizations

CDC awarded 96 community-based organizations to address the needs of women and are required to serve at least 75% of clients from racial/ethnic minorities.

## Comprehensive High-Impact HIV Prevention Projects for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color

CDC awarded funding in April to 36 CBOs to develop and implement HIV prevention programming for young men of color who have sex with men (YMSM of color), young transgender persons of color (YTG persons of color), and their partners regardless of age, gender, and race/ethnicity.



# Self-Testing-Together Take Me Home

**CDC research shows that HIV self-testing is an effective, convenient, and accurate way to diagnose HIV infection.**

In 2021, CDC distributed **100,000** free HIV self-test kits to the populations most disproportionately impacted by the HIV epidemic including transgender women and racial/ethnic minority communities.

Of these orders:

**10%** were among Black cisgender women  
*22% had never tested before*  
**1.4%** were among transgender women  
*24% had never tested before*

CDC will distribute 175,000 free HIV self-test kits every year for 5 years



# STD Clinic Investments

**CDC investments support status neutral services in STD clinics - which serve people from racial, ethnic, sexual and gender minority groups.**

In FY21, CDC was able to expand HIV and PrEP services in **38** STI clinics and these clinics:

- Tested more than **137,000** patients
  - **46,425** were cisgender women
  - **64,366** were African-American
- Diagnosed more than **1,000** new cases of HIV, and
- Prescribed PrEP to more than **6,000** patients.


In FY22, CDC will increase funding to **STD clinic recipients** to further enhance HIV testing, uptake of PrEP/PEP, and same-day initiation of HIV treatment

# The Let's Stop HIV Together “#ShesWell: PrEP for Women” campaign works to close the gap in PrEP coverage for women by raising awareness and providing free communications materials.



Talk to a healthcare provider about PrEP.

[FIND A PROVIDER >](#)



**Share the Power of PrEP with Your Female Patients to Prevent HIV**

Pre-exposure prophylaxis (PrEP) is a powerful tool for preventing acquisition of HIV. Studies show that when taken as prescribed, PrEP reduces the risk of getting HIV from sex by 99% and from injection drug use by at least 74%. Yet not enough women are prescribed PrEP. In 2019, only 9.7% of U.S. women who may have benefited from PrEP were prescribed PrEP.

**You Can Help End the HIV Epidemic by Prescribing PrEP to Your Female Patients**

The Centers for Disease Control and Prevention (CDC) recommends that health care providers prescribe PrEP to their patients to prevent new HIV infections and improve health outcomes. PrEP should be considered part of your patients' comprehensive prevention plans that include discussions about



**PrEP IS SAFE**

to take while pregnant or breastfeeding



## #ShesWell: PrEP for Women

# Upcoming NOFOs focused on Black Women



## HerPrEP

Increasing PrEP Use  
among Black Women in  
the United States



## LA-ART Cis-Gender Black Women Living with HIV

Creating equitable access to  
HIV treatment and care for  
PWH



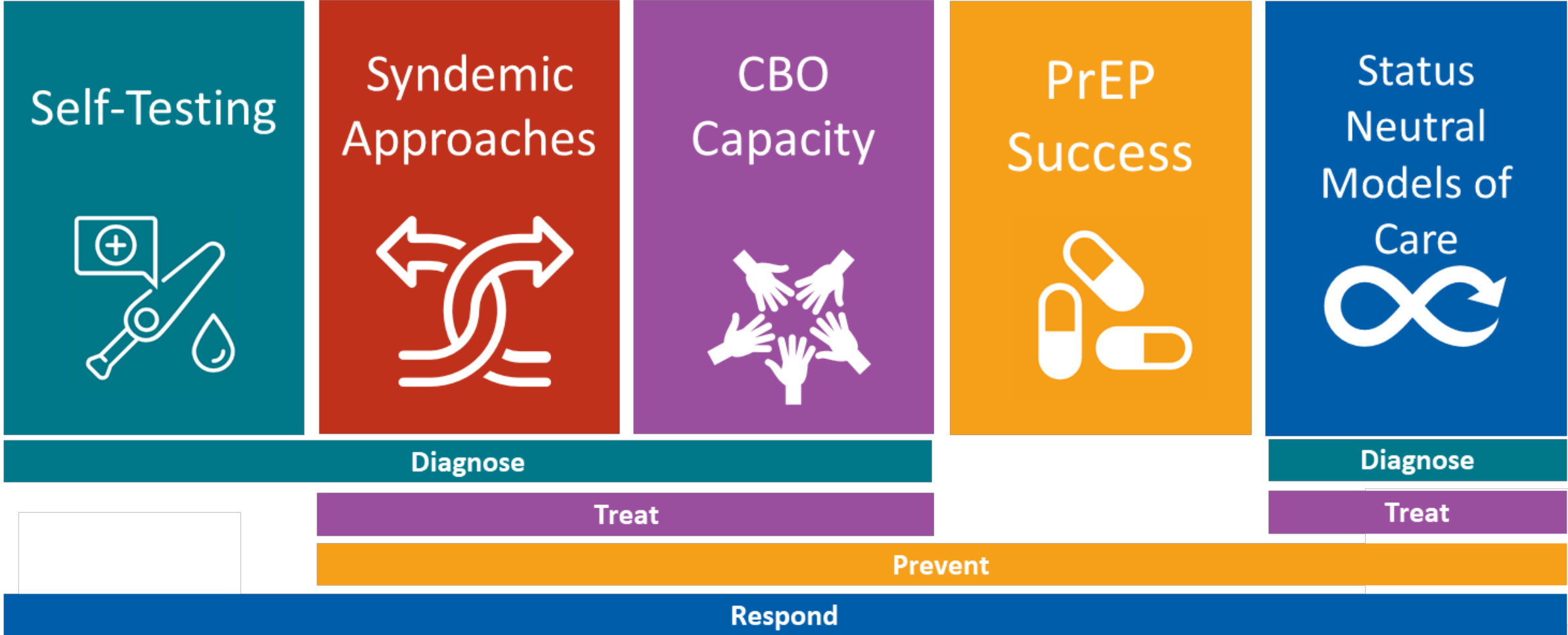
## CITY MATCH

Elimination of Perinatal HIV  
Task Force and Stakeholders  
Group



# **Ending the HIV Epidemic in the U.S.**

# CDC will maintain focus on the four pillars of EHE and amplify these efforts by investing in key strategies to advance health equity





Today, we have an unprecedented opportunity to end America's HIV epidemic



Today, we have an  
unprecedented  
opportunity to **end**  
**America's HIV epidemic.**

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# Improving Care and Treatment Coordination: Focusing on Black Women with HIV

2022 National Ryan White Conference on HIV Care and Treatment  
*August 23, 2022*

**Corliss D. Heath**  
**Health Scientist, Division of Policy and Data (DPD)**  
**HIV/AIDS Bureau (HAB)**

**Vision: Healthy Communities, Healthy People**



# Disclosures

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# Health Resources and Services Administration (HRSA)

## Overview



Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged



HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities



Every year, HRSA programs serve tens of millions of people, including people with HIV, pregnant individuals, mothers and their families, and those otherwise unable to access quality health care

# HRSA's HIV/AIDS Bureau Vision and Mission

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## Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

## Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.



# HRSA's Ryan White HIV/AIDS Program (RWHAP) Overview

- Provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV.
- Funds grants to states, cities, counties, and local community-based organizations to improve health outcome and reduce HIV transmission.
  - Recipients determine service delivery and funding priorities based on local needs and planning process.
- Provided services to nearly 562,000 people in 2020—more than half of all people with diagnosed HIV in the United States.
- 89.4% of RWHAP clients receiving HIV medical care were virally suppressed in 2020, exceeding national average of 64.6%<sup>i</sup>.



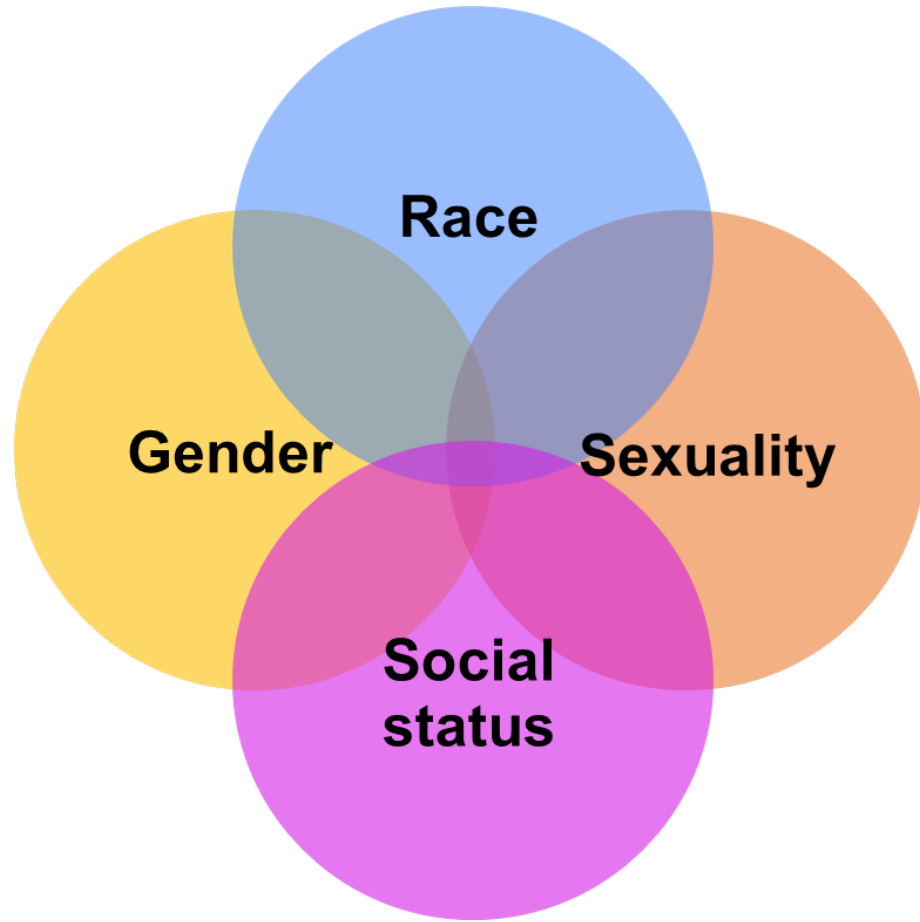
# Learning Objectives

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1. Describe the RWHAP SPNS Initiative: ***Improving Care and Treatment Coordination for Black women with HIV*** and a framework for implementation and evaluation of evidence informed bundled interventions.
2. Identify the multilevel barriers to care for Black cisgender and transgender women.
3. Gain strategies for adapting evidence informed interventions to enhance culturally relevant care for Black women with HIV.



# Root Causes to Inequities in Care and Treatment



## Social Determinants

- Racism
- Housing
- Food
- Employment
- Intimate Partner Violence
- Stigma

## Trauma



Crenshaw, K. (1990). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stan. L. Rev.*, 43, 1241.



# Purpose of Initiative

Four-year initiative funded by Minority HIV/AIDS Fund (MHAF) and Health Resources and Services Administration (HRSA), HIV/AIDS Bureau, Ryan White HIV/AIDS Program (RWHAP) Part F – Special Projects of National Significance (SPNS) Program

Supports 12 demonstration sites and a single organization to serve as Evaluation and Technical Assistance Provider (ETAP) to lead the multi-site evaluation and provide technical assistance to demonstration sites.

Design, implement, and evaluate bundled interventions – package of two or more evidence-informed interventions – that when implemented together produce better health outcomes than when practices are delivered separately (i.e., improved engagement, higher retention, and improved viral suppression).

Sites funded to adopt the delivery of multiple interventions (bundled interventions) focused on Black women with HIV.



# Contact Information

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**Corliss D. Heath, PhD, MPH, M.Div.**

**Health Scientist, Division of Policy and Data (DPD)**

**HIV/AIDS Bureau (HAB)**

**Health Resources and Services Administration (HRSA)**

**Email: [cheath@hrsa.gov](mailto:cheath@hrsa.gov)**

**Phone: 301-443-0973**

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# Adapting Evidence Informed interventions to Address Barriers to Care for Black Women with HIV

Serena Rajabiun, PhD

University of Massachusetts, Lowell

[Serena\\_rajabiun@uml.edu](mailto:Serena_rajabiun@uml.edu)

20  
22

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CONFERENCE  
ON HIV CARE & TREATMENT

# Disclosures

- Serena Rajabiun has no relevant financial interests to disclose



# 12 Demonstration sites & 1 Evaluation Technical Assistance Center

**San Francisco**  
University of California,  
San Francisco  
Women's HIV Program

**Chicago**  
AIDS Foundation  
Chicago

**New York**  
AIDS Service Center  
Of Lower Manhattan,  
Inc.

**Philadelphia**  
AccessMatters  
Philadelphia Dept. of  
Public Health, Ambulatory  
Health Services

**Chester, PA**  
AIDS Care Group

**Charlotte, NC**  
Quality Home  
Care Services

**Duluth, GA**  
Positive Impact  
Health Centers Inc.

**Atlanta**  
Grady Memorial  
Hospital Corporation

**Dallas**  
Abounding  
Prosperity  
Incorporated

**New Orleans**  
The Institute  
of Women  
and Ethnic  
Studies

**Mandeville, LA**  
Volunteers of  
America  
Southeast  
Louisiana, Inc.

**Evaluation &  
Technical  
Assistance Center**  
University of  
Massachusetts,  
Lowell  
Boston University  
AIDS United  
Impact Marketing



# Outcomes

**1**

Improved ability to address socio-cultural determinants of health and unmet needs

**2**

Enhanced coordinated care models and better tools to help providers build capacity around patient-centered and culturally sensitive and responsive care

**3**

HIV care continuum

- Linked to care within 30 days
- Improved retention in care
- Increased rates of women who achieve and/or maintain viral suppression

**4**

Improved well-being

- Stigma reduction
- Increased resiliency
- Improved quality of life

## Bundled Interventions (BI)

Bundled interventions are a group of evidence-informed practices put together into a package that when implemented together produces better health outcomes than when the practices are delivered separately. (Huhman M, 2014)

Huhman M. (2014) "Bundled Interventions." Encyclopedia of Health Communication. Ed. SAGE Publications, Inc.

# Bundled Interventions

<b>Enhanced patient navigation, enhanced case management, peer engagement</b>	<b>9</b>
Red carpet care experience	<b>6</b>
Stigma reduction	<b>3</b>
Trauma-Informed Care (organizational capacity building & individual care)	<b>12</b>
Intimate Partner Violence (IPV) (organizational training, screening & assessments)	<b>6</b>
Self-efficacy, health literacy	<b>7</b>

# Evidence Informed Interventions: Examples

## **Patient-Peer Navigation/Community Health workers**

- 1) Six sessions to support women manage life with HIV**
- 2) Link women to HIV care and treatment**
- 3) Support emotional health**

## **Red Carpet Care Experience**

- 1) Address unmet needs for food, housing and employment**
- 2) Provide support and access to technology for connection to virtual appointments & support groups**

# Examples

## Trauma Informed Care

- Training and capacity building for staff to deliver care and create a trauma informed environment
- Mental health counseling & support

## Stigma reduction

- Use of performance art to manage disclosure and internalize and external stigma

# Examples

## **Address Intimate Partner Violence**

- **Training and capacity building for staff**
- **Screening women for IPV and connection to services**

## **Self-efficacy/Resiliency**

- **Prime Time Sister Circle**
- **Virtual Support Groups**

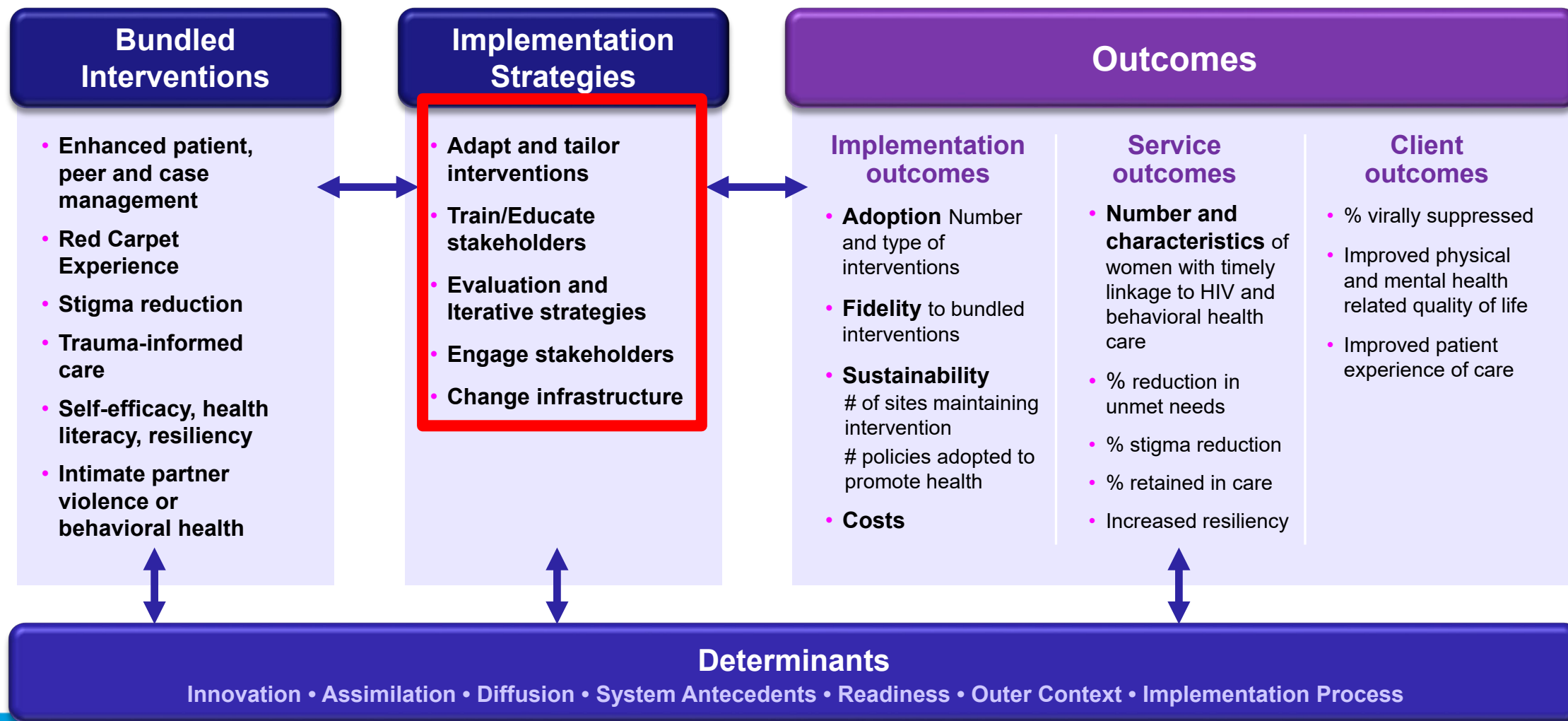
# Implementation Research Logic Model

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# Interventions, Implementation, and Outcomes



# Implementation Strategy: Change infrastructure

- Developing strategies for improving racial and gender equity at the organizational level
- Examine variation by organizational setting
  - Ryan White funded clinics
  - Outpatient departments in large hospital systems
  - AIDS Service Organizations

***\*\*\*Centering Racial Justice in Our Organizations to Reduce HIV Inequities  
Thursday, August 25, 3:30- 5:00pm***

# Implementation Strategy: Engage stakeholders

- **ETAP Advisory Council**

- Comprised of Black women who are living with HIV, a medical provider and supervisor of Community Health Workers
- Advise the ETAP on our project goals, processes, provide technical assistance based on their expertise to the 12 funded sites

- **Women Advisory Councils at Demonstration Sites**

- Develop and provide feedback on core components, social network events & training topics
- Recruit other participants
- Incentives are offered

***\*\*\*Meaningful involvement of Black cis & transgender women with HIV in the care continuum***

***Thursday, August 25, 11:15 am - 12:45 pm***

# Implementation Strategy: Train & Educate Stakeholders

- TA on core components of the Evidence Informed Interventions
  - Patient Navigation Sessions
  - Application of Meaningful Involvement of People with HIV/AIDS (MIPA) principles
- Monthly coaching calls
- Providing guidance on leadership development of site CABs
- Bimonthly cohort calls
- Semi annual convenings
- ***Peer to Peer learning approaches***

# Lessons Learned

- Importance of relationship building and being client centered
- Having multi-method systems in place to document barriers & facilitators to the uptake of the bundled intervention at the organizational level
- Staff training on implementation science & research framework
  - When is an adaptation being made and by whom?
- Use of consistent, market fair incentives, wages and stipends to compensate for time and support the meaningful involvement of people with HIV in the process

# Acknowledgements

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#U90HA39727
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  - **Corliss D. Heath, PhD, MPH, MDiv, Health Scientist**
  - **Chau Nguyen, MPH, Project Officer**
  - **Tracy McClair, MSPH, Health Scientist**

# Black Women First Evaluation & Technical Assistance Center

Our ETAP Team



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Adapting Evidence Informed Intervention  
to address barriers to care for melananted  
women.

**B.WOW!**  
**Black Women Organized for  
Wellness**

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NATIONAL  
**RYAN WHITE**  
CONFERENCE  
ON HIV CARE & TREATMENT

# Disclosures

Shakeila Allanah Lewis-Chery has no relevant financial interests to disclose.

Disclosure will be made when a product is discussed for an unapproved use.

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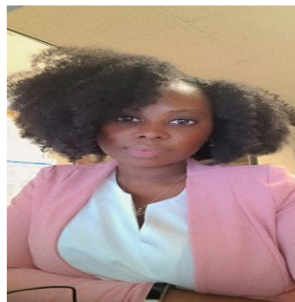


# B.WOW! MEET THE TEAM

NATIONAL  
**RYAN WHITE**  
CONFERENCE  
ON HIV CARE & TREATMENT



Melissa Beaupierre, MPH, CPH  
Director-Bus. Ops (&Spec. Programs)



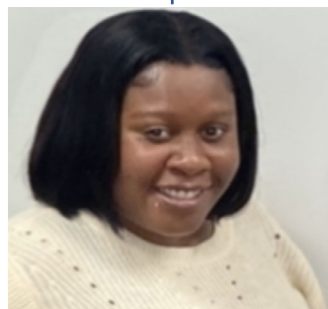
Allannah Lewis-Chery, MPH  
Program Manager



Data Manager



Lucy Smith Warren  
Patient Navigator



Alexandra Bien-Aime  
Peer Counselor



Justine Davenport  
Patient Navigator

# Learning Objectives

At the conclusion of this activity, participants will be able to:

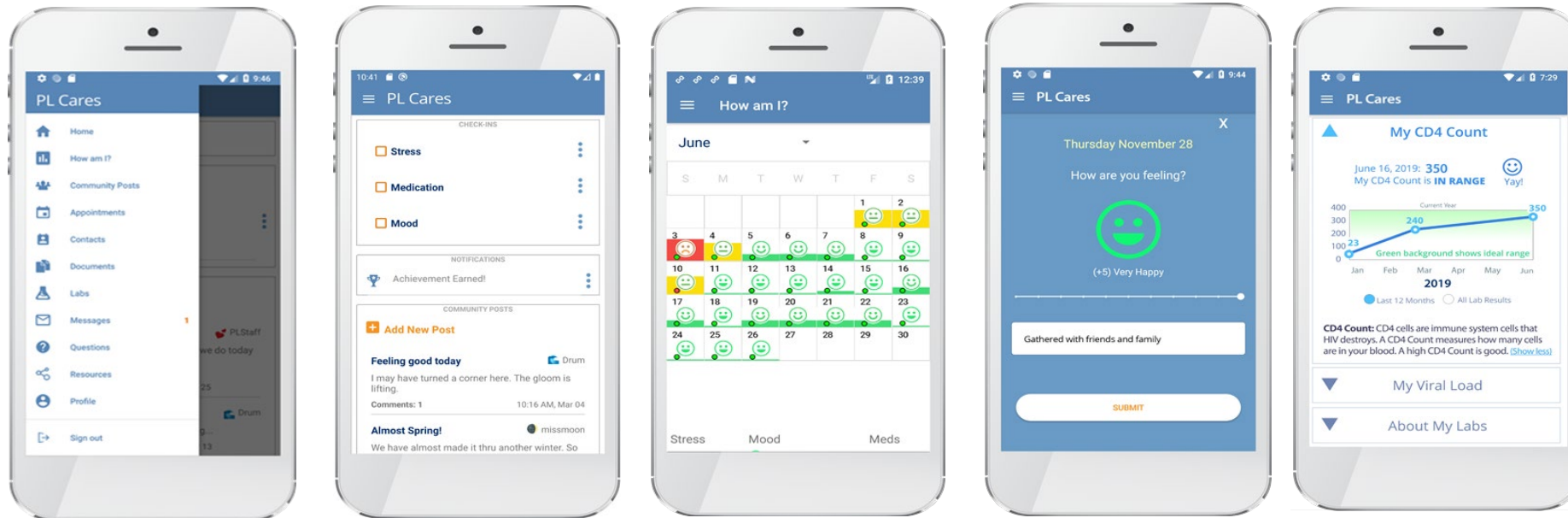
1. Describe the different interventions that can be used to engage Black women living with HIV in care
2. Explain strategies to retain Black women living with HIV in care.
3. List strategies to adapt and customize a mobile application for Black women
4. Discuss the challenges faced with continuing implementing care for Black women living with HIV.

# What is B.W.O.W.?

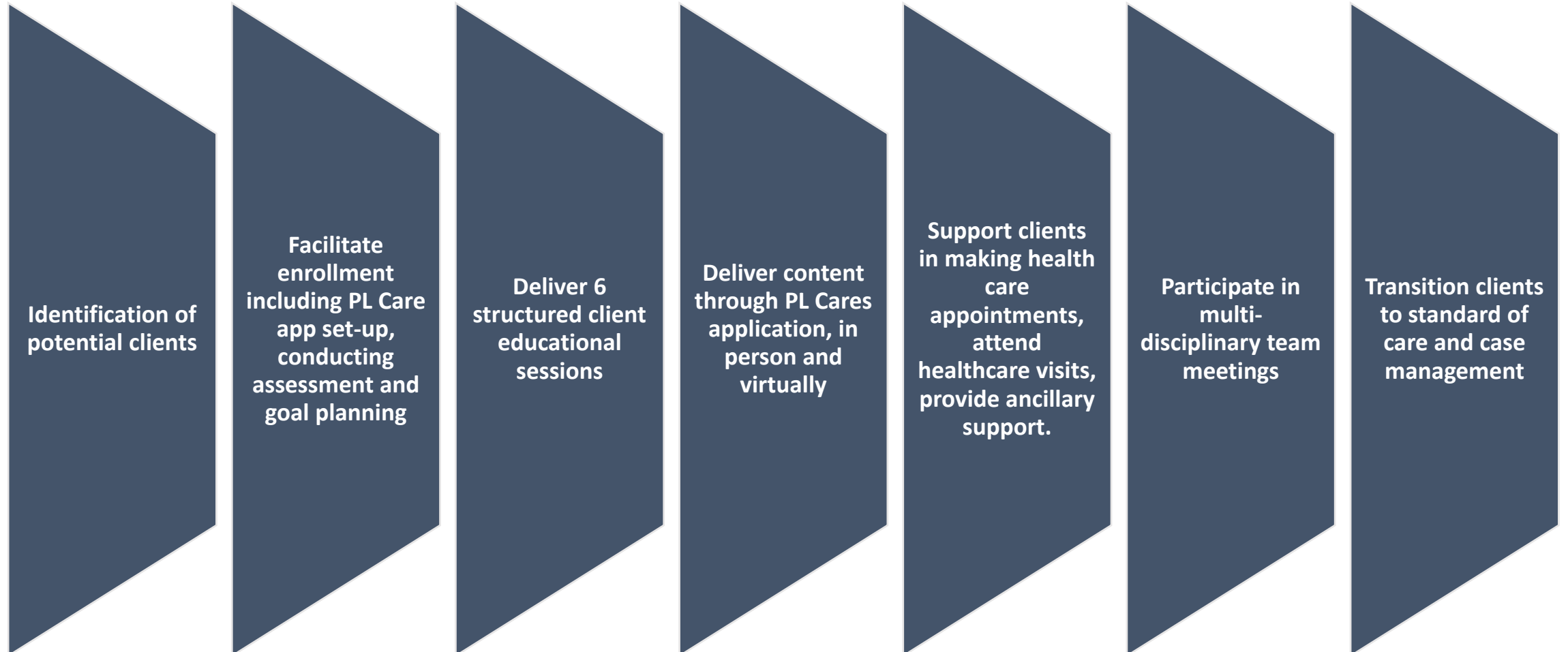
## Black Women Organized for Wellness

Enhanced patient navigation for women of color

PL Cares Mobile application



# Core activities of Patient Navigator



# Client Case Study

## Queen1

In her mid-40's with a history of suicide attempts, bipolar, PTSD, and schizophrenia. Stopped taking medications 3 years ago. Alcohol user and 3 weeks sober from crack/cocaine. She did a year of rehab.

She is growing everyday in the program, engages at 100% taking medications for her behavioral health diagnoses and attends her Center for Well-Being appointments, enrolled in the Fresh Food Cart program and is undetectable.

## Queen2

In her mid-40's, joined in Summer 2021 enrolled one month after being diagnosed.

She was 100 pounds when referred, she is now 148 lbs. Initially engagement was low for months due to no housing. With help from BWOW she is now stably housed and engaging at over 90% in PLCares and undetectable

## Queen3

In her late 30's, diagnosed with HIV after an ER visit for abdominal pain caused by a cyst on her cervix, a month later she was diagnosed with cervical cancer. After completing chemo and radiation for the cervical cancer she received news that she now has liver cancer.

Her Patient Navigator checks in with her weekly and she receives a lot of support and encouragement from the PL Cares Community Board. She still continues to remain undetectable and we're currently working on assisting her with housing and keeping her spirits up.

# ADAPTATIONS

PL CARES – created by Univ of Va for general Ryan White clinic population

- Focused age range, then expanded
- Women’s Advisory Board involvement
- Tailored content in app – Motivation Mondays, Sistah Talk Tuesdays, Shoutout Fridays and workshops on topics the women want to discuss

EPN Education Sessions

- More virtual sessions, content loaded into app

Added Peer Counselor



# BWOW: Participants (n=64)

Characteristics	N (%)
Age	-
Under 30	15 (23%)
30-49 years	46 (72%)
50 years and older	3 (5%)
Gender identity	-
Cis female	64 (100%)
Race/ethnicity	-
Black/African-American	62 (97%)
Black Hispanic/Latino	2 (3%)
Country of origin	-
US born	61 (95%)
Other country	3 (5%)
Social determinants	-
Food insecurity (moderate to severe)	20 (32%)
Unemployed (seeking) or underemployed	24 (37%)
Housing status: homeless, temporary	21 (33%)

**Preliminary data not  
for quotation or  
publication**

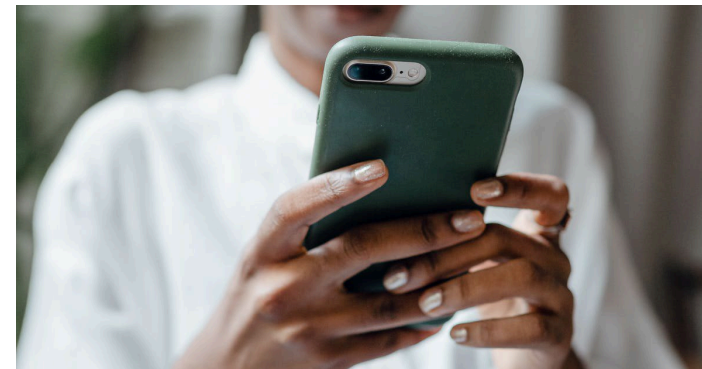
# Preliminary outcomes BWOW

Outcomes	Baseline (n=64) Mean (SD), N%	Post 6 months (n=21) Mean (SD), N (%)
Service needs (overall)	4 (3)	3 (2)
Dental care	36 (56%)	10 (47%)
Financial	32 (50%)	5 (24%)
Food	28 (44%)	7 (33%)
Housing	22 (34%)	8 (38%)
Multidimensional social support scale	58.5 (13.8)	78.6 (64.8)
Viral suppression	17 (27%)	12 (59%)

**Preliminary data not for quotation or publication**

# BWF Lessons to Date

- Relationships make a difference
- It's about more than HIV and viral suppression
- Online communities can provide real-world benefits



# Real-World Challenges Remain

- Relatively low total persons served compared to the total clinic population
- Intervention intensity may not be sustainable long-term
- Continued intervention needed for some clients to sustain improved outcomes
- Continuing interventions post grant period

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