

Ending
the
HIV
Epidemic



Technical Assistance Provider
innovation network

Use of Social Media and Mobile Technology as Essential Tools

in Achieving Retention in Care and
Viral Suppression to End the HIV Epidemic

April 8, 2021
9:30 AM - 11:00 AM

A Project of  CAI

The CAI logo consists of a circular emblem with horizontal wavy lines in shades of blue, green, and orange, followed by the letters 'CAI' in a bold, blue, sans-serif font.

Who We Are



Strengthen & support implementation of jurisdiction
EHE Plans to contribute to achievement of reduction in
new reported HIV cases by 75% by 2025

Get TAP-in TA and Training by Contacting TAP-in@caiglobal.org

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Cooperative Agreement Award # U69HA33964

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$3,750,000 with 0% financed with non-governmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. Government.

Agenda

- Overview of SPNS Social Media/Mobile Technology (SMMT) Initiative
- Presentations by 3 SPNS SMMT Demonstration Projects
 - Positive Peers
 - YGetIt?
 - weCare
- Participant Polling and Q & A
- Resources

Objectives

- Provide highlights from SPNS SMMT to improve HIV health outcomes for young people living with HIV.
- Provide in-depth descriptions of three SMMT interventions.
- Share knowledge of barriers/challenges in using SMMT to improve HIV health outcomes of people with HIV.
- Consider the potential use of social media and mobile technologies for managing HIV care outcomes in your work contexts.
- Describe how to request training and technical assistance to measure and improve existing and proposed social media/mobile technology services within the jurisdiction.

Case

Friends HIV Clinic (FHC) has a new social media department and hired a Coordinator to help improve current projects. They include digital health navigators who can use a patient portal app, which so far has seen low usage by patients. The navigators would like to use text-messaging and social media private messaging, but there are HIPAA concerns. The program is considering use of smartphone Apps to help clients make appointments, see their labs and electronic health records, and set up and conduct telehealth appointments. However, funding is limited. The new Coordinator is eager to show FHC how social media can help advance their EHE goals. She is considering asking for Technical Assistance.

Poll Question: What do you see as FHC's #1 Social Media & Mobile Tech TA need in the coming year?

1. Developing a new social media or mobile tech (SMMT) strategy
2. Improving existing SMMT activities
3. Developing new SMMT activities
4. Navigating HIPAA concerns
5. Other SMMT TA need (Put in Chat)

Panel

Moderator	Tom Donohoe, UCLA DFM, TAP-in
Overview of SPNS SMMT Initiative	<p>Ronald Brooks, PhD, Assistant Professor in Family Medicine at UCLA, TAP-in</p> <p>Dallas Swendeman, PhD, MPH, Associate Professor in Psychiatry & Biobehavioral Sciences at UCLA, TAP-in</p>
Positive Peers – Metro Health	Jen McMillen Smith, LISW-S and Cederick Taylor
YGetIt? – New York AIDS Institute Digital Health Initiative	Mark Thompson, MPH & Beatrice Aladin, MD, MPA
weCare – Wake Forest/UNCG	Amanda E. Tanner, PhD and Jorge Alonzo, JD
TAP-in TA/Training	Will Murphy, Project Director, CAI TAP-in

Poll Question: What is your #1 HIV-related work role (choose one only)?

1. Health department
2. Ryan White planning council/planning body member
3. Clinician
4. Case manager
5. Linkage/navigator
6. Social media
7. Administrator
8. Federal government staff (e.g., HRSA)
9. Other (write into chat)

Poll Question: Where do you work?

1. **Region 1** (CT, ME, MA, NH, RI, VT)
2. **Region 2** (NJ, NY, PR, US Virgin Islands)
3. **Region 3** (DE, DC, MD, PA, VA, WV)
4. **Region 4** (AL, FL, GA, KY, MS, NC, SC, TN)
5. **Region 5** (IL, IN, MI, MN, OH, WI)
6. **Region 6** (AR, LA, NM, OK, TX)
7. **Region 7** (IA, KS, MO, NE)
8. **Region 8** (CO, MT, ND, SD, UT, WY)
9. **Region 9** (AZ, CA, HI, NV, Pacific Jurisdictions)
10. **Region 10** (AK, ID, OR, WA)

Overview of SPNS

Social Media/Mobile Technology Initiative

Ronald Brooks, Ph.D.

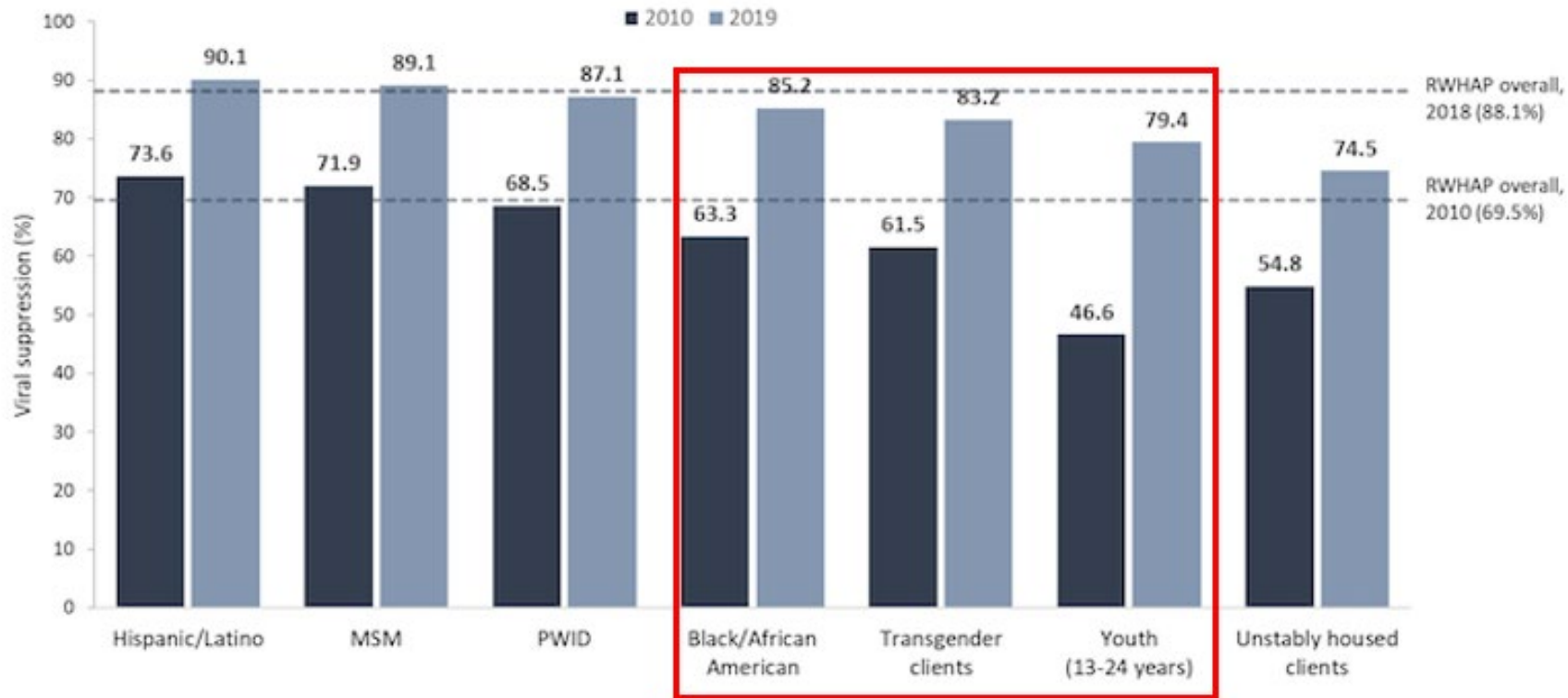
Assistant Professor

UCLA Department of Family Medicine

TAP-in TA Provider

Background: Disparities in Viral Suppression

Viral Suppression among Key Populations Served by the Ryan White HIV/AIDS Program, 2010 and 2019-United States and 3 Territories^a

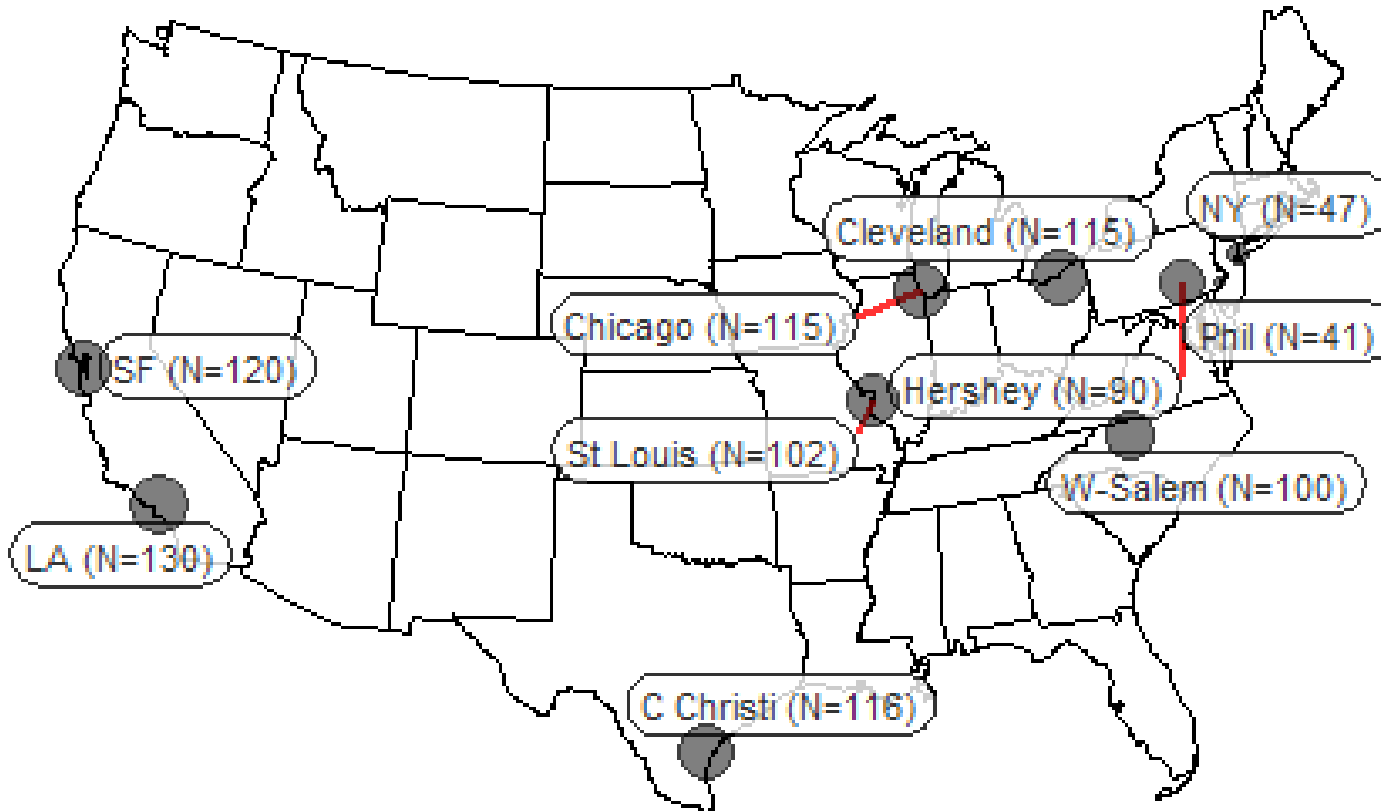


Youth, Transgender people, and Black/African Americans

Overview: HRSA/SPNS Initiative: 2015-2020

- Implement, evaluate and disseminate findings from innovative methods using mobile technologies and social media.
- Underserved, under-insured, hard-to-reach youth and young adults with HIV (13-34 years of age) new to care, out-of-care, or irregularly engaged in care, not virally suppressed.
- Outcomes: Improve engagement and retention in care and viral load suppression.

SPNS SMMT Sites





N = 976 participants assessed.

Ten Demonstration Sites

Chicago	Howard Brown Health Services, with Healthvana Software Co.
Cleveland	Metro Health System, with Blue Star Design
Corpus Christi	Coastal Bend Wellness Foundation, with San Antonio HD
Hershey	Pennsylvania State University School of Medicine, Hershey Medical Center, Pinnacle Health System, Hamilton Health Center, Alder Health Services, Duet Health Inc.
Los Angeles	Friends Research Institute
NY City	New York AIDS Institute, with Northwell Health System, Mt. Sinai App lab, and CUNY's Institute for Implementation Science in Population Health
Philadelphia	Philadelphia FIGHT, with Children's Hospital of Philadelphia and Drexel University School of Informatics
St. Louis	Project ARK at Washington University, with ePharmix, Inc.
San Francisco	Public Health Foundation, with the SF Department of Health
Winston Salem	Wake Forest University

Social Media/Mobile Technology Interventions




E-VOLUTION
Connect. Engage. Thrive.

Join the E-VOLUTION!
A research study that may help you:

**Connect with your
healthcare team**

**Engage in new
technologies**

Thrive!



**Health
eNav**
healthnav.org

connecting a healthier San Francisco



weCare

Social Media/Mobile Technology Interventions



"Tested"

Who We Are

About Us

The YGetIt? Project is made up of a mobile application and social media campaign aimed at engaging, linking, and retaining young people ages 18 to 24 in care who are living with HIV/AIDS in New York State.

Users of the **get** mobile application who meet the inclusion criteria, will be invited to enroll in the study to assess the effectiveness of the YGetIt? Project. Participants will complete an initial survey and a follow up survey every 6 months for a period of eighteen months. Enrollment is required for the first 140 users.

This study is federally funded by a Health Resources and Services Administration (HRSA) Special Projects of National Significance (SPNS) Grant.

Contact:
 YGetIt? Project
 90 Church St, New York, NY
 ygetit@health.ny.gov

USING SOCIAL MEDIA TO DO WHAT YOU NEED TO DO



Comic

"Tested" features compelling characters representative of individuals living with and affected by HIV/AIDS and describes the struggle of navigating daily life in NYC.




TRY OUR Mobile Health APP!

Our HEALTH APP was designed to help HIV+ youth remember to take their HIV medication.

JOIN OUR STUDY, USE THE APP, AND TELL US WHAT YOU THINK!

Are you between the ages of 14-29?
 Do you own an Android or Apple smartphone?
 Are you HIV+?
 Are you about to start or having trouble remembering to take your HIV medication?

Call 267-414-9432 and reference the Positively Connected for Health (PC4H) study.
 Eligible participants will be compensated for their time.




Social Media/Mobile Technology Interventions



Don't miss out on dancing like no one is watching

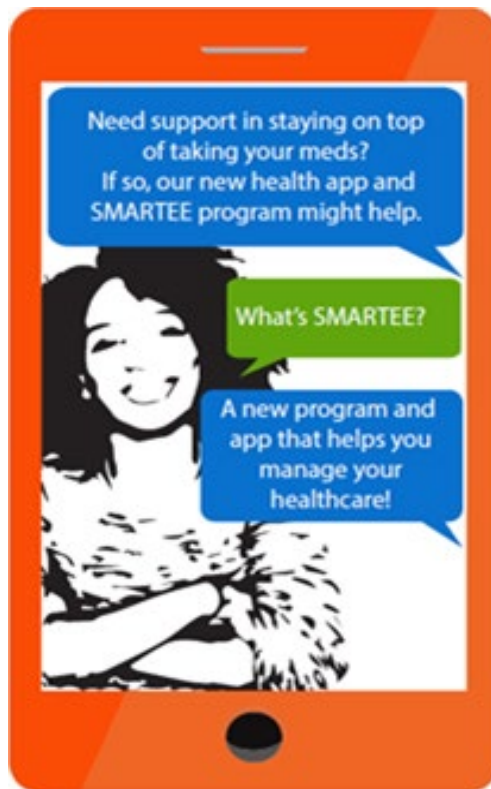
WellnessWeb

Receive the support you need to get connected with HIV treatment.

WellnessWeb is a convenient, text message-based support program for HIV+ youth and young adults between the ages of 13-34.

If you are newly diagnosed HIV+ OR HIV+ and out of care, WellnessWeb staff at the Coastal Bend Wellness Foundation are available to assist you with getting into medical care. **For more information call WellnessWeb staff at 361.814.2001.**

COASTAL BEND WELLNESS FOUNDATION



Need support in staying on top of taking your meds? If so, our new health app and SMARTEE program might help.

What's SMARTEE?

A new program and app that helps you manage your healthcare!

SMARTEE

Social Media App for Retention, Treatment, Engagement and Education

Our app will allow folks to:

- Directly message your healthcare team
- Get reminders for application renewals, appointments and other STI needs
- View your lab results directly from your own smart phone
- Learn how viruses affect the body
- Learn more about possible treatment options
- Access confidential, password protected healthcare at your fingertips

For more information contact James at Jamesz@howardbrown.org or call 773.388.8935



This program is funded by the U.S. Department of Health and Human Services, Health Resources and Services Administration.

Social Media/Mobile Technology Interventions



TEXT ME, Girl!

If you're a transgender woman living with HIV, and you are between 18-34 years old, you may be eligible to participate in a 90-day text-messaging intervention. Participation also includes an initial assessment and 4 follow-up assessments all at the study site in Hollywood. You may earn up to \$320 in gift cards for completing the assessments and you may earn up to \$60 in gift cards for referring potential participants to the study.

FOR MORE INFORMATION, TO FIND OUT IF YOU ARE ELIGIBLE AND TO LEARN HOW TO GET INVOLVED
CALL OR TEXT US AT: 323-422-2913

Friends Community Center
1419 N. La Brea Avenue - Hollywood
Friends Community Center

A Division of Friends Research Institute, Inc.

A project of Friends Research Institute, funded by the Health Resources and Services Administration (HRSA).

The poster is pink and purple with illustrations of two women using mobile phones. It includes contact information for the Friends Community Center and details about a text-messaging intervention for transgender women living with HIV.

SMMT Initiative Sites

Functions, Platforms, Participants

Dallas Swendeman, Ph.D., MPH

Associate Professor in Psychiatry &

Biobehavioral Sciences at UCLA

TAP-in TA Provider

SMMT Intervention Functions

Function	Definition	Interventions (N=10)
Communication	Interactive communication between participants and services providers.	9
Education	Interacting teaching of information or content.	6
Information	One-way or “push” of content to inform participants (e.g., tips, referral resources)	9
Social support or social networking	Provides participants with opportunities to receive social support from care team members (e.g., case managers, linkage to care coordinators) and/or social networking with peers.	9

SMMT Intervention Functions

Function	Definition	Interventions (N=10)
Reminders - General	Reminders other than for HIV care appointments or HIV adherence (e.g., study follow-up assessments)	9
Reminders - Medical appointment	Appointment reminders for HIV medical care, delivered via the social media intervention tool (can be automated).	9
Reminders - Medication adherence	Antiretroviral medication reminders that can be automated, live, or both.	8
Self-track and Monitor Medical Information	Participants record and monitor medical information (e.g., viral load test, ART adherence, CD4 count) via the social media tools.	7

Demonstration Site SMMT Technology Platforms

Intervention	Demonstration site	Text messaging	Mobile apps	Social networking sites or app	Social media	Website
Wellness Web	Corpus Christi	All types*		✓	✓	✓
Text Me Girl	Los Angeles	Auto, unidirect		✓	✓	
SMARTEE	Chicago	Live, Auto, bidirect	adapted			✓
Positive Peers	Cleveland	Live, Auto, bidirect	new		✓	✓
YGetIt? / Tested	New York	All types	new	✓	✓	✓
OPT-IN FOR LIFE	Hershey	All types	adapted	✓	✓	✓
PC4H	Philadelphia	All types	new	✓	✓	✓
HealthNav	San Francisco	Live, bidirect	new	✓	✓	✓
weCare	Winston-Salem	Live, bidirect		✓	✓	
E-VOLUTION	St Louis, MO	All types	adapted		✓	

*All types = Automated, live, uni- and bi-directional

Demographic Profile of Participants

72% were young adults between the ages of 25-34.

- 28% were younger participants between the ages of 13-24.

77% were either Black/African American or Hispanic/Latino.

- 23% were other races/ethnicities

74% of participants identified as gay, lesbian, bisexual or queer.

- 23% identified as straight and 3% as other.

Goal: Improvement in HIV Health Outcomes

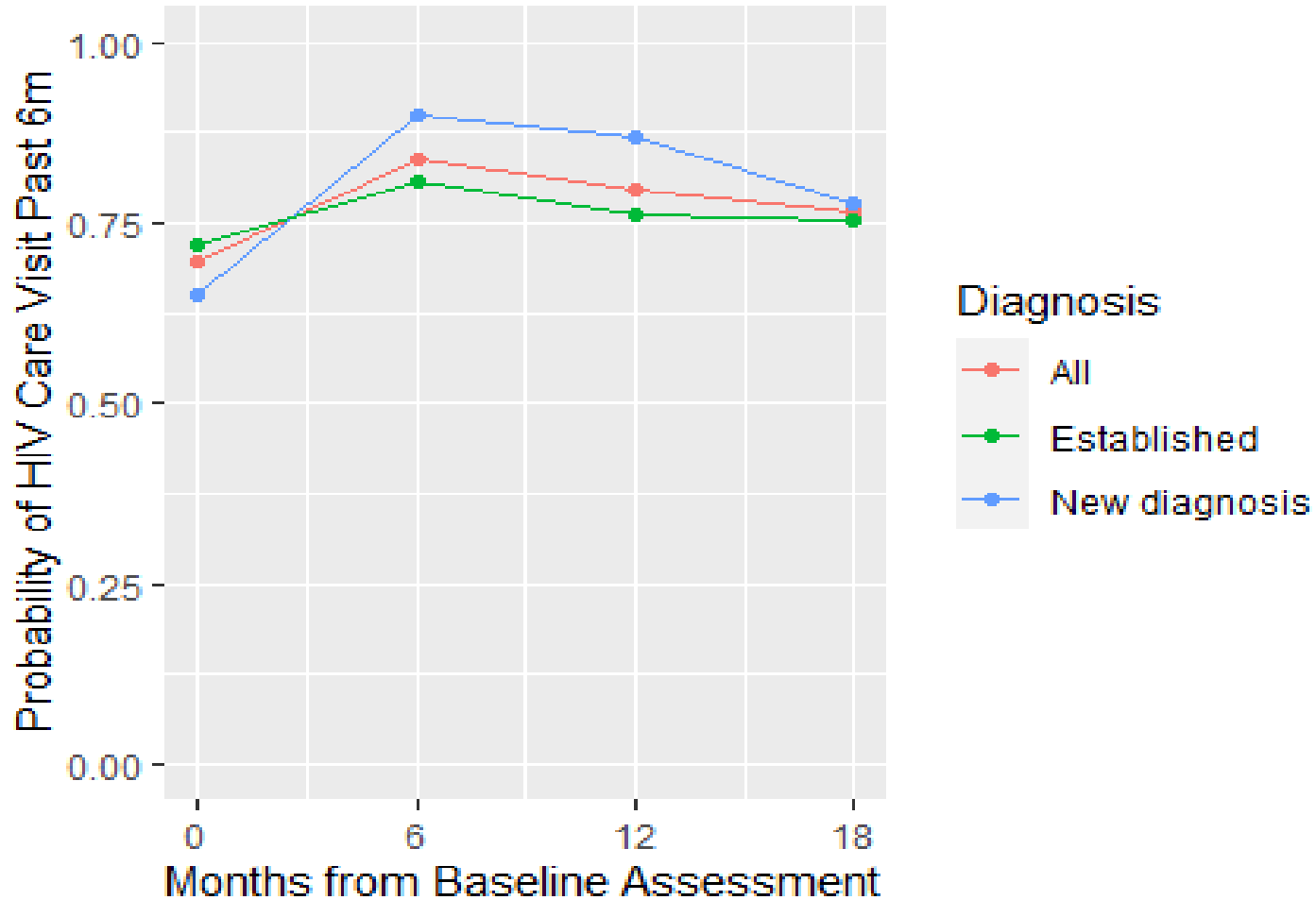
Medical chart data extraction

- Viral suppression (yes / no)

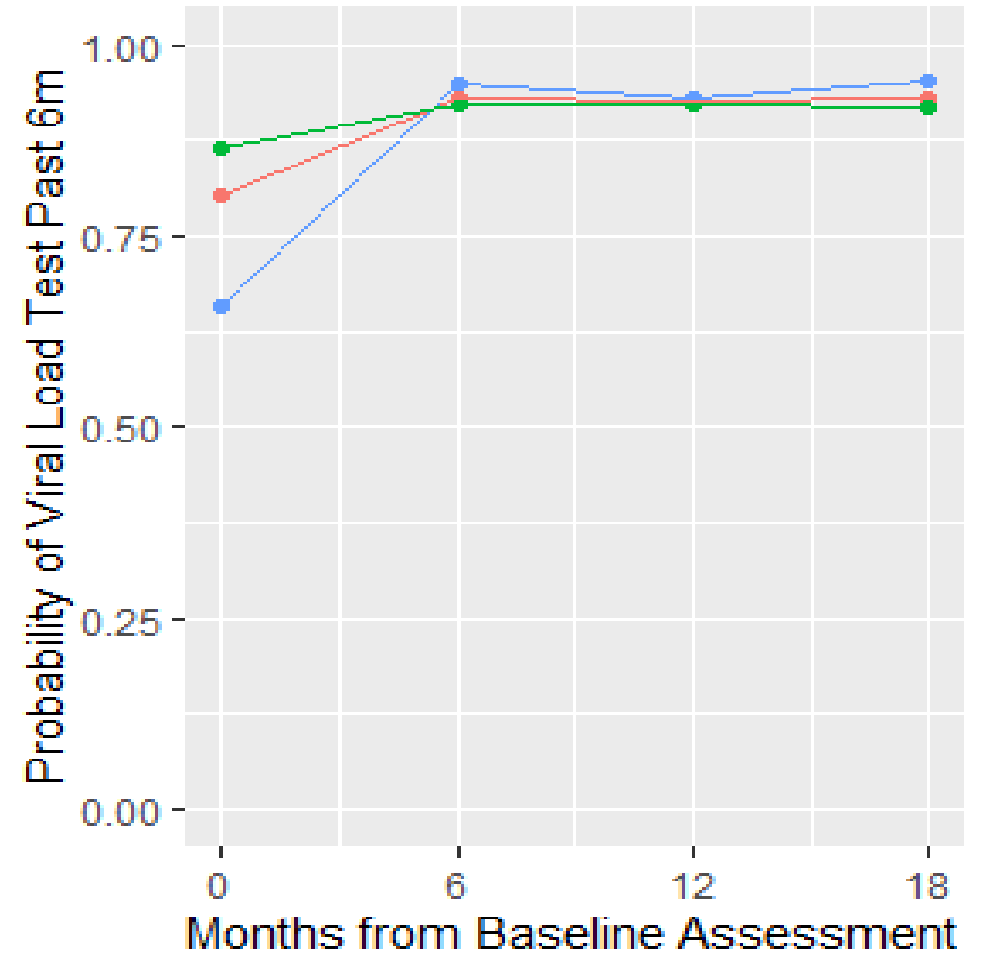
ACASI (self-reported) binary (yes / no) measures

- Medical visit for HIV care past six months
- Viral load test past six months
- Currently taking ART
- Adherence to ART
- Undetectable viral load (VL) based on last VL test

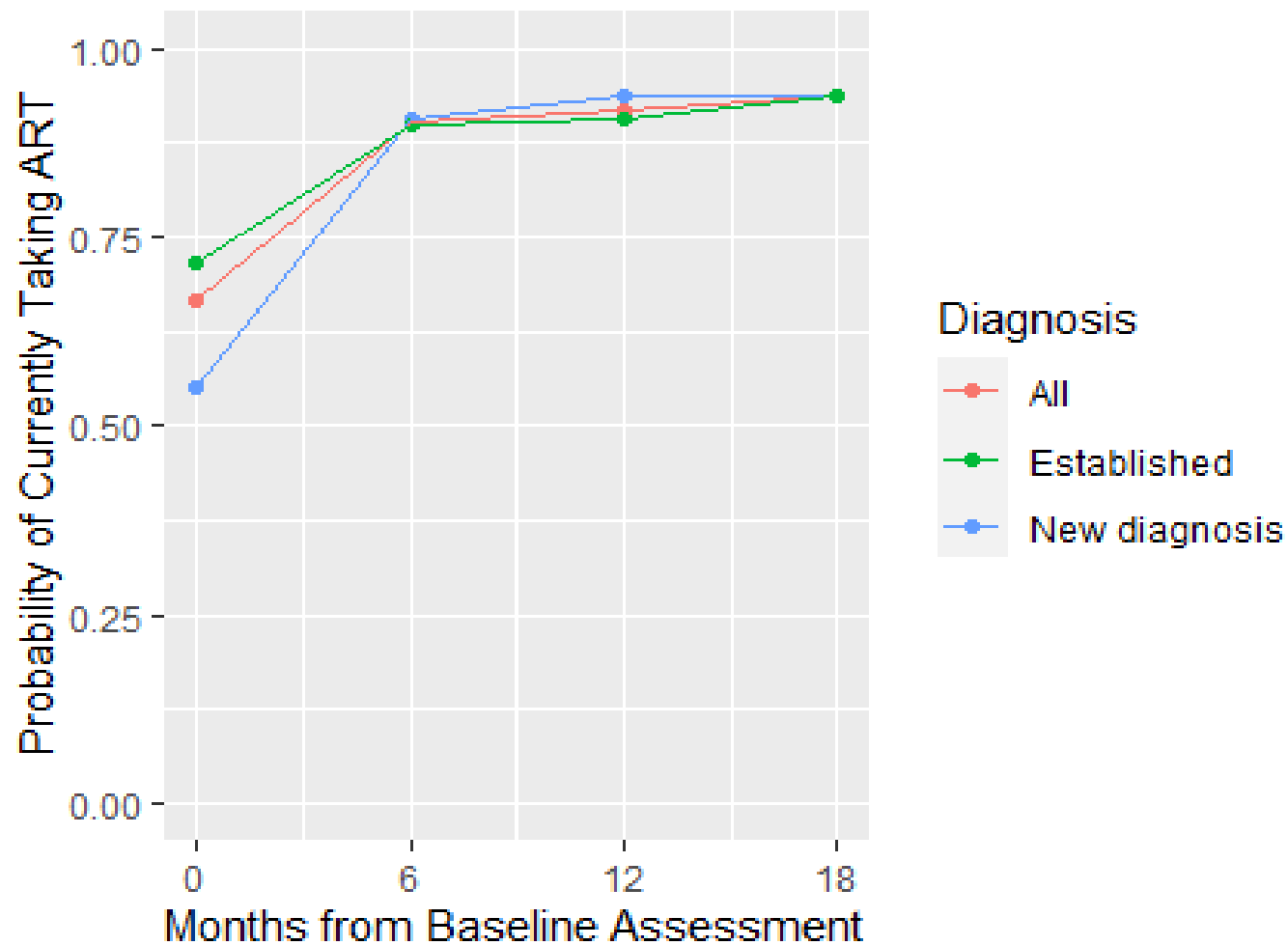
HIV Medical Visit: Past 6 Months



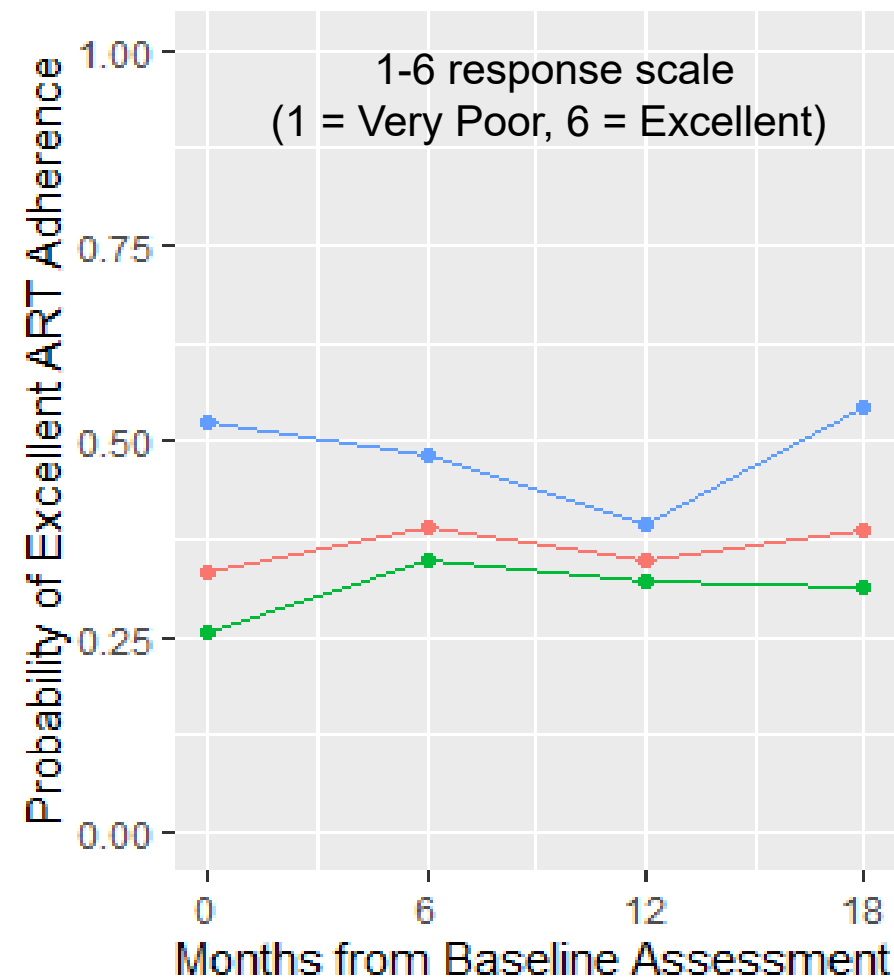
Viral Load Test: Past 6 Months



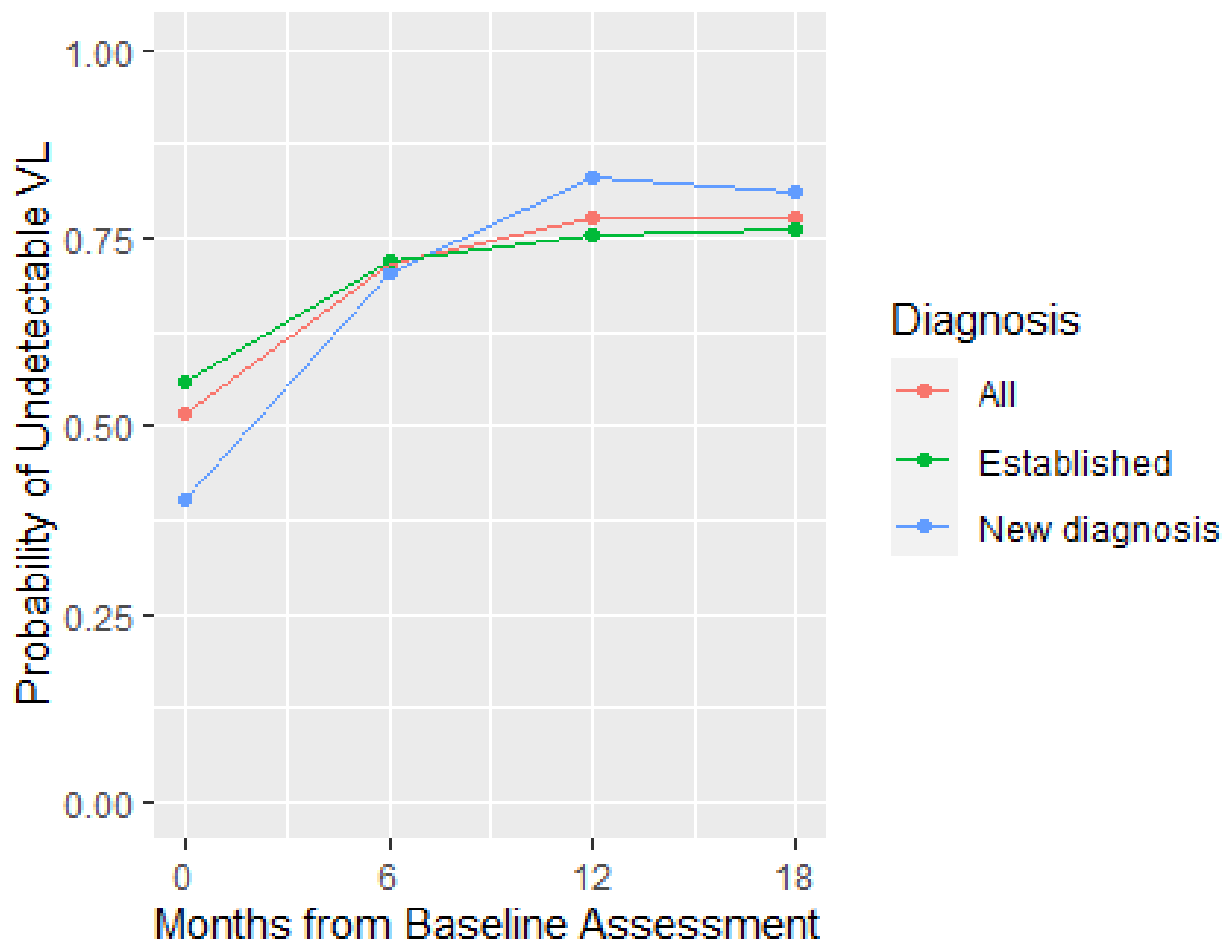
Currently Taking ART



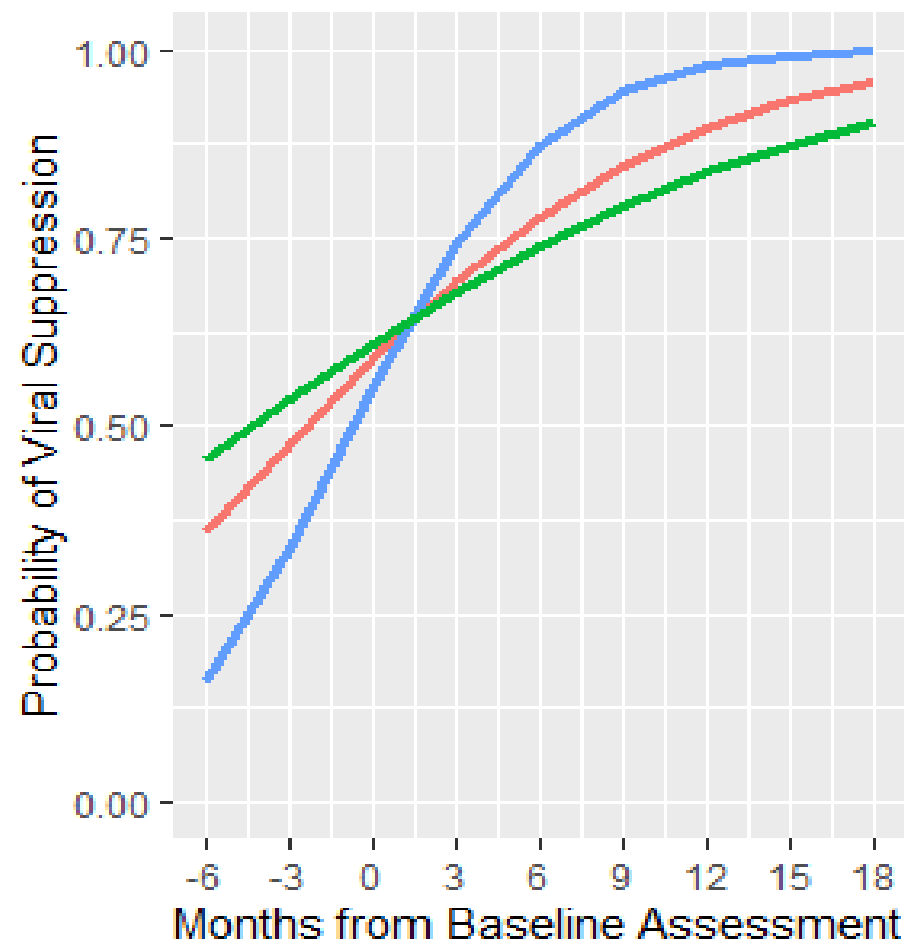
Adherence to ART



Undetectable on Last VL Test (Y vs N/DK)



Viral Suppression by Diagnosis Type



Take Away Message...

- Statistically significant improvements in HIV care continuum outcomes after baseline (and leveling off after 6 months)
 - **Most pronounced improvements for participants with new HIV diagnosis**
- Improvements visualized on following slides by plots of estimated mean outcome levels over time
 - **Estimates obtained from random effects logistic models**

Positive Peers

Jen McMillen Smith, LISW-S and Cederick Taylor

What is Positive Peers?

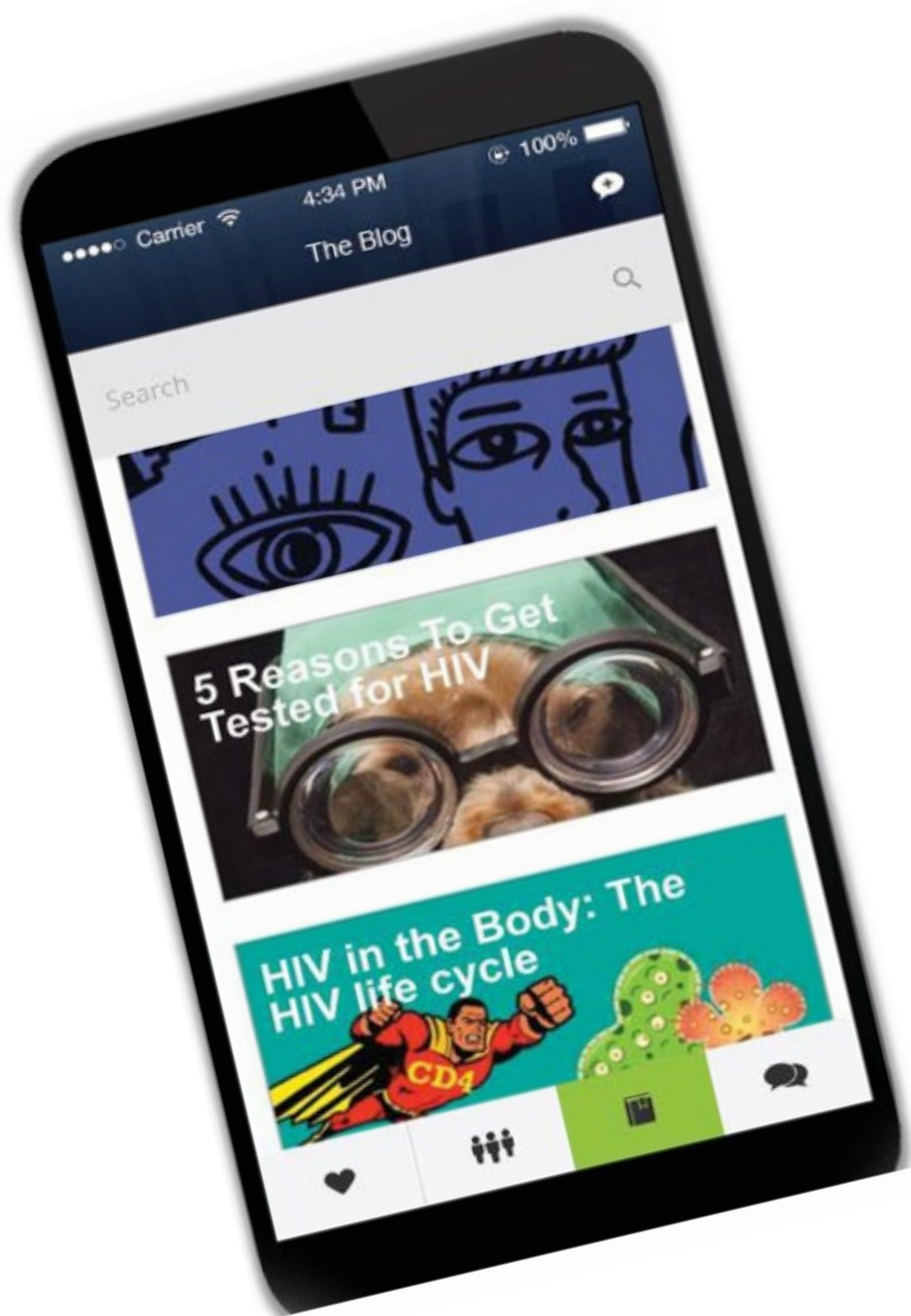
Positive Peers is an app, with companion social media & a website, that aims to engage young people in holistic HIV care within a private, stigma-free, supportive online community.



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

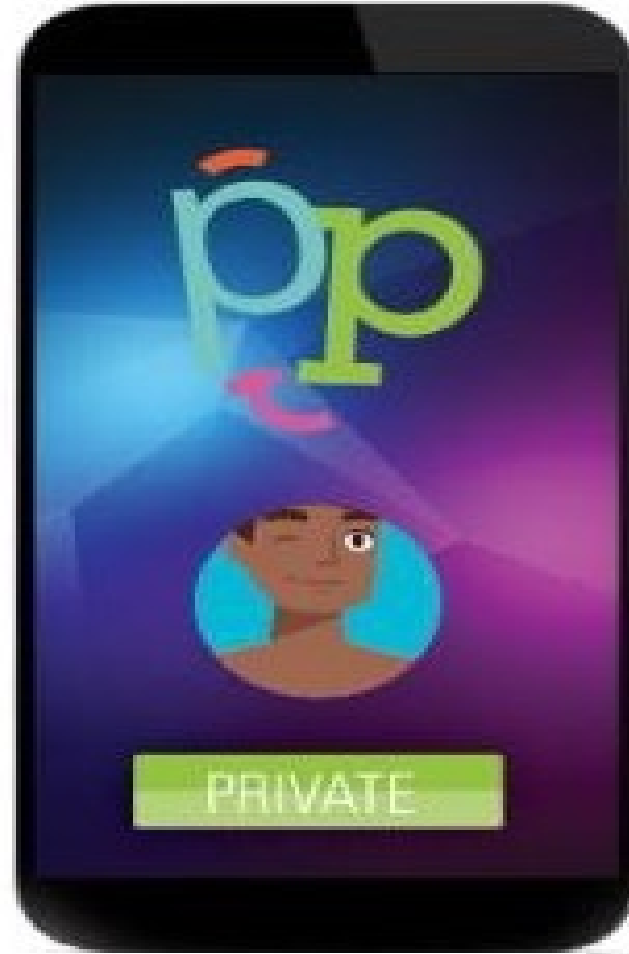
Positive Peers is made possible through a U.S. Department of Health and Human Services Health Resources and Services Administration, HIV/AIDS Bureau Special Projects of National Significance (SPNS) Grant to The MetroHealth System.



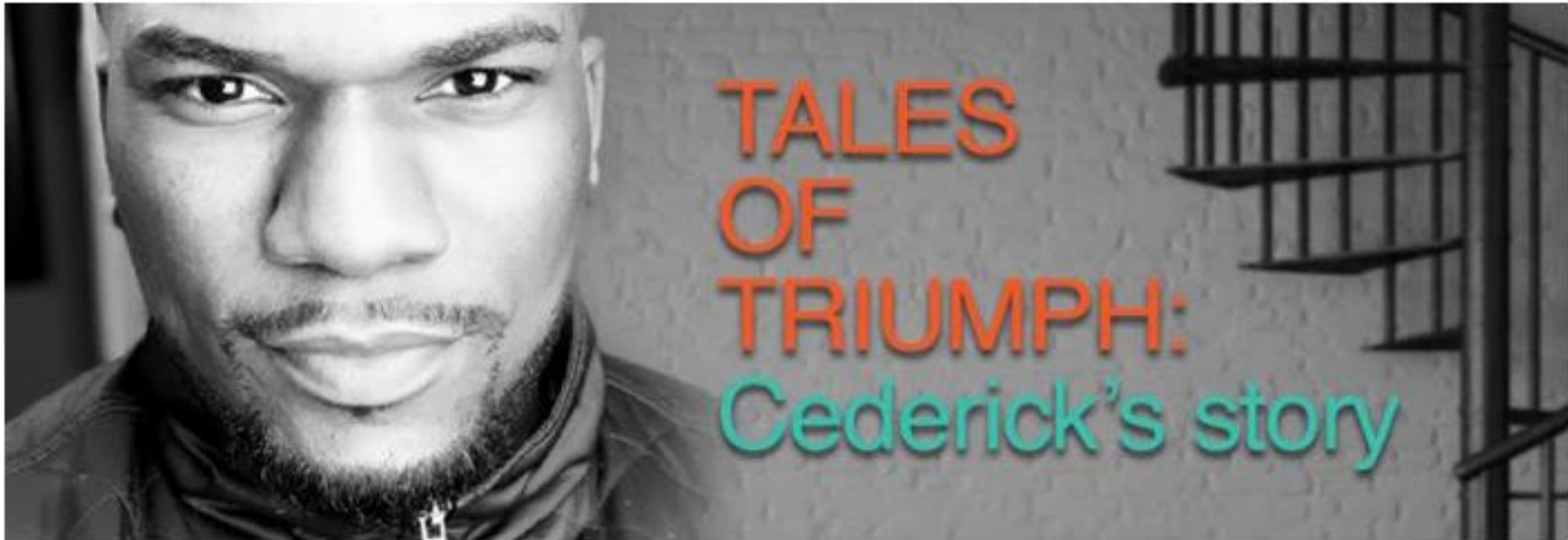


Positive Peers Provides

Accurate, easy-to-understand
HIV health and wellness
education information &
curated community resources.



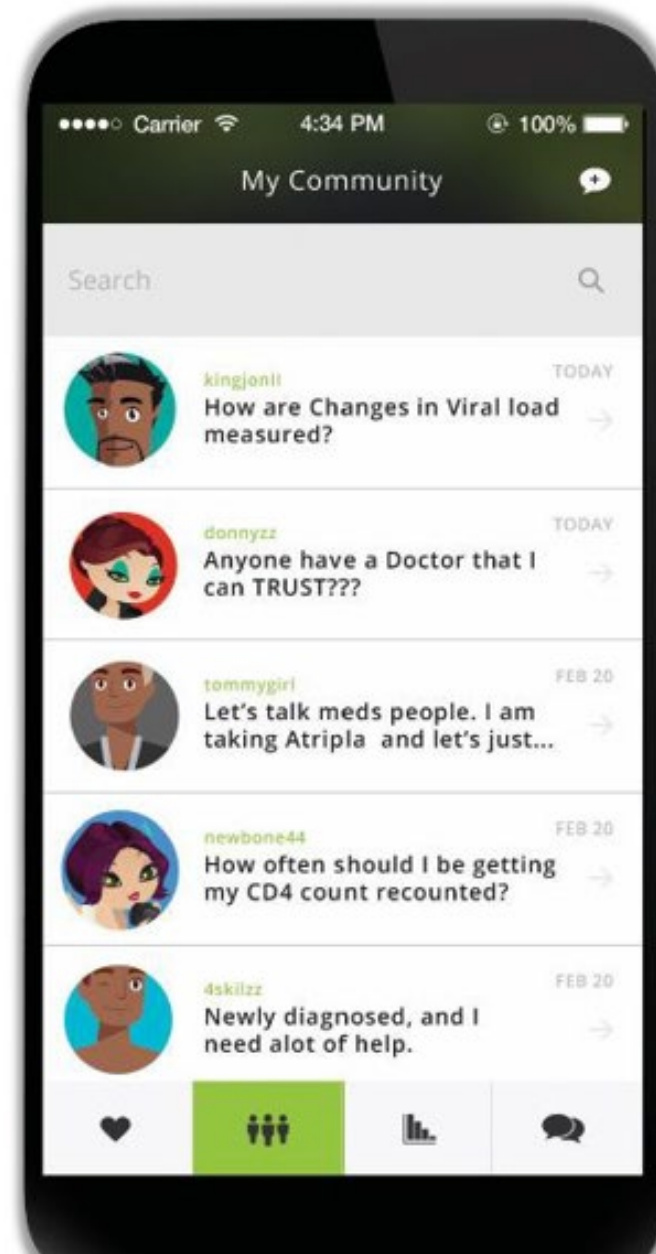
Tales of Triumph: Cederick's Story



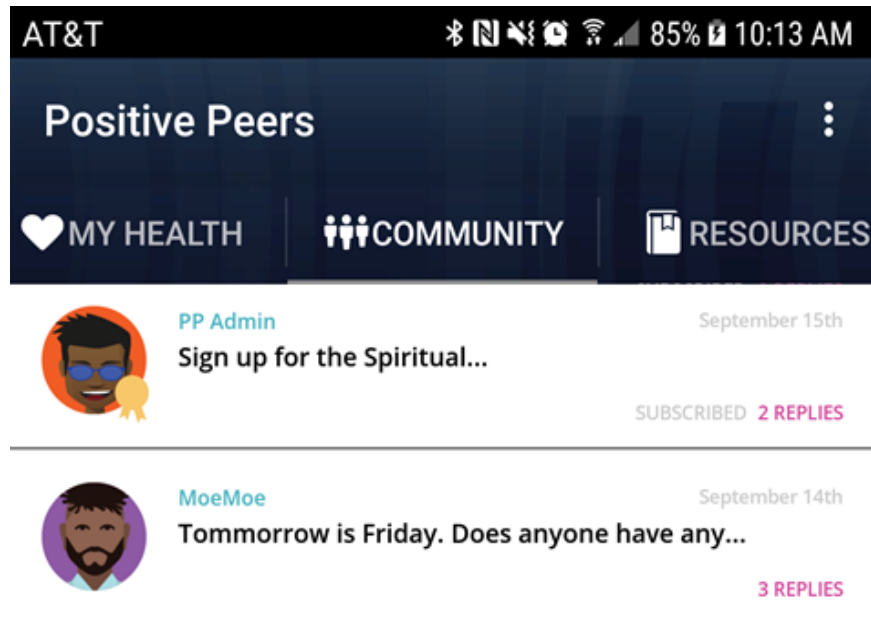
Cederick was 24-years old when he was diagnosed with HIV. He was feeling weird while visiting a friend in Florida. He wasn't eating well and thought it was due to the heat. Then,

Positive Peers Provides

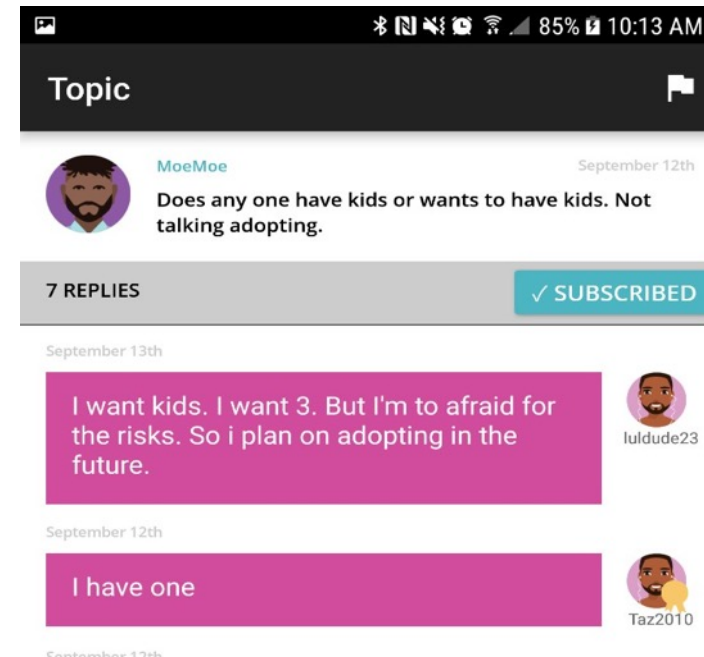
Social networking
in a community
conversation &
private chats



Positive Peers: My Community

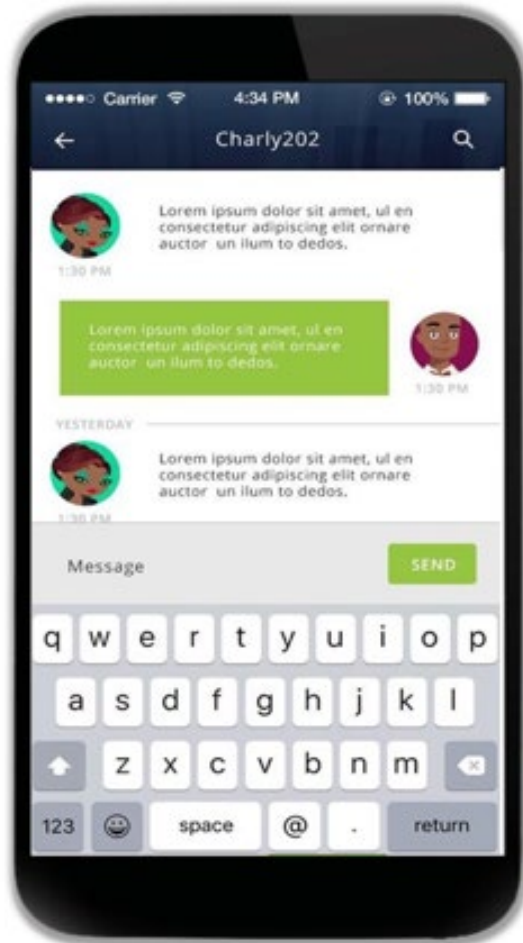


- Similar to posting on a Facebook wall
- Everyone shares one wall
- Everyone can see and reply to posts



- Can add in links to external or in-app content
- Can use emojis 😊 and GIFs
- Cannot upload and share pictures or videos

Positive Peers: Chat



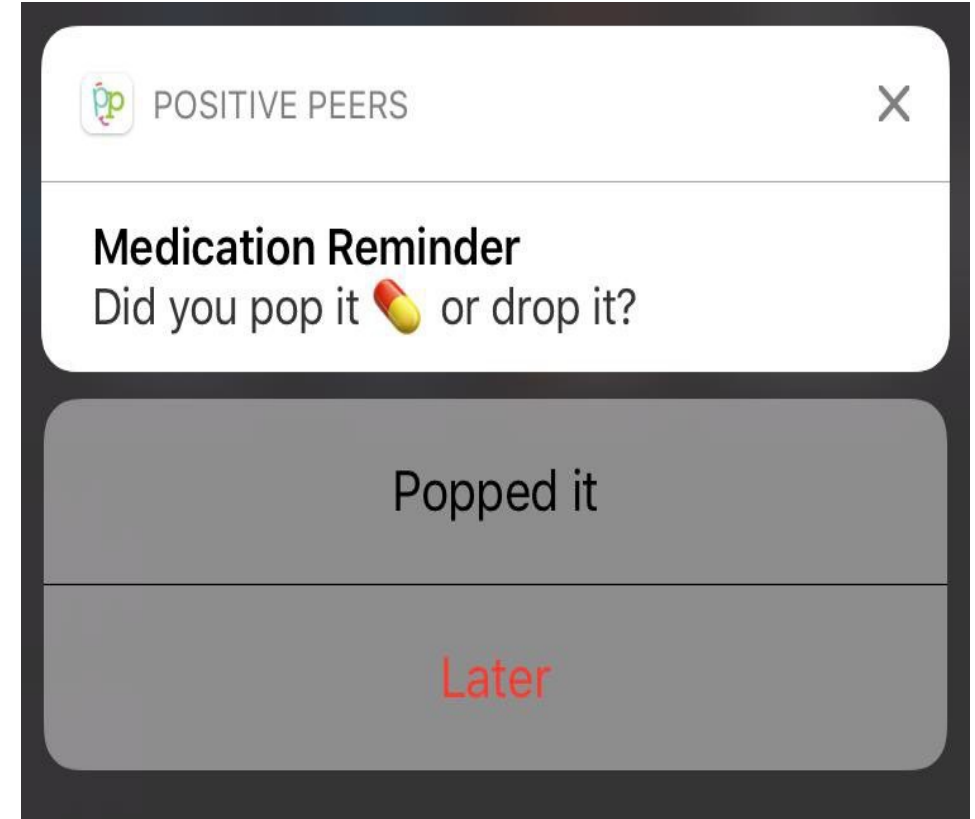
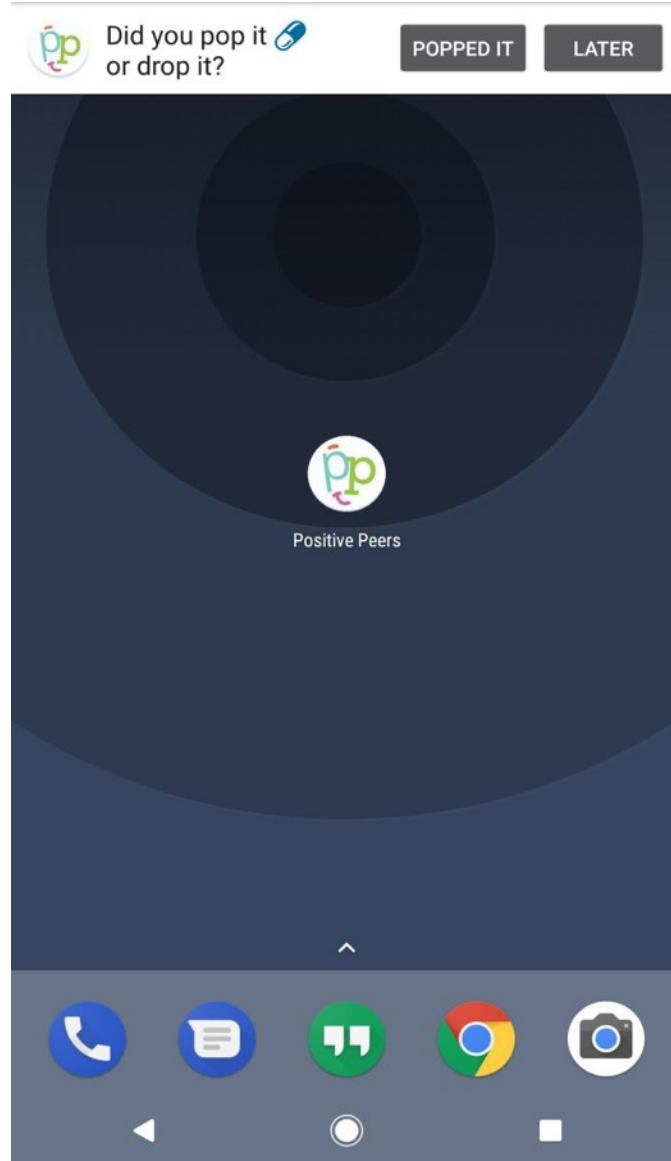
Direct Messaging

- Users can message one another
- Completely private
- Divided by age (13-17 vs 18-34)
- Admin is available on app for DM too
- Similar to Facebook Messenger

Positive Peers Provides

Health
management
tools

Interactive Med Notification!



TestFlight LTE 10:16 AM 92%

Wellness

U=U
Most recent lab results

VIRAL LOAD
0/mL

CD4 Count
0 cells/mm³

BODY 4/7
Take your medication

SMTWTFS

SPIRIT 0/2
Participate in the community

SMTWTFS

MIND 0/1
Learn something new

SMTWTFS

HomeWellnessCommunityResourcesChat

TestFlight LTE 10:16 AM 92%

BODY +1
You just earned a point!

S M T W T F S

U=U
Most recent lab results

VIRAL LOAD
0/mL

CD4 Count
0 cells/mm³

BODY 3/7
Take your medication

SMTWTFS

HomeWellnessCommunityResourcesChat

Positive Peers Provides

Free, nation-
wide, online
enrollment



Register for the Positive Peers App

Start your registration below to join the Positive Peers Community!

[SKIP DOWN TO REGISTRATION](#)



Getting started is simple, safe and discreet.

Let's start with a few simple questions.

Fields marked with an * are required

I am...

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

I have...

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

Don't worry!

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



I'm a MetroHealth patient

Great!

We can verify your information easily.

It should take you 10 minutes or less to register.

[CONTINUE REGISTRATION](#)



I'm getting HIV care somewhere else

No worries!

We just need 2 bits of information from you to get you registered.

[WHAT DO I NEED?](#)

If you aren't a MetroHealth patient, here's what we'll need:



0

Proof that you are a person living with HIV

Here are some ways you can do this. We only need one!

1. Take a pic of your med bottle, be sure we can see your name and the medicine name
2. Take a pic of your positive HIV test result
3. Send a copy of recent lab results which include t-cell count and viral load
4. Provide a letter from your healthcare provider

- Proof that you are between 13 and 34 years old



Fields marked with an * are required

1. Eligibility

2. Profile

3. Consent

4. Upload Document

5. User Guide

6. Release of Information

Eligibility

This section will confirm your eligibility to enroll in the app.

First Name *

Last Name *

Type of Birth *

Age *

Address *

City *

State *

Zip *

Positive

Peers

Provides

Published outcomes

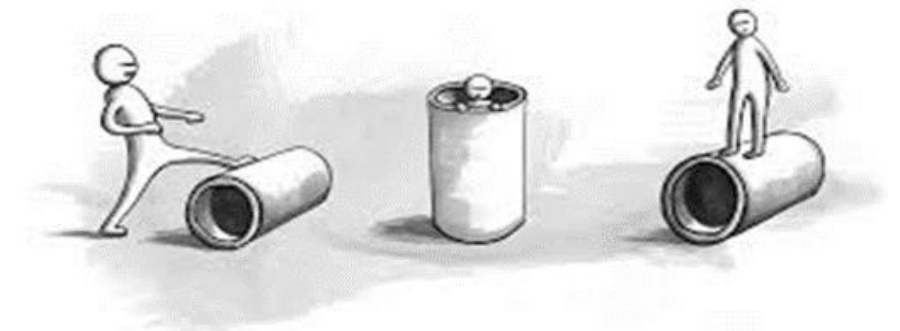
- Journal of Medical Internet Research (JMIR) Formative Health Promotion Practice
- (Viral suppression outcomes manuscript in final editing process)

Theoretical Model: Affordance Theory

Affordances refer to **features of user/technology interaction** that offer gratification of perceived needs.

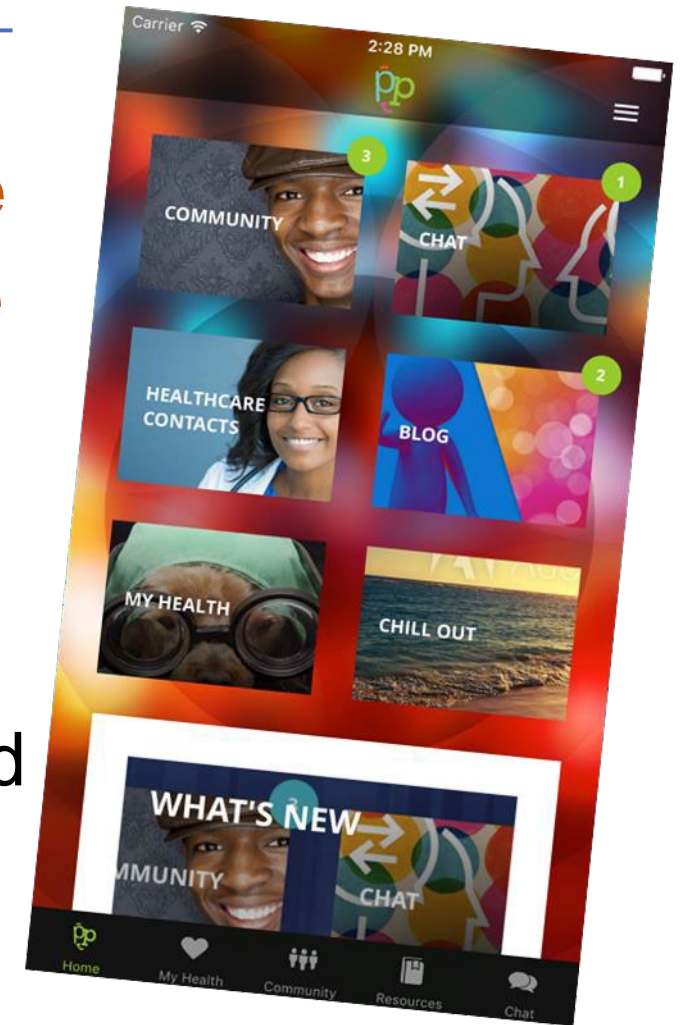
Affordances emerge from interaction with technologies (Leonardi, 2011).

- 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).



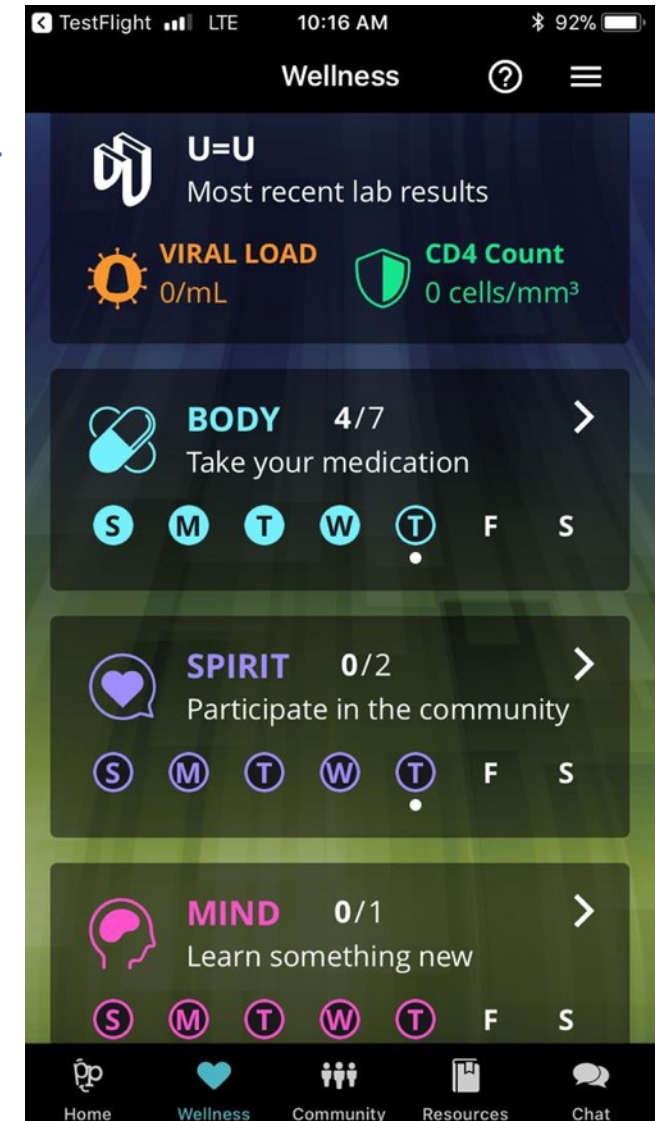
Positive Peers impacts viral suppression

- A retrospective matched cohort showed **Positive Peers users younger than 25 are 3.2 times more likely to sustain viral suppression** than non-users.
- Subsequent data analysis shows viral suppression effects remain for those who enrolled and had higher use of the app than those who enrolled and didn't use the app at all.



Positive Peers and Stigma

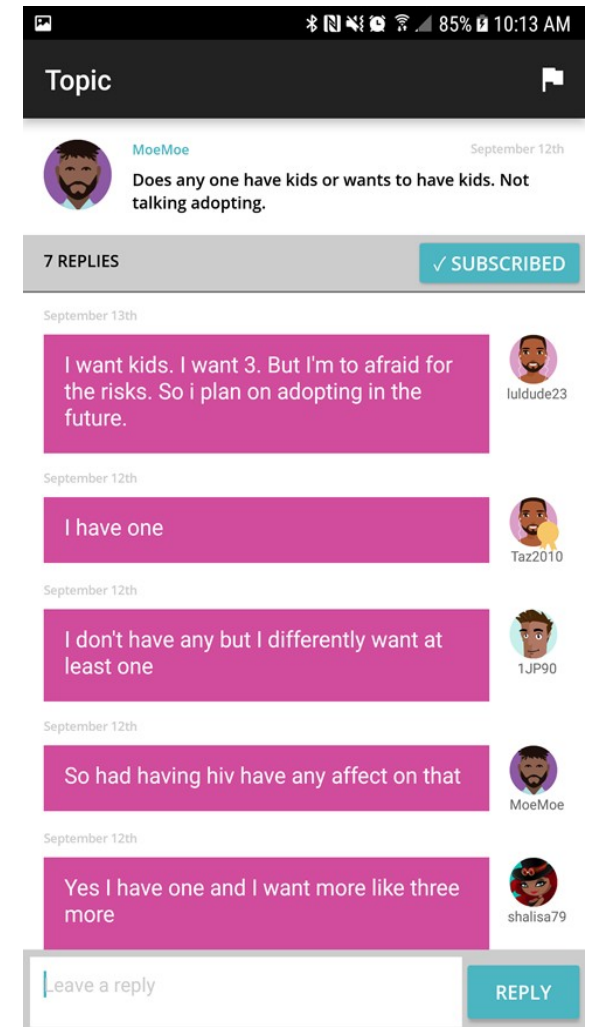
- Less overall, personal, disclosure, self image, & perceived public attitudes (PA) stigma reported by Black participants at baseline and over time
- Overall stigma and public attitudes stigma lessened for all over time points
- >25 YO reported less disclosure stigma over time (p=.06; p=.03)
- 30+ reported less PA stigma over time (p=.01)
- Trending inverse relationship for broad use app activity and disclosure stigma (p =.09)



Positive Peers creates interpersonal connections

Qualitative interview responses suggest **interpersonal connections** within this virtual community are important and users demonstrate a desire for building relationships through the app, even among some participants who log-in infrequently.

- *“It's important to just, regardless of how much you actually make the choice to use it, I think it's important to know it is there for that time when you really, really do need it.”*
- *“It taught me to accept that I have HIV and there's other people out there that have it and I can talk to the people in the app and they understand some of my questions and concerns.”*





Evidence-based.
People-proven.

Our community is
3.2x more likely to achieve
sustained viral suppression.

Become a Positive Peers Key Health Partner

Positive Peers is a private peer-led support app helping **end the epidemic** for the especially vulnerable populations of 13-34 year-olds and MSM of color.

Key Health Partner Benefits

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, and post additional success stories about your local YPLWH in Tales of Triumph.

Key Health Partner Benefits – cont.

Local, aggregate data

Get data about local YPLWH in areas such as substance abuse, self-efficacy, incarceration history, and stigma.

Promotional materials

Spread awareness of the app within your community with posters, marketing handouts, zip-chargers, and stickers we provide.

Give input on new features

Your local app users and healthcare professionals can join Cleveland's YPLWH Community Advisory Board to provide feedback and spark new ideas.

POSITIVE



PEERS



PI: Ann K Avery, MD
aavery@metrohealth.org



Director: Jen McMillen Smith, MSSA, LISW-S
jmsmith@metrohealth.org



Evaluator: Mary M. Step, PhD
mstep@kent.edu



Biostatistician: Steven Lewis, MPH
steven.lewis@case.edu



Patient Navigator & App Admin: Cederick Taylor
ctaylor3@metrohealth.org

Questions?

Thank you!



U=U

**UNDETECTABLE
=
UNTRANSMITTABLE**

POSITIVE PEERS 4 HIV CARES

“Undetectable = Untransmittable” isn’t something you keep to yourself. It’s something to shout from the rooftops!

What does it mean? It means that scientists are certain that if your viral load is undetectable and has been for six months or more (200 copies/ml or less), **you cannot pass on the virus to anyone else.**



YGetIt?

Mark Thompson, MPH & Beatrice Aladin, MD, MPA

The YGetIt? Project

New York State Department of Health AIDS Institute

Digital Health Initiative

The AIDS Institute's Digital Health Initiative develops, researches, and implements technology-based interventions to impact AIDS Institute healthcare goals. Since 2010, in conjunction with federal and other partners, the AIDS Institute's Digital Health Initiative has sponsored a range of activities for funded community organizations, clinicians, and AI staff, including conferences, workshops, presentations, strategic planning, and other initiatives.

WHAT WE DO:

- Deliver Evidence Based Presentations
- Provide Social Media Health and Technology Guidance
- Develop Planning Strategies
- Implement and Evaluate Digital Interventions

YGetIt? Overview

The New York State Department of Health AIDS Institute (NYS DOH AI) was one of ten demonstration sites awarded a HRSA SPNS Grant to create a social media intervention to engage HIV positive youth and young adults in the HIV care continuum. NYS DOH AI partnered with multiple stakeholders to create the YGetIt? Project. The primary aim of the YGetIt? Project was to facilitate the timely entry of young people (ages 18-34) into HIV care, the prevention of vulnerable youth from dropping out of care, and achievement of sustained viral load suppression among those in care. YGetIt? is comprised of a mobile application--developed in collaboration with Mt. Sinai App Lab—and Peer Engagement Education Professionals (PEEPs) placed Northwell Health's CART program.



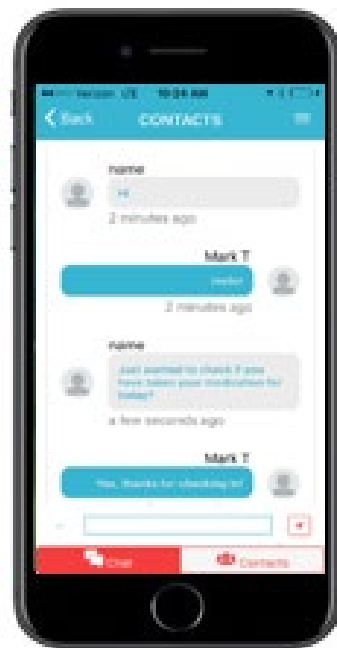


YGetIt? Overview

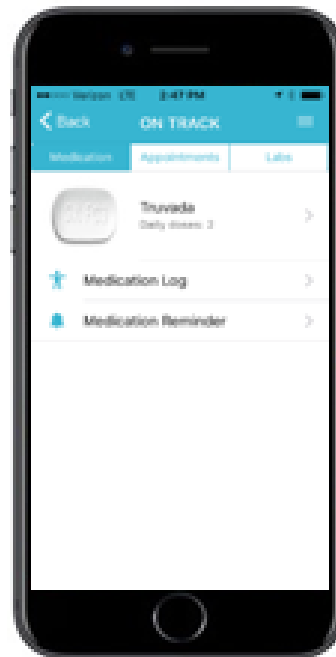
Security Confidentiality



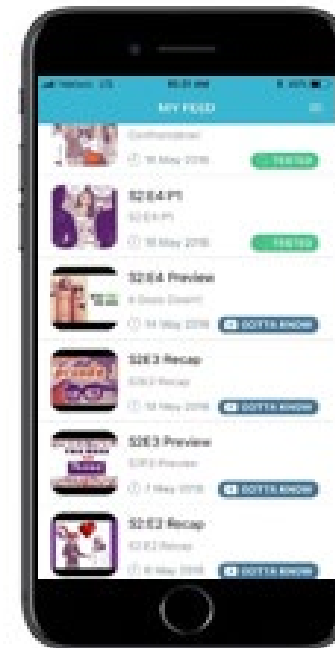
Messaging/ Human Connection



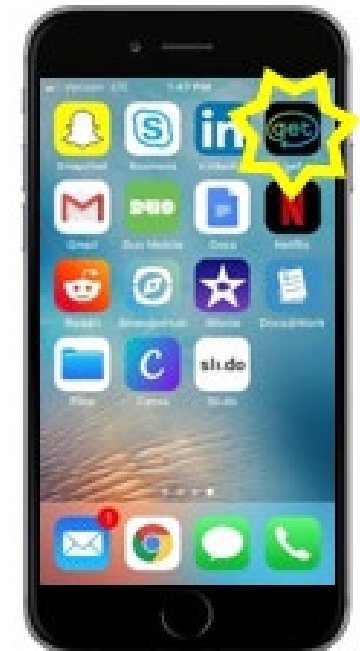
Track Medication/Labs Manage Appointments



Health Education Information

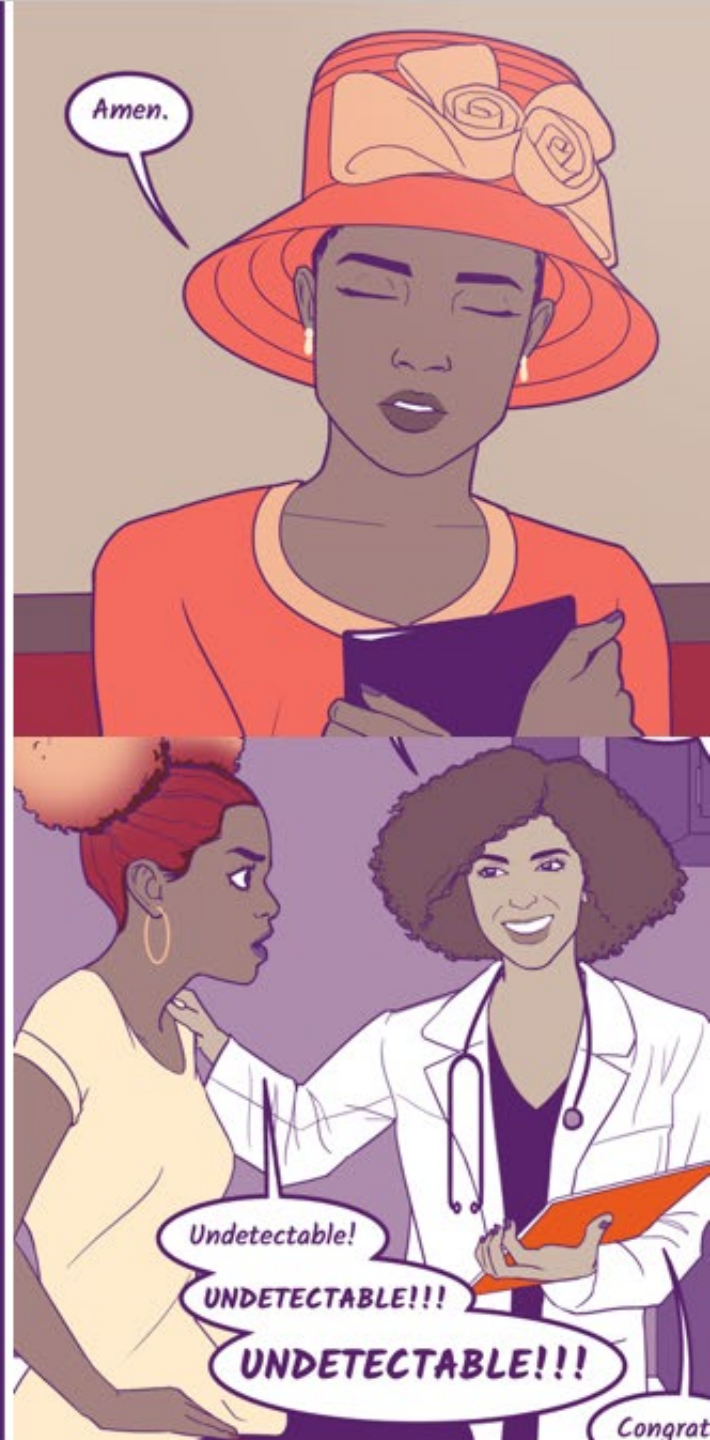


Inconspicuous Design



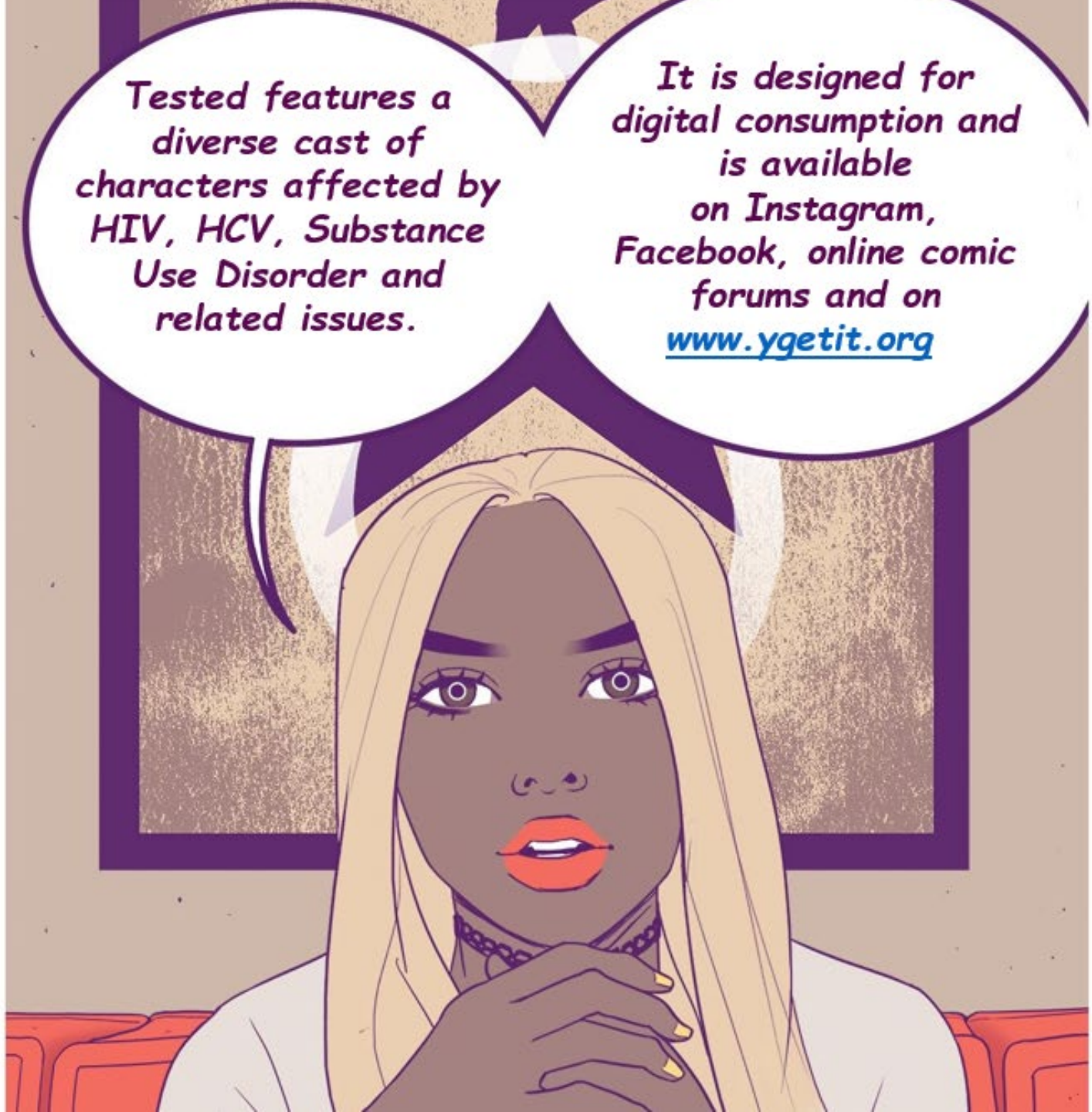


@YGetIt





What is it?



Tested features a diverse cast of characters affected by HIV, HCV, Substance Use Disorder and related issues.

It is designed for digital consumption and is available on Instagram, Facebook, online comic forums and on www.yqetit.org

Available on multiple platforms



www.ygetit.org



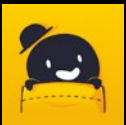
@ygetit



@ygetit



Search "Tested"



Search "Tested"



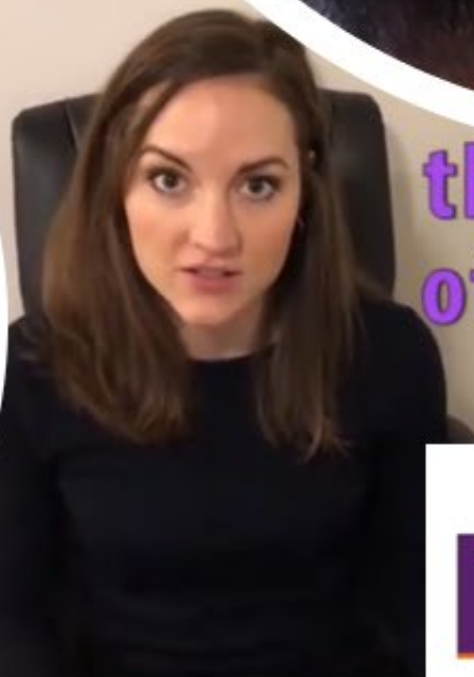


New York, New York



Posts

ygetit



the 4 types
of naloxone



Optic
Disorder

View Insights

@YGetIt presents

Tested



Tested ✓

Reach

Likes

75,000 +

Across all platforms

Comments

“This is my only series that I check on to make sure I didn’t miss an update. It has super important messages and a great realistic storyline. Thank you for this.”

Views

720,000+

Across all platforms

Tested: COVID-19 Special



The Digital Health Initiative created a series of short comic vignettes addressing various experiences related to COVID 19. Each comic links viewers to resources and information from credible sources (NYSDOH, CDC, etc.).

Tested: Pride Special



This series of short comic vignettes engages and educates viewers about COVID 19's on the LGBTQAI+ community. Each comic links viewers to resources and information from credible sources (NYSDOH, CDC, [etc.](#)).



Tested: Educational Model

Tested



Department
of Health

AIDS
Institute



Where

- Hamline University's Public Health Sciences Introduction to Public Health, St. Paul, MN

What

- Tested centered curriculum/module for undergraduate students

How

- Two-week module
- Key public health topics from a critical public health lens
- Supplemental readings + assignments
- Guest Speaker from community organization
- Multiple Q&A discussions with NYS DOH AI.

Website Relaunch

- Learn about GET! App
- Read and order *Tested* comic
- Get YGI? Newsletter
- View YGI? Publications
- Link to Resources
- Subscribe to our website

www.ygetit.org

YGetIt?

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The YGetIt? Project

LEARN MORE

Developed by the New York State
Department of Health AIDS Institute,
with funding from a Health Resources
& Services Administration Special
Projects of National Significance Grant

Questions?

Contact us:

YGETIT@Health.ny.gov

weCare

Amanda E. Tanner, PhD, MPH

weCare: An innovative social media intervention to improve HIV health outcomes for GBMSM and transgender women with HIV

Amanda E. Tanner, PhD, MPH

March 2021



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Research Team

- Scott D. Rhodes, PhD, MPH
- Lilli Mann-Jackson, MPH
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- Elias Arellano Hall
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- Danielle Horridge, BS
- Ben Smart, BS

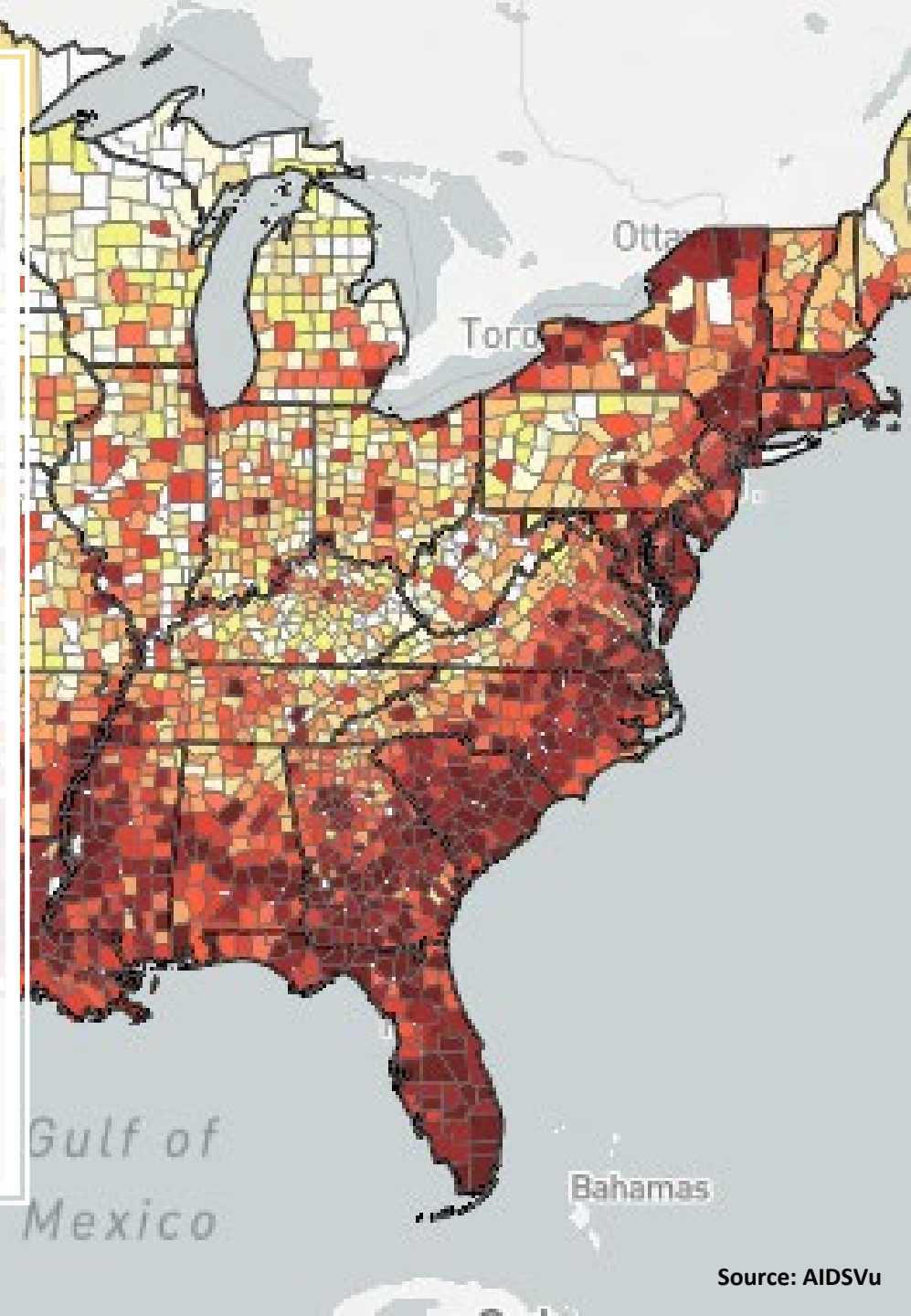
Funding Sources

- Department of Health and Human Services, Health Resources and Services Administration (HRSA)
 - HIV/AIDS Bureau's Special Projects of National Significance Program (H97HA28896)
- The Cone Health Foundation



Background

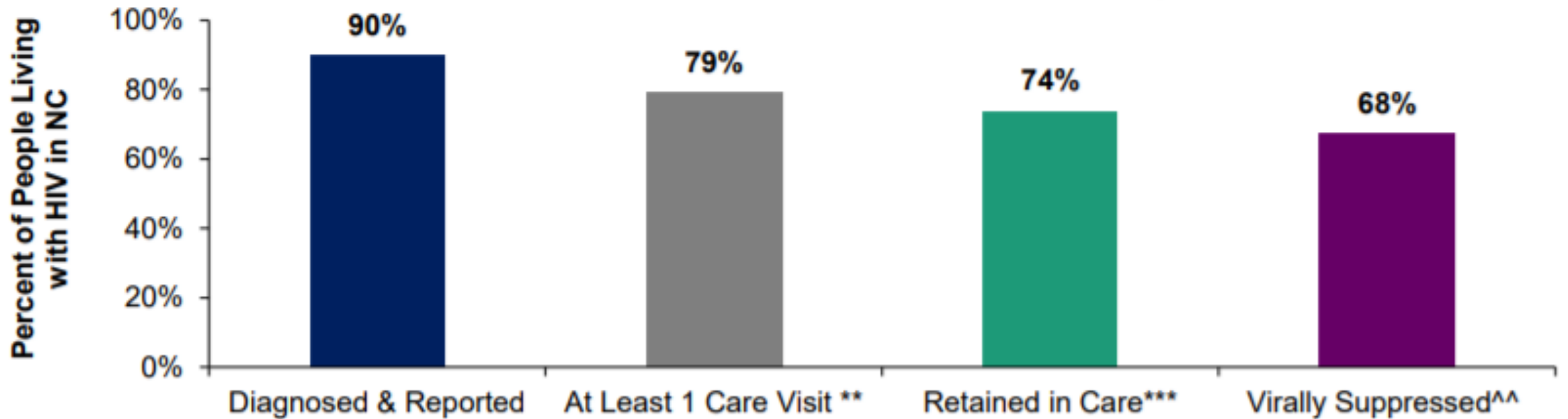
- US South is the new “HIV epicenter”
- Young racial/ethnic minority GBMSM (*gay, bisexual and other men who have sex with men*) & transgender women are highly affected by HIV
 - Poor outcomes across the HIV Care Continuum



HIV Care Outcomes in North Carolina, 2019

Most people receiving HIV care are virally suppressed. Some people living with HIV are not receiving regular care.

HIV Continuum of Care in North Carolina, 2019[^]



[^]People over the age of 13 diagnosed with HIV in NC through 2019 and living in NC at the end of 2019. Data are preliminary and is subject to change (does not include 2019 vital statistics information).

^{**}At least 1 indicator of care (lab, Medicaid claim, or ARV dispense) in 2019.

^{***}Retained in care is defined as having 2 or more indicators of care (lab, Medicaid claim, or ARV dispense) at least 90 days apart OR virally suppressed in 2019.

^{^^}Virally suppressed is defined as the last viral load in 2019 with a value of <200 copies/ml.



weCare overview

- An innovative, bilingual intervention designed to improve **care engagement** and **health outcomes**
 - Among underserved, underinsured, and hard-to-reach, racially and ethnically diverse GBMSM and transgender women, ages 16-34, living with HIV
- Implemented by **cyberhealth educators**
- It harnesses established social media platforms that GBMSM and transgender women commonly use, including
 - Texting
 - Facebook
 - GPS-based mobile applications (“apps”)
 - A4A/Radar, badoo, Grindr, Jack’d, & SCRUFF

Social cognitive and empowerment theories

Tanner AE, Song EY, Mann-Jackson L, Alonzo J, Schafer KR, Ware S, Garcia JM, Arellano Hall E, Bell JC, Van Dam CN, Rhodes SD. *AIDS Patient Care STDS*. 2018;32(11):450-458

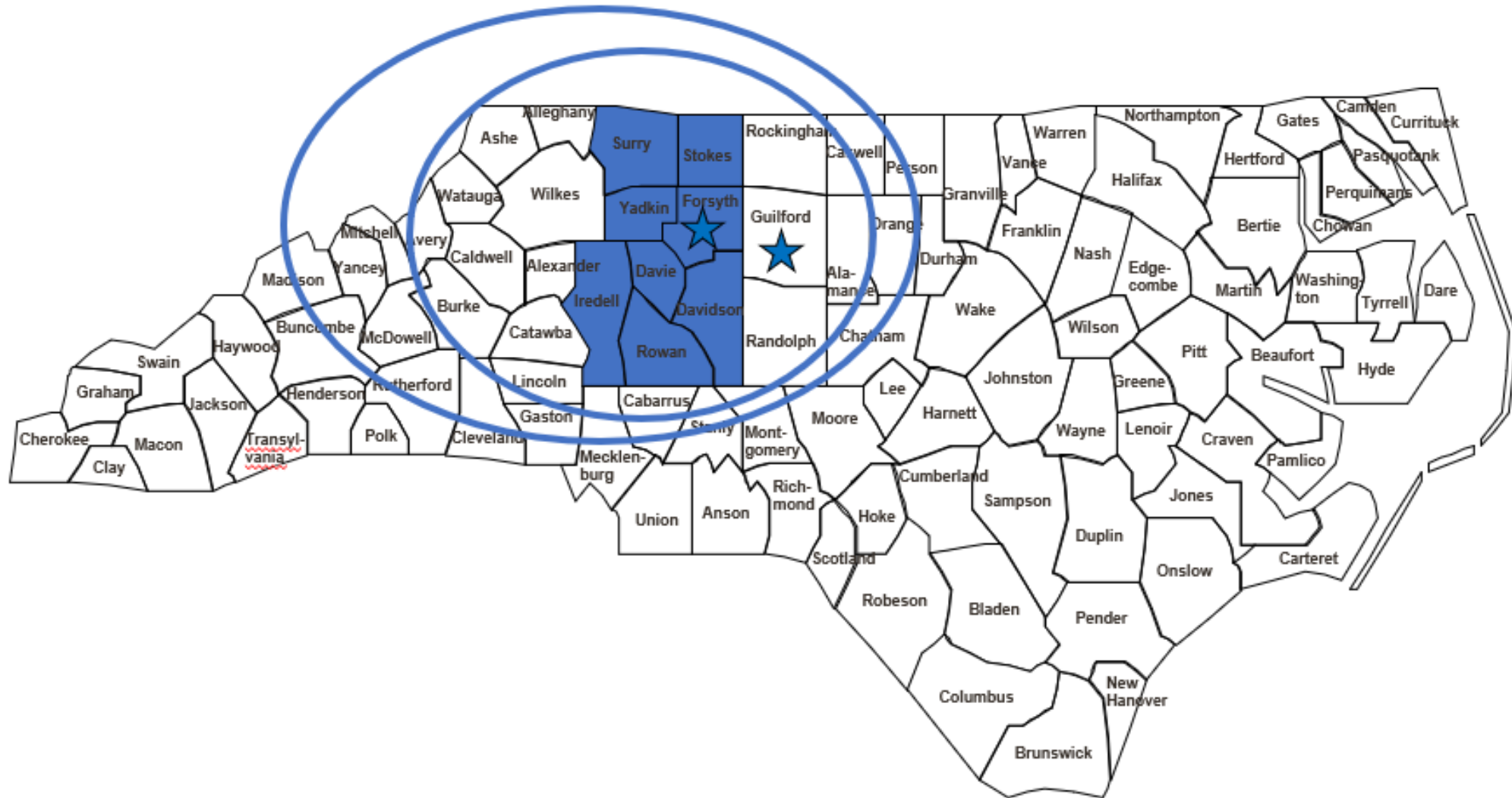


TABLE 1. THEORY, ENGAGEMENT, AND CYBERHEALTH EDUCATOR-INITIATED ABBREVIATED SAMPLE MESSAGES

Theory	Construct	Linkage and retention			Retention			Linkage and retention		Retention
		Enrollment	Check-in	Following up on previous conversation	Missed appointment	Prescription reminder	Medication adherence	Overcoming barriers	Appointment reminder	
SCT	Information	Hi, we will use this <i>(social media platform)</i> to stay in touch. Is that still ok with u?	Remember, U can rely on me 4 help! That's what I m here 4! Do U need any info?	Do u have any more questions 4 me? I m here 4 u!	I think u missed ur appointment 2 day. Do u need the scheduler's phone #?	ur prescriptions r ready 2 pick up 2 day. Let me know when u have picked them up, ok?	It's important 2 take meds as directed to make sure they are the most effective.	U know that ur case manager can help you with housing and food, right?	Hi, did u have a good weekend? Don't 4get ur appointment 2morrow at 3PM. U gonna be there?	Is great that u r helping ur friends. Our friends often need the same info that we once needed.
SCT	Outcome expectancies	What is important to u? Reduced VL? U=U? we can get U closer to what u want.	How is it going today? What is important to U? UR health? Reduced VL? U=U?	Hi, how are u? Last time we talked u wanted to make ur appt & u did. Congrats! What does that mean to u?	I m sad that u missed ur appt. How can I get u back here?	Get your meds 2gether for this week, so u can slay! U hear?	U=U, u need to take meds as directed, without fail. How can I help u meet ur goal?	When a case manager starts working with you, it will be easier to connect you with services u want & need	ur doctor can help u meet ur goals, if u make it 2 ur appointment	How do u feel about today? Do you feel like u met ur objective? I am proud of ur progress.
SCT	Self-efficacy	I feel confident that u & I can work well together, don't u?	u have had a lot of success <i>(add example here)</i> . u should feel good about ur next step. Do you think u'll be able 2 <i>(next step here)</i> ?	Anything u want 2 talk more about? <i>(Triggers about health, successes, challenges)</i>	Hey, we missed u 2 day. We need to get you back n soon. I no u can do it. What do u need to feel u can?	U were able 2 get 2 your appt successfully, now u can get 2 the pharmacy. Do u think u'll b successful?	U have been so successful managing. U can do this too, don't u think so too?	U have been so successful managing, & while it won't be easy, u can overcome this barrier too, don't u think so too?	U made it 2 ur appt last time. Do u feel confident about making 2morrow's appt?	One more success that should help u feel more confident about managing ur health, right?
SCT	Direct experience	I am glad we were able to talk today. U took the first step for ur health & that is awesome. Let's build on this success!	Anything u want 2 work on? <i>(Triggers about health, successes, challenges)</i>	Sometimes I take ongoing communication for guys like u 2 feel comfortable asking 4 help. How do u feel about it?	Last time u missed an appt, u called & got a new appt. Will u do that again?	Think of what u have overcome <i>(example)</i> how can u use those experiences to overcome this challenge?	Think of what u have overcome <i>(example)</i> how can u use those experiences to overcome take the meds as directed.	It was great that u made it 2 the clinic again. I am glad they were able to connect you with services that u needed	How was it 2day? Why do u think the visit went so well?	U did it! How do u feel?
SCT	Vicarious learning	I know it is scary 2 think about, but lots of guys just like u were scared but used this program so pat urself on the back 4 being like them and taking care of yourself	Some guys like me to check n with them 2 help out. Anything I can do 4 u?	Sometimes it takes ongoing communication for people 2 feel comfortable asking 4 help. Do u need any help around <i>(e.g., making appt, getting meds)</i> ?	Let's get ur missed appt rescheduled. Most people feel better when they get back int 2 a routine	Some people put their meds in different bottles so that no one knows that it is these meds. Does that sound like something u could do?	Try this app: Care4today, is free and helpful, and some people find it useful. Others find pillboxes make it easier to remember their meds. Let me know what u'll try, ok?	For some it is helpful 2 go 2 a support group; there is one every other Friday. Would you be interested? I know a couple people who go & they say they get a lot out of it. What do u think?	Sometimes people miss their appointments and then are less healthy. I don't want u to be one of them!	All the other people I talk to say that staying n care helps them stay healthy, & talking 2 me helps them 2!

(continued)

Clinical Catchment Area



Study Design

- Randomized into weCare or intervention control (usual care) condition
- Outcomes: care linkage, retention, & viral suppression
 - **Increase** number of participants attending a routine HIV medical care visit within 3 months of HIV diagnosis
 - **Increase** number of participants attending at least one HIV medical care visit in each 6-month period within the 24-month f/u period
 - **Increase** the number of participants with a viral load of <200 copies/mL at last test
- Data sources
 - **ACASI**
 - Baseline, 6-, 12-, & 18-month f/u
 - **Interviews**
 - Stories of Success
 - Stories for Learning
 - **Electronic health records**
 - Clinic appointment attendance
 - Viral load

Sample

N=198

- Intervention-control (usual care) group design
- Randomization
 - Intervention: n=100
 - Usual care: n=98

6-month follow-up:

- n=181 (**91%**); I=89, UC=92

12-month follow-up:

- n=164 (**83%**); I=80, UC=84

18-month follow-up:

- n=169 (**85%**); I=82, UC=87

Characteristics, self-id	n (%)
Age	Mean: 26
Race	
American Indian/AK Native	2 (1.0)
Asian	3 (1.5)
Black/African American	136 (68.7)
White	31 (15.7)
Multiracial	23 (11.6)
Other	3 (1.5)
Ethnicity	
Latinx	25 (12.6)
Gender identity	
Cisgender male	186 (93.9)
Transgender	10 (5.1)
Other	2 (1.0)
Sexual orientation	
Straight	6 (3.0)
Gay	147 (74.2)
Bisexual	37 (18.7)
Other	8 (4.0)

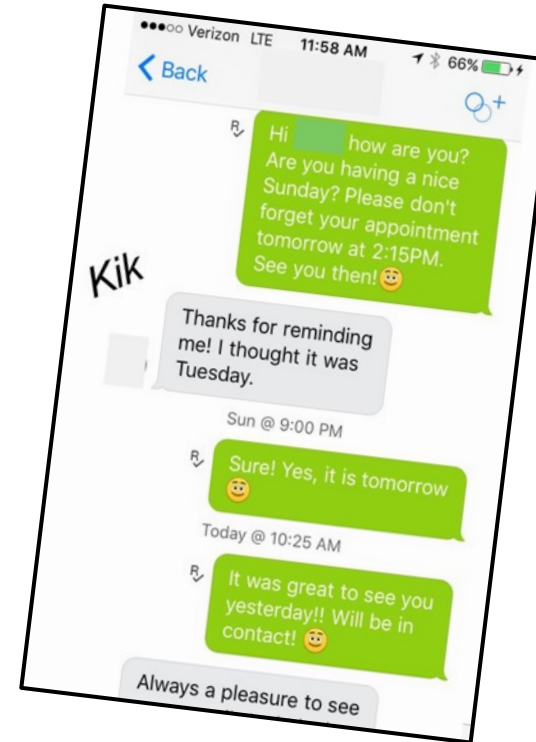


Implementation

Topics covered

- Check-ins
- Appointment reminders
- Missed appointments
- Prescription/adherence reminders
- Problem-solving/overcoming barriers
- Other information/help
 - e.g., referrals to other agencies
- Greetings, celebrations...social support

Personalized to the participant!



Results

Preliminary findings promising

- Reduced missed appointments
- Increased viral suppression
- CDC Compendium of Evidence-Based Interventions & Best Practices for HIV Prevention
 - https://www.cdc.gov/hiv/pdf/research/interventionresearch/compendium/lrc/cdc-hiv-weCare_LRC_EI_Retention.pdf

Final analyses ongoing

COMPENDIUM OF EVIDENCE-BASED INTERVENTIONS AND BEST PRACTICES FOR HIV PREVENTION

weCARE SOCIAL MEDIA INTERVENTION

Evidence-Informed for Retention in HIV Care
Evidence-Informed for Viral Suppression

INTERVENTION DESCRIPTION

Goals of Intervention

- Improve retention in HIV care
- Increase viral suppression

Target Population

- Hard-to-reach racially and ethnically diverse young men who have sex with men (MSM) and transgender women living with HIV

Brief Description

weCare is a social media individual-level intervention. Cyberhealth educators use a combination of social media platforms (i.e., Facebook, texting, and GPS-based mobile apps, such as A4A/Radar, badoo, Grindr, Jack'd, and SCRUFF) to communicate theory-informed messages specific to each participant's place on the HIV care continuum. Messages are tailored to the specific context of the participant (e.g., age, time since diagnosis, and/or specific challenges with care) to assist in addressing each participant's unique needs (e.g., medical appointment attendance, provider communication, family challenges, navigating healthcare coverage, and other sexual health education such as PrEP information for participants' sex partners). Cyberhealth educators often ended messages in a question to ensure a two-way conversation and used emojis when appropriate to convey feelings within messages. Participants also initiate conversations as needed or desired.



Qualitative Findings: Lessons Learned

The value of using existing social media platforms

- More commonly used communication strategy

"I know, if anything, I'll always have Facebook. There are times when I won't be able to pay my phone bill, and I've had three different numbers since I've met [CHE], so Facebook is the best way for me."

Cyberhealth educators as “real” people

"It's different coming from...somebody of my race, because I can connect with him more."



Qualitative Findings: Lessons Learned

Supportive clinical infrastructure

"I just think it's an awesome program...It's been a great addition to what we have here in the clinic. When we talk about wraparound services...I think this has been one of the best things we've done probably in about five years for our patients. So, we love it!"

Bidirectional and not automated messages

"A computer's not a person that cares...[A cyberhealth educator] is a person that cares!"



Qualitative Findings: Lessons Learned

The importance of a personal relationship to guide interactions

“I don't know if he knew, but some days he texted me, I was going through some things. So just having that person to text and check-up was real big. It was real helpful.”

Value of meeting cyberhealth educator in-person for relationship building

“From a human standpoint it is so great for you to really connect with somebody face-to-face instead of somebody you have never seen before or don't know, because you're like, ‘Who the heck is this person and why are you asking me these questions?’ You know? So, it's great that I actually get to put a face to the [messages].”

Cyberhealth educators identify and address unique needs and priorities based on participants' place on the HIV care continuum and individual disease trajectory

Social Determinants of Health (e.g., transportation, food and job insecurity, and housing)



Recommendations

- **Potential adaptations**

- Tailoring frequency of social media communication more to participants' needs
- Offering informational and instrumental support for non-HIV-related appointments
- Ensuring content appeals to non-gay-identifying participants

- **Expanding the intervention**

- Using a broader array of social media platforms (e.g., Instagram)
- Introducing an anonymous interactive peer-to-peer social component (e.g., GroupMe)

Tanner AE, Mann-Jackson L, Song EY, Alonzo J, Schafer KR, Ware S, Horridge DN, Garcia M, Bell J, Arellano Hall E, Baker LS, Rhodes SD.
Health Promotion Practice, 2020;21(5):755-763.



Conclusions



- Not every participant “needs” same amount of support/help
 - ***Targeted, tailored, & personalized!***
- Social media is an important health promotion tool
 - Within clinical policies
 - Individual-level & community-level
 - Useful for reducing COVID-related exposure
- Increasing our toolbox for HIV care & prevention
 - Potential to be used for HIV prevention
 - *wePrEPare*: PrEP navigation
 - *weCare* can be adapted to future platforms
 - HIV/HCV/STI prevention and care linkage



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Conclusions

- The HRSA/SPNS SMMT interventions show promise in improving the HIV health outcomes of youth and young adults living with HIV.
- SMMT interventions have a range of functions to help manage HIV health outcomes (e.g., reminders, tracking, communication, peer support, education).

Conclusions

- Functions can be delivered through different channels or platforms (e.g., apps, websites, text messaging services, social media).
- SMMT interventions come with benefits (e.g., patient self-management, patient engagement, convenience, reduced stigma).
- SMMT interventions come with challenges that need to be considered before implementation (e.g., development/implementation timeline and costs, privacy concerns, agency and staff buy-in).

EHE Jurisdictions & Social Media

Will Murphy, TAP-in/CAI Global

Ending
the
HIV
Epidemic



Technical Assistance Provider
innovation network

EHE Jurisdictions: Social Media and Mobile Technology (SMMT) Strategies

EHE Jurisdictions: Social Media and Mobile Technology (SMMT) Strategies

12 EHE jurisdictions proposed 13 strategies with specific SMMT elements.

- Social media outreach campaigns such as U=U and Know HIV, No Fear
- Mobile apps, including PositiveLinks, Positive Peers and others
- Electronic appointment reminders
- Telehealth Adherence Counselors using PositiveLinks

Access TA and Training by Email: TAP-in@caiglobal.org



What We Can Do For You

- Develop a tailored jurisdictional TA plan
- Provide on demand technical assistance
- Provide Assist in the development of a data dashboard
- access to a pool TA providers
- Link to regional and national resources
- Facilitate peer to peer expert consultation
- Link you to additional training and resources



Technical Assistance Provider
innovation network

Request TA and for emerging needs: TAP-in@caiglobal.org

Poll Question: What do you feel is the #1 training/TA need for your jurisdiction for functions that can be delivered to patients via SMMT?

1. Communication – with providers
2. Education – interactive skills building
3. Information – one-way tips, referral resources
4. Social support / networking with peers
5. Appointment reminders
6. Medication adherence reminders
7. Self-tracking – adherence and lab results
8. Receiving lab results (viral load, CD4)
9. Other (chat)

Questions and Answers

Conclusion, Next Steps and Evaluation

Email TAP-in to Request TA/Training

TAP-in@caiglobal.org