



VIRTUAL
2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT

Peer Engagement to Improve Linkage to Care & Improve Retention for Youth, Women, Infant, and Children

15996

Presenters for University Health System



Tanya Khalfan Mendez, MPH, CHES
Ryan White Director - Programs

Ronique Pleasant, MS
Ryan White Program Manager

Rhonda S. Andrew, MAA
Ryan White Program Planner

DISCLOSURES

Speakers have no relevant financial or non-financial interests to disclose.

Commercial support was not received for this activity.



University Health System

Thinking beyond

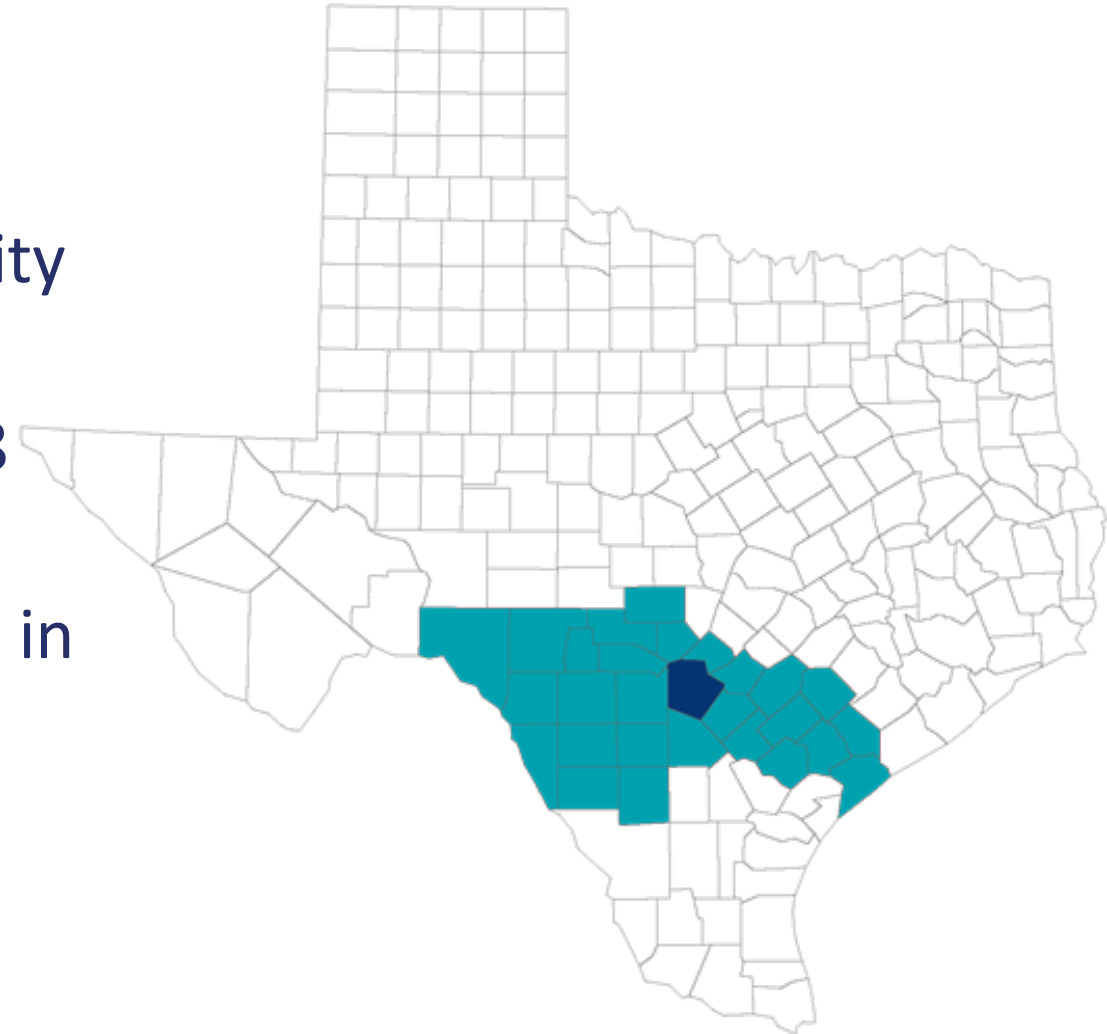
Bexar County Hospital District
Over 100 Years of Service
San Antonio, Texas

Bexar County Hospital District dba University Health System



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- ~2 million people
- Contains San Antonio, the 7th largest city in the United States
- Approximately 2.5 million people in 28 county service region
- 94% of the region's PWH can be found in the San Antonio metropolitan region



Bexar County Hospital District dba University Health System



- South Texas' only safety net health system
- Texas' 3rd largest health system
- 28 County Service Region across South Texas
- More than 8,800 employees
- Level 1 Trauma Center
- South Texas' first and only health system to earn Magnet status from the American Nurses Credentialing Center



Family Focused AIDS Clinical Treatment Services clinic (FFACTS)



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- A University Health System outpatient HIV/AIDS clinic funded in part by the Ryan White Program
- Strives to improve the health and well-being of PWH in San Antonio and South Texas by continuously providing the highest quality care
- Partners with UT Health San Antonio to offer comprehensive services

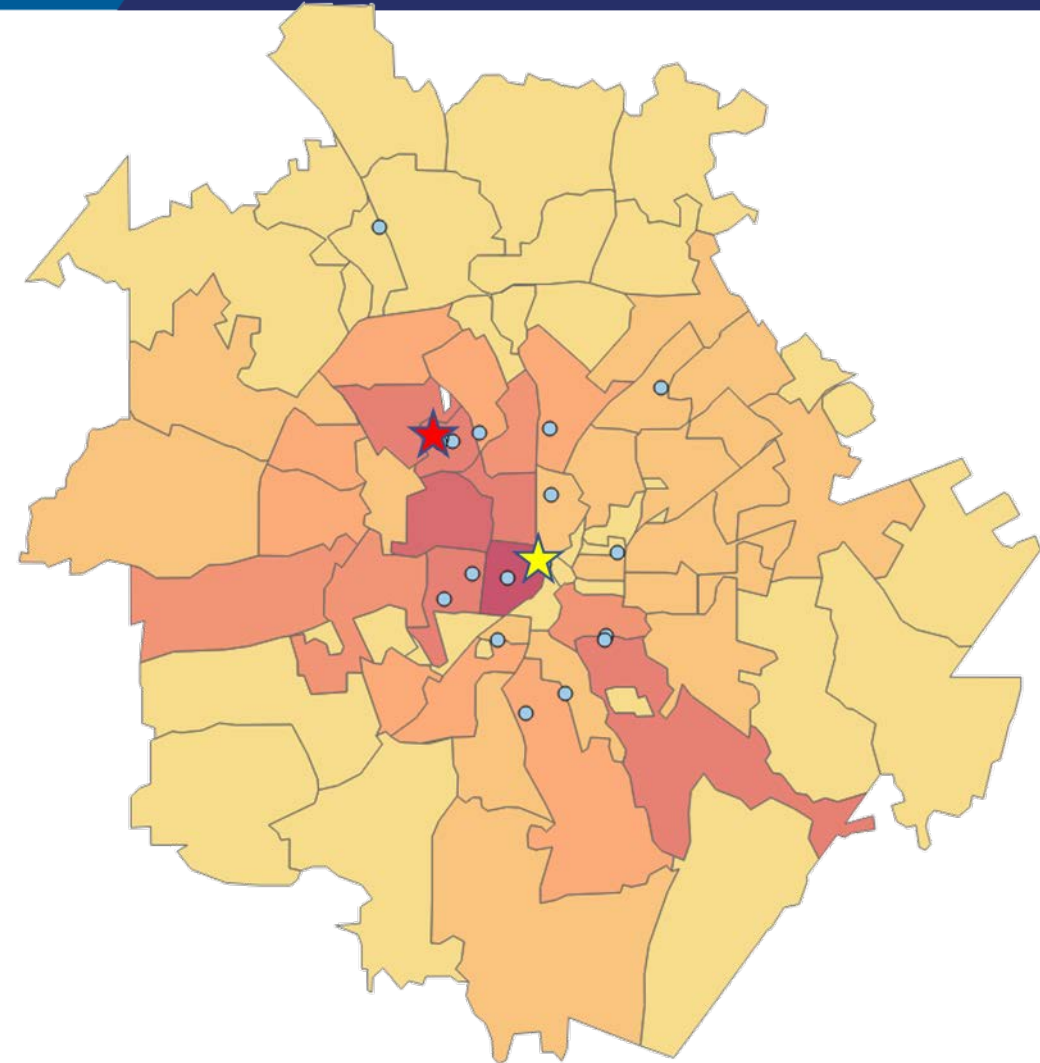


Bexar County Hospital District dba University Health System



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- ★ University Hospital
 - Ambulatory and urgent care locations
- ★ Family Focused AIDS Clinical Treatment Services clinic (FFACTS)
 - Largest Provider of Specialty HIV services in South Texas

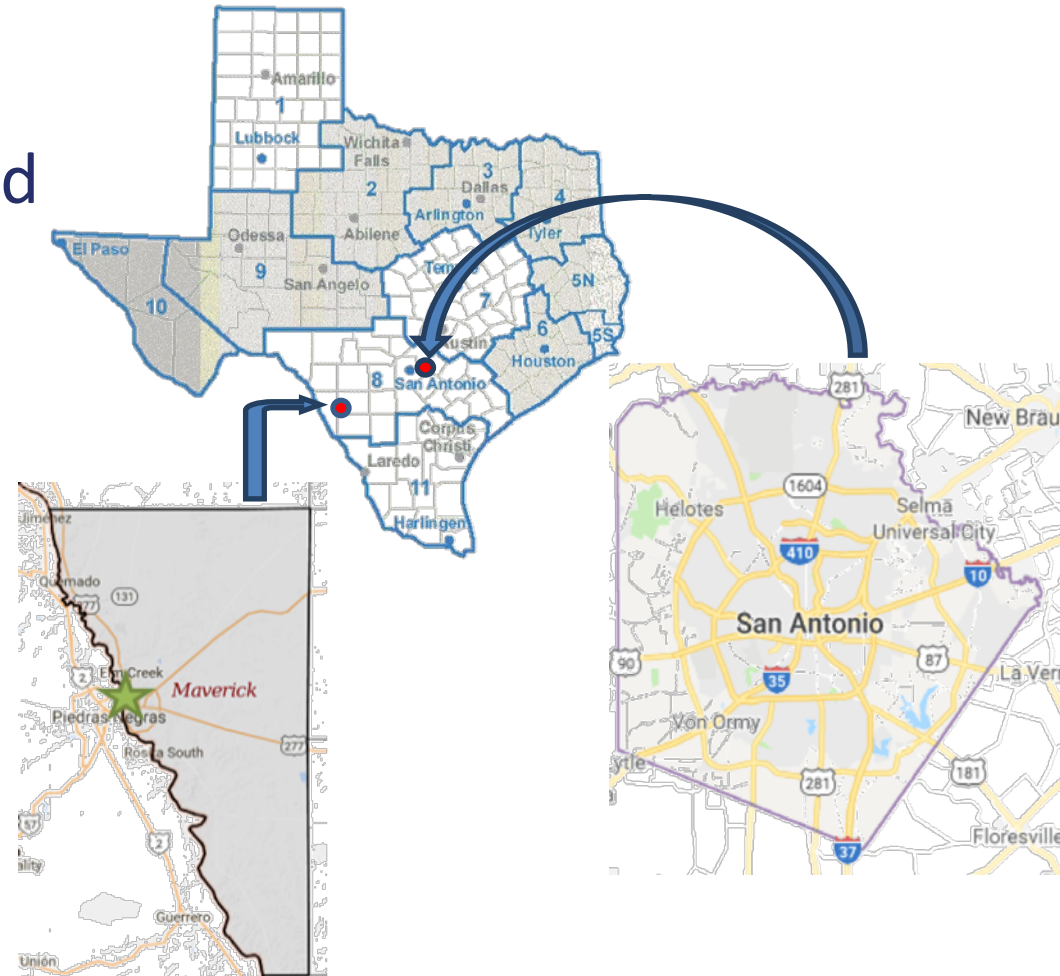


Bexar County Health District dba University Health System



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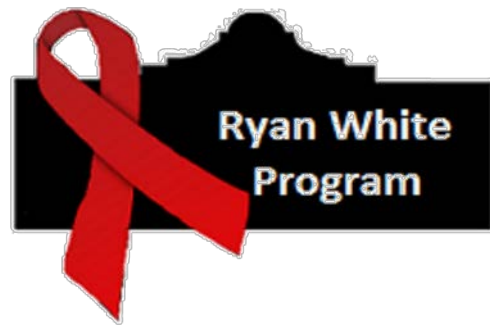
- Ryan White Administrative Agency
 - Parts A, B, D, and F (SPNS)
- Serves over 6,000 low-income, uninsured and under-insured people
 - Primarily serves the San Antonio Transitional Grant Area (SATGA)
 - Bexar, Comal, Guadalupe, Wilson, and Maverick Counties



Ryan White Partners



As Ryan White Administrative Agency, University Health System partners with multiple community agencies for service provision



Additional community groups that the Ryan White Program partners with include:

- End Stigma End HIV/AIDS Alliance
- HIV/Syphilis Testing Taskforce
- Planning Council
- South Central AIDS Education Training Center

Fast Track City



- San Antonio was the first Fast-Track City in Texas
- The City/County initiative was launched in December of 2017
- The group, End Stigma End HIV/AIDS (ESEHA) is the advocacy and data gathering arm to provide the HIV Care Continuum data that supports Fast Track City initiatives
- The Ryan White Program Administrative Agency is a key partner of ESEHA and supports the goals: 90% PWH know their status, 90% are engaged in care, and 90% are virally suppressed by 2030

History of Ryan White Part D in South Texas



- Dr. Victor German
 - Graduated from Pritzker School of Medicine University of Chicago
 - Pediatric Residency at Duke University
 - Moved to San Francisco to practice medicine (1977-1981)
- Worked with infants who were dying from an unidentified illness
 - Once HIV testing became available, it revealed these infants were dying from AIDS
- Life expectancy of these children was short
 - Infected in utero ~2 years
 - Infected at birth ~5 years



History of Ryan White Part D in South Texas



1981

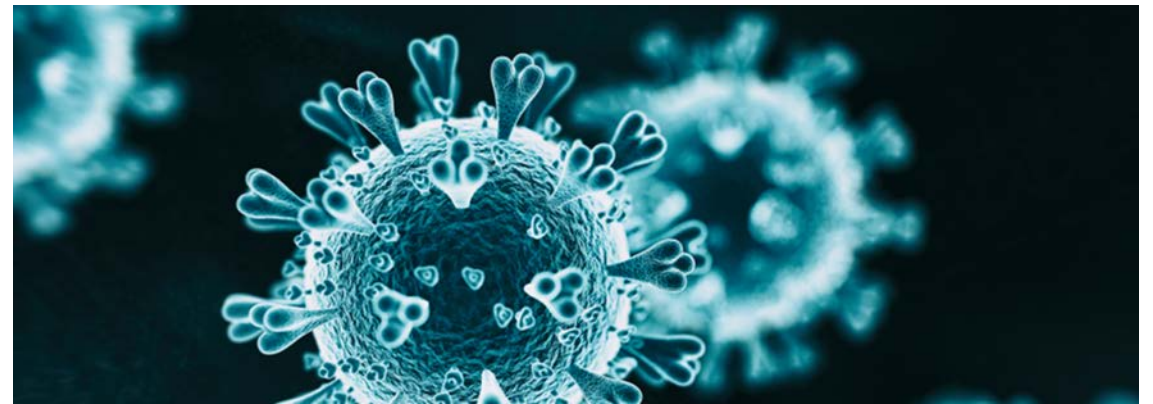
- Dr. German moved to San Antonio, TX
- Practiced pediatric medicine at University of Texas Health Science Center (UTHSCSA)
 - Dr. German treated children at University Hospital (University Health System)
 - UTHSCSA is a close affiliate with University Health System



History of Ryan White Part D in South Texas



- Began to notice children dying of similar causes as those with HIV/AIDS in San Francisco
 - Due to the large minority population and unfamiliarity with HIV/AIDS, regional medical specialists assumed these children were dying from various blood disorders like sickle cell anemia
- Dr. German raised awareness in South Texas of the growing HIV epidemic in children



Picture Source: CDC

History of Ryan White Part D in South Texas



- At UTHSCSA, Dr. German, alongside Dr. John Mangos, pulmonologist and cystic fibrosis specialist, and Dr. Anthony Scott, became intimately involved with federal funding efforts to address the growing epidemic
- Part D in Bexar County, TX has been in place since the inception of federal AIDS funding – 29 years of Part D
 - 1988 Pediatric AIDS Demonstration Project (Part D before Part D was Part D)
 - 1991 Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Title IV



History of Ryan White Part D in South Texas



2013

- UTHSCSA realized that the best way to ensure sustainability of the Part D program in South Texas was to integrate operations with Bexar County Hospital District (University Health System) where Parts A, B, and F are housed
- At this point, Dr. Roberto Villarreal of University Health System joined Part D as Co-PI to begin the transition



History of Ryan White Part D in South Texas



2015

- Dr. German and Dr. Scott moved their Community Pediatrics department from UTHSCSA to University Health System as Community Initiatives and Population Health
- Part D came to University Health System but still funded with UTHSCSA as awardee

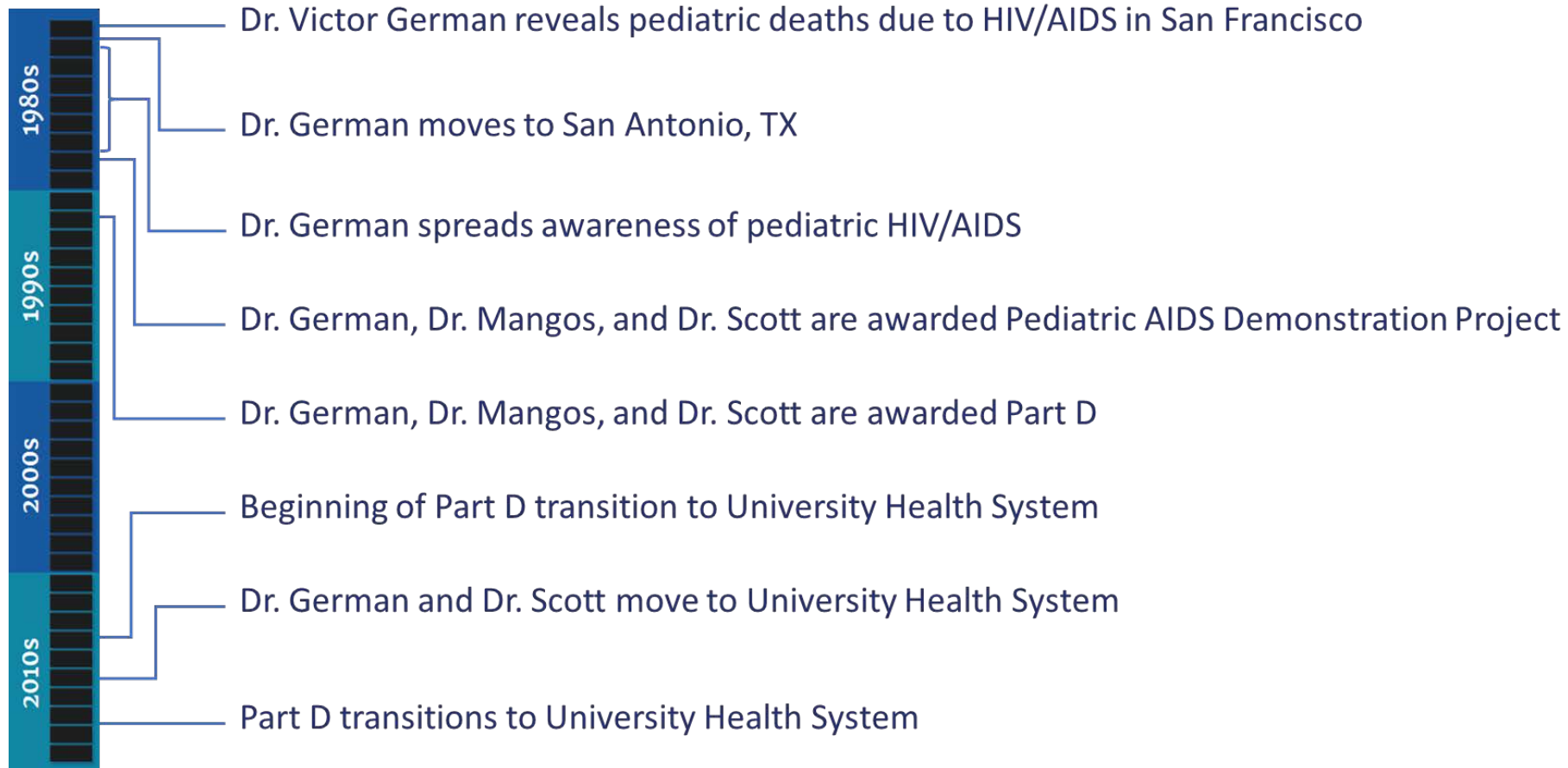
2017

- The next funding cycle, University Health System was awarded Part D with Dr. Villarreal as PI

2018

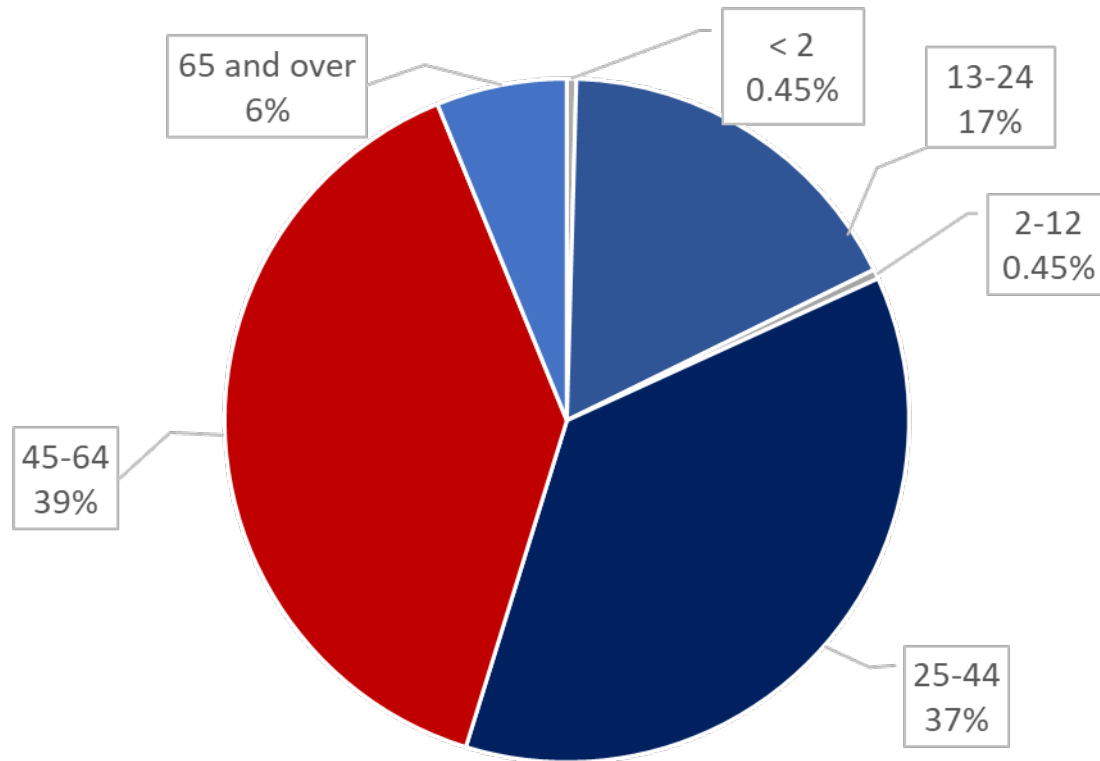
- University Health System assumed complete responsibility for Part D
- Today we are presenting Part D efforts that have been in operation since the transition of Part D to University Health System

History of Ryan White Part D in South Texas - Timeline



Part D Eligible Clients Demographics - 2019

Population by Age

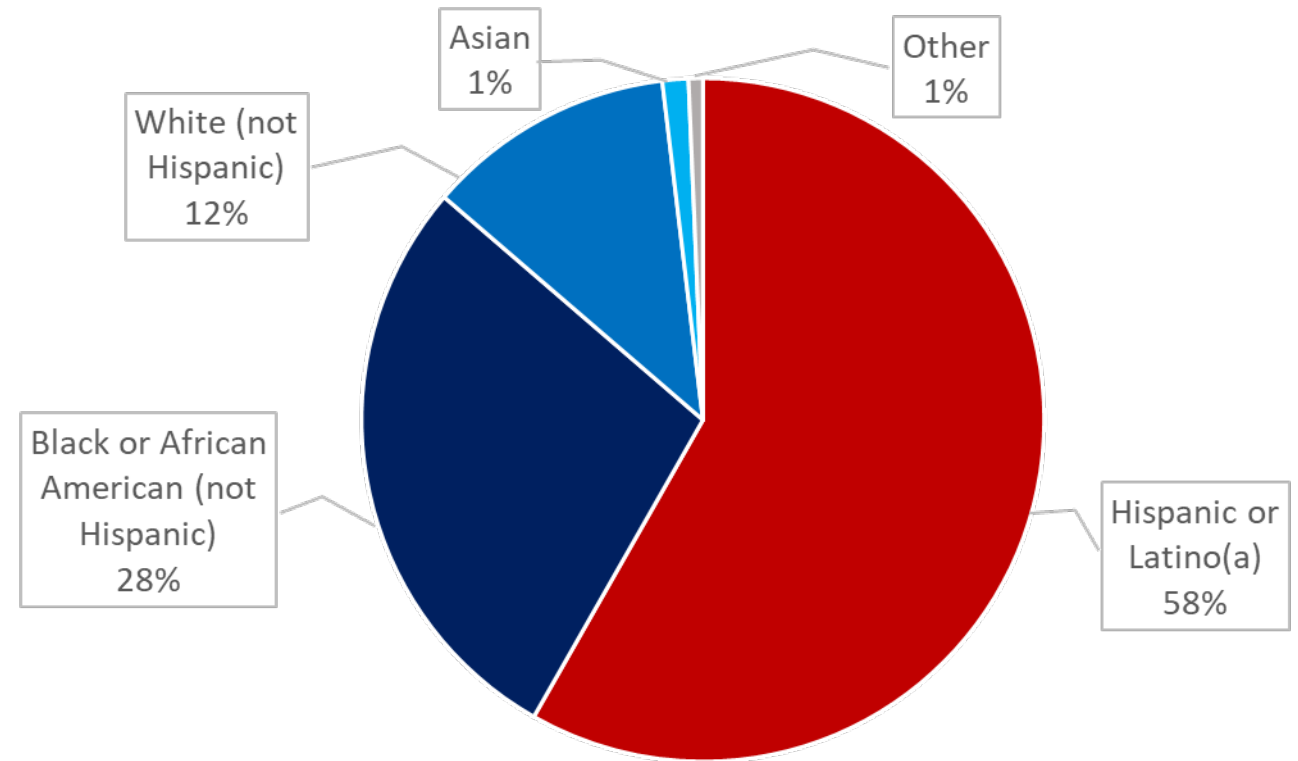


Age Group	# Clients
Less than 2	4
13-24	154
2-12	4
25-44	326
45-64	348
65 and over	55
Grand Total	891

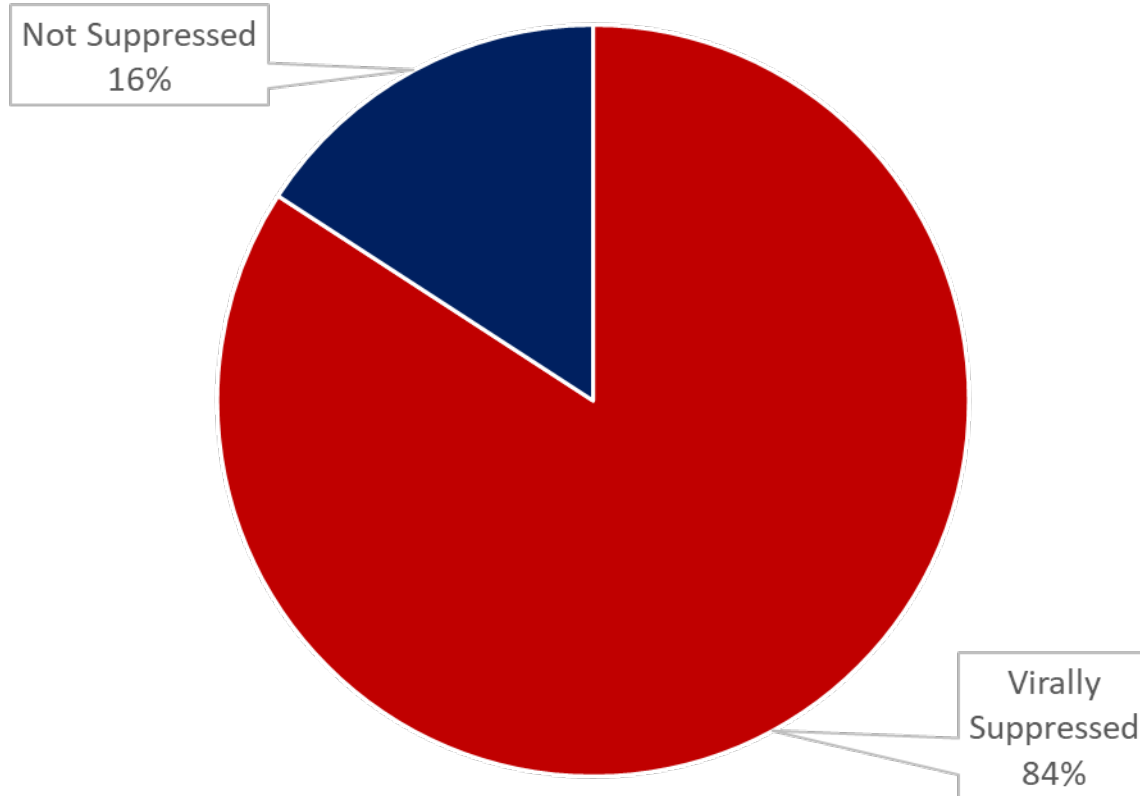
Part D Eligible Clients Demographics - 2019

Population by Race/Ethnicity

Race/Ethnicity	# Clients
Hispanic or Latino(a)	519
Black or African American (not Hispanic)	250
White (not Hispanic)	105
Asian	11
Other	6
Grand Total	891



Part D Eligible Clients Viral Suppression - 2019

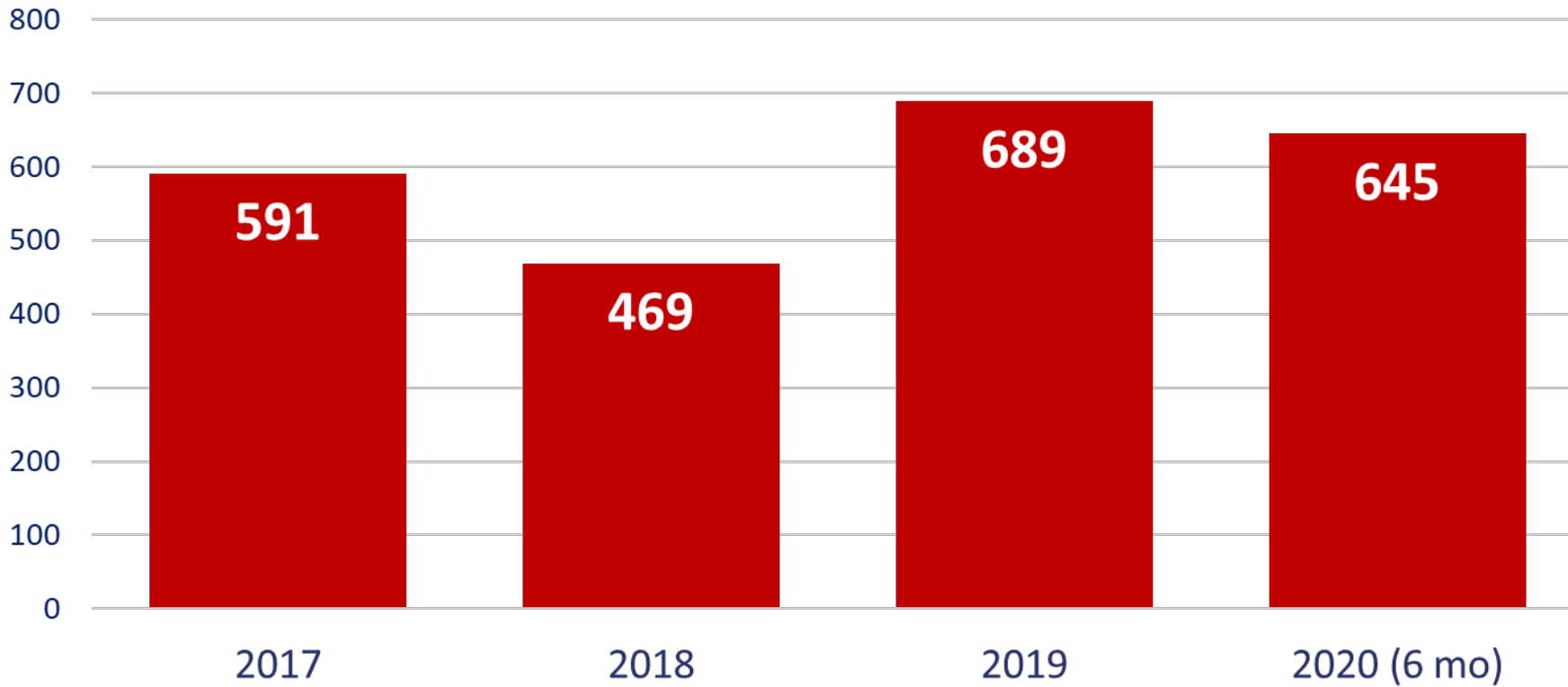


Suppressed or Not Suppressed	Client Number
Virally Suppressed	750
Not Suppressed	141

Part D Eligible Clients 2017-2020



Clients Served



Number of unduplicated clients served is increasing

96 transgender clients in 2019

Part D Program Improvements



- RW Program AA Integration
 - Adopted the RWP A/B standards of care, quality management monitoring tools and procedures
 - Ensures all Part D providers participate in all RWP training opportunities
- RW Program Case Managers
 - Annually trained to provide benefits counseling and assist clients with obtaining other public and private program assistance
 - The AA leads in the provision of TA and training for NMCM, MCM and EIS (linkage specialists) to pursue enrollment of clients in the ACA

Engaging and Retaining Newly Identified WICY Clients



- Part D's approach to WICY HIV care is
 - Respect
 - Empowerment
 - Disease self-management
 - Comprehensive quality medical care
 - Comprehensive quality mental health care
- Linkage specialists maintain contact with clients
 - Ensures a sustained relationship with case managers and medical providers

Engaging and Retaining Newly Identified WICY Clients



- Clinics provide a full range of ongoing client education and support services
 - ART and treatment adherence
 - HIV transmission education
 - HIV prevention methods
 - Family planning
 - Chronic disease self-management

Transitioning Youth to Adult Services



- RWPD staff provide extensive transitioning support for young people beginning at age 22 to support self-management skills development
- Patients and staff develop personal transition plans
- Staff follow-up with clients for at least two years following transition
- Co-location of youth and adult HIV medical services at all Part D providers
 - Maintains the same primary medical provider/clinician when transitioning
 - Continue to receive services at the same medical home

Prenatal and Peripartum Care for Pregnant Women to Prevent HIV Transmission to Infants



- In Texas all pregnant women are tested for HIV during prenatal visits
- University Health System works closely with HIV care providers in South Texas, including the U.S. Mexico border region and other rural areas
 - Goal is to link women identified as HIV positive to HIV and prenatal care
- Providers, case managers, and social workers ensure the initiation, continuation, and/or maintenance of anti-retroviral therapy (ART) during pregnancy
- A HIV specialist physician provides pediatric care and serostatus monitoring for newborns up to 24 months after delivery

Prenatal and Peripartum Care for Pregnant Women to Prevent HIV Transmission to Infants



- Multi-faceted program methods to address the health needs for pregnant women and women of childbearing age
 - Providers are skilled in the provisions of sensitive, gender-specific care
- Patients are assessed for
 - Disease self-management
 - Substance abuse
 - Intimate partner violence
 - Mental health needs
 - Post-partum support services
 - Eligibility for emergency financial assistance



Transitioning Women Post-partum into Ongoing HIV Primary Care



- Providers utilize a family practice model
 - Comprehensive health care throughout a client's lifespan
 - Access to family planning services (e.g. IUDs)
 - Education on sexual health, symptom management
 - Services are co-located so that mothers and their infant can receive care during the same visit
- To encourage retention, mothers may also receive
 - Non-cash incentives
 - Hygiene products
 - Baby products
 - Bus passes to ensure medical appointment attendance

- **Peer Engagement Program**

Goal

- Direct initiatives that focus on WICY population to improve linkage to care, reduce barriers and improve retention
 - Youth Engagement Specialist
 - WIC Engagement Specialist

Duties

- Facilitate and plan support group activities
- Provide direct client support in collaboration with Patient Navigators
- Developed a peer mentor website with HIPAA compliant chat capabilities for PWH and their support systems

RW Part D Peer Engagement Program - 2019



- Peer Engagement Specialist share similar experiences and encourage adherence and utilization of services
- Program provides
 - Support
 - Basic education
 - Linkage to resources
 - Encouragement
 - Accompaniment to medical visits
 - Guidance
 - Awareness of available services
 - Help in overcoming barriers
 - Improved medication adherence



FAM210

Youth Engagement Specialist



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- **Focused on ages 13-24yrs**
 - An active member and leader of youth initiatives in community, that focused on HIV/AIDS awareness
 - End Stigma End HIV Alliance
 - Health Justice Youth Council
 - Guided the development of communication and engagement methods via web chats, social media, and community awareness events



WIC Engagement Specialist

- **Focused on women and children**
 - A long time member of the Family to Family Network support group, and advocate for women living with HIV in the community
 - Coordinated monthly support group, called Family to Family Network Support
 - Provided phone and face-to-face peer mentorships
 - Plans and coordinates outreach events and activities focused on WIC population.



Program Accomplishments



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NATIONAL WOMEN & GIRLS HIV/AIDS AWARENESS DAY

March 10, 2020
Brackenridge Park - Joske Pavilion
3700 N St. Mary's St. San Antonio, TX 78212
10:00AM - 2:00PM

Zumba | Free Testing | Mammograms | Resources

Please visit www.healthyUexpress.com to register for a mammogram and view eligibility.

CUM AS YOU ARE

SEXUAL HEALTH
TRIVIA NIGHT

PRESENTED BY:

- HEALTH JUSTICE YOUTH COUNCIL
- LUCHA
- TEXAS WEARS CONDOMS

MAY 28, 2019
6:00 PM • THE BLOCK
14530 ROADRUNNER WAY - SA, TX

TRANS POWER SA PRIDE SUMMIT

Partnered With

Esperanza
Peace & Justice
Center
922 San Pedro Ave.
San Antonio, TX
78212

Community
Event:
-Bamby Salcedo &
Many More Guest
Speakers
-Trans Panel
-Trans Youth
Testimonies
-Music
-Food

FLUX
Avita
PHARMACY
LUSH

July 27, 2019
3:00 P.M. - 7:00 P.M.

For more information contact: transpowersa210@gmail.com
or call 210-269-9663

Program Accomplishments

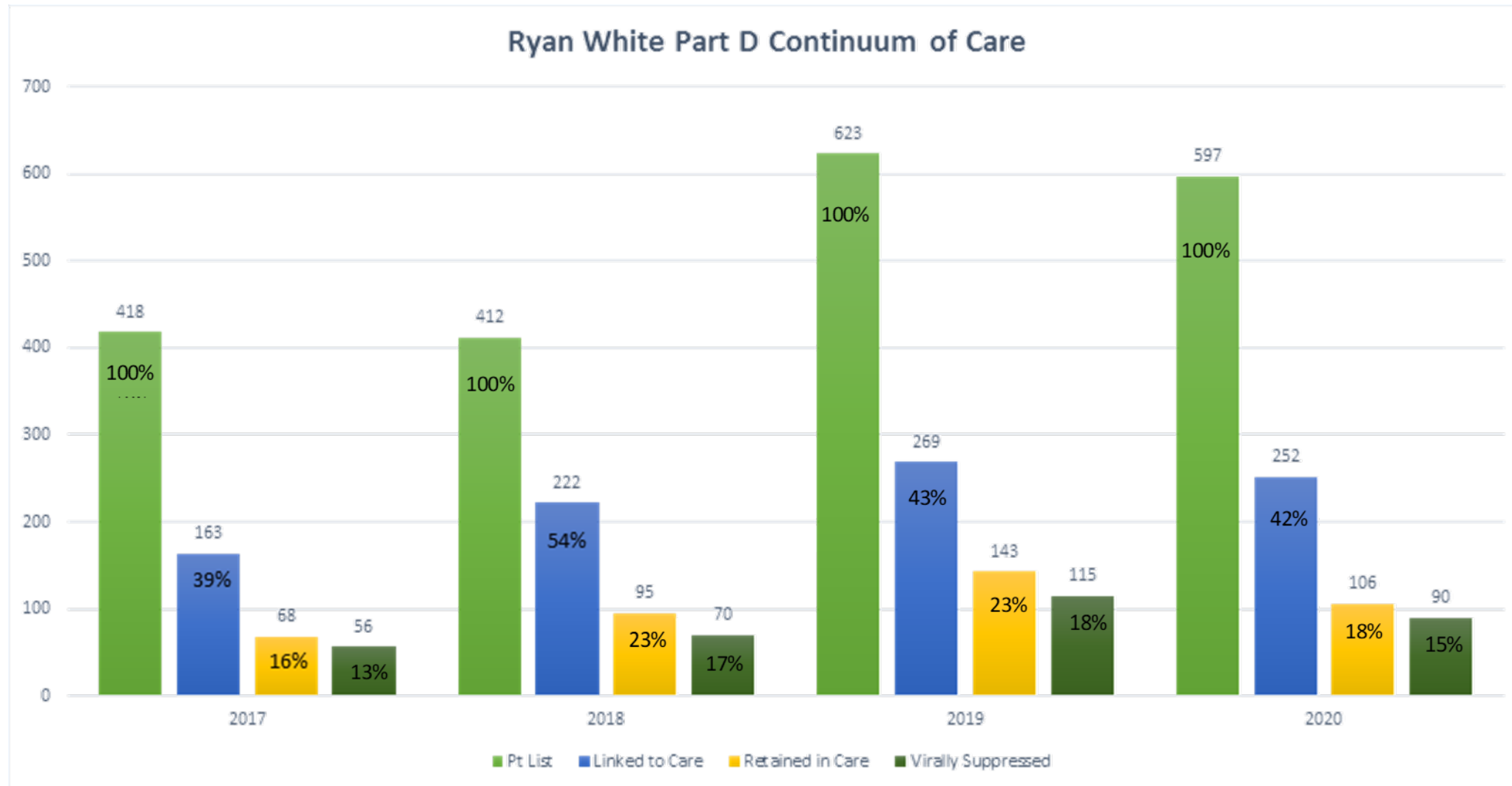
- Family to Family Network Support Group
 - Current participants - 16
- FAM210 Peer Mentor website and Instagram are steadily growing each month
- Health Justice Youth Council Listening Tour Spring 2019
- World AIDS Day (WAD) 2019 – WAD Dream Week



Continuum of Care Outcomes 2017- 2020 to date



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Success Story



Trans Power SA



- Founded in February of 2019 with support from Pride Center San Antonio (The Center)
- The first organization in San Antonio led by and for trans and gender expansive persons
- Focused on building trans power through collective action, enhancing support and resources, community engagement, and awareness efforts
- Trans Power SA is now currently made up of 6 trans and gender expansive members

Feeling the Love & Support

- Cancer survivor
- Diagnosed with AIDS November 2019
- Joined FFN support group December 2019
 - “I felt the love, I felt embraced just from talking to you on the phone”
 - “These women are so full of love”
- This client is retained in care, staying connected with group, and has reached viral suppression



Finding Her Worth

- Not in care for 5yrs
- January 2019 hospitalized and diagnosed with AIDS
- Long distance mentorship via phone
 - “I felt dirty and worthless. I felt like I deserved to be treated bad.”
 - “I’m undetectable! I’m worthy AND beautiful!”
- Linked to care, retained in care, and virally suppressed



Program Limitations

- Limited number of peer staff members available to our clients
- Difficulty in maintaining contact with clients
 - Particularly with youth
 - Most difficult to retain across all programs



Challenges



- COVID- 19
 - Telehealth
 - Many providers have gone to telehealth options to continue services
 - Virtual Outreach
 - Conference/Video meetings for support group
 - FAM210 chat function
 - Website and social media
 - Adjusting marketing plans
 - Exploring other ways to use social media

Lessons Learned



- Unconventional methods must be employed to reach the youth population
- Youth do not respond to traditional methods of outreach
- It is necessary to provide information and education via technology and in social/interactive ways
- Its necessary to be considerate of our unique demographic and understand the culture to effectively engage the population