



VIRTUAL  
2020 NATIONAL  
RYAN WHITE  
CONFERENCE ON  
HIV CARE & TREATMENT

# Ending the Epidemic for Young Adults Living with HIV: Leveraging Ryan White Part A Services to Improve Health Outcomes

Matthew B. Feldman, PhD, MSW  
New York City Department of Health and Mental Hygiene

# Acknowledgements



## Leadership

- Claude Mellins, PhD
- Stephen Sukumaran, MPH
- Ariana Pather, MPH

## Study Team

- Aimee Campbell, PhD
- Jelani Cheek, MPH
- Graham Harriman, MA
- Susie Hoffman, DrPH
- Sarah Kozlowski, MPH
- Phil Kreniske, PhD

- Noelisa Montero, MPH
- Nadia Nguyen, PhD
- Morgan Philbin, PhD

Our participants!

## Funding

HIV Center for Clinical and Behavioral Studies:

P30MH043520; PI: Remien

P30MH043520-31S3; PD: Feldman

# Background



- Young adults living with HIV (YALWH) in NYC are at significant risk for poor health outcomes and onward HIV transmission.
  - In 2017, YALWH (18-29 years) represented 40% of those newly diagnosed in NYC, and only 65% of YALWH (vs. 76% of PLWH >30) were virally suppressed
- Most YALWH are Black, Latino, and/or sexual minorities,<sup>(CDC, 2018)</sup> and often experience unstable housing, mental health and substance use issues, which are associated with poor HIV health outcomes, including unsuppressed viral load<sup>(Hussen et al., 2018, Menza et al., 2018, Thompson et al., 2018)</sup>

# Ryan White Part A Services for PLWH in NYC



Case  
Management  
(Non-medical)

Medical Case  
Management

Mental Health  
Services

Harm  
Reduction  
Services

Food  
Bank/Home-  
delivered Meals

Health  
Education/Risk  
Reduction

Housing  
Services

Legal Services

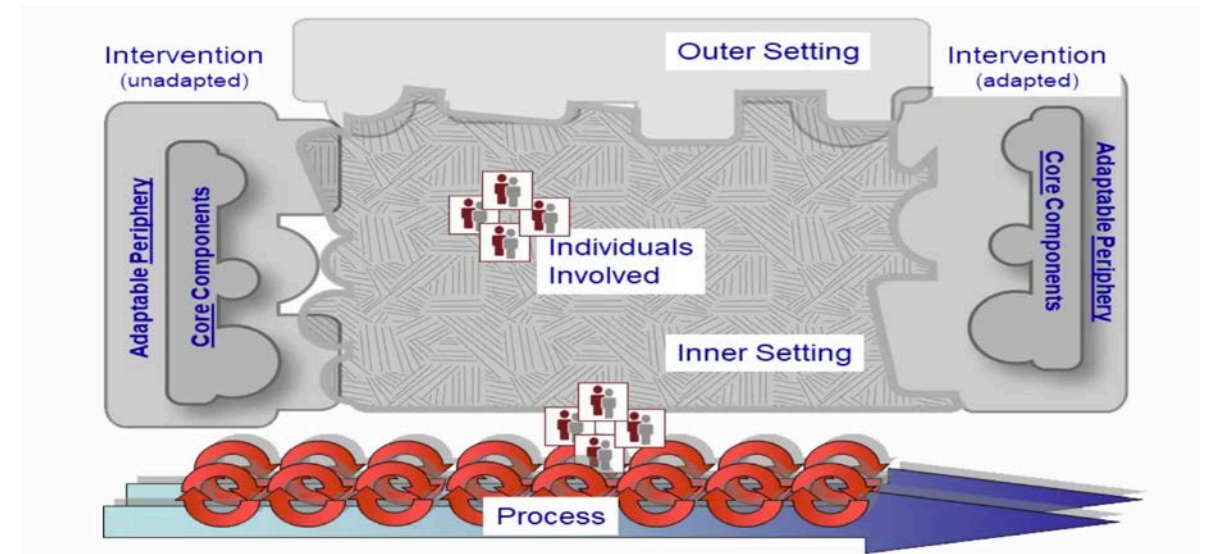
Psychosocial  
Support  
Services

- Ryan White Part A (RWPA) services remain underutilized by YALWH: in 2017, only 13% of YALWH in NYC received RWPA services
- YALWH  $\leq 24$  years old who received RWPA care coordination in NYC were significantly less likely than older PLWH to experience durable VL suppression. (Robertson et al., 2019)

# Project Purpose

Guided by the The Consolidated Framework for Implementation Research; (CFIR), (Damschroder et al., 2009) the purpose of this project is to develop an implementation science study to test the feasibility and impact of strategies designed:

- to improve the responsiveness of RWPA funded support services to the needs of YALWH and;
- to increase their uptake by YALWH



# Aim 1



Expand partnerships with the HIV Center and the New York City Department of Health and Mental Hygiene (NYC DOHMH) and a Community Advisory Board (CAB) of YALWH and HIV providers to:

- develop locally-defined strategies to more effectively engage YALWH in RWPA services and to better address their psychosocial and health needs; and
- guide project planning activities

# Community Advisory Boards



## YALWH

- 7-10 YALWH (age 18-30) recruited from NYC hospitals & clinics:
  - members are all people of color, diverse in terms of gender and route of HIV infection
- 2/4 YALWH CAB meetings have been conducted (February 2020; July 2020)

## Provider

- 9-10 members:
  - members include agency directors, clinical directors, physicians, and case managers working with YALWH in NYC
- 2/4 provider CAB meetings have been conducted (March 2020; June 2020)

# YALWH CAB: Meeting Themes



- Respect (i.e., being treated like a person vs. a patient)
- Fears about transitioning from pediatric to adult services
- Loss of employment/employment opportunities (some members are essential workers)
- Lack of access to services (e.g., mental health, food stamps)
- Challenges accessing mental health services (before and during COVID-19)
- No discomfort reported in terms of race, gender, and sexuality in interactions with clinic staff
- Suggestions for key informant interviews:
  - Importance of interviewers who can relate to people of color/PLWH and are respectful
  - Exploring challenges YALWH face and how agencies can be more supportive of communication between patients and providers



# Provider CAB: Meeting Themes



## Meeting 1 (March 2020)

- **Youth programs are better equipped than adult programs to serve YALWH**
- Challenges for providers and patients in **transitioning from pediatric to adult services**
- **Transitioning into adulthood** in terms of housing, jobs and life skills
- **Mental health and neurocognitive issues** that can be barriers to life skills (e.g., finances, managing HIV) and accessing support services (e.g., mental health)

## Meeting 2 (June 2020)

- **Pausing in-patient services** due to COVID-19; increased use of telehealth
- Equipping YALWH to take **ownership** of their health
- **Benefits/entitlement policies as barriers to care** (e.g., needing prior authorizations for patients who lose prescriptions more than once, only being able to provide a 30-day supply of medication)

# Aim 2



Use information derived from RWPA program data and key informant interviews to guide the identification of strategies that will improve the responsiveness of RWPA services to, and increase their uptake by, YAWLH

# Overview of Quantitative Analysis



- Quantitative analyses aimed at better understanding the sociodemographic, behavioral, and clinical characteristics and support service utilization patterns of YALWH
- Analysis of demographic, psychosocial and service utilization data from The Electronic System for HIV/AIDS Reporting & Evaluation (eSHARE)

## 2,065 YALWH who met the following criteria:

- age 18-29;
- HIV-positive;
- had a completed intake assessment; and
- received  $\geq 1$  RWPA service from January 2017–December 2019

# Demographic Characteristics (N= 2,065)



- **Gender:** Male: 72% | Female: 19% | Transgender: 8% | Other: 0.3%
- **Race:** Black: 58% | Latinx: 33% | White: 5% | Other: 4%
- **Educated at or above the high school level:** 73%
- **Born in the US/US territory:** 76%
- **Homeless/unstably housed:** 58%
- **Depression/anxiety symptoms (PHQ-4):** 29%

# Comparisons by Gender



## Higher proportions of female YALWH:

- identified as heterosexual (**female: 85%**; male: 20%; transgender: 33%;  $p < .0001$ )
- were homeless/unstably housed (**female: 67%**; male: 58%; transgender: 45%;  $p < .0001$ )
- were infected perinatally (**female: 38%**; male: 9%; transgender: 3%; other;  $p < .0001$ )
- were infected via heterosexual contact (**female: 54%**; male: 13%; transgender: 15%;  $p < .0001$ )

## Higher proportions of transgender YALWH reported:

- recent incarceration (**transgender: 11%**; male: 7%; female: 5%;  $p < .05$ )
- food insecurity (**transgender: 18%**; male: 11%; female: 9%;  $p < .05$ )
- recent drug use (**transgender: 27%**; male: 21%; female: 4%;  $p < .0001$ )

# Durable Viral Load Suppression (N= 2,065)\*



Category	Definition	N (%)
≥1 durable viral load suppression (VLS) event	<ul style="list-style-type: none"> <li>• 2 VLs &lt;200 copies/mL dated ≥90 days apart; and</li> <li>• No “accompanying” unsuppressed VLs (i.e., after or between the pair of suppressed VLs)</li> </ul>	723 (35.0)
No durable VLS events	<ul style="list-style-type: none"> <li>• No durable VLS events; and</li> <li>• ≥1 pair of VL tests, ≥90 days apart where:               <ul style="list-style-type: none"> <li>• one VL in the pair is unsuppressed; or</li> <li>• a pair of suppressed VLs is accompanied by ≥1 unsuppressed VLs</li> </ul> </li> </ul>	200 (9.7)
Incomplete VL information	<ul style="list-style-type: none"> <li>• ≤1 VL test available in the period of interest; OR</li> <li>• No durable VLS events <u>and</u> ≥1 pair of VL tests, &lt;90 days apart</li> </ul>	1,142 (55.3)

\*A 9-month observation period starting on the date of the first VL was used to assess for the presence of a durable VLS event

# Key Informant Interviews



- **Goal:** To explore barriers and facilitators to engaging YALWH in RWPA services, and perceptions about how well support services respond to needs of YALWH
- Delayed due to COVID shutdowns of all in-person study protocols that were not essential treatment
- Interview protocol for YALWH was revised and resubmitted to IRB
  - interviews now will be conducted by phone or virtually
  - interview guides were re-evaluated based on consultation with CABs to be responsive to COVID-19 and recent racial injustice experiences



# Key Informant Interviews: Methods



- 1. YALWH who are receiving and not receiving support services (age 18-30; n = 15-20)**
  - 2. Providers working with YALWH (e.g., case managers, nurses, social workers, n = 15-20)**
- Recruitment sources include hospitals and CBOs and referrals from CAB members and participants
  - Questions in the Key Informant Interview Guide organized by CFIR domains

# Provider KII: Preliminary Findings



CFIR Domain	Findings	Possible strategies
<b>Provider and client Characteristics</b>	-	-
<b>Inner setting (e.g., organizational climate and interagency coordination)</b>	Organizational willingness to meet patient needs by using internal referrals systems between medical, mental health and case management providers	Developing networks of care for YALWH that comprise medical, social service, and governmental agencies
<b>Outer setting (e.g., staff awareness of client needs)</b>	<ul style="list-style-type: none"> <li>Transitioning to independence and struggling with life skills, e.g., managing finances, employment, housing</li> <li>Prioritizing work around life skills and assisting patients in the development of these skills</li> </ul>	Integrating opportunities for life skills development into existing support services (e.g., mental health, case management)
	Identifying YALWH with mental health/cognitive issues	Using innovative techniques (e.g., social media) to engage YALWH in MH services
	The need for support services that are responsive to the mental health and cognitive issues faced by YALWH	Increasing competency in working with YALWH among support service providers
<b>Process</b>	-	-

# Next Steps



- Complete quantitative analysis:
  - Repeat durable VLS analyses using data from the New York City HIV Surveillance Registry
  - Conduct analyses on needs and related services among YALWH
- Complete key informant interviews and code data using CFIR domains
- Present synthesized quantitative and key informant interview data to CABs and use this information to identify strategies to engage YALWH in RWPA services and improve their responsiveness to this population