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Mobilizing the Community to Remove Policy and Programmatic Barriers Impeding Care Access for Young Black MSM Living with HIV

May 16, 2016

Agenda

- Overview/Background of Connect to Protect (C2P) Memphis
- Impact of addressing structural changes to improve health outcomes of black gay men
- Highlight the benefits of the SMILE/C2P Collaboration
- Discuss the collaborative problem solving efforts and strategies
- Discuss the impact community mobilization has on removing barriers that impede care access for young gay men

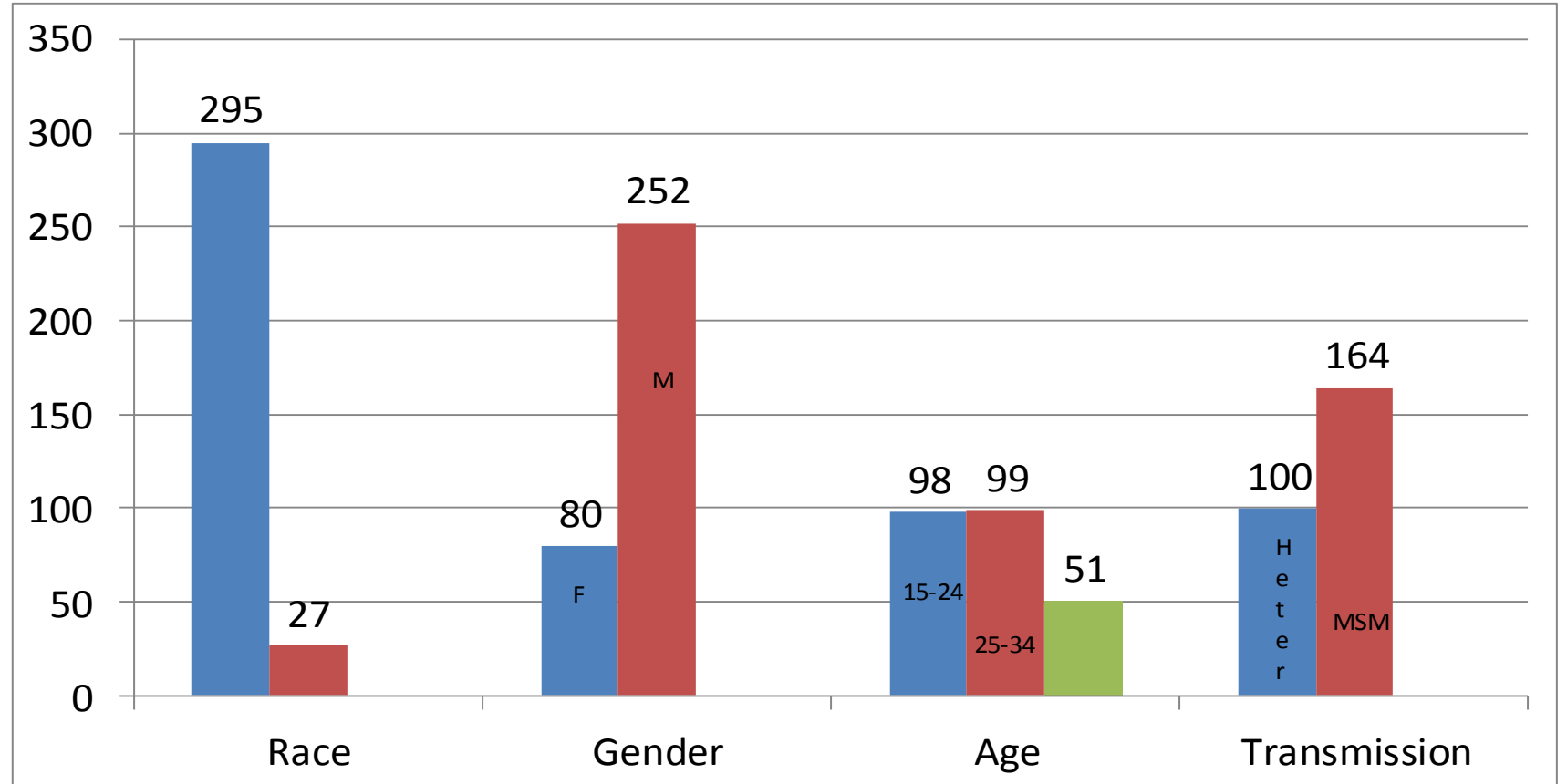




- Tennessee's Largest City (pop. 938,069)
- 52% African American
- Median income - \$46,213



HIV incidence – Shelby County, 2013



Connect to Protect® (C2P): Partnerships for Youth Prevention Interventions

A multi-site community research study supported by the ATN

- *Initiated in 2002*
- *Implemented in 14 urban communities through 2016*

Ultimate Outcome: Reduce HIV incidence and prevalence among youth 12-24 years old through community mobilization & structural changes

How C2P operates:

- A **community mobilization initiative** with focus on action planning & strategic partnering
- Each coalition determines locally relevant issues and solutions (structural changes)
- Each coalition develops their own operating procedures, leadership structure & action plan
- A central administrative body (NCC) provides TA and ongoing feedback

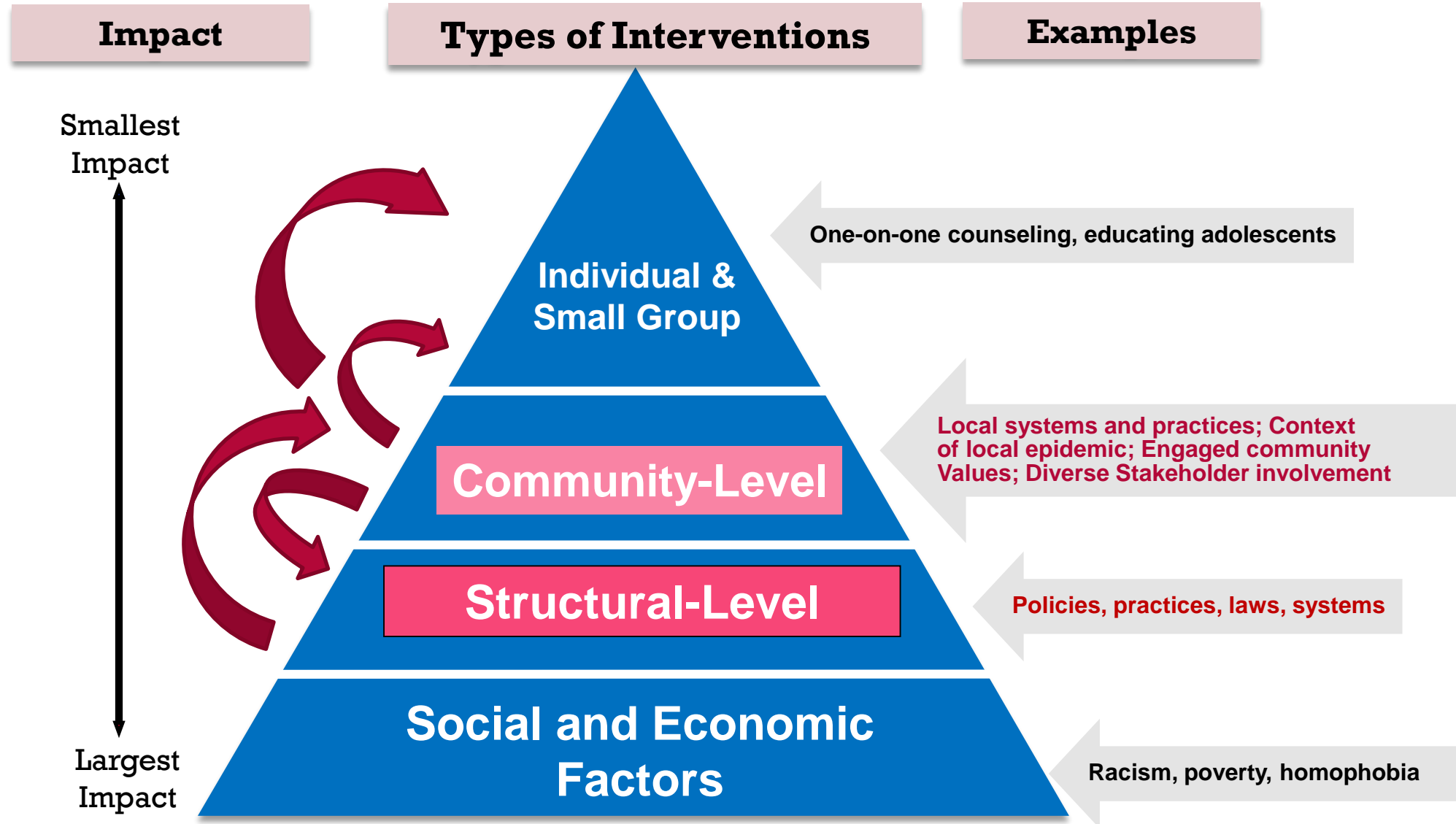


- **Launched October 2008** with approx. 22 consistent members representing AIDS service organizations, local government, faith-based & social service organizations.
- **Target Geo Area:**
 - Memphis
- **Target population:**
 - Youth & young adults aged 13-24 years
- **Vision:**
 - Reduce new HIV infections in Memphis' most vulnerable youth

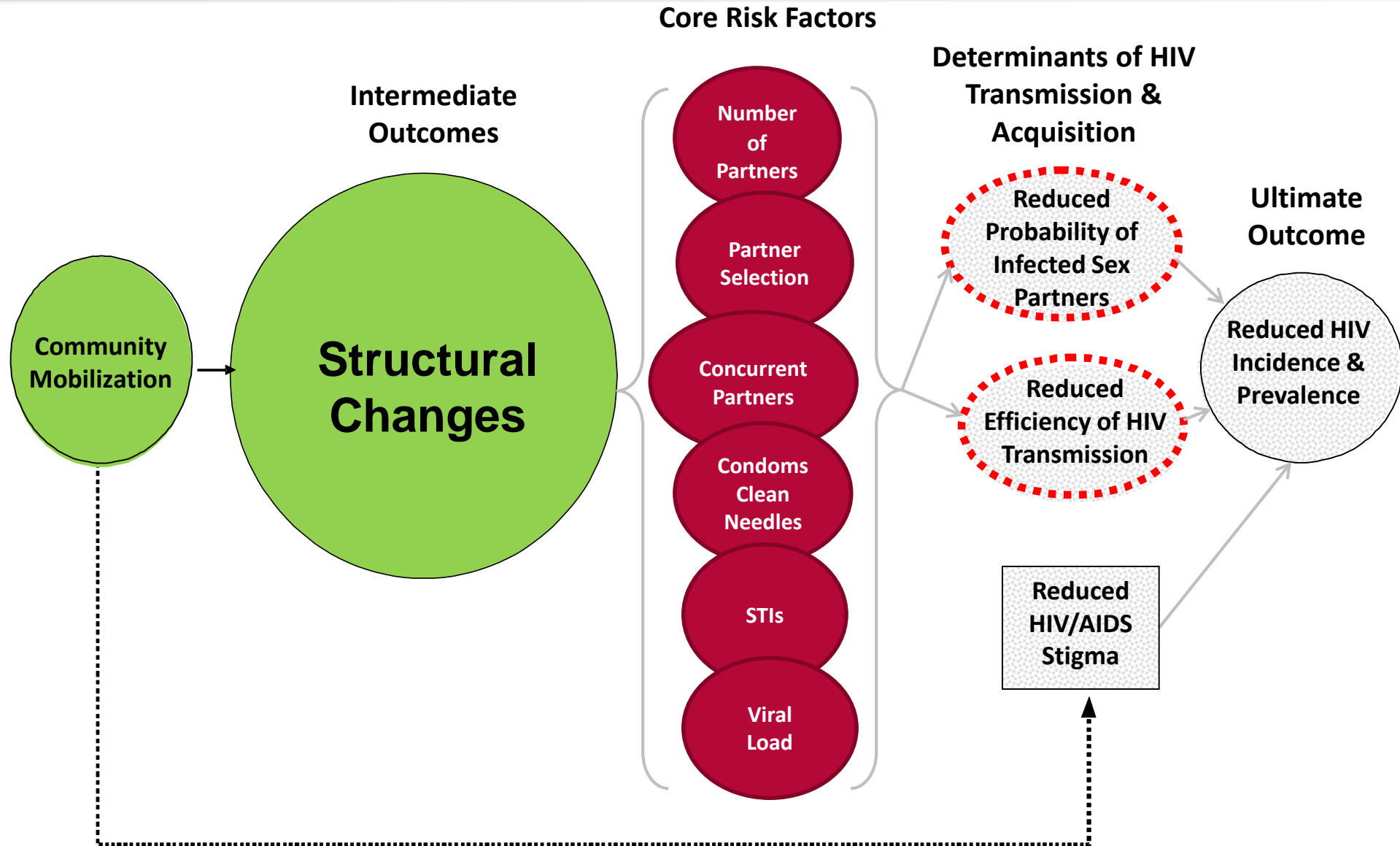
C2P Memphis – A Community Mobilization Initiative

- **Mission:** To mobilize allied community resources and execute an aggressive prevention strategy to reduce the rate of HIV and AIDS among at-risk youth and young adults (13-24yrs) through advocacy, awareness, and evidenced based interventions in Memphis and surrounding communities.
- **Collaborative Approach:** guided by C2P staff, community members identify the issues that are fueling risk among youth in their communities and come up with the “solutions” or structural change objectives to address those issues.
- **Coalition Partners:** diverse mix of power brokers, community stakeholders, decision makers and content experts (e.g., local/state health department, FQHC, ASOs, CBOs, grassroots organizations, colleges/universities, schools).

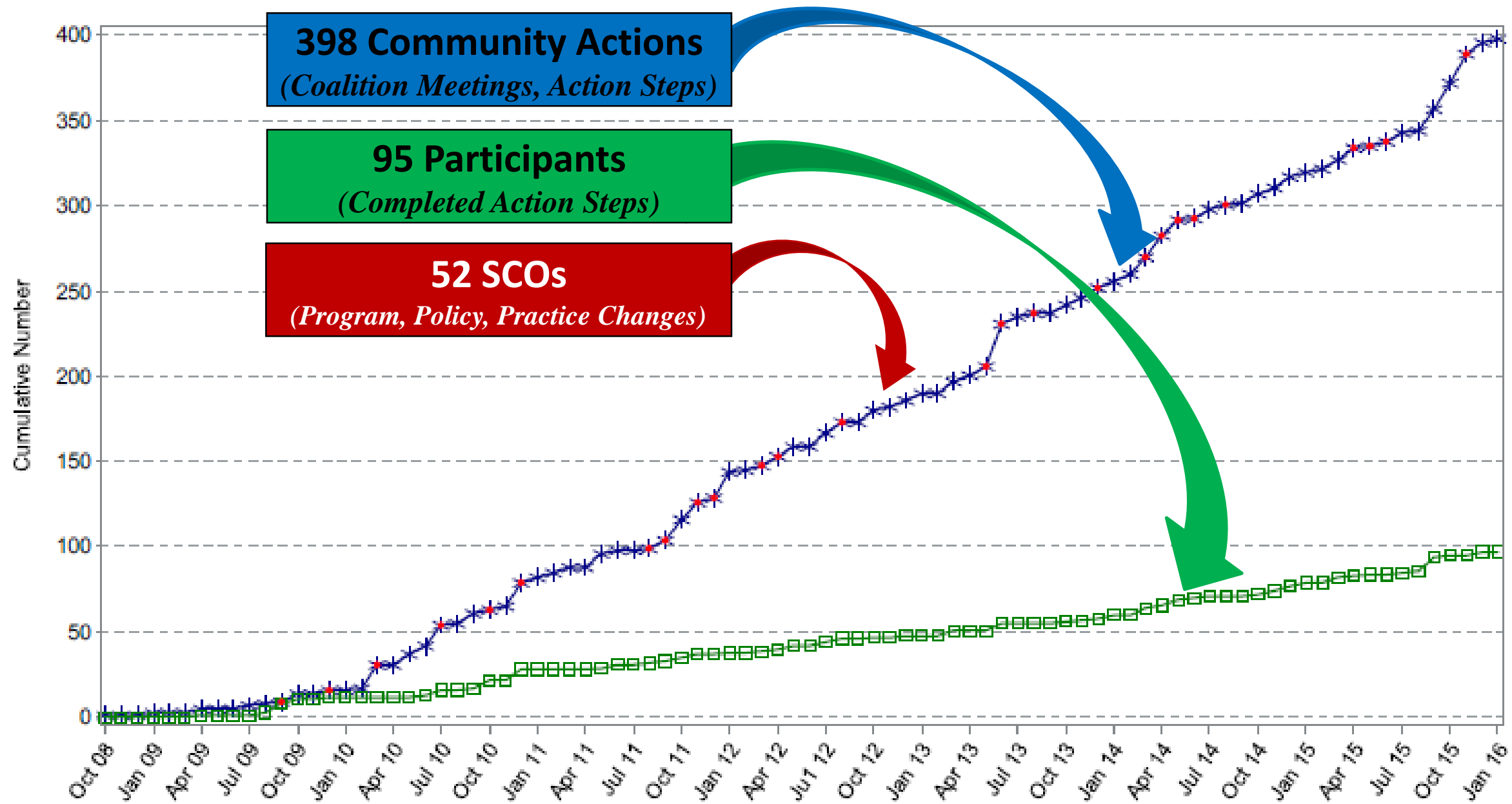
Connect to Protect – Addressing Structural Change through Community Mobilization



Connect to Protect Logic Model



Mobilization Accomplishments by C2P Memphis



SMILE Memphis

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- **Launched in 2010**
- **Goal:** To link all youth (13-24) with HIV diagnosis, into medical care
- **MOU between St. Jude's Infections Disease Department & the Shelby County Health Department**
 - A dedicated case manager/adolescent outreach expert (*i.e.*, *SMILE Linkage to Care Coordinator*)
 - Provides linkage to and retention in care services for HIV+ adolescents & young adults referred to the program by the testing location.

Brief Data Summary

Memphis SMILE Program August 2010 – October 2015

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SMILE Program data through October 31, 2015

Total number of Cases Referred	655
Average Number of Referrals per Month	10
% of Cases Linked to Care (LTC)*	78%
Of LTC, % Engaged in Care (EIC)**	96%
Of EIC, % Retained in Care (RIC)***	90%

**Linked to Care is defined as having attended a 1st medical appointment within 42 days after referral*

***Engaged is defined as having attended a 2nd medical appointment within 16 weeks after the 1st medical appointment*

**** Retained is defined as having attended a 3rd medical appointment no earlier than 30 days after the 2nd medical appointment and prior to 365 days post-EIC*

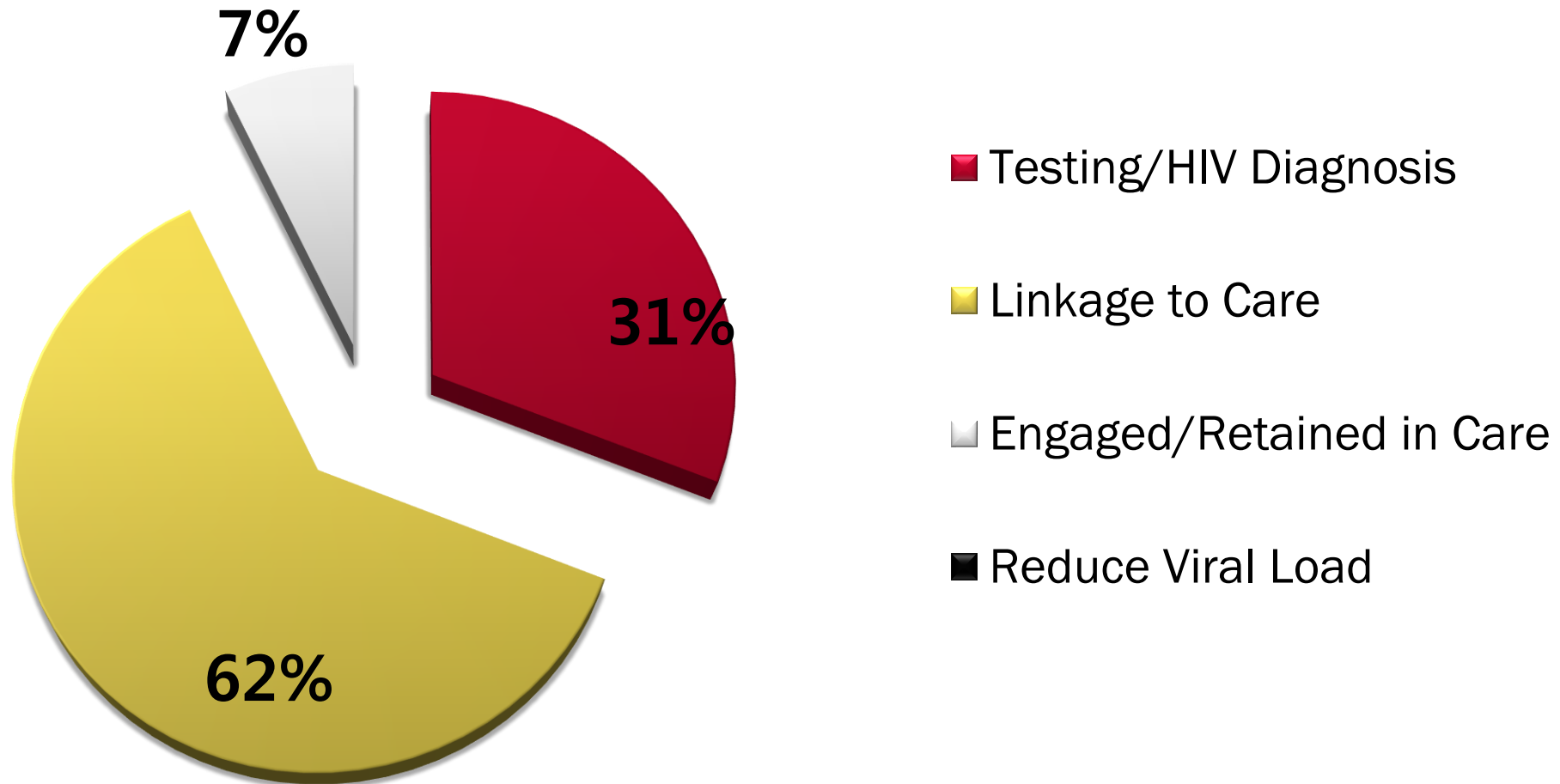
Integrating LTC into C2P Memphis Structure

- Formalized LTC subcommittee since 09/2011
- Approximate membership of 11
- SMILE Coordinator is co-chair of LTC subcommittee
- SMILE data presentations standing agenda item at working group meetings
- Ongoing capacity building activities with coalition around LTC
- Coalition members invite SMILE Coordinator to participate in testing and outreach events

Addressing YOUTH Barriers along the HIV Care Continuum through C2P Memphis Coalition

42 SCOs initiated & 29 (69%) completed

as of February 2016



LTC Scenario



- **22 y.o. MSM, referred to SMILE program by his partner, reports being well**
 - »
 - Diagnosed with HIV infection & Syphilis
 - Referred to the Health Department (HD) as a first step toward linking him to medical care

Barriers Identified: Health Department Policies

- Confirmatory testing results not given w/o state issued I.D.
- Additionally, Ryan White certification related paperwork could not be completed

LTC Barriers Identified through SMILE

Solution: Remove the existing barrier of requiring a state issued ID such as driver's license to do confirmatory HIV testing and complete Ryan White certification related paperwork.

- ❑ **SCO:** Shelby County Health Department modified policies to accept alternate identifiers from individuals seeking test results.
- ❑ **Key Actors:** Shelby County Health Department Managing Staff, Surveillance Staff, Medical Case Manager, Clinic Nurse Manager

LTC Barriers Identified through SMILE

Problem #2: ALL preliminary positives were required to obtain verification of Ryan White Medical Care Services from the Shelby County Health Department before services were rendered.

- ❑ **2 SCOs**: 2 new policies now reduce lag time between preliminary positive and initial appointment by allowing others (*youth/adult service providers*) to verify eligibility.
- ❑ **Key Actors**: TN Dept. of Health Central office Ryan White Staff; Assistant Manager of Infectious Diseases Shelby County HD, Lead Social Workers at medical care sites

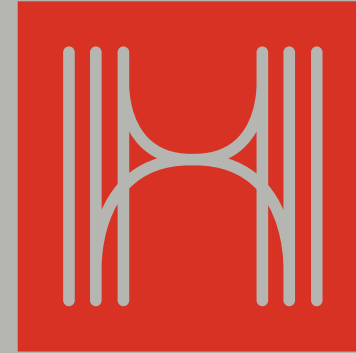
Bright Spots and Lessons Learned

- Local HIV Prevention Planning Councils (C2P) serve as a catalyst in shifting the HIV epidemic among black gay men.
- Pooling or sharing resource assets is a strong facilitator
 - Breakdown silos within the community
 - Improved Youth HIV LTC
 - Strong community partnerships
- Community coalition meetings are ripe forums for addressing stigma and discrimination in black gay communities.
- Shifting the HIV epidemic among black gay men is a shared responsibility
- Cultivating community relationships takes time.

Well thank you, thank you very much!



Andrea Stubbs, MPA
Mgr. - HIV Community Program
St. Jude Children's Research Hospital
Andrea.Stubbs@stjude.org



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Questions