2018

NATIONAL

RYAN WHITE

CONFERENCE ON HIV CARE & TREATMENT

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Learning Objectives

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

1. Share an enhanced cross-part collaboration between RWHAP Part B and RWHAP Part F

2. Explore an innovative model of community health work focusing on emotional support

3. Name three barriers to integrating Community Health Workers into HIV Primary Care teams and how to overcome them

Obtaining CME/CE Credit

If you would like to receive continuing education credit for this activity, please visit:

http://ryanwhite.cds.pesgce.com

Introductions

welcome!

Shared Lived Experience

Think about the last time you went to see a medical provider – how did it feel to be there?

What were the dynamics of your relationship with the provider?

The Genesis of the Program

Can emotional support from Peers improve viral load suppression and engagement in care?

Institutions of Government, Medicine, and Education

History of the NJ CHW Program

New Jersey Department of Health (NJ DOH) approached the AIDS Education and Training Center (AETC) about developing a model of Peer Support in New Jersey

The AETC researched models of Peer Support that had evidence supporting improved suppression and/or retention in Ryan White HIV/AIDS Programs

The AETC using materials from RWHAP SPNS projects developed a model of Community Health Work for New Jersey RWHAPs.

The AETC partnered with the HIV Prevention Community Planning Support and Development Initiative (CPSDI) to develop programmatic supports and provide training and technical assistance.

CPSDI and the AETC develop and debut the CHW database

Community Health Worker (CHW)

A **Community Health Worker** (CHW) is a frontline **public health** worker who is a **trusted member** of and/or has an unusually close understanding of the community served.
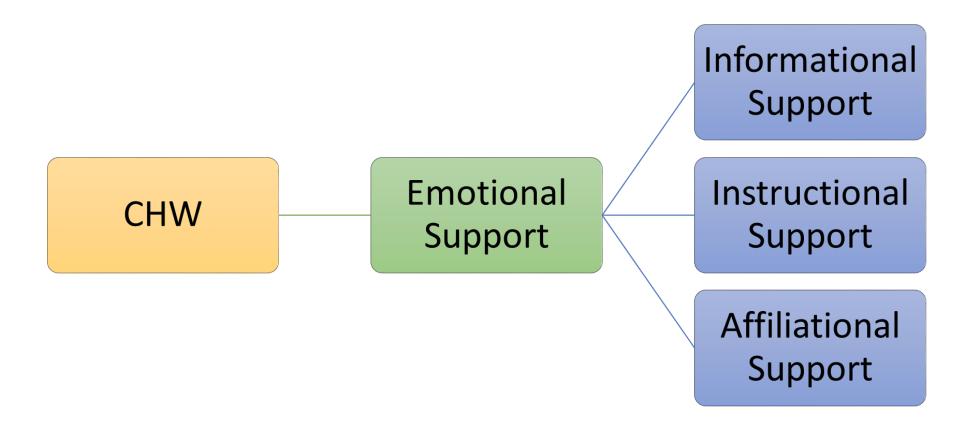
What makes CHWs unique?

- Credibility and trust

- Positive role model

- Access to someone who has been there

- Facilitate communication with medical staff

- Focus on Empowerment

- Share personal experience

CHW Roles
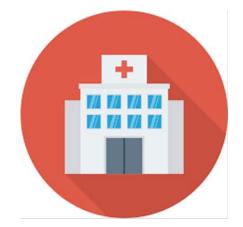
Community Health Work

- Shared Lived Experience with Communities Served
- Formal Integration into Clinical and Supportive Care Teams
- Documentation in EMR/EHR
- Case Finding and Re-Engagement
- Emotional Support
- Adherence Support
- Social Networking for Resources

Partnerships

Community-Based Organizations

HIV Primary Care Clinics

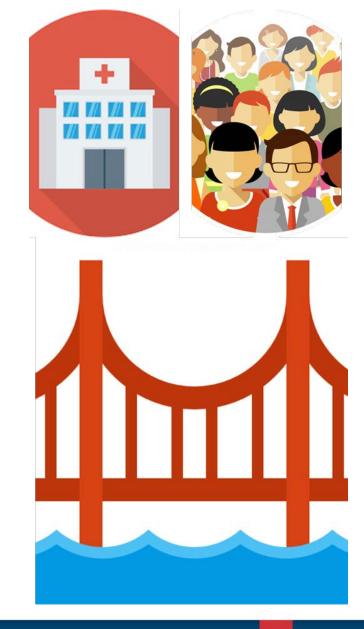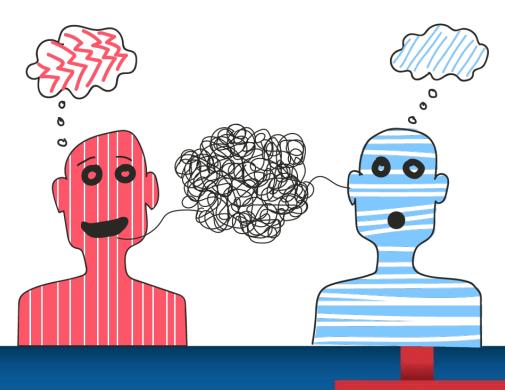# Cultural Brokers

- CHW is the person who is in both clinical and community-based networks.

- This allows for:
  - Culturally-responsive services
  - Better communication between all providers and client
  - Better and faster access to needed resources through relationships CHWs have built with providers
  - Timely follow-up for all services
  - Providing a bridge when barriers first develop

Bi-Lingual Services

CHW Teams aims to have one of the members fluent in Spanish to provide CHW services in the preferred language of clients facing challenges to access and engagement due to linguistic barriers.

CHW Tasks

Provide emotional support

Case Finding/Lost to Care Outreach

Accompany client to a medical visits (HIV Primary Care and other Specialties)

Remind client about a medical or social service appointment/visit

Provide education on the HIV viral life cycle

Discuss HIV medications/treatment readiness, lab values, drug resistance and adherence, sexual risk reduction, and drug use/harm reduction.

Talk with client about disclosure

Mentoring on provider interactions

Assist with scheduling transportation and making appointments for Primary and other Specialty Care

Assist with housing services

Assist with making appointment/visit for other support services
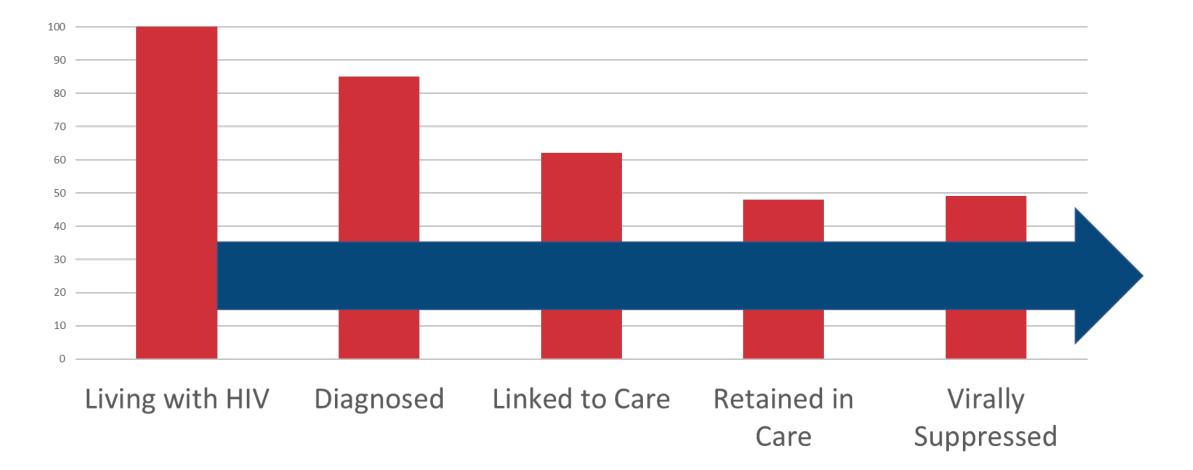
Assist with accessing medications

Follow-up with client about a service or referral

Care Team Case Conference

Provide Affiliational/Network Support

CHWs Along the Continuum

The Gift of Time

CHWs can bring patients and clients a witness to their experiences that is not forced into a revenue cycle.

CHW Program Supports

AETC CHW Capacity Building

- Adapted PREParing Peers for Success Curriculum
  - Biomedical Prevention Updates
  - Undetectable=Untransmittable (U=U)
  - Team-Based Care and HIV-Related Stigma
  - Also adapted Supervisory program
- CHW On-Site Technical Assistance
- CHW Systems Consultations
- Integration with AETC Practice Transformation Project

Health & Disability Working Group, Boston University School of Public Health. (2014). PREParing Peers for Success: Peer core competency training. Retrieved from http://www.hdwg.org/prep/curricula

NJ CHW Program Tools

- CHW Cell Phone
- Service Recovery for Transportation
- Engagement Facilitators

CHW Programmatic Self-Assessment

- Unencrypted SMS (text) messaging for Linkage, Retention, and Engagement

- Home visits for Linkage, Retention, and Engagement Consent

- Transportation Guidance – use of CHW accounts in accordance with RWHAP guidelines

- CHW incentives as Facilitators to support Linkage, Retention, and Engagement

Programmatic Element	Implemented	In Progress	No Progress	Notes/Barriers
Engagement Facilitators tracking and reporting procedures				
Agency policy regarding CHW use of cell phones (including availability, appropriate use, and storage)				
Agency policy for the use of unencrypted SMS messaging for Linkage, Retention, and Engagement				
Agency procedures for reporting potential PHI disclosures and HIPAA violations				
Agency policy regarding CHW off-hours service provision and communication with patients/clients				

AETC AIDS Education & Training Center Program

New Jersey Community Health Worker Supervisory Training Programmatic Self-Assessment Tool   SEPT/2018

Rutgers HIV Prevention CPSDI and AETC

- Technical Assistance

- Onsite Training

- Programmatic Support in Policy and Procedure Development

- Coaching for Integration

- Tailored training by request through multiple capacity support networks
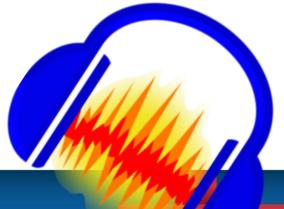
Quantitative Data - The Database

- Captures task frequency and service intensity

- Creates a "newsfeed" of services for each patient/client

- Measures individual and team efforts

- Focuses on actions steps towards improvements in clinical and wellness outcomes

Qualitative Data - The Audio Project

- NJ CHWs share their stories of clients' struggles and successes

- This audio data is used:

  - as an orientation activity for new CHWs

  - as a promotional tool for utilizing CHWs in health care settings

  - to support the program's efficacy with funder

CHW Audio Project

Audio Project Transcript – Trisha

I have a client who I have been working with who has some serious health issues. And, he had a very low compliance rate. His case manager suggested I start going to his medical visits with him and the client agreed to that. And, me and this client were able to click very easily. And ah, I have been going to his medical appointments for about the last four months. He has not missed any appointments in the last four months. He has gone to all of his appointments. He has been doing very, very well.

Ah, I remember in the very beginning one of his doctors was very upset because they had made several appointments for him. They told me it takes a lot of work setting this stuff up and he never followed through. And, you know, I apologized to the doctor and I said, "that's why I'm here, um, to help with this whole compliance issue". And he has not missed an appointment. And I have probably been to 15 or 20 appointments with this client in the last four months. And he has been to all of them. And he has been in care and taking care of his medication and doing everything that he is supposed to do medically.

And, my work with him has been very, very successful. So, he is very comfortable with me and he has an understanding of what's going on. So, it's been very, very good. It's been very rewarding.

It's very satisfying knowing that, you know, I am able to help someone understand what's going on and at the same time improving his health and his self-care. I think he just feels comfortable knowing that somebody is there with him every step of the way.

Lessons Learned

Key Lessons Learned

- New systems may need to be created to provide care to Persons Living with HIV who also work in RWHAP systems due to implicit bias and perceived or actual stigma

- Program Supervisors need significant amounts of support to integrate CHWs into the programs

- All levels of the RWHAP need to be educated on the role of CHWs (Community, Clinic, and Government)

- CHWs must have equitable access to patient records and files to be effective and informed

- "Community Health Worker" is the language which facilitates care team integration and systems uptake

- Establishment of a Community of Learning enhances identify and self-efficacy of the CHWs and the network

Democratizing Experience

CHW ECHO

Project ECHO is a lifelong learning and guided practice model that revolutionizes medical education and exponentially increases workforce capacity to provide best-practice specialty care and reduce health disparities.

The heart of the ECHO model™ is its hub-and-spoke knowledge-sharing networks, led by expert teams who use multi-point videoconferencing to conduct virtual clinics with community providers.

New Jersey Community Health Workers

- Yvette Matthews
  - Hyacinth AIDS Foundation

- LaToya Goodman
  - Hyacinth AIDS Foundation

- Gloria Taylor
  - Jefferson Health New Jersey

Questions or Comments