2018 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Strategies to Link and Re-engage Women of Color in Care and Treatment: Lessons from Peer-Led Programs

December 14, 2018

Presenters

Boston University

Serena Rajabiun

Alexis Marbach

AIDS United

Alicia Downes

AIDS Care Group

Allison Byrd

Mo Wahome

Ann Ferguson

Howard Brown Health Center

Lasheena Miller

LeSherri James

Meharry Medical Center

LaToya Alexander

Dr. Vladimir Berthaud

Objectives

- Describe the system, provider and individual factors influencing women and transgender women of color to engage in care
- Gain strategies for adapting peer interventions in a clinic and community setting to create partnerships to reach women
- Share resources and tools to work with women and communities to reduce barriers to care

Dissemination for Evidence Informed Interventions Initiative (DEII)

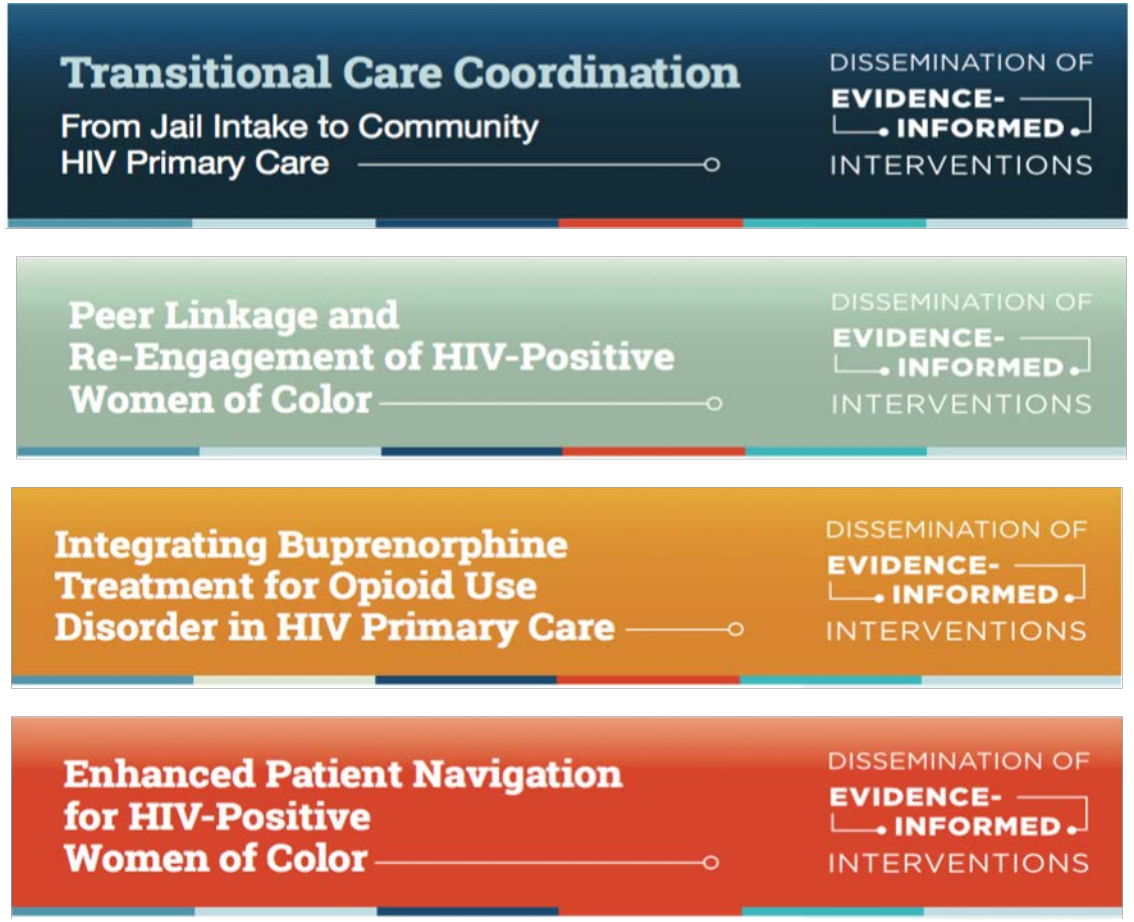
Four-year Cooperative Agreement with HRSA Special Projects of National Significance (SPNS)

Funding amount of $3 million/year for the ITAC, with $2.4 million going to implementing sites

Replicates four previously-implemented SPNS initiatives

HRSA
Health Resources & Services Administration

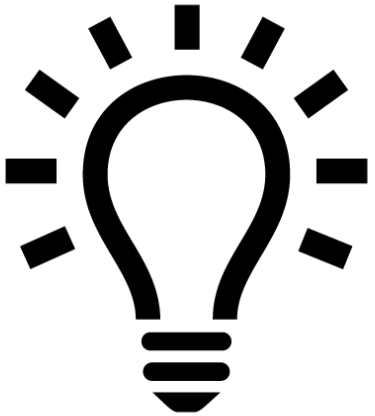
Interventions Being Replicated



AIDS United

Implementation and Technical Assistance Center (ITAC)

Select & Fund 12 Sites



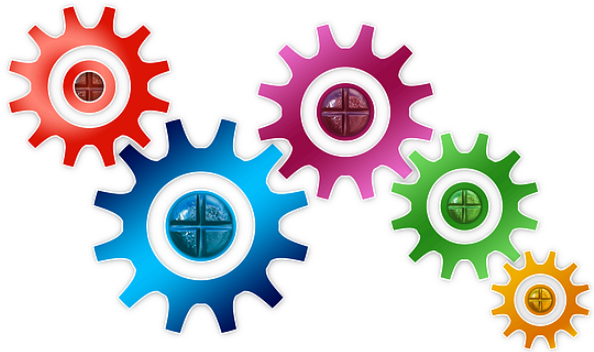
Provide TA

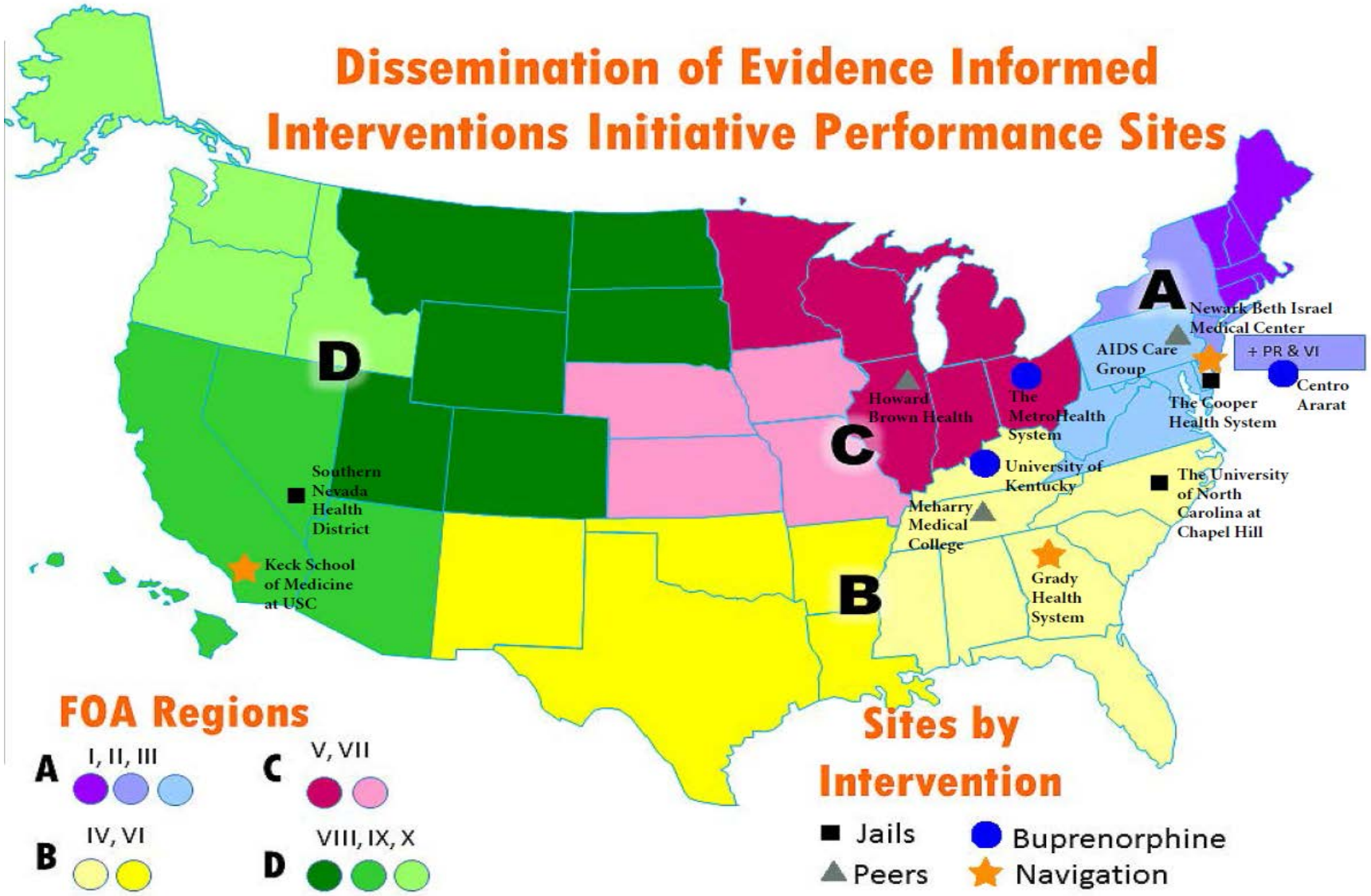
Coordinate Experts

Boston University

Dissemination and Evaluation Center (DEC)

- Adapt and design 4 intervention models for replication
- Design and implement multi-site evaluation
- Studying both patient outcomes (including retention in care and viral suppression) and implementation findings (what works in practice and what facilitates/hinders implementation)
- Publish and disseminate final adapted interventions and study findings



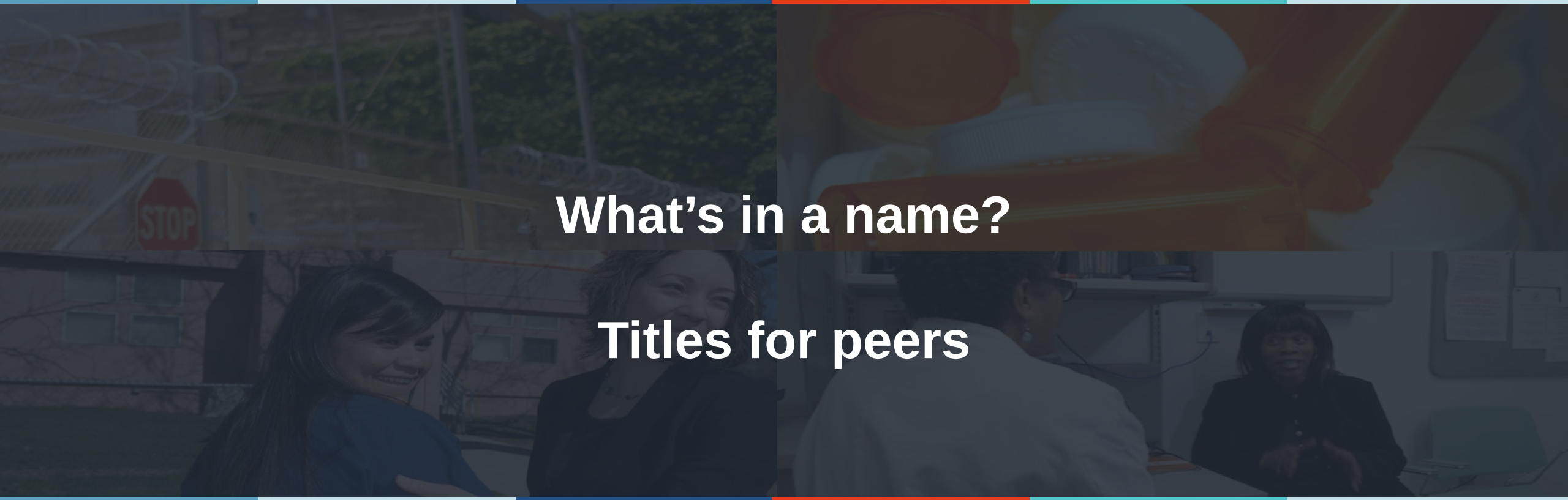

Dissemination of Evidence Informed Interventions Initiative Performance Sites
A
B
C
D
Newark Beth Israel Medical Center
AIDS Care Group
+ PR & VI
Centro Ararat
The Cooper Health System
Howard Brown Health
The MetroHealth System
University of Kentucky
Meharry Medical College
The University of North Carolina at Chapel Hill
Grady Health System
Southern Nevada Health District
Keck School of Medicine at USC
FOA Regions
A I, II, III
B IV, VI
C V, VII
D VIII, IX, X
Sites by Intervention
Jails
Peers
Buprenorphine
Navigation

Peer Linkage and Re-Engagement Intervention Overview

PEER LINKAGE AND RE-ENGAGEMENT
For Women of Color

Intended for organizations, agencies, and clinics considering a short-term intensive peer-focused model to increase linkage of newly diagnosed and re-engagement of known HIV-positive women of color.

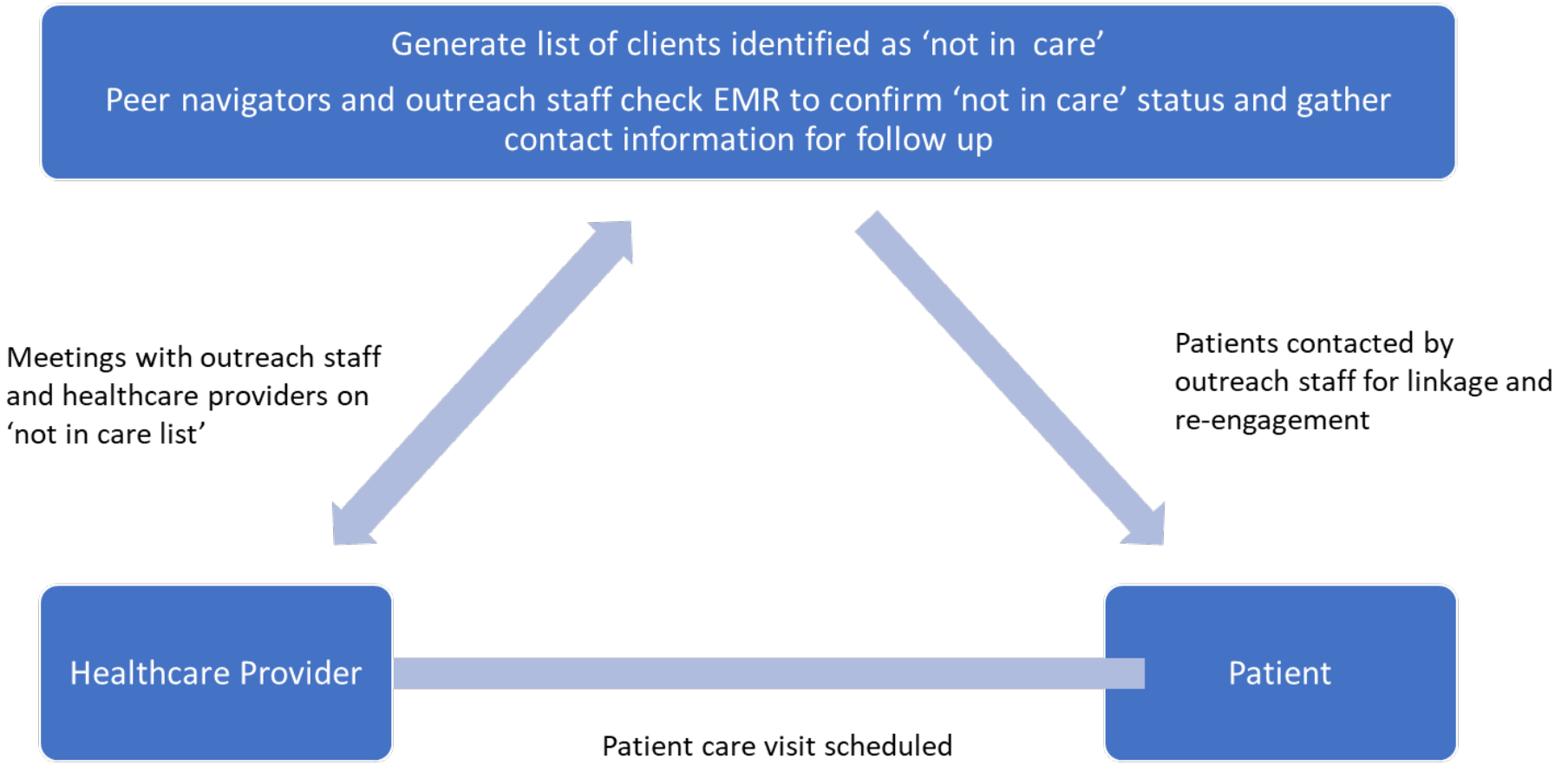
4 month intervention to achieve the following outcomes:
attendance to two medical care visits with a prescribing provider;
completion of one lab visit; and
completion of one visit with a case manager.

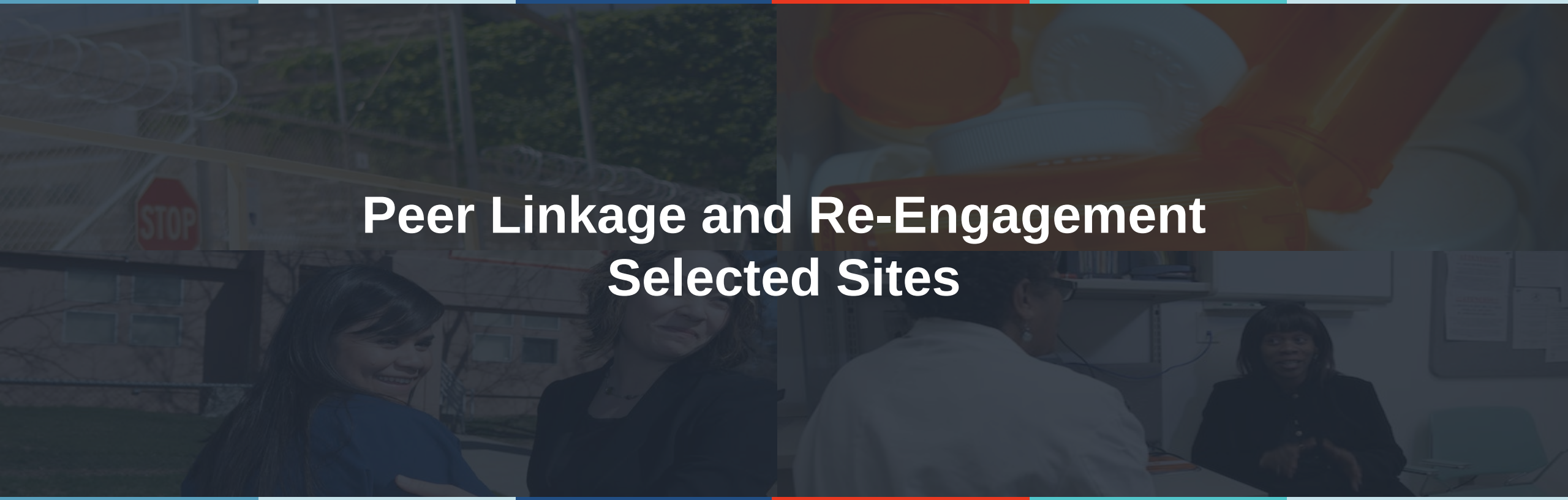


What’s in a name?

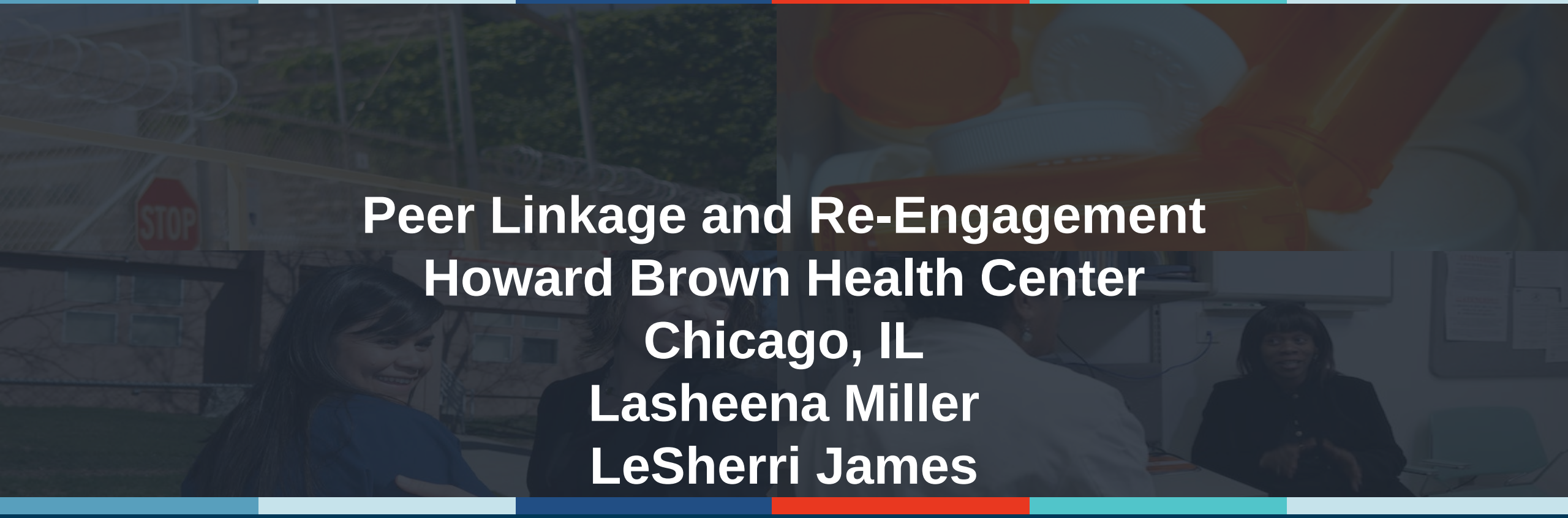
Titles for peers

Peer Linkage Model





Peer Linkage and Re-Engagement
Selected Sites



Peer Linkage and Re-Engagement
Howard Brown Health Center
Chicago, IL
Lasheena Miller
LeSherri James

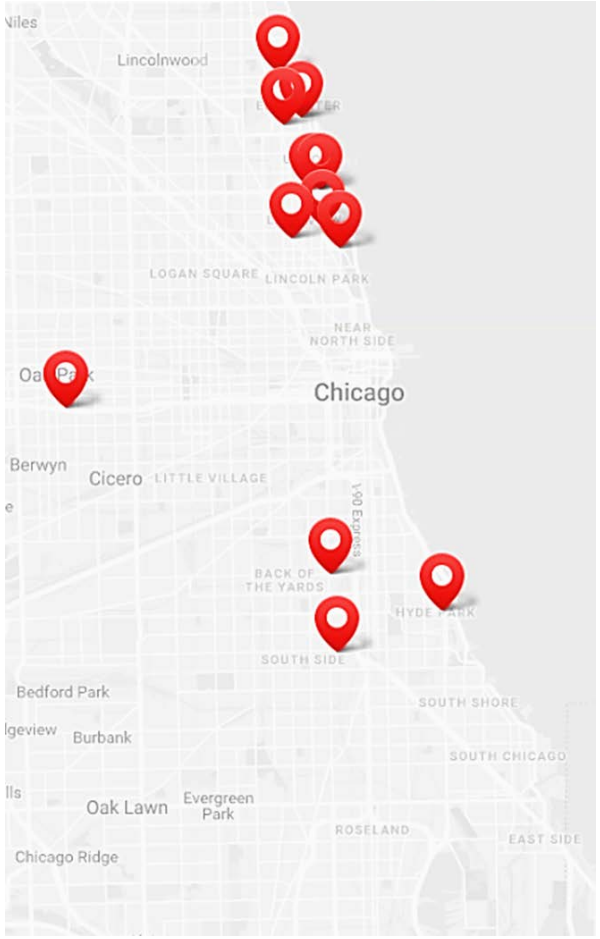
Howard Brown Health

Located in Chicago, IL
Newly opened clinic in the Englewood Community, with high rates of HIV
Intentionally enrolling both cis and transgender women
Peers have led the creation of support groups and are conducting community outreach to increase enrollment

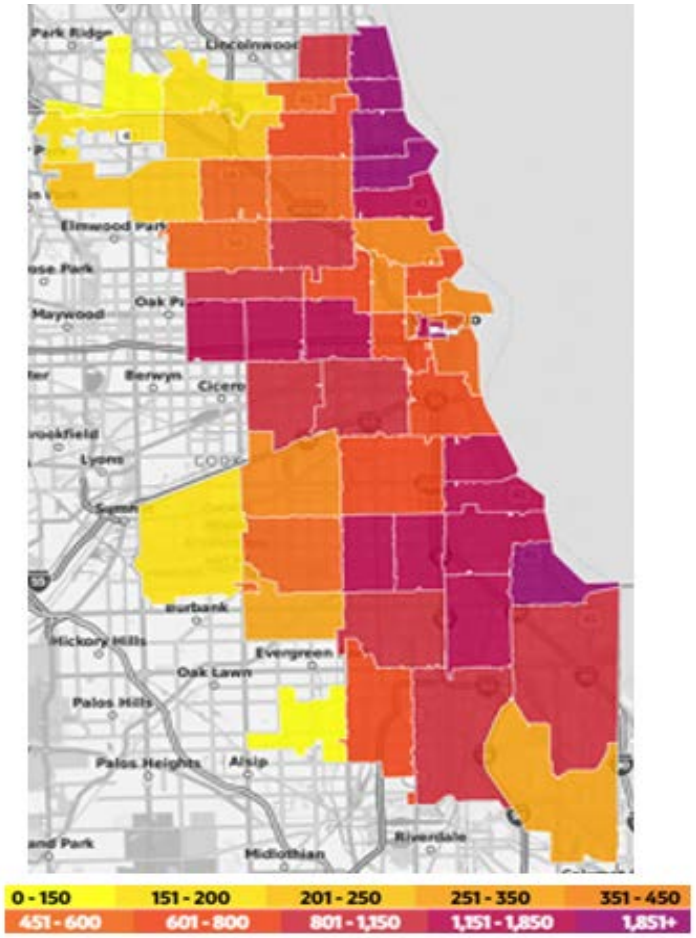
Howard Brown Health

- **Network of Federally Qualified Health Centers (FQHCs) across the City of Chicago**
- **“Exists to eliminate the disparities in healthcare experienced by lesbian, gay, bisexual and transgender people through research, education and the provision of services that promote health and wellness.”**

Howard Brown Health 63rd St.



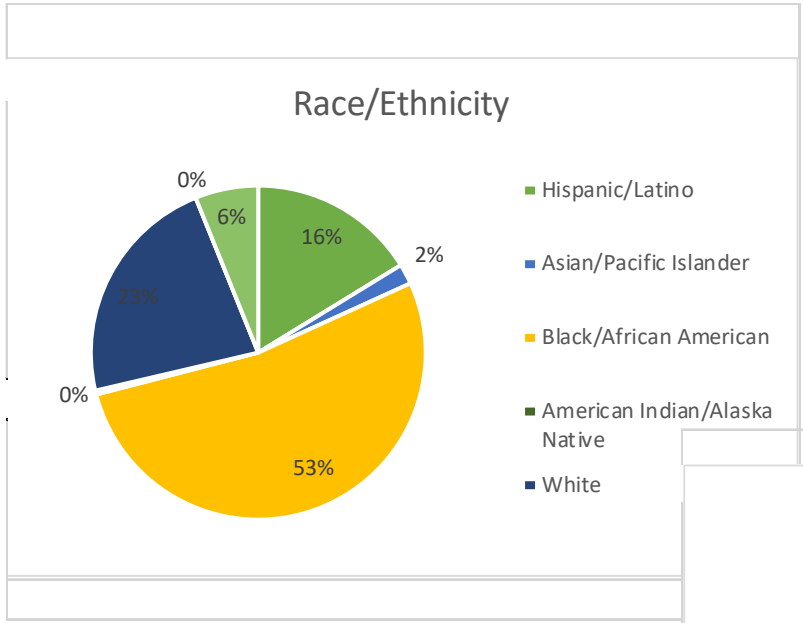
Rates of Persons Living with Diagnosed HIV in Chicago 2015

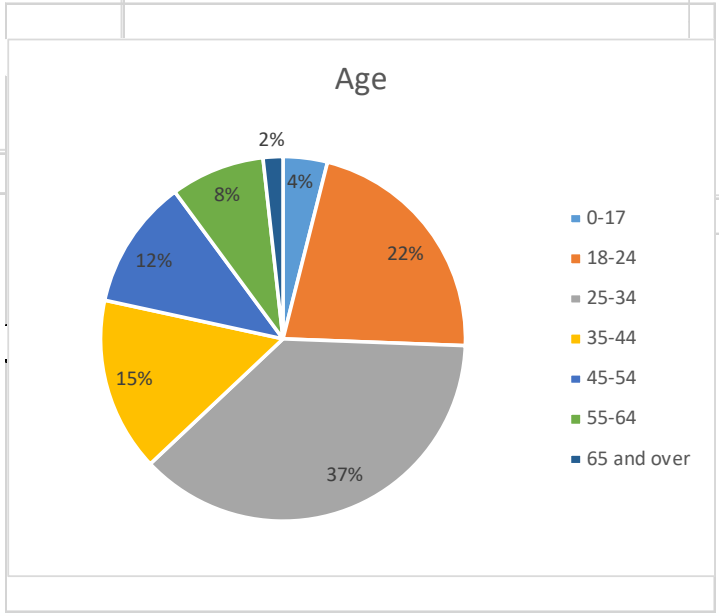


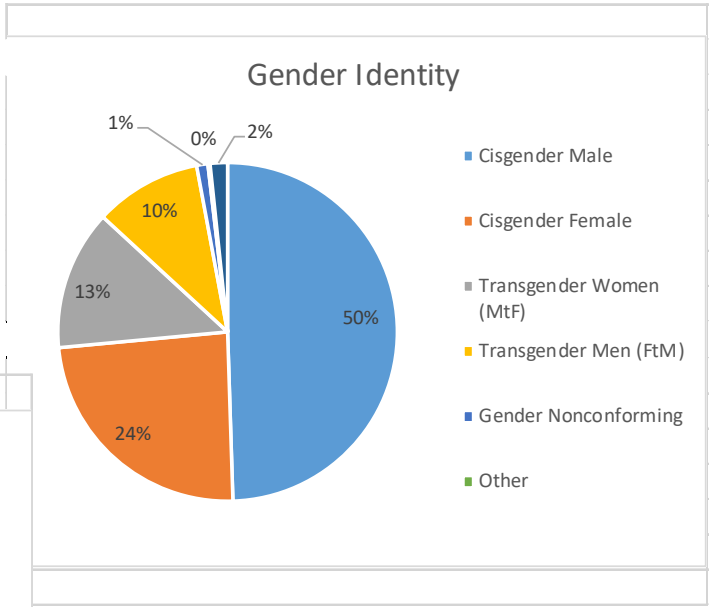
Implementation at 63rd St.

- Morning huddle before the start of clinic
- Medical providers buy-in
- Monthly emails sent to HBH Southside sites
- EMR has a peer linkage desktop which is used to route eligible clients to peer interventionist
- Peers have led the creation of support groups and are conducting community outreach to increase enrollment

HBH 63rd Client Demographics







MSE Demographics

51 Total Participants Enrolled

Gender

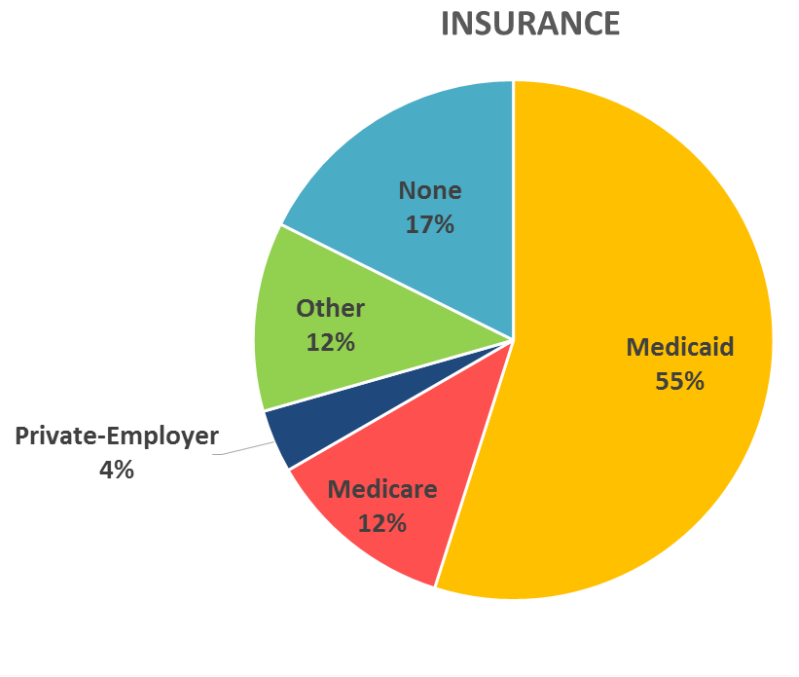
- Cis female-identified, 32
- Trans female-identified, 13

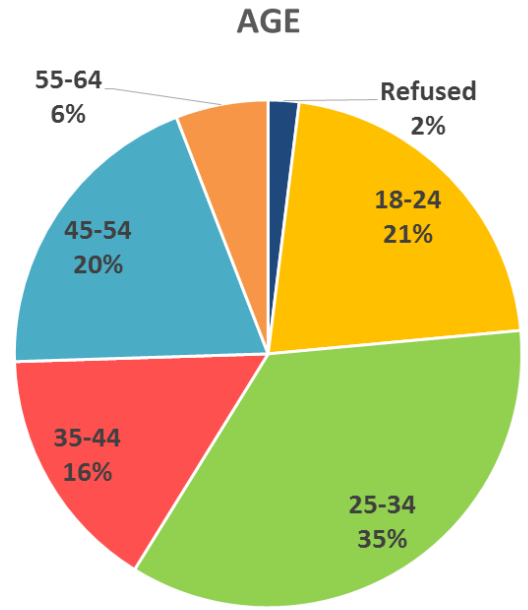
Race

- Black/AA, 46
- Multiple Races, 5

Age

- 19-62, Average ≈ 35 years of age





Partnerships

- **Identify agencies providing similar services**
  - AFC, CDPH, Planned Parenthood

- **Identify CBO's servicing target population:**
  - Local beauty salons/barbershops
  - Women's Recovery Homes/Transitional Housing Programs
    - In the Spirit Transformational Living, Primo
  - Libraries
  - The Meow University
  - Colleges
    - Kennedy King College, Olive Harvey College

Implementation Successes

- **Howard Brown Health marketing**
- **Welcoming/Inviting Environment**
  - Waiting room and exam room are decorated with pictures, statues and the walls are painted in bright colors
- **Staff mirror the clients we are serving**
- **Well trained peer(s)**
  - Peers are able to complete MAP applications and make other referrals based upon clients needs

Implementation Challenges

- **New Clinic, New Patient Population, Old Reputation**
- **Stigma**
  - "The gay clinic", "The HIV clinic"
- **Distrust**
- **The Clinic Building**
- **Part Time Data Person**

Lessons Learned

- Early diagnosis and treatment is important for ALL populations.
- An understanding of each patient's needs is essential for effective linkage and retention.
- We can learn something valuable from each and every patient.
- Strong partnerships between AIDS Service Organizations, public health depts, social services providers are vital in enhancing the continuum of care.
- Gaining the community's trust is vital to success

Peer Linkage and Re-Engagement

AIDS Care Group

Chester, PA

Allison Byrd
Mo Wahome
Ann Ferguson

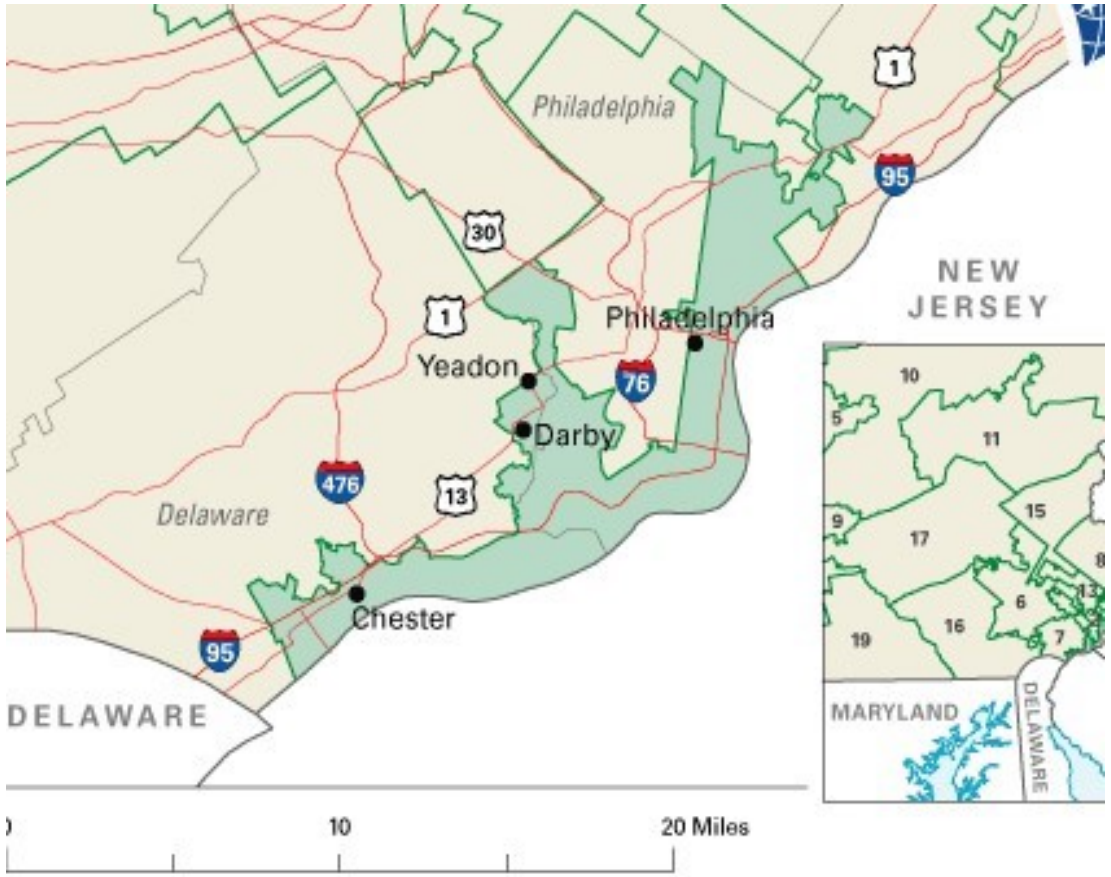
AIDS Care Group

Incorporated in 1998 to serve a medically underserved area in Chester PA and surrounding communities

First received Ryan White funding in 1999 – now funded through Parts A, B, C, D and SPNS

Continuum of care includes primary HIV medical care, dental care, screening and treatment for STIs, Prep, psychological services, nutritional care, medication assisted treatment for opioid use disorders.

Other services include specialty care for HCV, in-house pharmacy (with free home delivery!) and medication adherence, outreach, transportation, food distribution, case management and housing counseling.



Geographic area served

SE PA – majority of patients reside in Delaware County – just ***outside*** the City of Philadelphia, one of the "collar" counties – 3rd highest incidence rate for HIV in Pennsylvania

Three primary care clinics – one in Berks County – an emerging high incidence area with high rates of poverty, substance use and a large Latino population

Delaware county clinics are at two ends of the County. The eastern one is adjacent to Philadelphia which draws patients from West and SW Philadelphia. This is the primary area of referral for immigrant population served.

The original clinic is located further west – in Chester. This area is the only city within the county – and is a medically underserved area. The population is 76% minority, unemployment rates are high, the school district ranks last in the State and poverty is pervasive.

Demographics of target population

939 patients reported in 2018

80-90 new patients seen annually

67% of patients served are minorities

40% of patients seen are women

Large immigrant population – primarily African immigrants

60% of patients have Medicaid or no insurance

Peer Linkage and Outreach program

- Agency outreach originally funded by the Congressional Black Caucus funding – then through MAI funding
- Outreach team now consists of four members – coordinated by the PI of the Peer Linkage to women program
- Data reviewed regularly for patients not seen in 3-6 month period and team dispatched to find those who have consented to outreach
- Regular searches for incarcerations / hospitalizations
- Staff members report patients who miss appointments or who may be at risk for falling out of care for outreach
- Integrating the women's peer outreach team into this program

Role of women's peer team

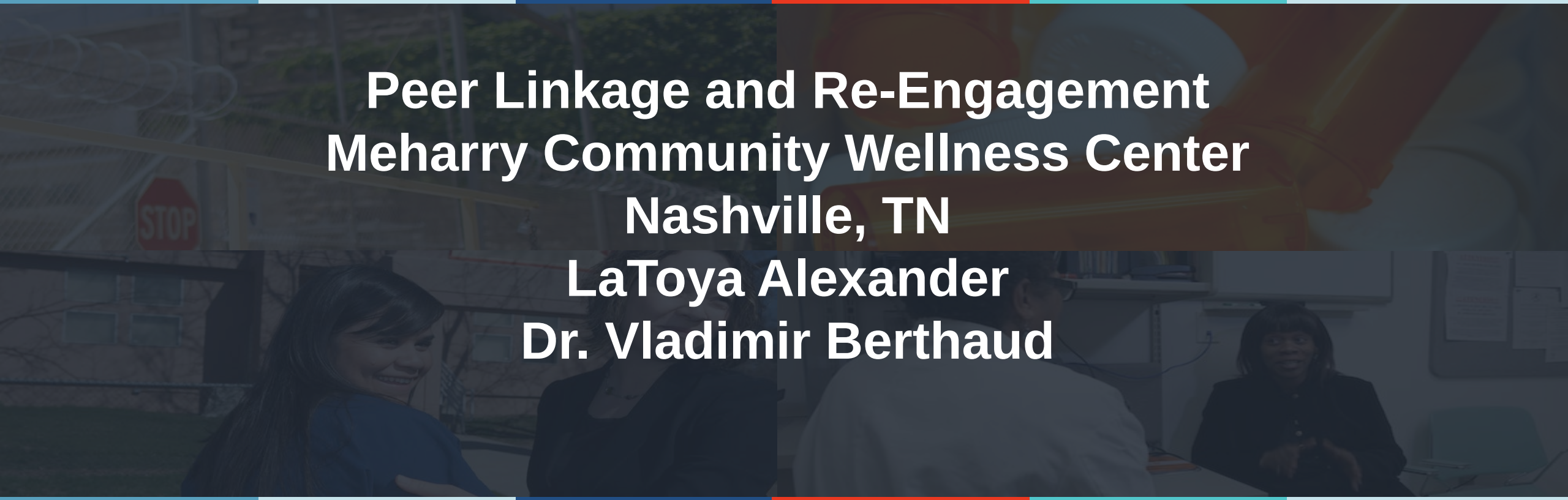
- Introduce new women in care to the practice and the vast array of supportive services available to them
- Offer in person and telephone support as a peer on an as needed basis
- Accompany women to appointments as requested / indicated
- Warm handoff to on-going case management system
- Share personal experiences as needed and appropriate
- Model self care and adherence to women entering into care or returning to care
- Relay their unique perspectives, insights and experiences with patients to members of the interdisciplinary teams
- Participate in team conferences as a member of the clinical team

Challenges

- Stigma and fear associated with diagnosis – makes women reluctant to come into clinic
- Lack of insurance
- Support systems challenged by stigma and fear of disclosure
- Cultural issues related to medical care, understanding of disease, language barriers
- Trust develops with peers / need to provide warm handoffs to case managers to insure continued trust

Additional challenges and Lessons Learned

- Peers – working with peers new to full time employment - navigating benefits / budgets / professional roles and responsibilities
- Relationship between peers and co-workers
- Establishing the unique boundaries of peers with clients
- Monitoring peers with both clinical and administrative supervision
- Monitoring any employee with past substance use issues



Peer Linkage and Re-Engagement
Meharry Community Wellness Center
Nashville, TN

LaToya Alexander
Dr. Vladimir Berthaud

Meharry Community Wellness Center

Meharry Medical College is located in Nashville, TN
One of the nation's oldest and largest historically black academic health science centers
Peer services delivered from the Meharry Community Wellness Center, a designated AIDS Center of Excellence
Wraparound services are provided to women through
Meharry's Outpatient System

MEHARRY COMMUNITY WELLNESS CENTER

OUR PURPOSE

The pursuit of excellence in patient healthcare service delivery

MISSION STATEMENT

To eliminate the disparities in infectious diseases in Nashville/Davidson County

PRIMARY TARGETS

HIV/AIDS, hepatitis, and sexually transmitted infections

MEHARRY MEDICAL COLLEGE

VISION STATEMENT

Meharry Community Wellness Center strives

to provide high standard of comprehensive longitudinal patient-centered care through a medical home model,

promote wellness

and raise community awareness

VALUES

Compassion, **O**utreach, **R**espect and **E**mpathy shape the **CORE** values of Meharry Community Wellness Center.

MEHARRY MEDICAL COLLEGE

HIV Services Provided

HIV CARE

Primary Medical Services

Medical Case Management

Mental health and drug treatment

Women's health services

Oral health services

HOPWA

Adherence counseling and outreach

HIV PREVENTION

Rapid HIV Testing

HIV Prophylaxis (PrEP and PEP)

STD Testing and Treatment

Hepatitis C Center of Excellence

MEHARRY MEDICAL COLLEGE

Additional Services

Psychiatry

Psychotherapy

Substance Abuse Services

Women's and Children's Health

Minor surgery, proctoscopy, pre-and post-operative care

Telemedicine

Faith Based Clinic

Oral Health services

Pharmacy

Food Pantry

Legal Aid

Medical Transportation

Health Insurance Assistance

Peer Linkage Implementation

Identification of newly diagnosed women:
On-site HIV testing and referrals

Engagement: Immediate enrollment and ART initiation

One-week follow-up

Other appointments: women's clinic, oral health

Peer Linkage Implementation

Re-Engagement of women with > 6-month clinic visit:
EIS Worker and Peers try to locate and re-engage clients

EIS Worker contacts local and state health departments for clients lost to care

EIS Worker schedules clients in collaboration with DEII team

Focus on social determinants of treatment adherence

Medical re-evaluation (focus on co-morbidities)

Meharry Partnerships

Internal

School of Dentistry

Elam Mental Health Center

Outpatient Specialty Clinics

Nashville General Hospital

External

TN Health Department

Nashville Health Department

Metropolitan Interdenominational Church/First Response Center

TN Department of Corrections

Nashville CARES

Street Works

Matthew Walker Health Center

Mental Health Coop.

CenterStone

Outreach/Events

- Women's organizations and special events
- Neighborhood clinics and clubs
- Health fairs
- Messaging at radio health talk show
- HIV Black Awareness Day
- National HIV Testing Day
- World AIDS Day
- Annual Jackie Fleming-Hampton Lecture Series
- Annual Elam Mental Health Center Symposium
- Local HIV lectures and invited presentations

Implementation Successes

ACCEPTANCE RATE 100%

So far, every person who has been approached about participating in the Peer Linkage and Re-Engagement intervention has agreed to participate.

Every participant has been very satisfied and grateful for our intervention.

Intervention Successes

Coordinated Care Team:

- Peer Interventionist
- Substance use counselor
- Medical provider
- EIS Worker
- Medical Case Manager
- Patient Service Representative

Implementation Successes

Seamless and full integration into Meharry Community Wellness Center

Strong staff and senior leadership support

Varied client support and medical services

Access to public transportation

Providing childcare space

Implementation Challenges

Clients verbalize feelings of stigma

Competing life priorities

Feelings and fear of isolation

Mental health and substance use

Homelessness

Communication with patients

- Phones lack call minutes and changed addresses

Peer Linkage and Re-Engagement Cohort Level Data

Clients: 197 women

Characteristics	N (%) or mean (SD)
Gender	
Female	172 (87.3%)
Transgender	19 (9.6%)
Other identified	6 (3.1%)
Race/ethnicity	
African-American/Black	184 (93.4%)
More than 1 race (Hispanic/Black)	12 (6.1%)
Hispanic	1 (0.5%)
Age	41.9 (12.2)
<30 years	41 (20.9%)
31-54	121 (61.7%)
≥55	34 (17.4%)
Education	
Less than high school	59 (30.3%)
High school diploma	76 (39%)
Household characteristics	
Caregiver for children < 18	75 (39.7%)

Clients: 197 women

Characteristics	N (%) or mean (SD)
Country of origin	
US	165 (83.8%)
Foreign-born	32 (16.2%)
Incarceration history	
Yes	45 (23%)
Homeless in past 12 months	63 (32%)
Trauma history	
Ever experienced physical harm	97 (51.9%)
Ever experienced physical harm as a child	73 (39%)
Substance use risk, (daily or weekly use)	
Tobacco	101 (51.5%)
Cannabis	52 (26.7%)
Alcohol	30 (15.3%)
Cocaine	20 (10.3)
Unmet needs	
Total	1.8 (1.3)
Housing	79 (82.3%)
Transportation	60 (41.9%)
Benefits	45 (31.4%)

Encounters

- Relationship building, providing emotional support
- Providing coaching on living skills
- Providing appointment reminders (medical & non-medical)
- Discussing medical appointments
- Promoting HIV treatment education & support

Services Provided to Client

Identified client needs and barriers to care

Identified care plan goals

- Disclose to mother
- Employment
- Take meds

Met with client weekly and then twice monthly

Connected with peer's personal story

Developed trusting relationship

Coaching on treatment adherence

Provided wrap around services

- OBGYN, ID physician, peer, mental health provider, and medical case manager.

Client has successfully graduated from the program and still not ready to disclose

Lessons Learned, Resources, And Next Steps

Lessons Learned: Peers' Perspective

Peers' readiness to perform the job

Peers' level of comfort with staff, clients and program

Peers' confidence with the project

Identification of barriers: phone contact, housing status, and home environment

Working with the patient

- Connection with peer's personal story
- Building peer-to-peer trustworthy relationship
- Coaching on HIV and treatment adherence
- Motivational intervention
- Compassionate, non-judgmental attitude

Lessons Learned: Pre-Implementation Phase

Barriers to pre-implementation:

Administrative Policies and Procedures

- Human Resources policies related to job description;
- Compensation and balancing issues around disability benefits and disclosure
- Difficulty filling the peer positions

Finding dedicated office space for new staff

Differential experience/background of the peers

Comfort with electronic documentation

Challenges with outreach and recruitment from the out-of-care list

Lessons Learned: Implementation Year 1

Open channels of communication between team members and the entire clinic staff are crucial to working with women who are at risk for falling out of care or have struggled to link.

Case management needs to be in place prior to implementation.

Peers and data manager need private and confidential space to work with clients.

Joint community outreach is an effective strategy for finding and engaging clients.

Resources Currently Available

The intervention manuals are available for download on the TARGET Center site

- https://nextlevel.careacttarget.org/

Training Manuals Coming Soon

- Will also be posted on TARGET Center site

Looking Ahead: Care and Treatment Interventions

Continue monitoring implementation at sites and multi-site outcomes evaluation.

Analyze and summarize interim findings

Update adapted interventions

Release final interventions as CATIs

Questions?

2018 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

THANK YOU

DEII PEER INITIATIVE TEAM