

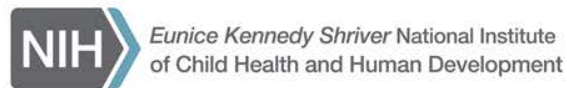
# An Innovative Multi-Agency Collaboration: Enhancing Care Continuum Outcomes for Youth Living with HIV

Sonia Lee, Ph.D.

Maternal and Pediatric Infectious Disease Branch

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# Disclosures

Presenter has no financial interests to disclose.

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# Learning Objectives

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

1. Identify the roles played by different agencies and organizations in promoting health outcomes for youth living with HIV
2. Describe interviewing techniques that may facilitate better communication between program staff and HIV-positive youth
3. List three examples of innovative programs to enhance care continuum outcomes for youth with HIV

# Presentation Overview

- I. What is the Adolescent Medicine Trials Network for HIV/AIDS Intervention (**ATN**)?
- II. What is Connect-to-Protect (**C2P**)?
- III. What is **SMILE**: Strategic Multi-Site Initiative for the Identification, Linkage, and Engagement in Care of Youth with Undiagnosed HIV infection?
- IV. What is **PEACOC**: Project for the Enhancement & Alignment of the Continuum of Care?





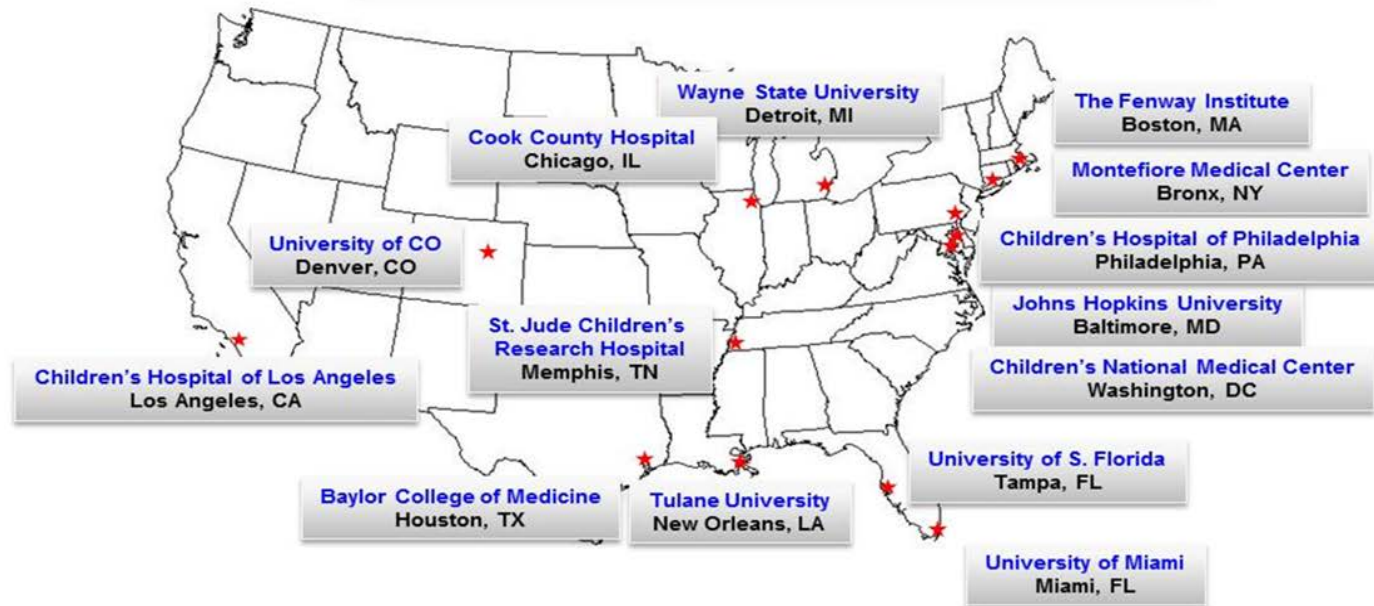
# The Adolescent Medicine Trials Network for HIV/AIDS Interventions (ATN)



- The ATN Mission: To conduct research, both independently and in collaboration with existing research networks and individual investigators, in HIV-infected and HIV-at-risk pre-adolescents, adolescents, and young adults up to age 25 years.
- ATN activities encompass the full spectrum of research needs for youth, from primary prevention to secondary and tertiary prevention, with clinical management of HIV infections among youth along the entire HIV care continuum.
- Three 5-year funding cycles from 2001-2016; re-competed for a fourth five-year period.
- Cooperative agreement mechanism
- Funded by NICHD, with co-funding by NIMH, NIDA, and NIMHD



## CURRENT ATN SITES



- ATN Clinical Sites Cities (2011-2016)
- 14 Clinical Sites with established or growing community network links
- Separate staff committed to clinical and community efforts



# ATN Research Highlights

- ATN110/113: An HIV PrEP Demonstration Project and Safety study for YMSM in the US
  - ATN 110 for ages 18-22 years
  - ATN 113 for ages 15-17 years
  - Successfully identified and engaged YMSM who would be appropriate for PrEP; high HIV incidence rates compared to other open label trials
- ATN 130: Assessment of Engagement of Transgender and other Gender Minority Youth across the HIV Continuum of Care
  - Across 14 ATN sites, 184 TGMY enrolled for quantitative assessments and qualitative interviews
  - 59 provider participant interviews
- ATN 135: CATCH: Comprehensive assessment of transition and coordination for HIV-positive youth as they move from adolescent to adult care
  - Across 14 ATN sites, 135 youth enrolled
  - 58 provider participant interviews from either adolescent or adult clinics



# Connect-to-Protect (C2P): Mobilizing communities for structural change to impact HIV/AIDS for youth

## CONNECT TO PROTECT

- A central focus of C2P was the identification of local social and structural factors that impede HIV prevention and treatment in youth
- Utilized the power of community stakeholders to bring about structural level changes that would be difficult for any single organization to achieve independently, through the development of effective researcher-community partnerships
- Developed partnerships that built on the diverse insights and skills of researchers and the community to select culturally responsive and research-based interventions to meet the needs of the community's youth





# Lessons Learned from C2P:

- ATN 016a/016b
  - Methods allowed sites to look for partners with common vision and collaborative approach; opportunity to build community trust and share the purpose of C2P
- ATN 040/040b
  - Partnerships with decision-makers is essential to achieving policy- and system-level changes
  - Central infrastructure is necessary to manage a community study with dynamic components
- ATN 095/105
  - Assessed the extent to which C2P activities influence elements of the community that affect HIV-related risk prevention, testing, treatment and linkage to healthcare among youth
  - Identified intermediate outcomes: achievement of structural change objectives, increased community capacity, and increased levels of sustainability across the continuum of care



# SMILE: Strategic Multi-site Initiative for the Identification, Linkage and Engagement in Care of Youth with Undiagnosed HIV Infection

- Supported via an NICHD-CDC-ATN collaboration
- Aligned with the National HIV/AIDS strategy
- Specific Research Objectives:
  - 1) To evaluate the content and magnitude of variation in LTC programs among and within ATN sites over time
  - 2) To determine whether the likelihood that referred HIV seropositive youth, newly and previously identified positive, are linked and maintained in care, is associated with the variation in LTC programs among and within ATN sites over time
  - 3) To determine the cost-benefit of funding an LTC Coordinator across the various LTC programs



# The CDC-ATN Collaboration SMILE in CARING for YOUTH Program



## ATN/NICHD

- Funds a linkage to care coordinator for case management, tracking, and outreach
- The SMILE LTC Coordinator links infected youth to youth-friendly clinics and providers
- Services of LTC Coordinator and clinical care are supported by SMILE

## CDC

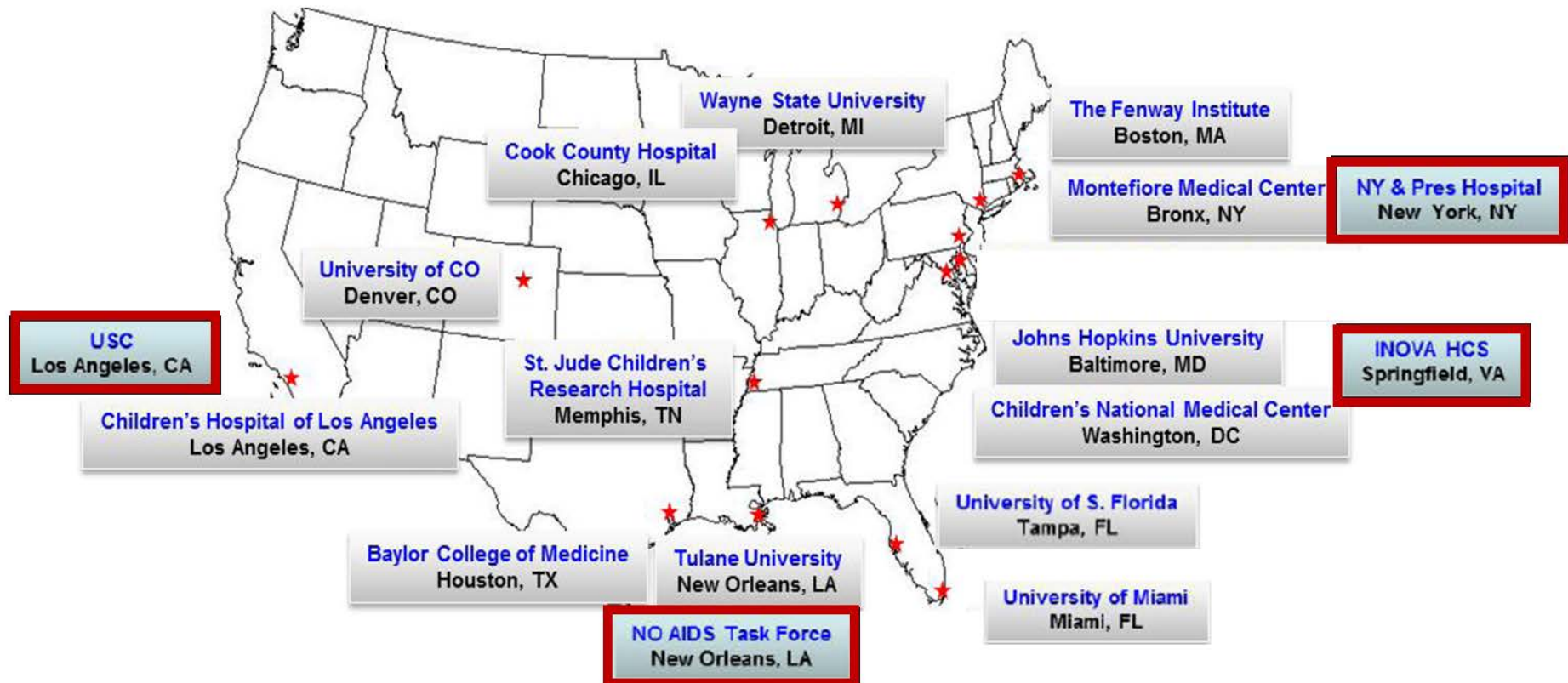
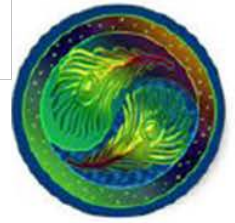
**The health departments provide the SMILE LTC Coordinator (*acting as agent of the health department*) with contact information**

**Collaboration established locally via agreements (i.e., MOU) to ensure coordinated planning, and implementation, and evaluation**



ATN-NICHD-HRSA-CDC Collaboration

# Project for the Enhancement & Alignment of the Continuum Of Care (PEACOC)





# PEACOC Specific Aims

1. Improve the identification of newly HIV-infected youth by  $\geq 15\%$  over baseline
2. Increase the proportion of HIV-infected youth who achieve success on HHS core indicator outcomes by  $\geq 15\%$  over baseline
3. Identify and address structural, community, health system and individual level barriers to youths' success on HHS core indicator outcomes
4. Decrease the rates of refusal of linkage efforts from benchmark levels identified by SMILE
5. Conduct programmatic and process evaluations of the impact of PEACOC on achievement of youth success on HHS core indicator outcomes to inform how to optimally refine current practices







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# Contact information:

For more information, please contact:

Sonia Lee, PhD

Maternal and Pediatric Infectious Disease Branch

[LeeSonia@mail.nih.gov](mailto:LeeSonia@mail.nih.gov)





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