Guide to Healing Project
SPNS Women of Color Initiative

Evelyn Byrd Quinlivan, MD
University of North Carolina, Chapel Hill
June 21, 2017
Disclaimer

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number HA15148, SPNS Women of Color Initiative, awarded at $2,000,000 over five years (2009-2014), with no non-governmental sources used to finance the project.

This information has the approval of the University of North Carolina at Chapel Hill Institutional Review Board. Its content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
Enhancing Access to Care for HIV+ Women of Color

AIDSVUE, HIV Infected Women, Prevalent Cases, 2012
UNC Infectious Diseases Clinic

First floor of hospital

• Primary HIV medical and specialty care
• 1800 HIV+ patients seen in 2013
  – 58% African American and 7% Latino
  – 30% Female, w/ 24% Women of Color (n~450)
WHAT LEADS TO CHANGE?

INTERVENTION MODEL
Hypothesis / Theory
Goals / Objectives
Who is motivated? Self-Determined?

Autonomy

Relatedness

Competency

Integrated, Intrinsic Motivation

Self-Determined Behavior
Working Hypothesis

- HIV Care
- Self Care
- Self-determination
- Core Needs
- Med. & Social

Diagram showing a cycle with sections for HIV Care, Self Care, Self-determination, Core Needs, and Med. & Social.
Connecting Theory to Practice

**Relatedness**
- Support group
- Nurse Guide (navigator)
- Short response

**Competency**
- Education, orientation
- Resources: phones, gas card

**Autonomy**
- Motivational interviewing
- Strengths perspective
- Participant input
- Staff availability
Capacity: Staffing and Resources

- One RN, with educational experience
- Transportation funding
- Weekly group, support, & education sessions
  - Facilitator, coordinator
- Cell phone funding
- Coordination & organization time
# G2H Service Population: Care Status (n=228)

<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>New (No prior care)</td>
<td>72</td>
<td>33 %</td>
</tr>
<tr>
<td>Transferring</td>
<td>77</td>
<td>36 %</td>
</tr>
<tr>
<td>Re-entry (&gt;3 yr. gap)</td>
<td>13</td>
<td>6 %</td>
</tr>
<tr>
<td>Re-engaging (1-3 yr. gap)</td>
<td>15</td>
<td>7 %</td>
</tr>
<tr>
<td>Inconsistent</td>
<td>7</td>
<td>3 %</td>
</tr>
<tr>
<td>Sporadic (1 appt. / 12m)</td>
<td>9</td>
<td>4 %</td>
</tr>
<tr>
<td>Engaged (2 appt. /12m, &gt;90d)</td>
<td>23</td>
<td>11 %</td>
</tr>
</tbody>
</table>
G2H Service Population w/Labs (n=208)

Age = 41 yr.+/11, (Mean)
<table>
<thead>
<tr>
<th>Category</th>
<th>Median</th>
<th>Avg</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retention 2 appt./yr. &gt;90 D</td>
<td>-</td>
<td>-</td>
<td>68 %</td>
</tr>
<tr>
<td>CD4 First, cell/mm³</td>
<td>333</td>
<td>428</td>
<td>-</td>
</tr>
<tr>
<td>CD4 Last, cell/mm³</td>
<td>472</td>
<td>526</td>
<td>-</td>
</tr>
<tr>
<td>VL, First, log10 copy/ml</td>
<td>3.67</td>
<td>3.26</td>
<td>-</td>
</tr>
<tr>
<td>VL, Last, log10 copy/ml</td>
<td>1.57</td>
<td>1.3</td>
<td>-</td>
</tr>
<tr>
<td>HIV RNA, D → ND</td>
<td>-</td>
<td>-</td>
<td>74 %</td>
</tr>
</tbody>
</table>
Service delivery is associated with lower CD4 Counts
Service delivery is associated with higher baseline HIV RNA
Direct Service Number
Has small association with HIV RNA transition

HIV RNA, Transition D --> ND aOR (n=89)
Conclusions

• NG was able to reach women most in need
  – At risk of HIV progression
  – Strong association with lower CD4

• NG Direct service number was associated with conversion of dVL to sVL

• Competency and autonomy services had significant relationship with VL conversion.
IMPLEMENTATION
Actions and Tasks

• Orientation, assessments

• Supportive counseling with strengths perspective and motivational interviewing

• Frequent Contacts: phone/in-person

• System navigation and self-care coaching

• Adherence counseling

• Resource identification

Distribution of efforts

Mental Health/Counseling

Medical

Case Management
Services: Direct Contacts (N=228)
Services: Assessments, Competency (N=228)
Nurse Guide Services: Autonomy, Relatedness (N=228)
Service Delivery:
Types of Contacts by Care Status
(N=228)

Mean = 4.28
Mean = 7.39
Mean = 27.3
Advantages of Nurse Navigator

• Combines multiple services into role
• Address complexity of health care system
• Nursing is a reimbursable service
• Nurses are highly trusted, familiar

“I don’t know if my experience is the same as others have had, but I know if a lot of people are getting the kind of care and support that I did that a lot more people would be willing to seek treatment” --one G2H participant
Continuation of Interventions

- Standard of Care Orientation Visit
- Orientation Booklet Adapted for all populations
- Immediate response to new patients
- Importance of transportation
Lessons Learned I

• Availability of nurse between visits

• Counseling training is necessary to assist women with ambivalence towards care

• Strong knowledge of HIV care
Lessons Learned II

• Transitions from Nurse Guide to usual care have taken longer than expected

• Have plan for patients with very complex needs
  • Patients with physical, MH, SA, & cognitive issues require more time

• Permanently assigned nurse vs. short-term engagement nurse
Lessons Learned III

- Phone and transportation support require written agreements with patients
- Only 1 person hacked into the phone
- Issues that need to be addressed include eligibility, duration, amount, revoking
Recommendations

• Focus on women most in need (low CD4)
• Focus on close work with medical provider to achieve medical outcomes
• Counseling and educational skills are key
• Relationship, competency, autonomy support should be included
RESOURCES

Target Center
Enhancing Access to HIV Care for Women of Color

Andrea Blickman, RN
andrea_blickman@med.unc.edu

Evelyn Byrd Quinlivan, MD
ebq@med.unc.edu
Acknowledgements

Mentors in Navigation:
- Lynda Bell, FNP
- Jonah Pierce, RN

Evaluation Leaders:
- Lynne Messer, PhD
- Kristen Sullivan, PhD, MSW
- Ada Adimora, MD, MPH

Coordination & Research Team:
- Katya Roytburd, MPH
- Heather Parnell, MSW
- Miriam Berger, MPH
- Tyffany Evans,
- Mugdha Golwaker,
- Charita Montgomery
Please Use The Following Link To Provide Your Feedback About Today’s Presentations

https://www.surveymonkey.com/r/KSRQYCB