
Latino HIV Best Practices: Improving Access, Engagement and Retention in Care

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Participants

- **Moderator**
 - Robert Mills, HRSA HAB
- **Presenters**
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Outline of Today's Presentation

- **Purpose**
- **Methods**
- **Sites**
- **Services**
- **Strategies**
- **San Ysidro Health Center - CASA**
- **Montefiore AIDS Center**

Study Purpose

- **To gain a better understanding of Latino barriers to entering and remaining in HIV care at different levels - individual, clinician, organization, system, and community.**
- **To identify strategies used by Ryan White Part A, B, C, D, and MAI-funded providers to improve the access, engagement, and retention of HIV-positive Latinos in HIV medical care and supportive services.**

Study Methods

- **Review of the literature**
 - Impact of HIV/AIDS epidemic on Latinos
 - Evidence of effective practices for engaging and retaining HIV-positive Latinos in HIV care
- **Site visits to 10 exemplary sites**
 - 6 States selected for study
 - 10 sites selected across 6 states
 - 1 to 1.5 day site visits by bilingual teams
- **Analysis of sites' 2009 RDR and RSR data**
 - Racial/ethnic analysis of client characteristics, service use, and clinical outcomes

Selected Sites

- **CARE Resource, Miami, FL**
- **CommWell Health, Dunn, NC**
- **Elmhurst Hospital Center – ID Clinic, Brooklyn, NY**
- **Centro de Salud Familiar La Fe, El Paso, TX**
- **Miami Beach Community Health Center – Immune Support Program, Miami, FL**
- **Mission Neighborhood Health Center – Clinica Esperanza, San Francisco, CA**
- **Montefiore AIDS Center, Bronx, NY**
- **San Ysidro Health Center – CASA, San Ysidro, CA**
- **Valley AIDS Council, Harlingen, TX**
- **West Side Community Health Center – Clinic 7, St. Paul, MN**

Site Locations



Site Characteristics

- **7 Federally Qualified Health Centers (FQHCs), 2 hospital outpatient departments, 1 AIDS service organization/FQHC**
- **RWHAP Funding: Parts A, B, C, D, F, MAI, SPNS**
- **Populations served: Mexico, Caribbean, Central America, South America, Migrant farm workers**
- **HIV clients served: 160 clients - 2665 clients**
- **Percentage Latino clients: 20 – 80 percent**

Sites' Quality of Latino HIV Care

- **9 providers prescribed HAART to Latino clients at same or higher rate than non-Latinos**
- **4 providers conducted CD4 counts for over 90% of Latino clients in the last year; another 3 providers conducted CD4 counts for over 80% of Latinos in the last year**
- **3 providers conducted viral load tests for over 90% of Latino clients in the last year; another 4 providers conducted viral load tests for over 80% of Latinos in the last year**

Barriers and Strategies

- **Barriers to Latino access, engagement, and retention in HIV care identified at five levels**
 - Individual
 - Clinician
 - Organization
 - System
 - Community
- **Total of 43 strategies used HIV providers to address identified barriers to Latino access, engagement, and retention in HIV care**

Strategies to Address Individual-level Barriers

- **Help completing applications and obtaining eligibility documentation for Medicaid, Medicare, ADAP, SSA, Ryan White, SNAP (n=10)**
- **Referrals for social services, including food and housing assistance, domestic violence services, legal aid, immigration services (n=10)**
- **Transportation assistance, including vans and metro/bus cards (n=9)**
- **Targeted Latino support groups for MSM, women, transgender, Spanish speakers, hepatitis C, treatment adherence, substance abuse, domestic violence, HIV education (n=8)**

Individual-level Strategies, Cont.

- **Peer health educators, peer counselors, buddies, who provide health education, system navigation, social support, and client advocacy (n=7)**
- **Reinforcement of treatment adherence messages geared to client literacy levels, using reminder calendars, pictures, symbols, color codes, pill boxes, key chains, directly observed therapy, literacy lessons (n=7)**
- **Home or clinic delivery of HIV medications by pharmacy or clinic staff (n=3)**
- **Client social groups, knitting, arts, crafts (n=3)**

Strategies to Address Clinician-level Barriers

- Knowledge of traditional home remedies, foods, cultural values, religious beliefs, differences among Latino subpopulations (n=10)
- Showing warmth, respect, friendship to clients and their families; having a passion for the work (n=10)
- Fluent Spanish speakers, interpreter lines, translation support from bilingual staff, certified interpreters (n=10)
- Staff “willing to go the extra mile” for clients (n=7)
- Home visits, hospital visits, long-term follow-up (n=7)
- Mostly Latino/Hispanic staff (n=5)
- Avoidance of culturally loaded terms such as *gay*, *mental health*, and *psychiatry* (n=5)
- Training in cultural competency (n=3)

Strategies to Address Organization-level Barriers

- **Comprehensive one-stop shop of HIV ambulatory outpatient care and supportive services (n=10)**
- **Flexible scheduling, double-booking, walk-ins, open slots for emergencies (n=10)**
- **Clinic materials in Spanish (signs, notices, videos, website, brochures, medication labels, posters) (n=10)**
- **Frequent appointment reminder calls, missed appointment follow-up calls, free cell phones to receive reminders (n=9)**
- **Close tracking of visits, labs, medications, and contact information for treatment adherence and retention purposes (n=9)**
- **Client confidentiality policies and practices (n=8)**

Organization-level Strategies, Cont.

- **Universal screenings for mental health and/or substance abuse to reduce treatment stigma (n=7)**
- **Discreet name and location of clinic (n=6)**
- **Long appointment times for visits with clinicians, case managers, and counselors (n=6)**
- **Multidisciplinary teams, team meetings, patient briefings, case conferences (n=6)**
- **Expanded clinic hours, evening hours (n=5)**
- **Comfortable, home-like environment (n=3)**
- **Offices arranged to facilitate staff/client interaction and communication (n=3)**
- **HIV clinician team includes specialists (i.e., dermatology, OB-GYN) (n=3)**

Strategies to Address System-level Barriers

- **Network of client referrals from Latino-serving organizations; no wrong door entry into system (n=10)**
- **Partnerships, consortia, and collaborations of Latino-serving organizations (n=8)**
- **HIV care tracking and coordination across inpatient/outpatient settings, agencies, states, U.S./Mexican border (n=7)**
- **Latino representation on HIV prevention and treatment planning councils (n=6)**
- **Health policy or funding advocacy for Latino HIV services (n=5)**
- **Expedited, client hand-offs among testing, linkage, bridge, and retention services staff (n=4)**

Strategies to Address Community-level Barriers

- Targeted outreach to Latino subpopulations—MSM, women, incarcerated, transgender, migrants, undisclosed MSM (n=9)
- Discrete identity of outreach and linkage staff to protect client privacy (n=7)
- Pride events and Latino celebrations to reduce stigma (n=6)
- Regional HIV conferences and retreats to improve HIV care (n=4)
- HIV talks to community groups, in churches, on radio, TV (n=3)
- Latino theatre troops to increase awareness of HIV (n=2)

Preliminary Conclusions

- **Some strategies are linguistically or culturally specific to Latino populations**
- **Some strategies address barriers common to underserved populations**
- **Some strategies cost little or nothing to start**
- **By addressing barriers, providers can reduce or eliminate disparities in Latino access, use, and retention in HIV care**

San Ysidro Health Center - CASA

SYHC - CASA Background

- **FQHC with drop-in center**
- **San Ysidro, CA, bordering Tijuana**
- **RWHAP Funding: Parts A, B, and C**
- **945 HIV clients (all locations); 61% Latino**
- **Latino populations from Mexico, also Central and South America and the Caribbean**
- **Uses 39 of 43 strategies (91%)**

SYHC - CASA Individual-level Strategies

- Help completing applications**
- Referrals for social services**
- Transportation assistance**
- Targeted Latino support groups (women)**
- Peer health educators, buddies**
- Reinforcement of treatment adherence messages**
- Client social groups (include traditional food)**

SYHC - CASA Clinician-level Strategies

- Knowledge of traditional home remedies, foods, cultural values, religious beliefs (UCSD study)**
- Showing warmth, respect, friendship to clients and their families; having a passion for the work**
- Fluent Spanish speakers, interpreter lines, translation support from bilingual staff**
- Staff “willing to go the extra mile” for clients**
- Home visits, hospital visits, long-term follow-up**
- Mostly Latino/Hispanic staff**
- Avoidance of culturally loaded terms**
- Training in cultural competency**

SYHC - CASA Organization-level Strategies

- Comprehensive one-stop shop of HIV ambulatory outpatient care and supportive services**
- Flexible scheduling, walk-ins, open slots**
- Clinic materials in Spanish**
- Frequent appointment reminder calls, missed appointment follow-up calls**
- Close tracking of visits, labs, medications**
- Client confidentiality policies and practices**
- Universal screenings for mental health and/or substance abuse to reduce treatment stigma**
- Discreet name and location of drop-in center**
- Long appointment times for visits**
- Multidisciplinary teams, team meetings**
- Comfortable, home-like drop-in center**

SYHC - CASA System-level Strategies

- Network of client referrals from Latino-serving organizations (San Diego social service meetings)**
- Partnerships, consortia, and collaborations of Latino-serving organizations**
- HIV care coordination across U.S./Mexican border**
- Representation on HIV treatment planning councils**
- Advocacy for Latino HIV services (bring clients)**
- Expedited, in-person client hand-offs among testing, linkage, and bridge staff (accompany client to clinic)**

SYHC - CASA Community-level Strategies

- Targeted outreach to Latino subpopulations (MSM)**
- Discrete identity of outreach and linkage staff**
- Pride events and Latino celebrations**
- Cross-border HIV conference**
- HIV talks to community groups, churches, TV**
- Latino theatre troop (HIV prevention messages)**

Montefiore AIDS Center Center for Positive Living/ID Clinic

Montefiore AIDS Center & Center for Positive Living/ID Clinic: Background

- **Hospital Outpatient Department/Academic Medical Center**
- **Bronx, NY**
- **Parts A, B, C, MAI; partner with Part D sites**
- **2,665 HIV clients; 53% Latino**
- **Latino populations from Mexico, Caribbean, Central and South America**
- **Uses 33 of 43 strategies (77%)**

Montefiore Individual-level Strategies

- **Help completing applications and documentation**
 - Case managers, nutritionists, legal aide lawyer
- **Referrals for social services**
 - Case managers, CBOs, COBRA on site, NYC HASA, UPS
- **Transportation assistance** (Metrocards; Access-a-Ride)
- **Targeted Latino support groups, education/testing days**
 - Women, men, Hepatitis C co-infection, Project HEAL, smoking cessation, nutrition, over 50, educational/411, MSM, new patient, PRIDE & Latino HIV awareness days
- **Peer health educators, peer counselors, buddies**
 - CAB, buddies, HCV program, Project HEAL
- **Reinforcement of treatment adherence messages**
- **Home or clinic delivery of HIV medications**

Montefiore Clinician-level Strategies

- **Knowledge of traditional home remedies, foods, cultural values, religious beliefs**
 - Nutritionists, nurses, adherence counselors, pharmacists, case managers, providers, Ob/Gyn, acupuncture
- **Showing warmth, respect, friendship to clients and their families; having a passion for the work**
- **Fluent Spanish speakers, interpreter lines, translation support from bilingual staff, bilingual educational materials**
- **Staff “willing to go the extra mile” for clients**
 - HIV care, clinical trials, prevention, testing, education primary missions

Montefiore Organization-level Strategies

- **Comprehensive, one-stop shop HIV ambulatory care approach**
 - HIV primary care, case management, nutrition, nursing, phlebotomy, legal, Hepatitis C, mental health, dermatology, GYN, Prenatal, pain, HRA, dental, Pharmacy, COBRA, Substance use counselor, buprenorphine, adherence, smoking cessation, partner notification, clinical trials, legal, food pantry, food stamps
- **Flexible scheduling, walk-ins**
- **Effective system of annual comprehensive visits; universal screening for mental health, substance abuse, nutrition, to reduce treatment stigma**
- **Appointment reminders, missed appointment calls**
- **Tracking of visits, labs, medications; move to full EMR**

Montefiore Organization-level Strategies

- **All insurances accepted**
- **Expedited, in-person client hand-offs among testing, linkage, and care staff**
- **Model QI Program**
 - All components involved; active projects, data driven, annual overall and component program goal setting, benchmarking, multidisciplinary teams, Press-Ganey surveys, retention in care
- **Effective, representative CAB**
- **Comfortable, home-like environment, computers in waiting area; Offices arranged in pods for collaboration; joint chart by all team members**
- **Client confidentiality policies and practices**
- **Diverse management**

Montefiore System-level Strategies

- **ED and Inpatient HIV testing focus with rapid testing**
 - HPTN 065 (TLC-Plus) “Test and Treat” Protocol
- **HIV care coordination across inpatient/outpatient settings (shared clinicians and case managers)**
- **Network of client referrals from Latino-serving organizations; Partnerships, consortia, and collaborations of Latino-serving organizations**
 - Montefiore AIDS Center lead organization for Bronx HIV CARE Network
- **Representation (leadership roles) on NYS and national HIV guidelines, Quality, HIVQual, ADAP, Hepatitis C, research, prevention, planning, & legislative committees/councils**
- **Advocacy for Latino HIV services**

Montefiore Community-level Strategies

- Targeted outreach to Latino subpopulations
- Discrete identity of outreach and linkage staff
- Pride events, Latino HIV Awareness Day, World AIDS Day
- Project HEAL (prevention)
- Collaboration with other organizations

For More Information

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