VIRTUAL
2020 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Implementing an Interdisciplinary Team Approach to Engage Women of Color in HIV Care and Treatment

Agency Site Presenters

AIDS Care Group, Chester, PA

- Allison Byrd, Peer

Howard Brown Health Center, Chicago, IL

- Lasheena Miller, Peer Outreach Manager
- LeSherri James, Peer

Meharry Medical College, Nashville, TN

- Tamiko Grimes, Peer

Project Presenters

Implementation and Technical Assistance (ITAC)

- Alicia Downes, AIDS United, Senior Program Manager

Dissemination and Evaluation Center (DEC)

- Serena Rajabiun, Boston University, Co-PI

HRSA Special Projects of National Significance

- Corliss Heath, Project Officer

Disclosures

The authors have no relevant financial or non-financial interests to disclose.

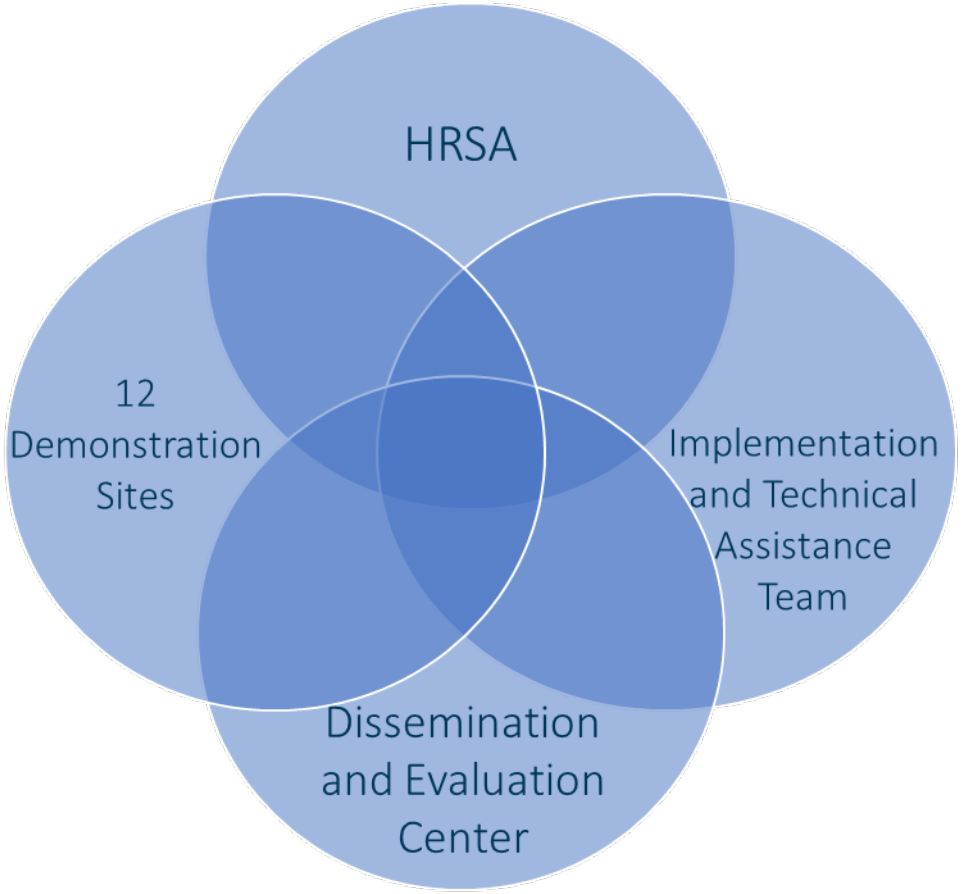
Learning Outcomes

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

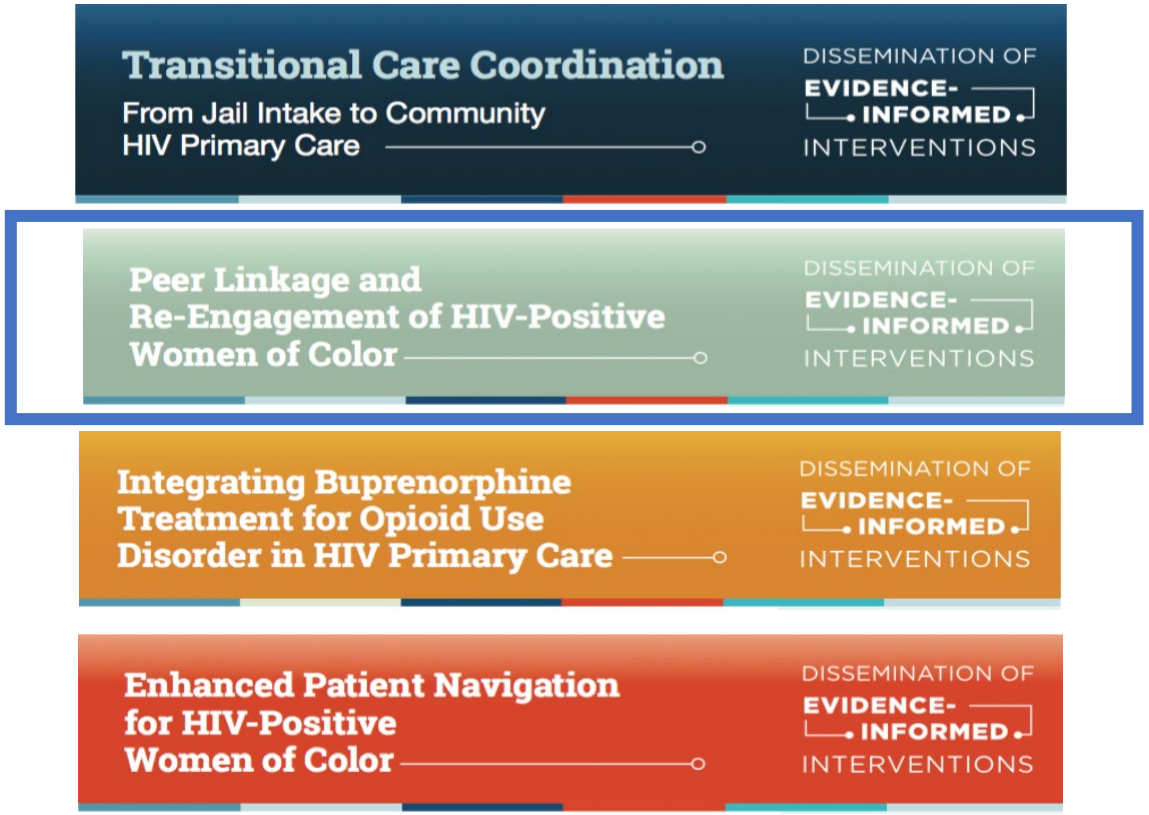
- Describe the system, provider and individual factors influencing women and transgender women of color to engage in care
- Gain resources for creating a team and training staff to integrate peer interventions in a clinic and community setting to create partnerships to reach women
- Share resources and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

Dissemination of Evidence Informed Interventions (DEII) Project Background

- Funded through HRSA's Special Projects of National Significance (SPNS)
- Implementation science study of four previously-implemented SPNS initiatives
- AIDS United: Implementation & Technical Assistance Team
- Boston University and Abt Associates: Dissemination & Evaluation Center



Interventions Being Replicated



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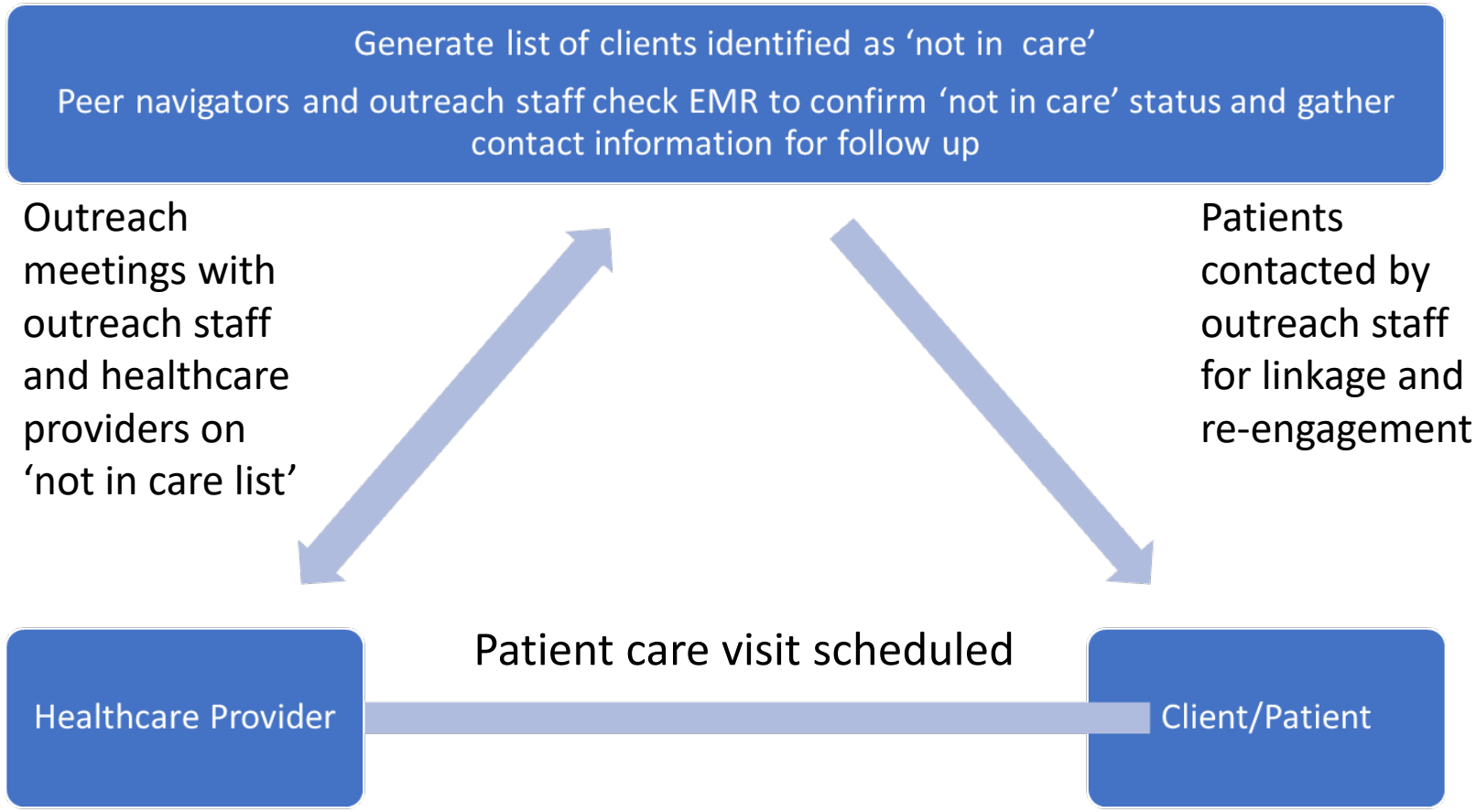
Peer Linkage and Re-engagement for Women of Color Living With HIV

What's in a Name?

- Peers: People living with HIV
- Role:
  - Case finding and outreach
  - Make reminder phone calls
  - Prepare and attend medical appointments with clients
  - Provide transportation
  - Adherence education
  - Emotional support
  - Provide referrals
  - Being part of a multi-disciplinary team and having a voice with case conferencing

Peer Linkage Model



Training and TA & Supervision

Initial intervention trainings (2 days)

Annual grantee meetings

Virtual trainings

- Harm Reduction Basics
- De-Escalation Techniques
- Motivational Interviewing
- Stigma & Person-first Language
- HIV & Common Comorbidities
- Outreach Strategies
- Sustainability Planning

Supervision

- Administrative supervision: weekly/informal; documentation work; meetings with partners & care team
- Clinical supervision:

  boundaries; case review; transference and counter-transference, and self-care

Coaching

- Quarterly calls cross 3 sites to share cases
- Peer Learning

Peer Linkage Sites

- AIDS Care Group (Chester, PA)
- Howard Brown Health (Chicago, IL)
- Meharry Medical College (Nashville, TN)

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Peer Intervention Sites

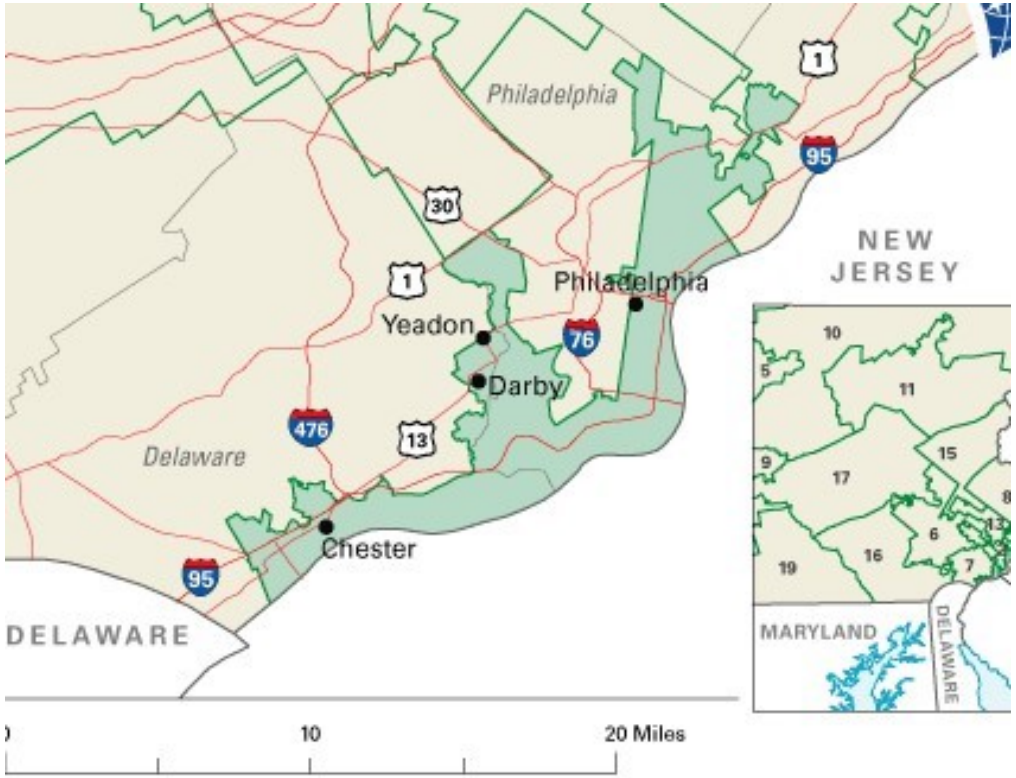
AIDS Care Group

Chester, PA

Allison Byrd

Peer Navigator & Outreach Worker

AIDS Care Group Background



- Incorporated in 1998 to serve a medically underserved area in Chester PA and surrounding communities
- Most of Delaware County, Southwest Philadelphia, and central Philadelphia.
- Continuum of care includes primary HIV medical care, dental care, HCV care, screening and treatment for STIs, Prep, Behavioral and psychosocial services.
- First received Ryan White funding in 1999 – now funded through Parts A, B, C, D and SPNS
- Other services include, in-house pharmacy (with free home delivery), outreach, transportation, food distribution, and case management.

Demographics of Patient Population

- 939 patients reported in 2018
- 80-90 new patients seen annually
- 82% of patients served are minorities
- 40% of patients seen are women
- Large immigrant population – primarily African immigrants
- 95% of patients have Medicaid and or Medicaid or no insurance
- 10% unstably housed

Facilitators to Successful Implementation

- Clinical buy-in and a peer champion
  - Facilitates implementation and integration of peer team
  - Peer is knowledgeable of the target population and communities in which they live

- Transportation assistance (Uber health, tokens) is essential for clients to keep their appointments
- Existing relationships with community partners are key for new referrals
- One-stop shop model helps with timely and coordinated access to medical, dental, psychosocial services

Challenges Experienced by the Clients

- Stigma and fear associated with diagnosis impacts women's willingness to come into clinic
- Lack of insurance, proper identification
- 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

Lessons Learned

- Cultural competency
  - Immigrant population brings a different challenge
- Power of a story
  - Relatability
  - Extra layer of emotional support for clients
- Multiple factors impact linkage and retention in care
  - No one size fits all
- Differential experience/background of the peers
- Peer staff comfort with electronic documentation
- Challenges with outreach and recruitment from the out-of-care list
  - Phones not working; numbers changing

Case Study

- Client from Burkina Faso, came to clinic in late 2017.
- At the time of enrollment into the program, she had been in the US for about 4 months. Spoke only her tribal language, her brother who had been in the US was her translator. She was the 3rd wife, her husband and one of the wives had passed away. She was notified of her HIV infection after their deaths in her home country but never put on meds.
- At baseline her CD4 was 438 and a VL of 44190.
- Challenge: language barrier, malaria, no insurance, 7 children back in her home country.
- Success: case management (SPBP), undetectable VL, not missed any appts, now employed & learning English.

Sustainability

- Peer champion serves as part of interdisciplinary care and outreach team
- Accompanies clients in need to specialty visits
- Transportation barriers are addressed through UberHealth
- Use of program income to supplement elements of the peer program

Howard Brown Health

Chicago, IL

Lasheena Miller

LeSherri James

About Howard Brown Health

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."

Facilitators to Successful Implementation

- Morning huddle before the start of clinic
- Clinical leadership 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 created support groups
- Engaged in community outreach to increase enrollment
- Hosted community events to increase community knowledge

Howard Brown Health

Key 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

Challenges

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

Howard Brown Health

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 departments, social services providers are vital in enhancing the continuum of care.
- Gaining the community's trust is vital to success.

Howard Brown Health

Client Case

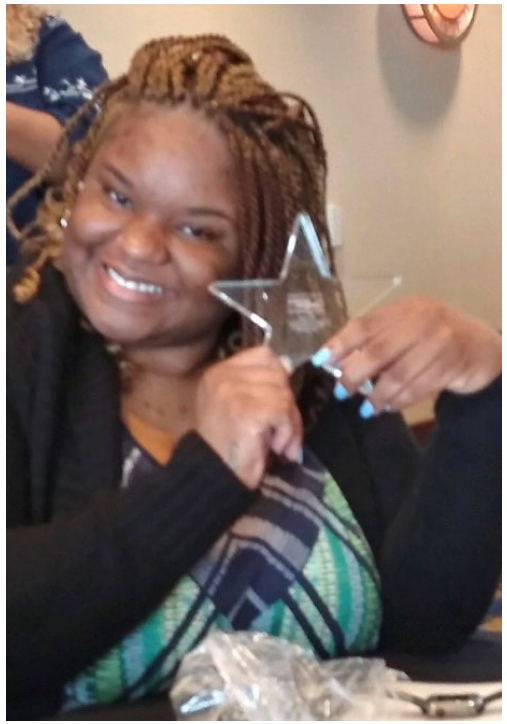
- 33-year-old African American Transwomen
- Diagnosed date 2006
- Last medical appointment was April 2017
- CD4 225 and viral load 625,000 (April 2017)
  - CD4 418 viral load <20
- Moved back to Chicago to help her mother.
- Unemployed and hopes to move into her own an apt March 1, 2018
  - Completed Apprenticeship August 2018
  - Obtained paid internship
- Diagnosed with Depression
  - Client is actively engaged in therapy
- Successfully transitioned to standard of care

Howard Brown Health

Sustainability

This project is the only Peer program at HBH:

- One change the team plans to make is increasing the program to a six month program vs. a four month program.
- The team will maintain its connection to clinical staff, including greater coordination with the retention in care team.
- The team will also maintain its role in Social Services, using the department's documents, workflows, and processes more regularly.
- Will continue to facilitate the Phenomenal Women Group.



Howard Brown Health

Meharry Medical College

Nashville, TN

Tamiko Grimes

Latoya Alexander

Meharry Community Wellness Center

OUR PURPOSE
Excellence in healthcare service delivery

MISSION STATEMENT

To eliminate disparities in HIV/AIDS in Nashville/Davidson County

VISION STATEMENT

- To provide high standard of patient-centered care through a medical home model
- To promote wellness and raise HIV awareness

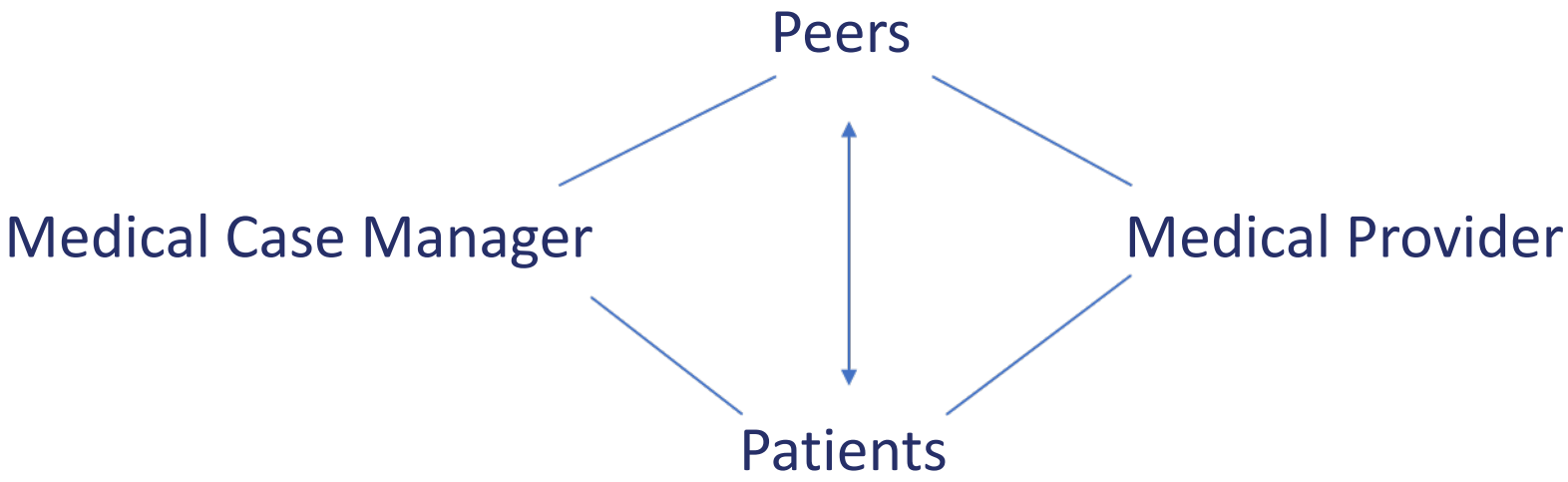
VALUES

Compassion, Outreach, Respect and Empathy

shape the CORE values of Meharry Community Wellness Center.

Facilitators to Successful Implementation: Internal Facilitators

- Application of MCWC CORE values to the DEII project
- Perspective, perseverance, partnership (Peer ⟷ Patient)
- Pairing Peers



- Multidisciplinary approach and seamless integration of DEII project
- Creation of out-of-care patients list
- Leadership buy-in
  - Physicians take time to call patients help with outreach

External Facilitators/Collaborations

- Peers and Meharry EIS Worker's connection with local and state EIS

- Peers and Supervisor built partnerships with
  - ➢ Tennessee Prison for Women
  - ➢ Planned Parenthood
  - ➢ Magdalene House/Thistle Farms

- Peers and medical providers had working relationships with
  - ✓ Tennessee prisons via telemedicine and Davidson County jails via face-to-face clinic visits and telephone consultations
  - ✓ Healthcare centers and AIDS service organizations

Challenges

- Stigma
- Transportation
- Lack of HIV awareness and education
- Mental health and substance use disorders
- Lack of familial/social support
- Homelessness
- Mistrust of the medical establishment

Lessons Learned

- Peer staff were honored to be part of each client's beautiful and often painful life stories
- Each client is different
  - Use different strategies
    - Try to schedule appointments with other appointments
    - Meet outside of the clinic
- Discovery of root causes for being out of care
- Difficulties facing clients with substance use disorders
- Necessity to develop and reassess individualized approaches to cope with HIV and maintain treatment adherence frequently

Case Study

- 60-year-old African American woman, HIV+ in 1994, at age 34
- Single mother of 3 children and the grandma of 9 grandchildren; 11th grade education.
- History of substance use, diagnosed with depression, multiple medical conditions
- Lost to care: 2006-2012 and 2012-2017; homeless
- Loss of her support system: she was living temporarily with her very supportive mother who died suddenly
- Team approach:
  - Peer coached the client in treatment adherence and coping skills and provided emotional support; she attended all scheduled MCWC and specialty referrals visits.
  - EIS worker helped her keep up with clinic appointments.
  - Housing medical case manager placed her in permanent housing.
  - Mental health therapist assisted her in residential drug treatment; she remains clean and sober for nearly two years and she no longer needs psychiatric service.
  - Medical case managers assisted her in securing full-time employment at Thistle Farms and accessing community support system (The Magdalene Center).
  - Medical providers worked with her to sustain viral suppression and good health.

Sustainability

- Peers are and continue to be full time community health workers funded by Parts A & B.
- Peers are now the community health team, which are the backbone of Meharry Community Wellness Center.
- Peer supervision continues to be an important part of the community health team.
- The community health team's service delivery model reflects the evolution of HIV disease, the healthcare landscape and the realities of COVID-19 pandemic
  - Support with personal protection supplies again COVID infection
  - Education around COVID testing

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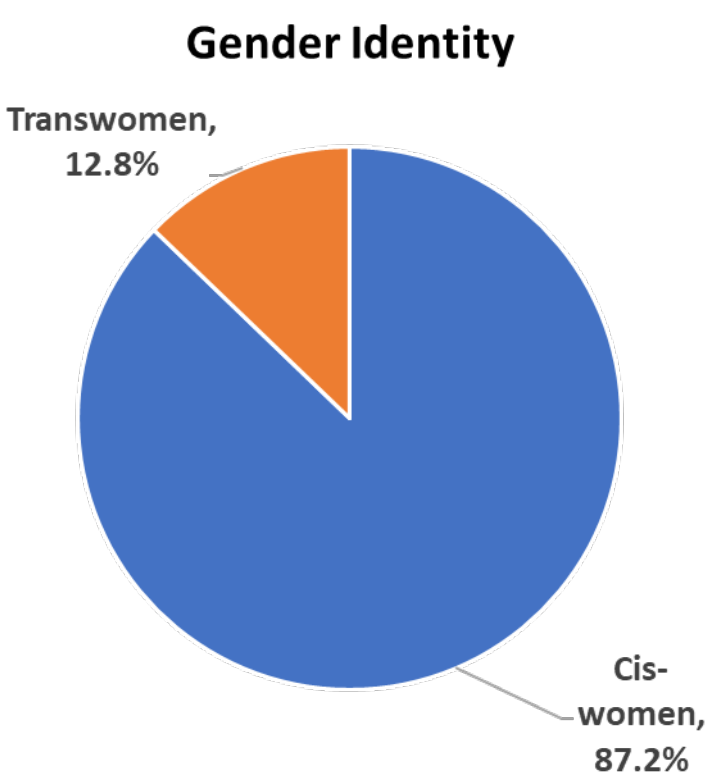
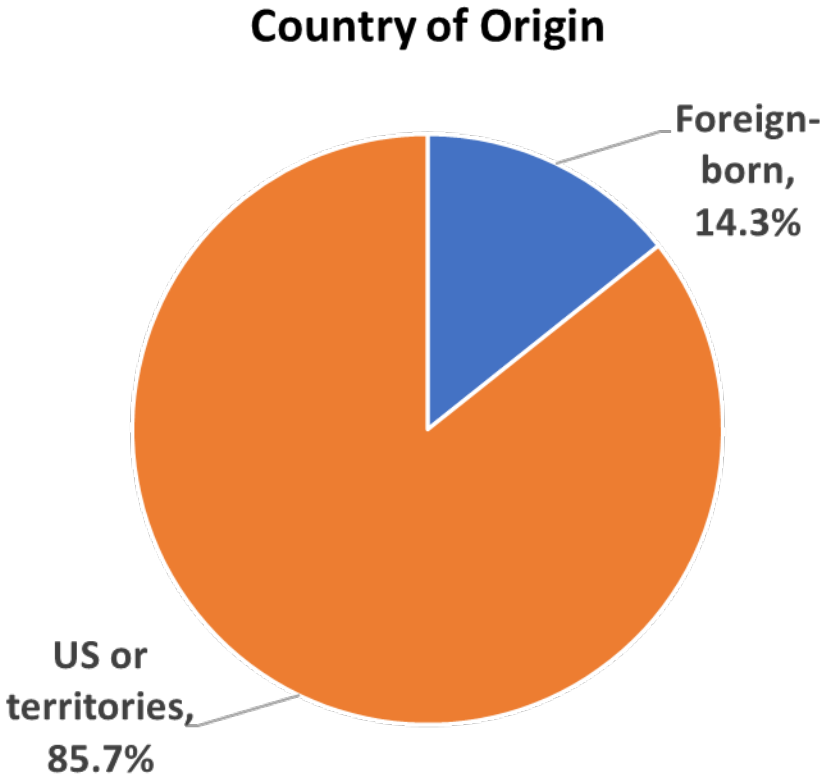
30 YEARS

Peer Intervention Findings

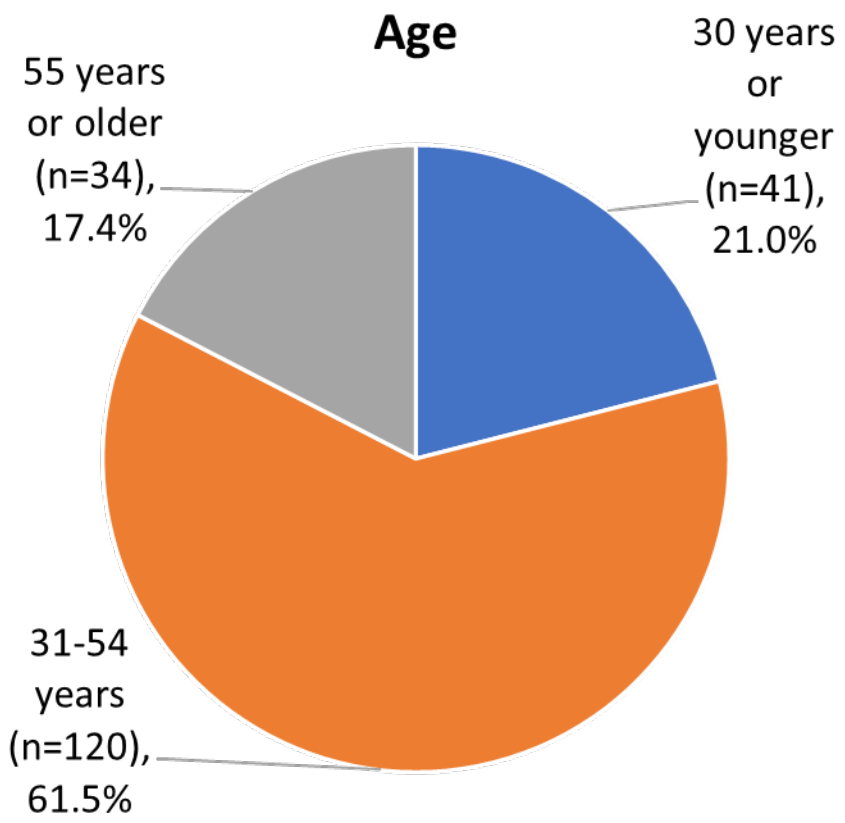
Peer Clients Served

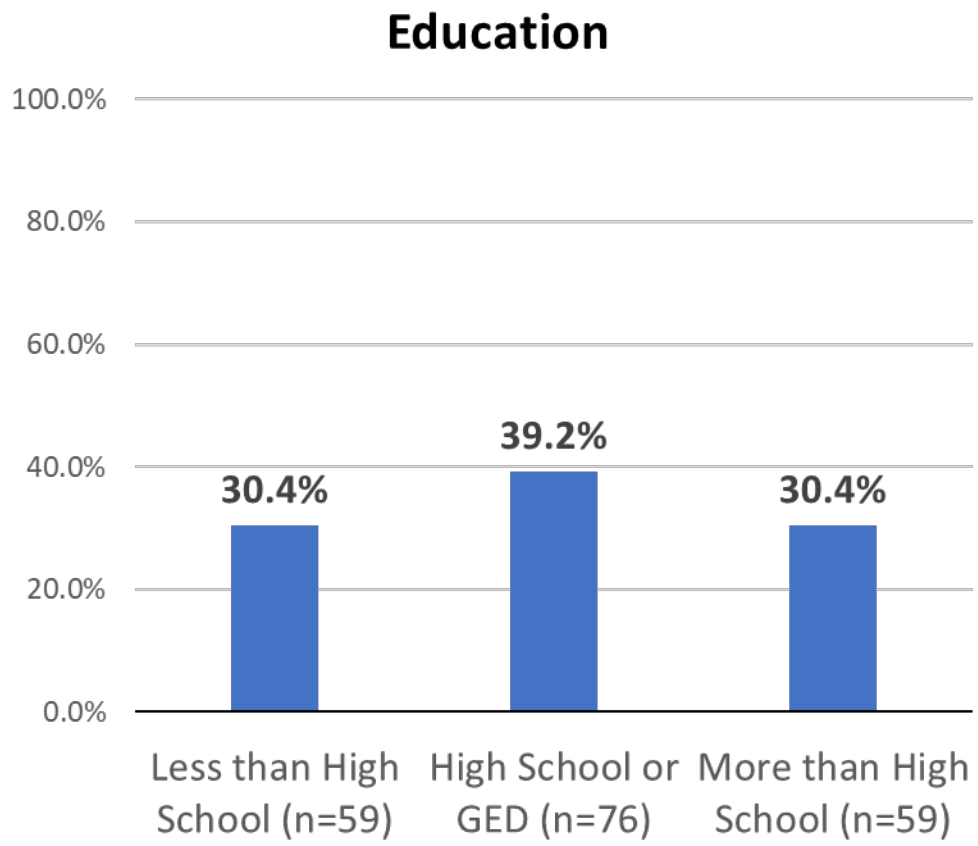
Total clients enrolled: 196



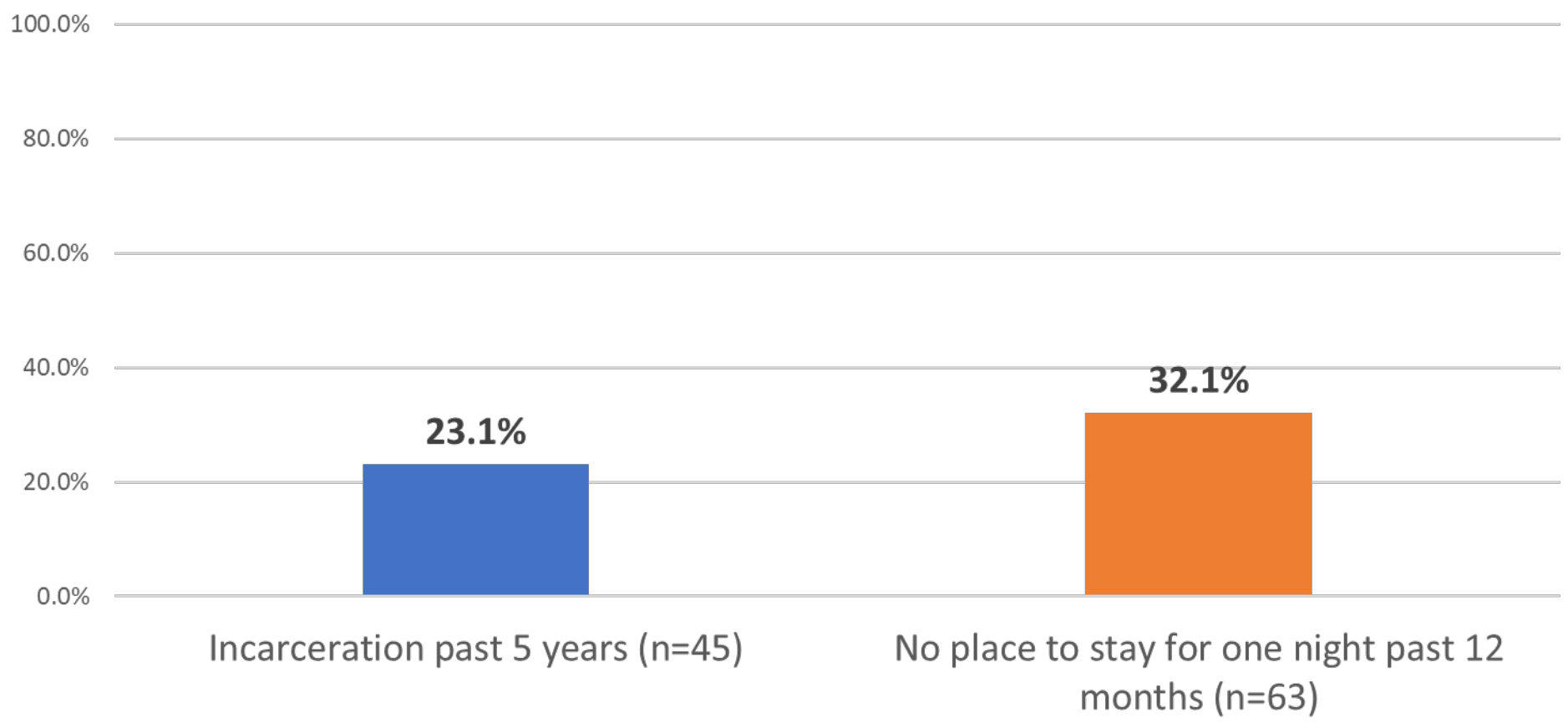


Peer Clients Served

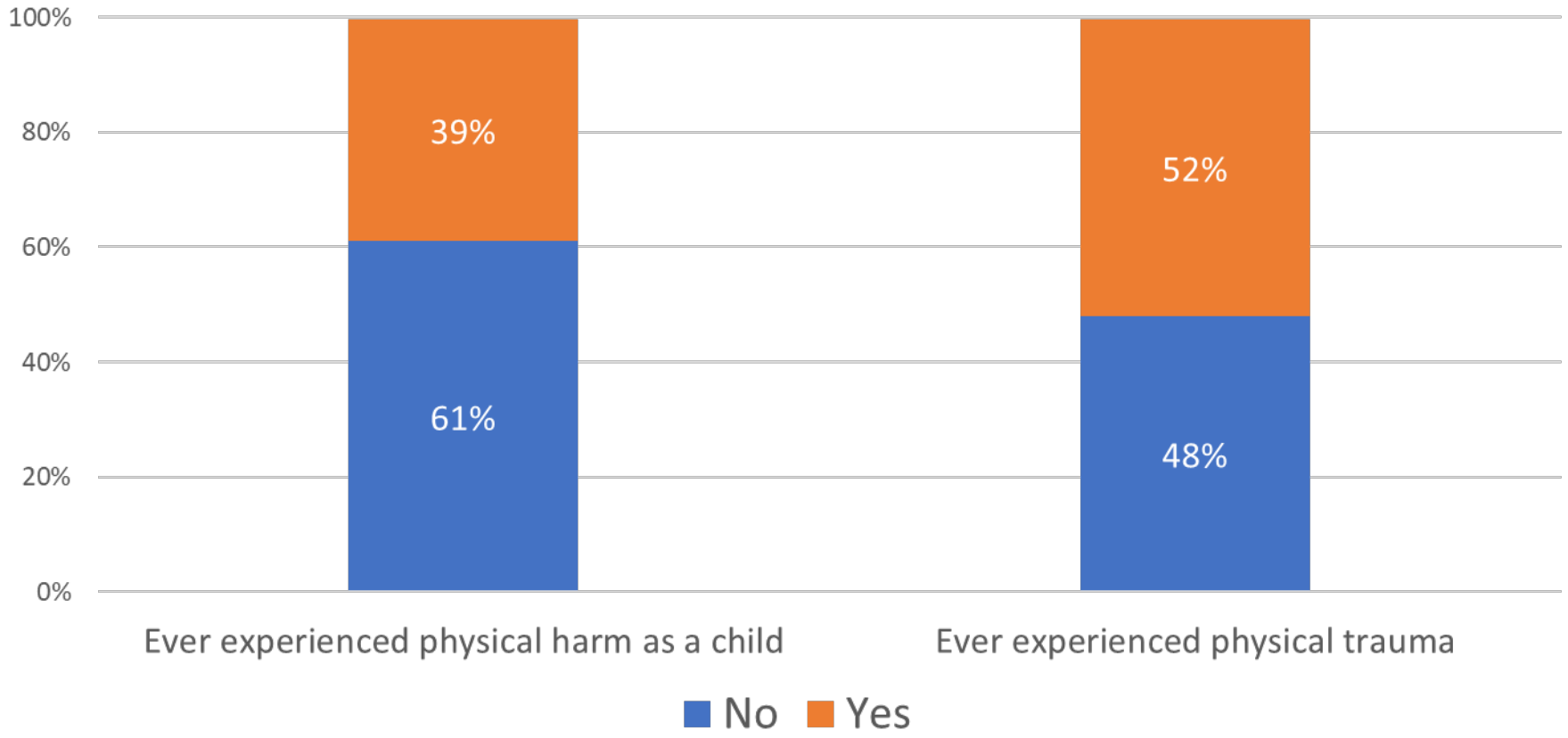




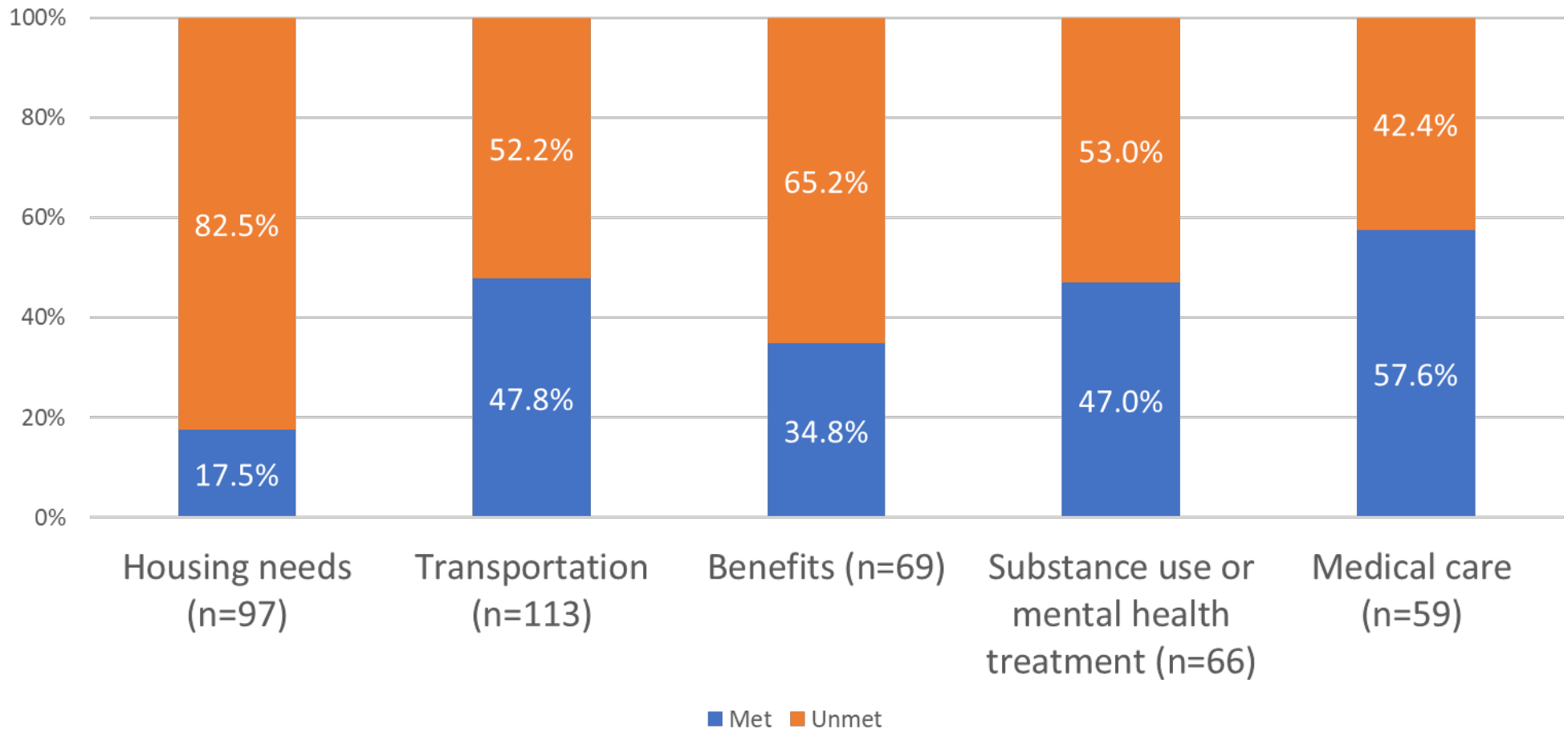
Incarceration History & Homelessness



Experiences of Trauma (Baseline)



Unmet Needs in the Last Six Months (Baseline)

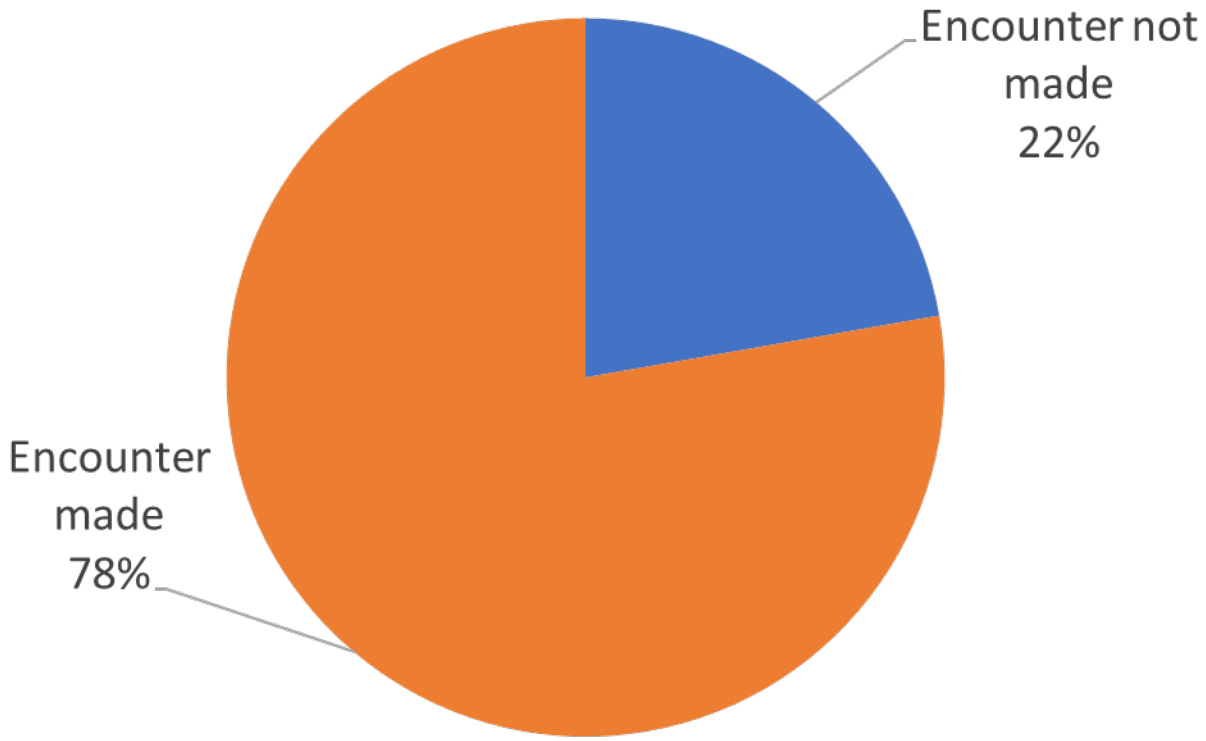


Health Status (Baseline)

Characteristic	N (%)
No health insurance	45 (23.0%)
Newly diagnosed past 12 months	29 (15.4%)
Self-report physical and mental health Fair, poor or very poor	107 (54.6%)

Peer Encounters

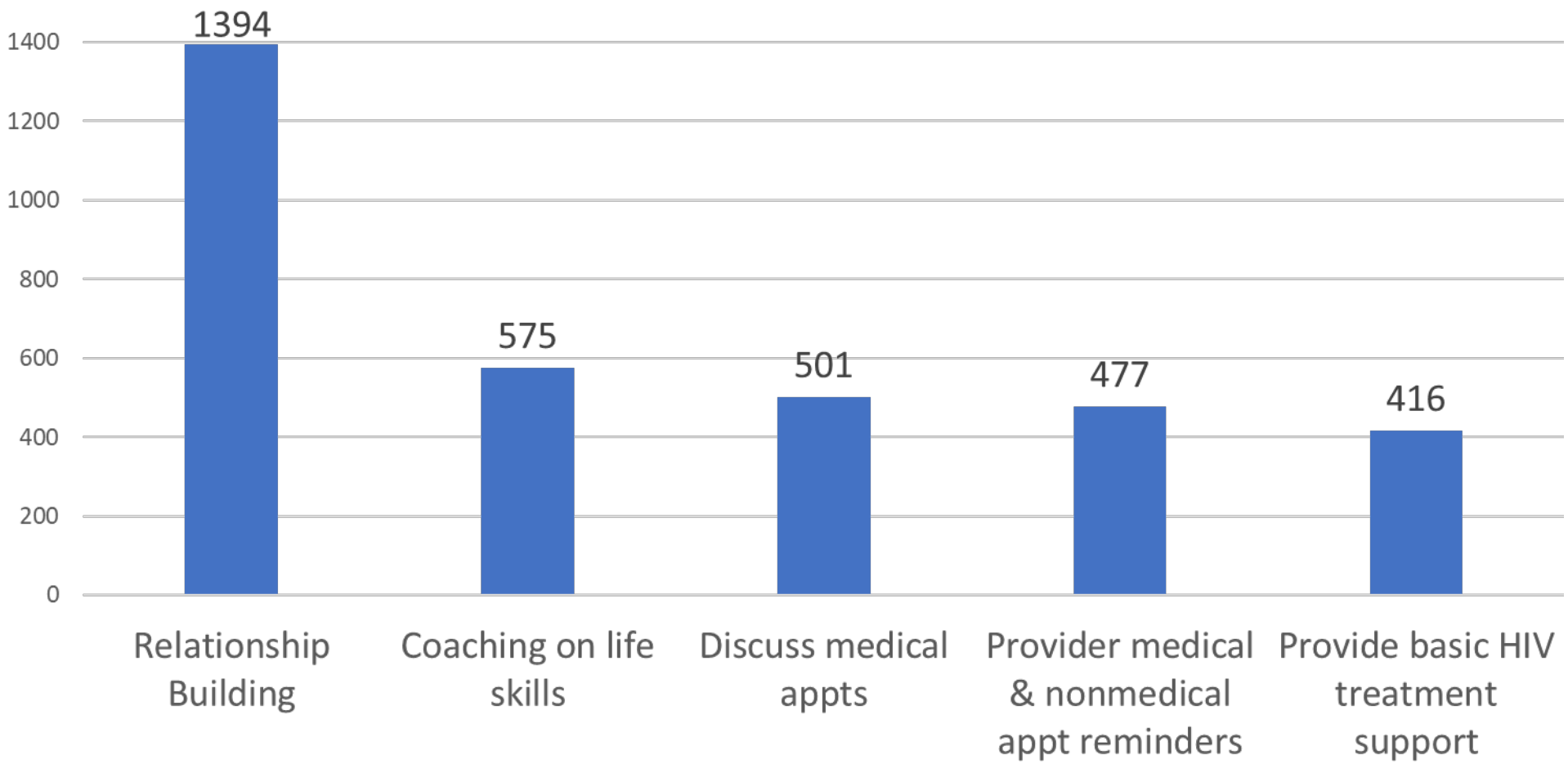
Encounter forms = 2257; N =173



(Forms = 2257; N =173)

- Average number of encounter forms per month per client: 1.1
- Average activities per month per client: 4
- Average duration per month per client: 66 minutes

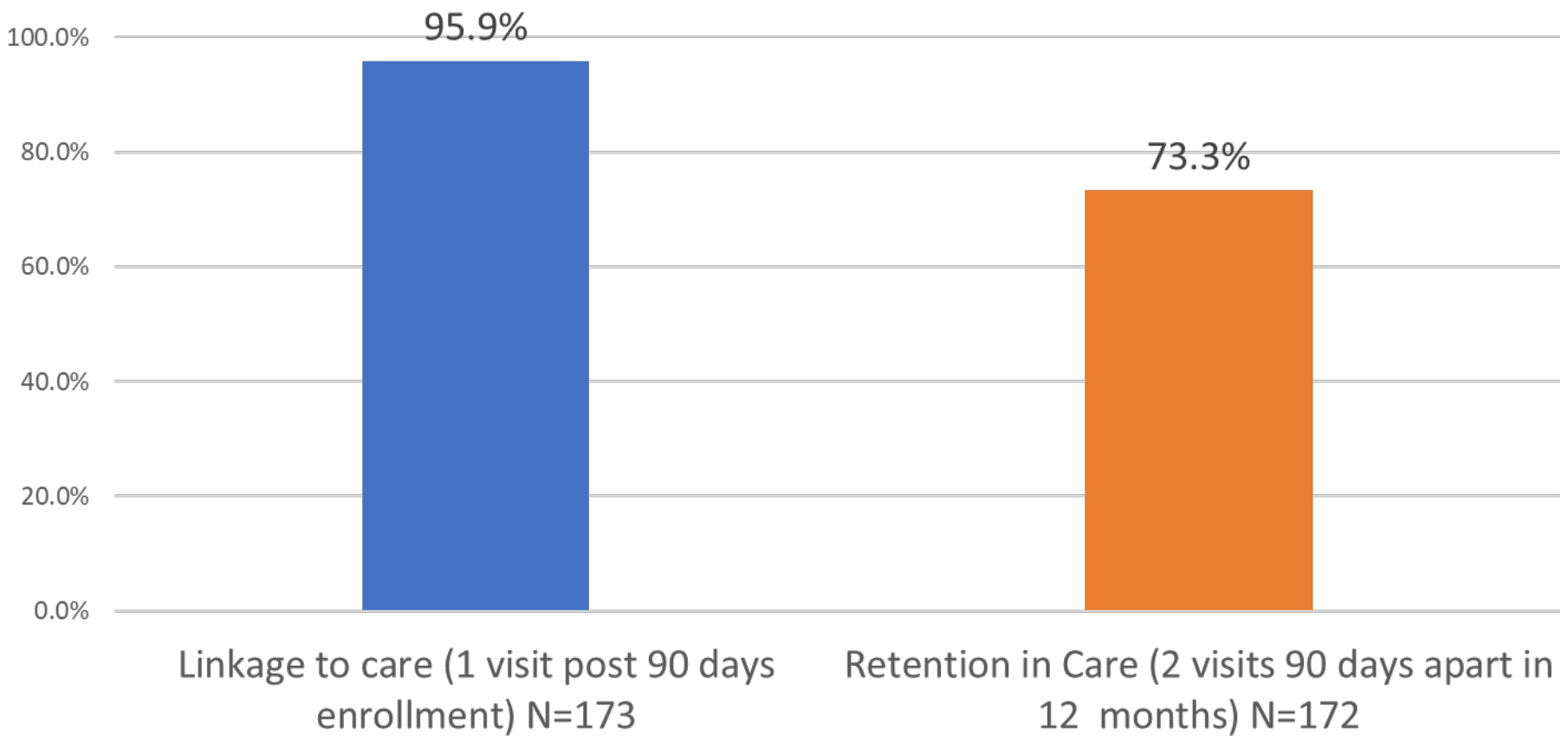
Top Encounters



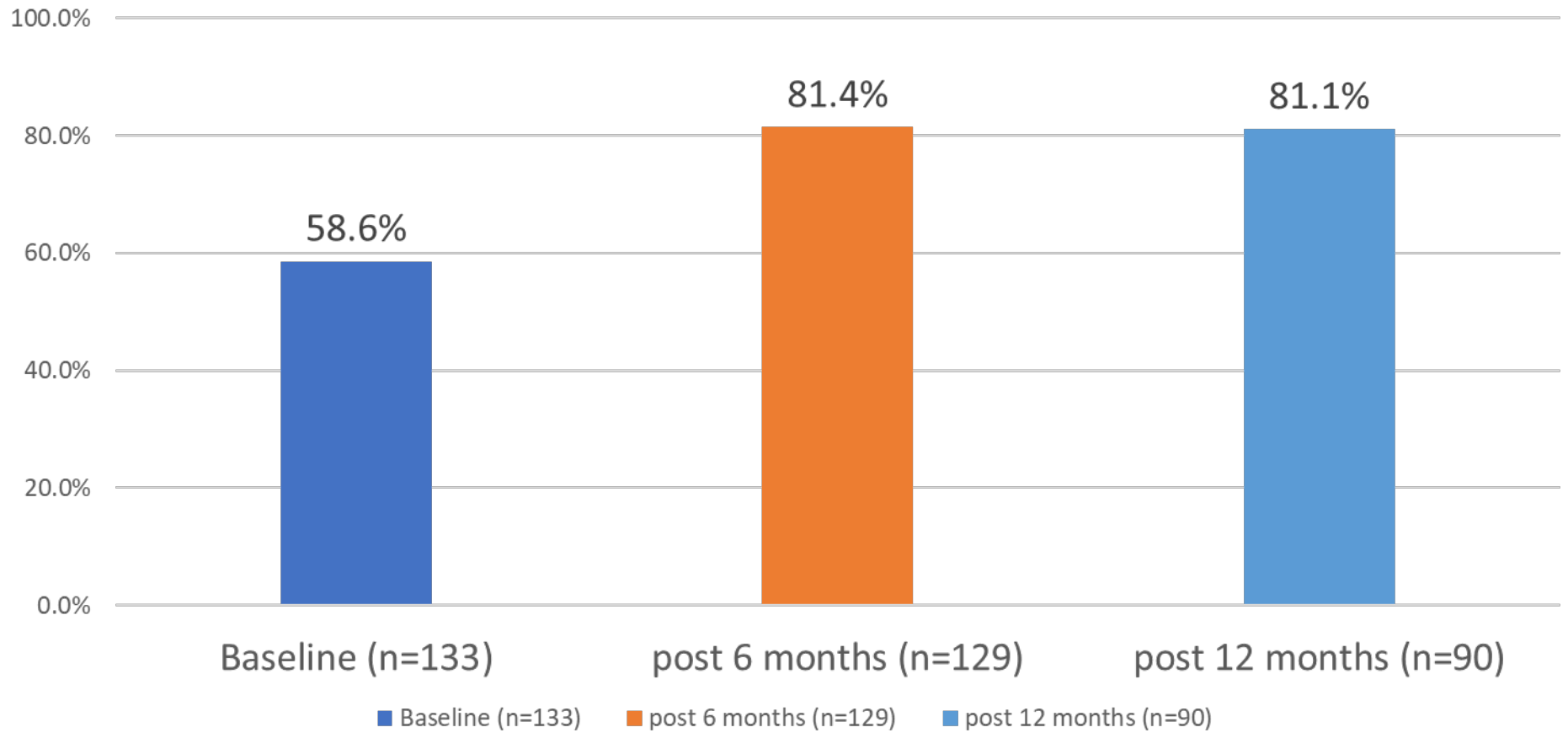
Changes in unmet needs

	Base	3 months
(Baseline and 3-Month (n = 111)) Unmet Needs categories Create score count unmet need 0-10 Mean ± SD	1.5 ± 1.4	0.7 ± 0.9
Transportation	31	2 (6.45%)
Housing	43	20 (46.51%)
Benefits	30	12 (40.00%)
Substance use/ mental health treatment	18	3 (16.67%)
Medication assistance	17	0 (0.00%)
Medical care	15	1 (6.67%)
Food/clothing	7	1 (14.29%)
Practical support (e.g. child care, cell phone)	2	0 (0.00%)
Utilities (e.g. lights, gas, electric)	2	0 (0.00%)
Legal, employment, or financial	4	1 (25.00%)

Linkage & Retention in Care



Viral Suppression



Lessons Learned: Start up 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

Implementation Lessons Learned

Barriers

- Organization: Peers need a private space to work & access to EHR for documentation of notes
- Client level
  - Poverty
  - Family matters
  - Immigration related legal matters
  - Transportation assistance
  - Multiple medical needs
- Stigma
- Staff turnover
  - Supervisor and peer level
- Challenges with transition
  - Complex medical and social needs (housing, substance use)
  - No medical case manager in place especially if services are provided by an outside agency

Facilitators

- Joint community outreach with EIS workers can be an effective strategy for finding and engaging clients.
- Offer and connect to other health care needs
  - Dental care
  - Mammograms
  - Diabetes
- Social support/ education groups
- Multi-modal recruitment strategies
- Partnerships
  - School programs
  - Linkage with EIS workers
  - MOU with recovery centers for women
  - Correctional facilities
- Self care & professional development

Client Perspective

"..when I first started working with [peer], I needed mental health. I needed medical. I needed support, and I needed to start a new life… because I had gotten diagnosed with HIV… she called me and took me to the conference at the convention center. I just met a lot of people. I did not know that there was that many people out there fighting the same thing, disease she helped educate me a lot more than I knew …

-Client of Peer Linkage & Re-engagement Project

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Resources

Implementation and Training Manuals

- Training Curriculum
  - English: https://targethiv.org/sites/default/files/file-upload/interventions/deii-peers-curriculum-4-19.pdf
  - Spanish: https://targethiv.org/sites/default/files/deii-peers-curriculum-spanish.pdf
- Training Curriculum slides:
  - English: https://targethiv.org/sites/default/files/file-upload/interventions/deii-Peers-Slides.zip
  - Spanish: https://targethiv.org/sites/default/files/deii-peers-slides-spanish.zip
- You will find our implementation manual here: https://targethiv.org/deii/deii-peer-linkage

Contact Information

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30 YEARS

Discussion & Q/A