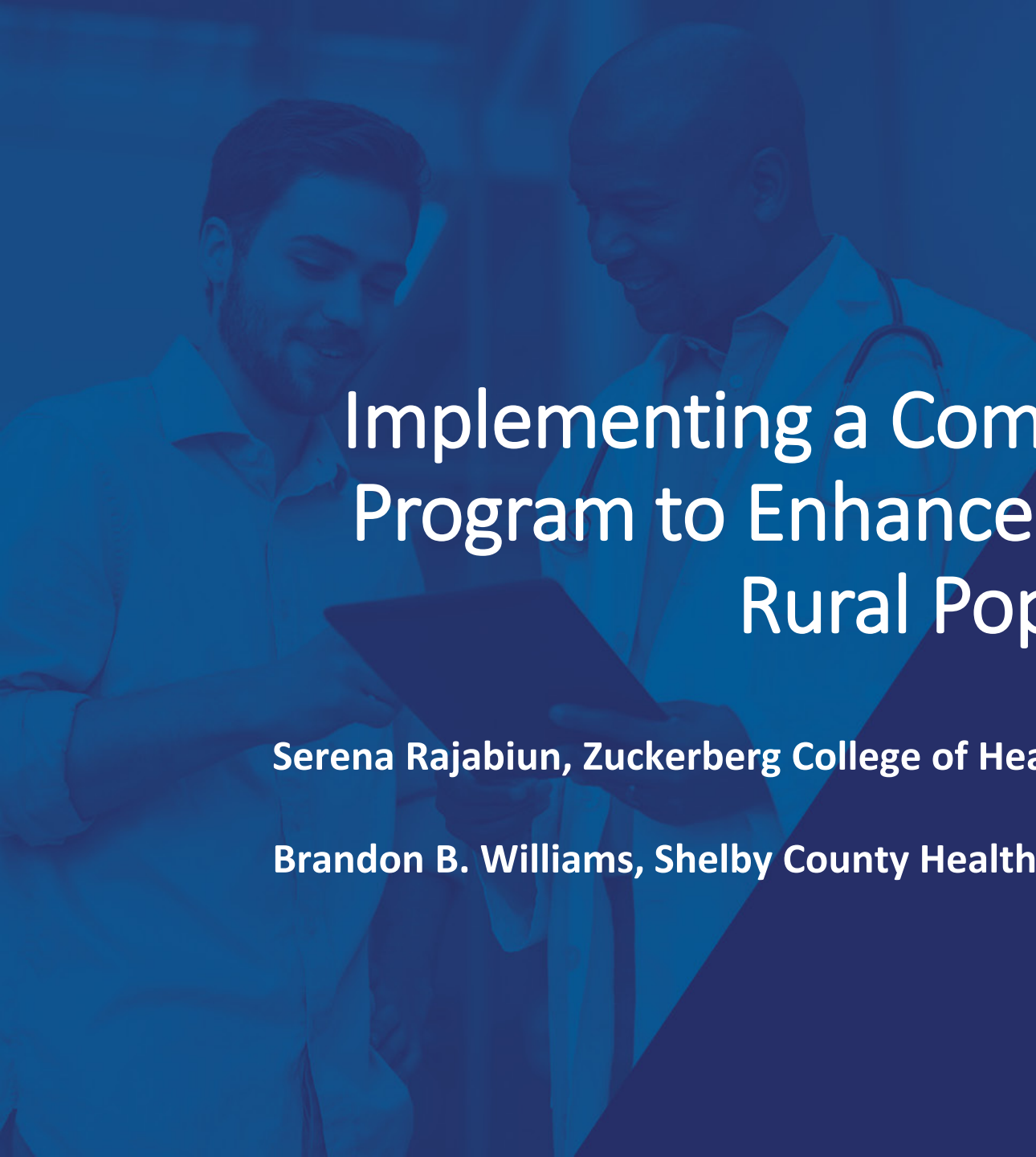

VIRTUAL 2020 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Implementing a Community Engagement Program to Enhance Viral Suppression in Rural Populations

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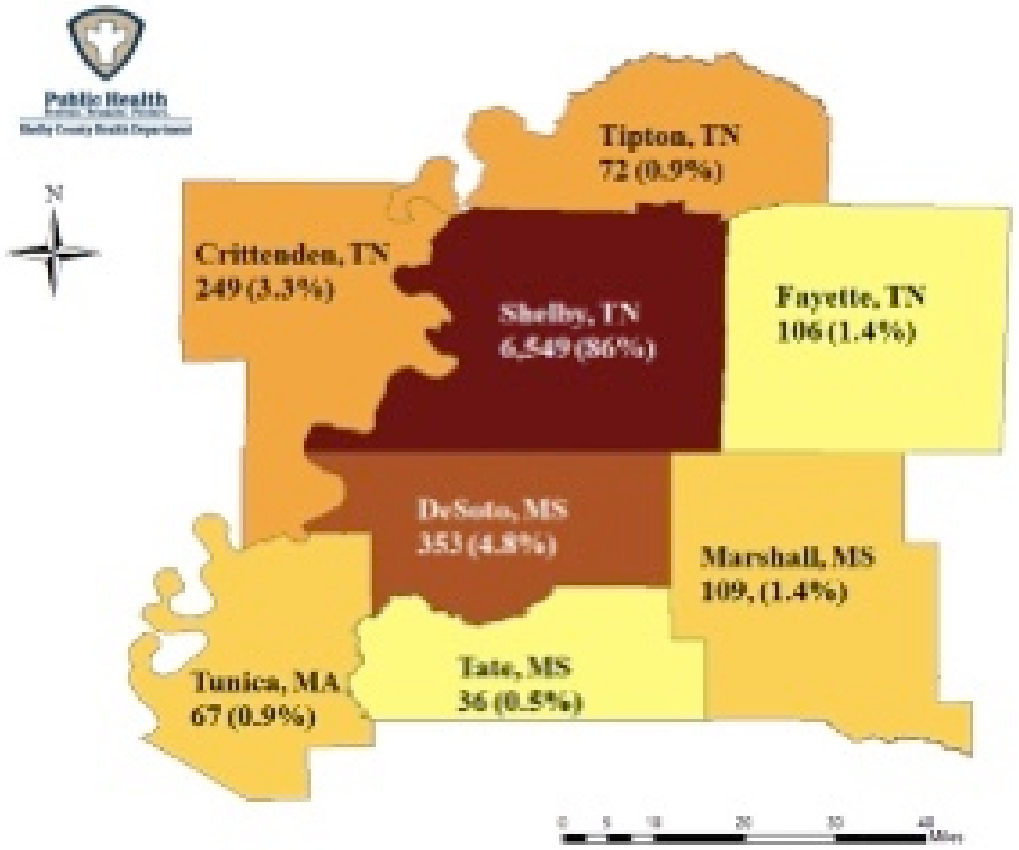
- Partnership of Boston University, University of Massachusetts, University of Memphis, Shelby County Health Department, and Methodist Le Bonheur Community Outreach
- Part of National Plan to End the HIV Epidemic

Project Aims

- To employ a participatory model to implement a CHW training curriculum for CHWs and supervisors in HIV care in rural Tennessee (TN).
- To explore the impact of the integration of CHWs on ART adherence and self-management of HIV among PLWH in rural settings.
- To examine the extent to which CHWs are able to bridge the clinic health care team and broader community to address the gaps in services for PLWH and improve health outcomes in rural setting.

Memphis TGA

- 7,613 people with HIV
- Shelby County, TN along with seven counties in the tristate region of MS, AR, and west TN.
- 54% achieved viral suppression
- Health inequities are highly prevalent in the Memphis TGA.
- African Americans are disproportionately impacted by HIV in the Memphis TGA accounting for over 84% percent of new infections in 2017.



1. Centers for Disease Control and Prevention. Diagnoses of HIV infection among adults and adolescents in metropolitan statistical areas—United States and Puerto Rico, 2017. HIV Surveillance Supplemental Report 2019;24(No. 2). http://www.cdc.gov/hiv/library/reports/hivsurveillance.html. Published May 2019. Accessed June 22, 2020.
2. (eHARS, TN, 2017).

Methods & Activities

Community Needs Assessment

- 57 participants completed questionnaire

Community Engagement Workshop

- 30 HIV providers & consumers in October 2019

Community Health Workers Training

- 22 CHWs and supervisors trained in February & March, 2020

Follow-up Interviews

- 18 participants interviewed via ZOOM

Planning: Phase 1

- Assessment of existing community health workers and CHW-like models including navigation, outreach and peer support for HIV prevention, care and treatment.
  - Brief needs assessment survey and interviews with key informants (e.g. H-CAP members).
- CBPR workshop with community health workers, consumer leaders and other key stakeholders.
  - Meeting to gather information about the training needs and priority populations of community health workers in the Memphis TGA.
  - Identify the current facilitators and barriers for the CHW workforce to support clients with achieving engagement in care and viral suppression.

What are Community Health Workers?

- "A CHW is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/ intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy."

What titles are used for Community Health Workers at your agency or in your community?

Answer	%	Count
Early Intervention Worker	20.41%	20
PReP Navigator	16.33%	16
Community Health Worker	15.31%	15
Outreach Worker	13.27%	13
Other title (see below*)	10.20%	10
Health Advocate	7.14%	7
Outreach Educator	6.12%	6
Peer Educator/Peer Advocate	5.10%	5
Patient Navigator	3.06%	3
Promotor/a	2.04%	2
Health Advisor	1.02%	1
Total	100%	98

*Other titles

ARTAS
Case managers
Disease investigator
Fundraiser
Health investigator
Linkage to care
Medical case manager

Community Engagement Workshops

- Participants designed community maps of people out of care
- Ranking of areas CHWs could work on the care continuum
- Identify training needs for CHWs

Barriers for people in the Memphis TGA

Structural Level

- The role of the Church in addressing stigma

- Participants noted that the ***"church is an essential barrier to HIV testing and engagement in care in this Mid-South community is the stigma, discrimination and ignorance surrounding HIV."***

Abstinence only sex education

- A participant related how this lack of education creates ***"many challenges for youth and young MSM…. There is a lack of comprehensive sex education in the school which means that youth may not be knowledgeable about HIV prevention methods."***

HIV Criminalization laws disproportionately affect women and transgender persons of color

- The state of Tennessee has two very harsh HIV-specific laws; criminal exposure to HIV and aggravated prostitution. Persons arrested under these laws are classified as felons and are required to register as violent sex offenders permanently.

Barriers for people in the Memphis TGA (cont.)

Community Level

Limited Housing Options for MSM youth of color & persons w/ criminal history

- Themed responses from participants noted that ***"young MSM may be kicked out of the home for revealing their sexual orientation. "***
- Youth living with HIV are at risk of homelessness

Lack of Transportation

- People who have no means of transportation are dependent on others to get them to appointments and other needed services, like going to grocery store
- The Memphis TGA has limited reliable public transportation within the urban areas and PLWH in rural areas may need to drive up to 1.5 hours for services and need funds for fuel.

Barriers for people in the Memphis TGA (cont.)

Organizational Level

Access to Care

- Seamless and promote access to quality HIV health care
- Quality of care was described as " professionalism," "listening to the client's concern" and "respecting their lifestyle choice(s)"

Overburdened case management system

- Lack of support

- "My case managers don't ever come and visit me at home, they don't call, they don't show up."

Long length of time to get a obtain a HIV medical appointment at clinics

Barriers for people in the Memphis TGA (cont.)

Individual Level

PLWH w/ co-occurring mental and substance abuse disorders facing stigma

- *Mental health* followed by substance use disorders emerged as a major issue that presents a barrier to HIV care.
- "At the end of the day if your mental health is not working you ain't going to do any of these things anyway."
- Transgender persons are especially in need of mental health services
- Stigma around mental health & HIV

Solutions and Facilitators

- HIV education to youth in schools Community –wide campaigns
- More testing sites
- Engaging church leaders

- Provision of resources to support stable housing

- Increase transportation assistance
- Ride hailing services

- Increase <u>access to rapid treatment</u> and <u>Cultural Competent HIV medical and case management services</u>

- Expansion of counseling & peer support services to improve mental health

- Implement an integrated approach to HIV prevention in care in the community
- Need more training around PrEP

Phase 2:

Training CHWs & Supervisors

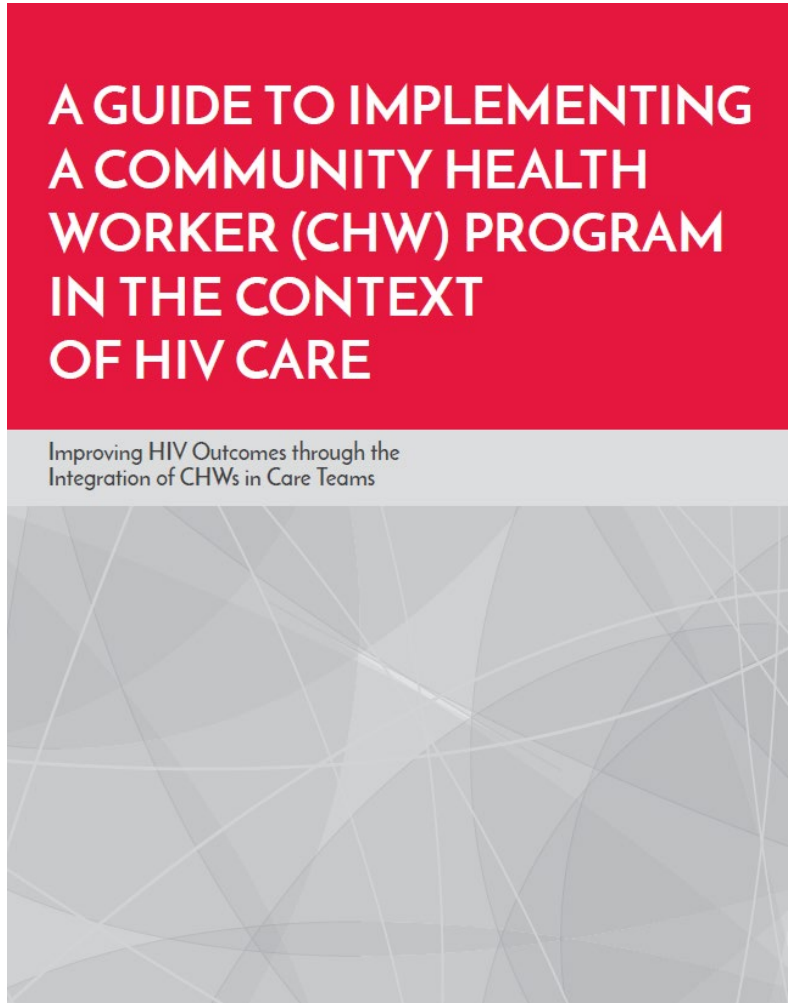
Training program

- 28-hour CHW and supervisor training in February & March 2020.
- 20 CHWs and 5 supervisors from 8 health centers and community-based organizations.
- Virtual follow-up sessions identified how attendees were using the skills and knowledge gained at the training.

Training Curricula

Adapted from HRSA National Training Curricula (80 hours) & Implementation Guide: Improving HIV Health Outcomes through the Integration of CHWs in the Care Team

- **Educating clients about HIV**
  - HIV Viral Life Cycles
  - How medications work in the body
  - Understanding lab values & support clients with treatment
- **Motivational Interviewing**
  - Coaching clients about HIV risk, retention in care and adherence to treatment
  - Addressing challenges
- **CHWs in the care team**
- **Addressing boundary issues & self-care**
- **Managing stigma & disclosure**
- **HIV, substance use and mental health**



Training Evaluation

- Pre-post evaluation for CHWs & Supervisors **(February 20-21 & March 2-3).**
  - 12- items Confidence level
    - HIV/AIDS Knowledge
    - Comfort explaining HIV to clients
    - Ability to participate in a care team
    - Ability to advocate for client
    - Ability to supervise CHW in the care team
- 1=Low confidence, 5=highly confident
- Virtual interviews on use of skills & future training needs

How would you rate your…	Score of 1 being the lowest and score of 5 being the highest. Place an "X" in the appropriate box.				
	1	2	3	4	5
14. General HIV/AIDS knowledge					
15. Comfort explaining the HIV virus to a participant					
16. Confidence in your ability to explain the importance of medication adherence and viral suppression to your participants					
17. Understanding of your role as a CHW within the HIV care team					
18. Confidence in your ability to explain how your role as a CHW impacts the HIV care continuum					
19. Understanding of PrEP, PEP and Treatment as Prevention (TasP) and who can benefit from it					
20. Confidence in understanding your role and tasks as a member of the HIV care team					
21. Confidence in your ability to provide trauma informed care to participants					
22. Confidence in your ability to use motivational interviewing techniques with participants					
23. Confidence in your ability to manage your time as a CHW, including your case load					
24. Confidence to document your work with participants in the electronic health record					
25. Confidence in your ability to communicate about participants with other members of the HIV care team in your organization					
26. Comfort communicating your needs to your administrative and supportive supervisors					
27. Confidence in your ability to maintain appropriate boundaries with participants					
28. Confidence in your ability to create time and space for self-care throughout your work					
29. Skills creating partnerships with other community members and stakeholders					
30. Comfort in helping participants to address and manage stigma and disclosure related to HIV or other conditions					

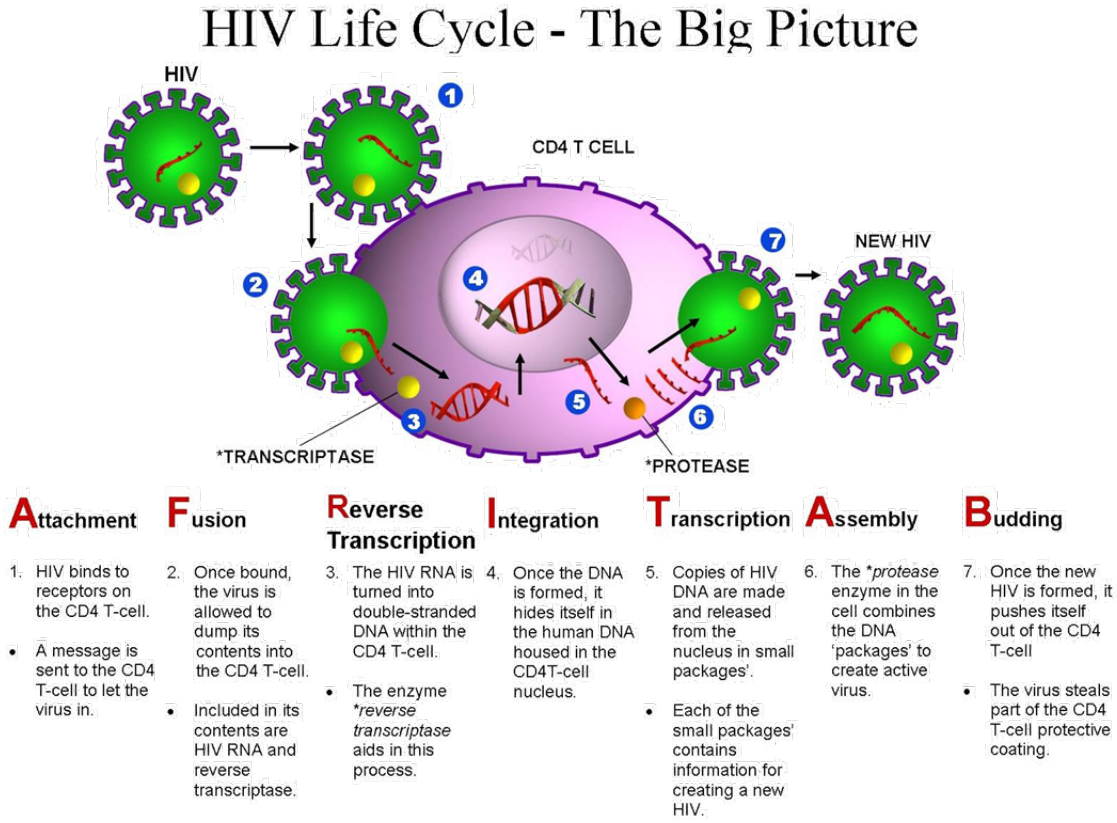
Results: Pre-post test

- For CHWs:
- Significant increase in confidence on:
  - Ability to communicate about participants to HIV care team
  - Ability to create time and space for self-care
- Borderline significant increase in confidence
  - Ability to provide trauma informed care
  - Ability to manage your time and case load
  - Comfort helping participants manage stigma & disclosure

Results

Coaching clients on HIV

- "The HIV life cycle - some of my clients I was able to give a better and clearer understanding of why they were taking the medications and where the medication works in the life cycle. This was the first time, that to me, it was broken down in such a way that it just clicked. The flow was apparent. So yes, I've been using the HIV life cycle ...to give people a better understanding of why they're taking certain medications."



Results

Use of MI techniques

"Now dealing with younger people who think they know everything I have to find a different approach to educate them and let them know that this is what's going on and this is what you need to do to not spread HIV or to get something else. You have to use a totally different approach with them. They come in with an attitude. You can feel it when they come in the room. You are here to educate them and be their guide and walk them through the system and get them to where they can be undetectable and not transmissible."

Results

Supervisor's role: Using Self-care techniques

- "I loved the training. I wish you all would do something else. It was so good. I really liked the self-care exercise at the end of each session. I've started doing that with my staff. It has become a part of their duties for the week."

Next step

- Integrated Training and coaching for CHWs in to the care team as part of the ***Treat*** pillar for Memphis TGA's Ending the Epidemic Plan (EtHE)

- Future directions
  - Training for CHWs and supervisors
    - Strengthening advocacy and awareness about CHW role in the care team
    - Addressing and supporting clients around issues of gender identity
    - Trauma informed care and managing mental health
  - Coaching sessions

Thank you!

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VIRTUAL
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30 YEARS

Discussion