
# Replicating Innovative HIV Care Strategies in the Ryan White HIV/AIDS Program

## Innovative HIV Care Strategies for Priority Populations

May 2, 2023

# Agenda

- *Project Overview*
  - About the Special Projects of National Significance (SPNS) Program & Integrating HIV Innovative Practices (IHIP) Project – presented by: Shelly Kowalczyk (MayaTech)
- *Intervention Overview*
  - ***TransActivate: Enhancing Engagement and Retention in Quality HIV Care for Transgender Women of Color*** – presented by: Brendan O'Connell with *Bienestar Human Services*
  - ***Enlaces Por La Salud: Finding, Linking, and Retaining Mexican Men and Transgender Women in HIV Care*** – presented by: Dr. Lisa Hightow-Weidman, currently with Florida State University (FSU) and Dr. Clare Barrington with UNC Chapel Hill
- *Q&A*
- *Participant Feedback*

# Project Overview: About the Project

- **Funded By**: The U.S. Department of Health and Human Services, Health Resources and Services Administration's HIV/AIDS Bureau through RWHAP Part F: Special Projects of National Significance.
  - HRSA oversight provided by: Melinda Tinsley and Adan Cajina

- **Awarded To:** The MayaTech Corporation
  - Subcontractor: Impact Marketing + Communications
  - Contract Period of Performance: September 27, 2021 – September 26, 2023

- **Purpose:** To support the coordination, dissemination, and replication of innovative HIV care strategies in the Ryan White HIV/AIDS Program (RWHAP) through the development and dissemination of implementation tools and resources.

# Framework for RWHAP SPNS RWHAP

| DEMONSTRATE OR IMPLEMENT | EVALUATE & DOCUMENT | COORDINATE, REPLICATE, & INTEGRATE |
|---|---|---|
| Fund recipients to respond to emerging needs of people with HIV using evidence-based, evidence-informed, and emerging interventions | Use an implementation science framework to identify effective interventions to improve HIV outcomes among Ryan White HIV/AIDS Program clients | Develop guides and manuals, interactive online tools/toolkits, publications, and instructional materials that describe how to coordinate, replicate, and integrate interventions and strategies for RWHAP providers |
| Fund special programs to develop a standard electronic client information data system to improve the ability of recipients to report data | Evaluate and document specific strategies for successfully integrating interventions in RWHAP sites | Streamline access to materials and promote replication through the Best Practices Compilation |

# Key Support to RWHAP Providers

- Implementation tools and resources
  - Featuring interventions implemented by RWHAP grant recipients/subrecipients
- Capacity building TA (CBTA) on featured interventions
  - CBTA webinars—now offering CEs
  - Peer-to-peer TA
- Support in the development and dissemination of implementation tools and resources
  - Webinars
  - One-on-one TA
- Helpdesk (ihiphelpdesk@mayatech.com)

***Check out https://targethiv.org/ihip**

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| | |
|---|---|
| Bredan O'Connell | Nothing to Disclose |
| Lisa Hightow-Weidman | Nothing to Disclose |
| Clare Barrington | Nothing to Disclose |

# Enhancing Engagement and Retention in Quality HIV Care for Transgender Women of Color Initiative TransActívate

Brendan O'Connell, Chief Operating Officer
Bienestar Human Services
May 2, 2023

# Bienestar 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 H97HA24964 Enhancing Engagement and Retention in Quality HIV Care for Transgender Women of Color Initiative, awarded at $1,485,860 over 5 years with no non-governmental sources used to finance the project. This information or 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.

# Brendan O’Connell, MSW

Brendan O’Connell is the Chief Operation Officer at Bienestar Human Services. Brendan oversees BIENESTAR’s medical clinic -providing behavioral health services comprised of outpatient mental health and substance abuse treatment; prevention services -which includes HIV/HCV/STI screening, linkage to medical care, behavioral interventions, food bank, HOPWA and Harm Reduction programing. Before joining BIENESTAR Brendan worked in NYC with PLWH, the LGBTQ communities, and formerly incarcerated people, at ACRIA, The Fortune Society and the Center for Community Alternatives. In 2007 Brendan graduated from the University of Milwaukee-Wisconsin with a Bachelors of Social Work. In 2012 he completed his Masters of Social Work from Fordham University.

# Overview: Bienestar Human Services

- Grassroots, non-profit community service organization established in 1989
- Created due to a lack of and non-existent HIV/AIDS services for the Latino community
- 6 service site in Los Angeles
- Transgeneros Unidas began in 1997
- Current services provided:
- ART/PrEP/Primary care
    - HIV/STI screening/treatment
    - Mental health treatment
    - Out-patient substance abuse treatment
    - Linkage to care
    - Support groups
    - HOPWA case management
    - Food bank
    - Harm Reduction Services
    - HIV prevention programming and research

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# Overview: TransActívate

TransActívate: A comprehensive and innovative program to improve the timely entry, engagement, and retention in quality HIV care for Latina transgender women in Los Angeles County

Based on two theoretical foundations:

- Transtheoretical model
- Strength-based perspective

Key components:

- Social Network Testing (SNT)
- Social Network Engagement (SNE):
- Mobile Testing
- Motivational interviewing
- Peer Navigation
- Linkage to Care

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# TransActívate

- **Goals and Objectives**
  - ✓ Enrollment - 150 enrollees
  - ✓ Timely Linkage to Care - 85% linkage rate
  - ✓ HIV screening - 1160 Transgender tests
- **TransActívate Eligibility**
  - ✓ Latina Transgender
  - ✓ Newly diagnosed with HIV
  - ✓ 18+ years of age
  - ✓ Lives In Los Angeles County
  - ✓ Aware of their HIV diagnosis but have refused care or dropped out of care
  - ✓ In care but could benefit from more support

# Study Participant Demographics

| Variables | Total (%) Mean [SD] |
|---|---|
| Age | 44 [8.36] |
| Foreign born | 140 (93.3%) |
| Education (High school or less) | 132 (88.0%) |
| Income level (in the past 12 months) | |
| Less than $2,999 ($249/month) | 77 (51.3%) |
| $3,000 - $11,490 ($250 - $957/month) | 33 (22.0%) |
| $11,491 ($958 /month) and above | 11 (7.3%) |
| Don’t know or decline to answer | 29 (19.3%) |
| Undocumented | 36 (24.0%) |
| Sex work (in the past 6 months) | 45 (30.0%) |

# Chat Question #1:

What are some ways to build engagement with the Transgender Community?

***"Enter your responses into the chat"***

# Intervention: Implementation

- Staffing
  - 2 Linkage Coordinators/Peer Navigators
  - HIV Testing Counselor
  - Program Manager
- Community Trust
- Physical locations to provide the initiative across LA
- Wraparound services
- Evaluation
- BIENESTAR partnered with 7 Federally Qualified Health Centers (FQHC)

# Intervention: Successes

- Program enrollment timeline: January 1, 2014-August 30, 2016
- Program Enrollment: 150 enrollees
- Timely Linkage to Medical Care: 96% linkage rate
- HIV Tests: 1,075 tests with a 1.6 positivity rate

| HIV Care Continuum | No. of Clients |
|---|---|
| Newly diagnosed | 13 |
| Re-engaged in care | 20 |
| In need of additional support | 117 |

# Intervention: Challenges (1)

- Self-reported barriers at intake:
  - 27% some type of housing instability
  - 31% drug use (not including marijuana)
  - 33% sex trade
  - 94% born outside the USA
  - 9% incarceration
  - 50% violence from primary partners
- Provider related barriers:
  - Lack of medical providers at the start of the program
  - Clinical partners unable to share data of those fallen out of care
  - Three clients passed away

# Intervention: Successes (2)

| List of Referral Type | # of Referrals |
|---|---|
| BIENESTAR Referral from CRCS/Housing/Case Management | 14 |
| BIENESTAR Referral from Support Group | 42 |
| Outreach | 19 |
| Promotional Material | 9 |
| Partner Organization | 5 |
| Self-Referral | 7 |
| Social Network Engagement | 45 |
| Social Network Testing | 2 |
| Storefront/Mobile Testing | 8 |

# Intervention: Successes (3)

| List of Referral Type | # of Referrals |
|---|---|
| BIENESTAR Referral from CRCS/Housing/Case Management | 14 |
| BIENESTAR Referral from Support Group | 42 |
| Outreach | 19 |
| Promotional Material | 9 |
| Partner Organization | 5 |
| Self-Referral | 7 |
| Social Network Engagement | 45 |
| Social Network Testing | 2 |
| Storefront/Mobile Testing | 8 |

# Intervention: Addressing Challenges

1

**Expanding support services**

- Creating MOU's with new clinical partners
- Developing agreements with other agencies such as legal services

2

**Expanding support programming for recruitment**

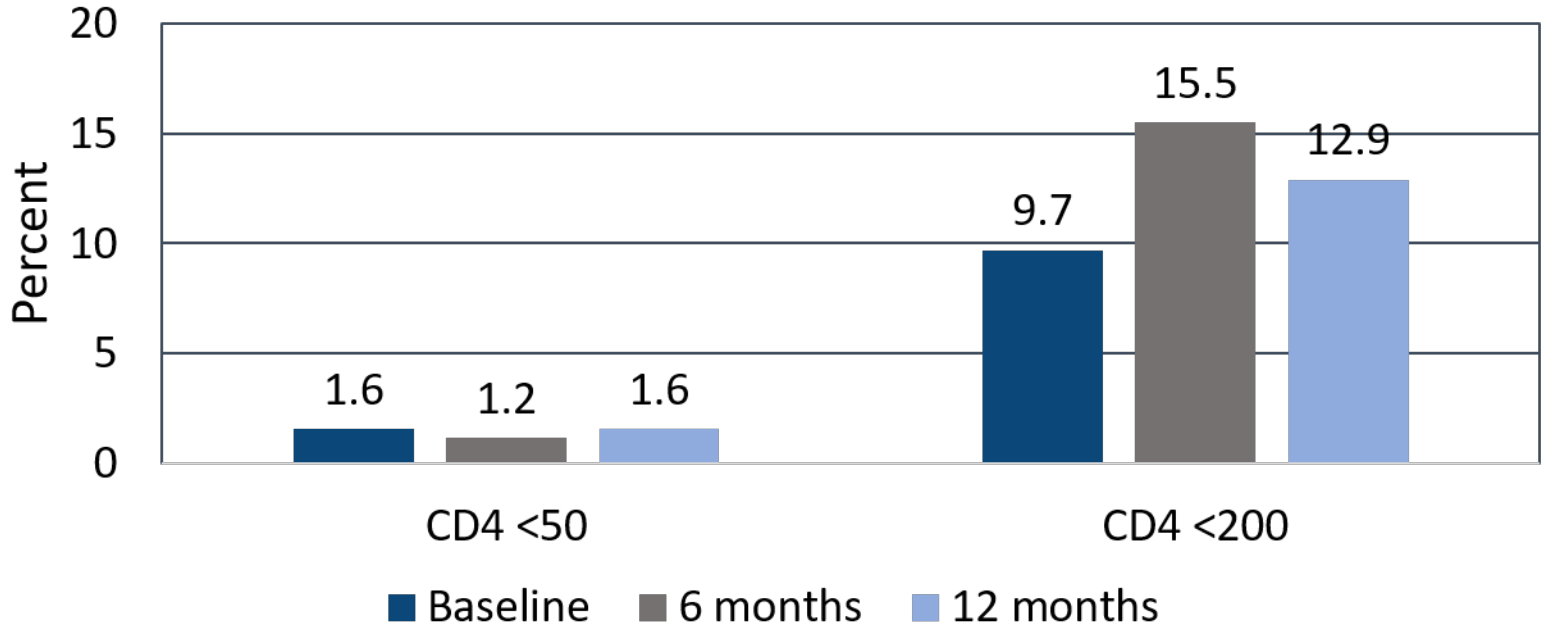
- HIV-positive support groups
- Starting Trans Health Conference
- National Transgender Testing Day

3

**Modifying Social Network Strategies**

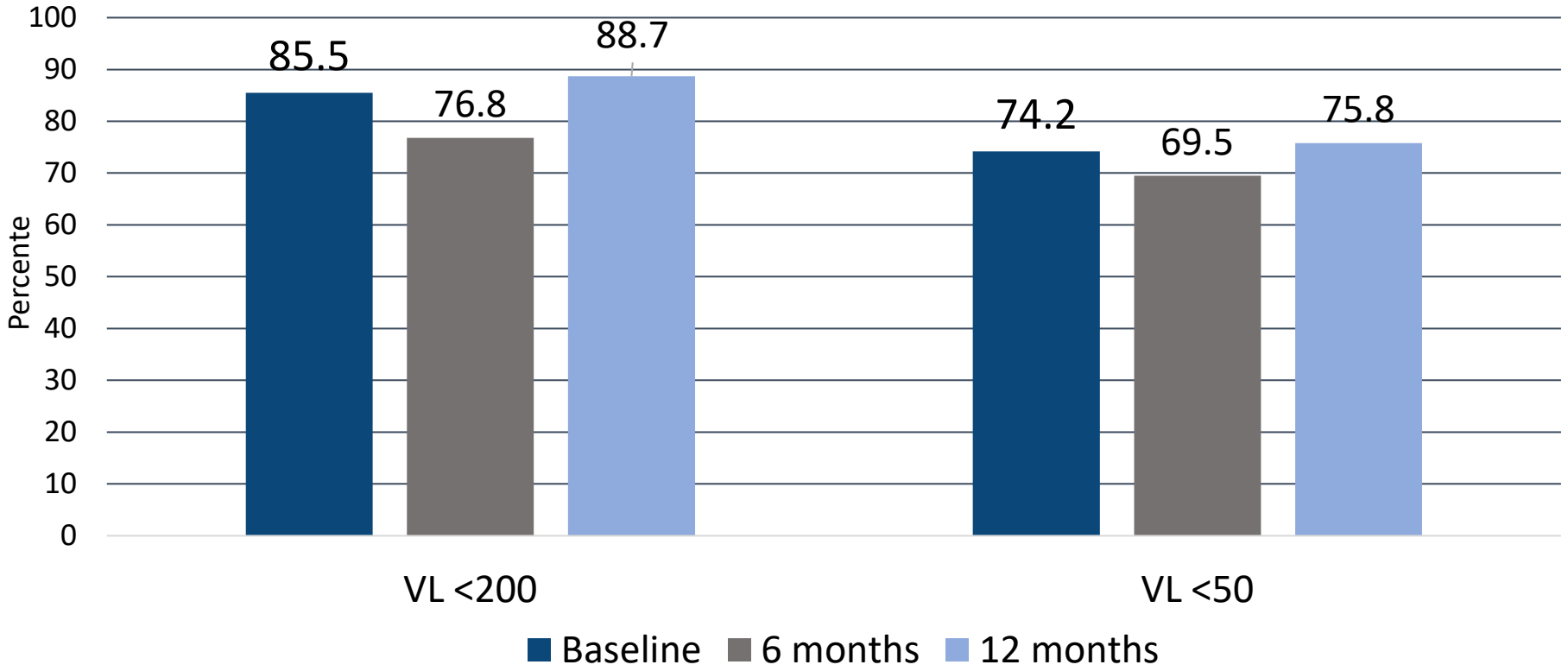
# Outcomes: CD4

| | Baseline (n=62) | 6 months (n=84) | 12 months (n=62) |
|---|---|---|---|
| CD4: Mean [SD] | 632.23 [336.94 ] | 572.33 [332.71 ] | 550.24 [329.48 ] |



# Outcomes: Viral Load

| | Baseline (n=62) | 6 months (n=82) | 12 months (n=62) |
|---|---|---|---|
| VL: Mean [SD] | 26,308 [169,443] | 15,780 [78,260] | 1,132 [7,362] |



# Outcomes: Viral Load - Paired Comparisons

**VL Baseline to 6 months (N=53)**

| | Baseline | 6 month | Difference | McNemar Test p-value |
|---|---|---|---|---|
| VL <50 | 40 (75.5%) | 39 (73.6%) | 1 (1.9%) | N.S. |
| VL <200 | 45 (84.9%) | 43 (81.1%) | 2 (3.8%) | N.S. |

**VL Baseline to 12 months (N=41)**

| | Baseline | 12 month | Difference | McNemar Test p-value |
|---|---|---|---|---|
| VL <50 | 30 (73.2%) | 32 (78.0%) | 2 (4.9%) | N.S. |
| VL <200 | 35 (85.4%) | 38 (92.7%) | 3 (7.3%) | N.S. |

# Chat Question #2

What are ways you've included peers and community members into your programming that have been effective?

**"Enter your responses into the chat"**

# Sustainability

**Successes**

- Acquired CDC funding to continue linkage to care work with Transgender women
- Continued HIV-positive support group, transgender health conference and other recruitment activities
- Opportunities for publication and dissemination

**Barriers**

- Reduced program staff for linkage
- Cannot provide same duration of follow-up
- Decreased communication with FQHC partners

# Some Lessons Learned

1. Community wants additional support even when doing well with medication management
2. Staff at the agency and medical providers must all be Trans competent
3. Community trust is vital for recruitment
4. Don’t be afraid to modify something if it isn’t working
5. Participants will have many needs
6. Find internal and external supports
7. Staff retention

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# *HIV Linkage, Navigation, and Education Program for the Mexican Men and Transgender Women in North Carolina*

**Lisa Hightow-Weidman, MD, MPH, Principal Investigator**
***Florida State University***
***May 2, 2023***

# Enlaces 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 H97HA26505 Culturally-Appropriate Interventions of Outreach, Access, and Retention among Latino(a) Populations Initiative, awarded at $1,471,424 over 5 years with 0% non-governmental sources used to finance the project. This information or 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.

# Lisa Hightow-Weidman, MD, MPH

Lisa B. Hightow-Weidman, is a Distinguished and Endowed McKenzie Professor in the College of Nursing at the Florida State University (FSU). She is the founding director of the Institute on Digital Health and Innovation at FSU. Dr. Hightow-Weidman is an expert in the development, implementation and evaluation of digital health interventions (DHIs) to address the HIV Care Continuum for adolescents and young adults, particularly among sexual and gender minority populations. Her research interests include technology-based HIV prevention and treatment interventions for adolescents and emerging adults. She has published nearly 200 peer-reviewed articles on these topics and has a proven track record of successful funding from the National Institutes of Health, HIV/AIDS Bureau and the Centers for Disease Control and Prevention.

ENLACES POR LA SALUD

# Clare Barrington, PhD

Clare Barrington is a Professor in the Department of Health Behavior at the University of North Carolina Gillings School of Global Public Health. She is the Latin American Programs Director for the Institute for Global Health and Infectious Disease and a fellow at the Carolina Population Center. Dr. Barrington conducts mixed-methods research on social and structural influences on health, in particular HIV and diabetes, with a geographic focus in Latin America. She also leads the qualitative component of mixed methods impact evaluations of health and development programs in Ghana and Malawi. She teaches courses on qualitative methods and professional development and is Director of the doctoral program in Health Behavior.

# Presentation Outline

- Brief overview of the HIV epidemic in North Carolina
- Intervention description
- Outcomes
- Lessons Learned

# Polling Question #1

Among the foreign-born Hispanic/Latinx population in your state, what is the leading country of origin?

A. Honduras
B. Mexico
C. Guatemala
D. El Salvador
E. Other
F. Don’t Know

# Polling Question #1 Response

Among the foreign-born Hispanic/Latinx population in NC, the leading country of origin is:

A. Honduras
B. Mexico
C. Guatemala
D. El Salvador
E. Other
F. Don't Know

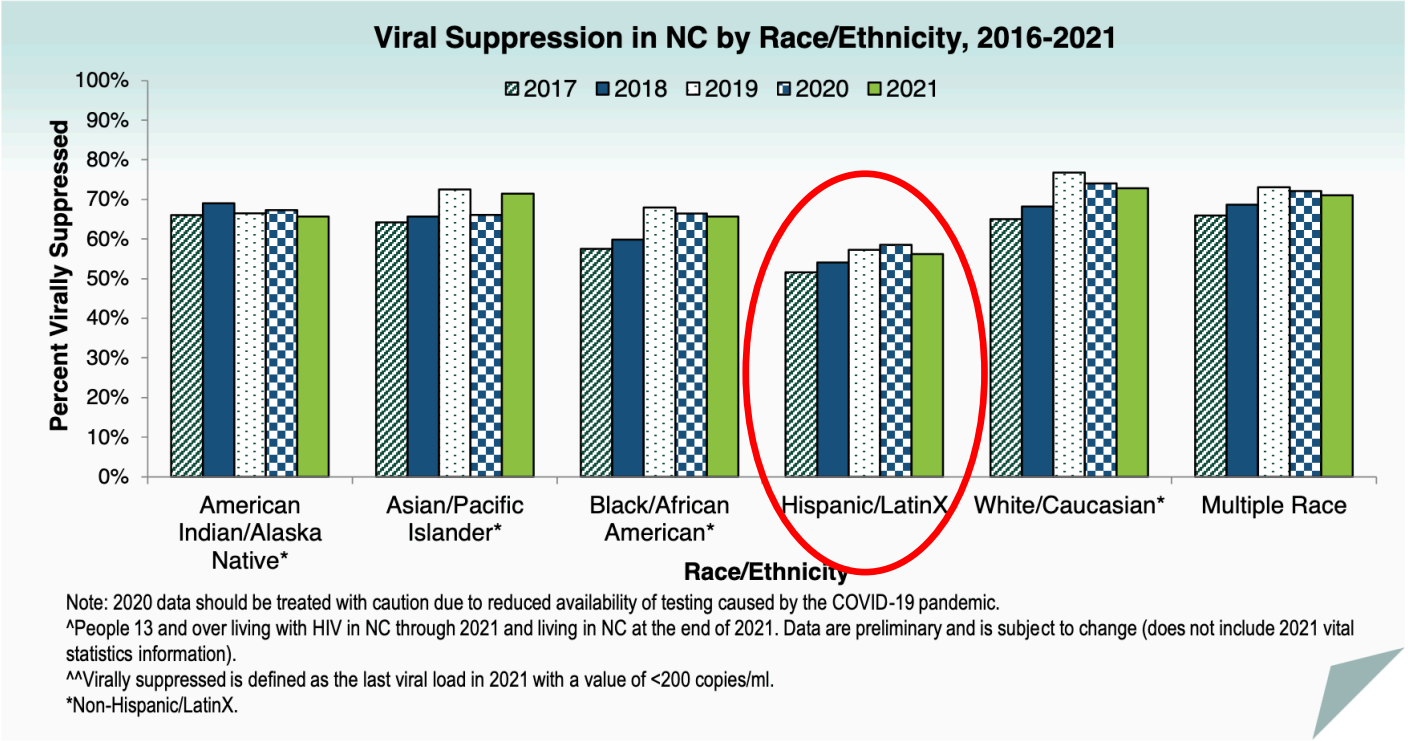
Among the foreign-born population in NC, Mexico is the leading country of origin (representing 54% of the state's foreign-born Hispanic population).

The Central American countries of Honduras, El Salvador, and Guatemala are the next most common countries of origin (26% of foreign-born Hispanic/Latino North Carolinians are from one of these three countries).

# HIV Among Hispanic/Latinx Populations in NC During Enlaces Implementation

- Hispanic/Latinx population in NC increased by 91% from 2004-2017
- In 2017 in NC:
  - 85% of new HIV cases among Hispanic/Latinx men were attributed to male-to-male sex
  - Rate of HIV among Hispanic/Latinx MSM was 4x the rate of White MSM

**VIRAL SUPPRESSION LOWEST FOR HISPANIC/LATNIX PEOPLE IN NC**




Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.
^People 13 and over living with HIV in NC through 2021 and living in NC at the end of 2021. Data are preliminary and is subject to change (does not include 2021 vital statistics information).
^^Virally suppressed is defined as the last viral load in 2021 with a value of <200 copies/ml.
*Non-Hispanic/LatinX.

# Enlaces Intervention Description

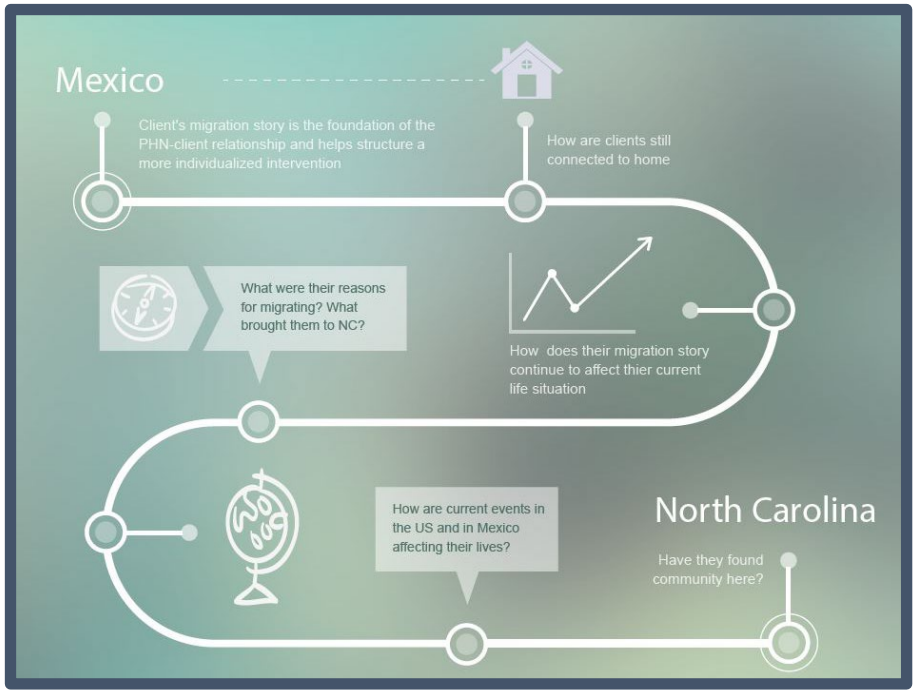
Objective:

- Increase engagement/retention in HIV Care among newly diagnosed and out-of-care Mexican men and transgender women

Intervention:

- Personal Health Navigators trained in strengths-based counseling delivered 6 individual sessions over 6 months
- Sessions grounded in a transnational framework providing cultural context to client's lives and engagement in care
- Sessions lasted 1-3 hours, depending on client availability, needs and comfort with topics
- Navigators were based out of the community partner sites in Durham, NC and Charlotte, NC

# Enlaces Theoretical Underpinnings




Client Migration Story
**Foundation of Personal Health Navigator-client interactions**

- **Transnationalism** refers to networks, resources and experiences in both countries of origin and countries of settlement and connections between the two
- **Migratory Processes Framework** considers migration to be cyclical and multi-staged
- **ARTAS** a Strength-based case management model

Source: Hightow-Weidman et al. *J Immig Minor Health*. 2021

# Intervention Sessions

# Session 1

Transnational Goal 1: Migration history and identification of relevant events or experiences (highlighting strengths) that may shape the HIV care and treatment experience

- 90 (98.9%) participants completed
- Mean time: 112.4 minutes

# Session 2

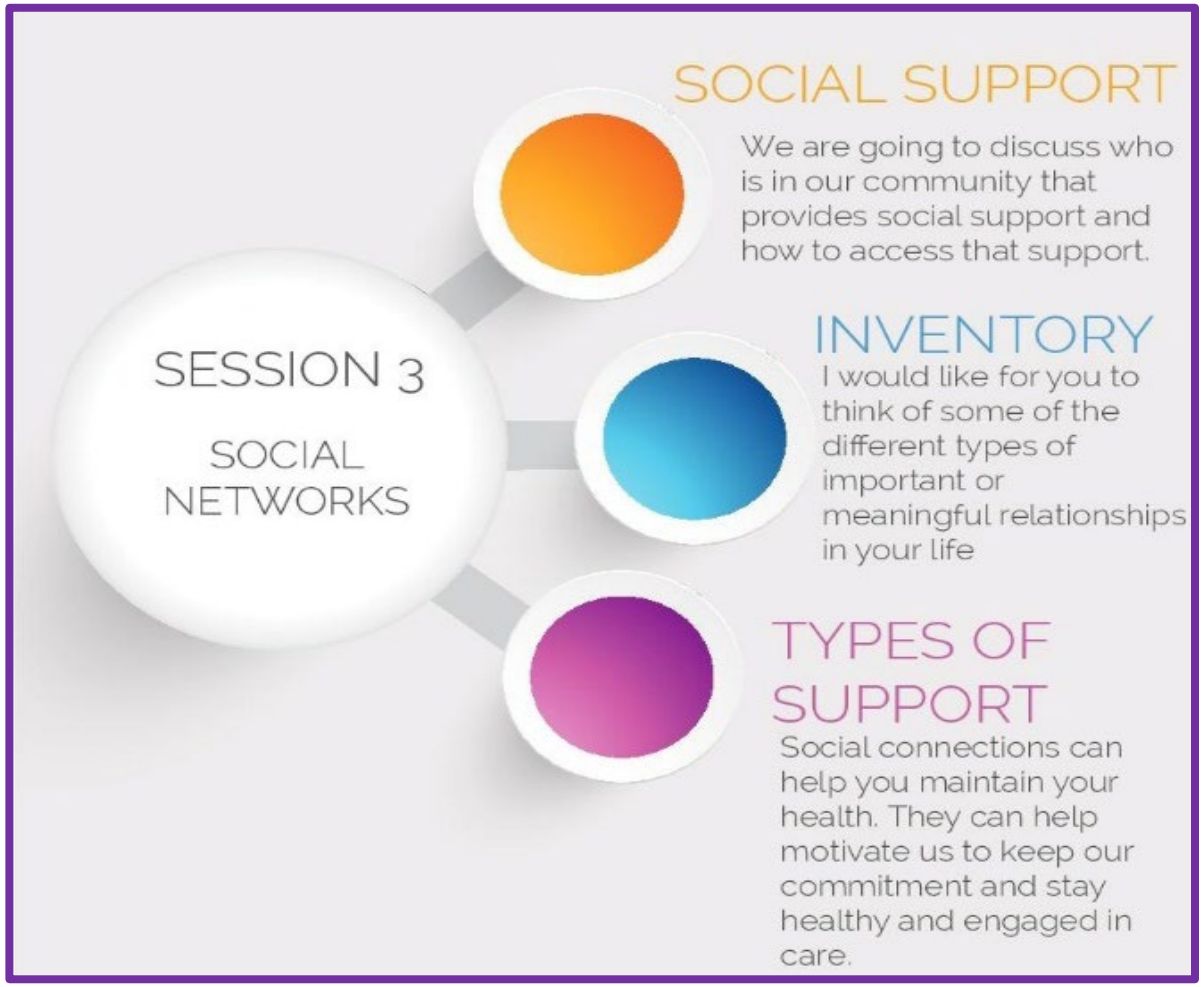
Transnational Goal 2: Healthcare history prior to, during, and following migration to provide context for initiation or re-engagement with care

- 90 (98.9%) participants completed
- Mean time: 112.4 minutes

# Session 3

Transnational Goal 3: To elicit a social network and support inventory (both local and transnational) to understand the context in which the client currently lives. To identify messages surrounding HIV status clients are receiving from their community and how this affects them

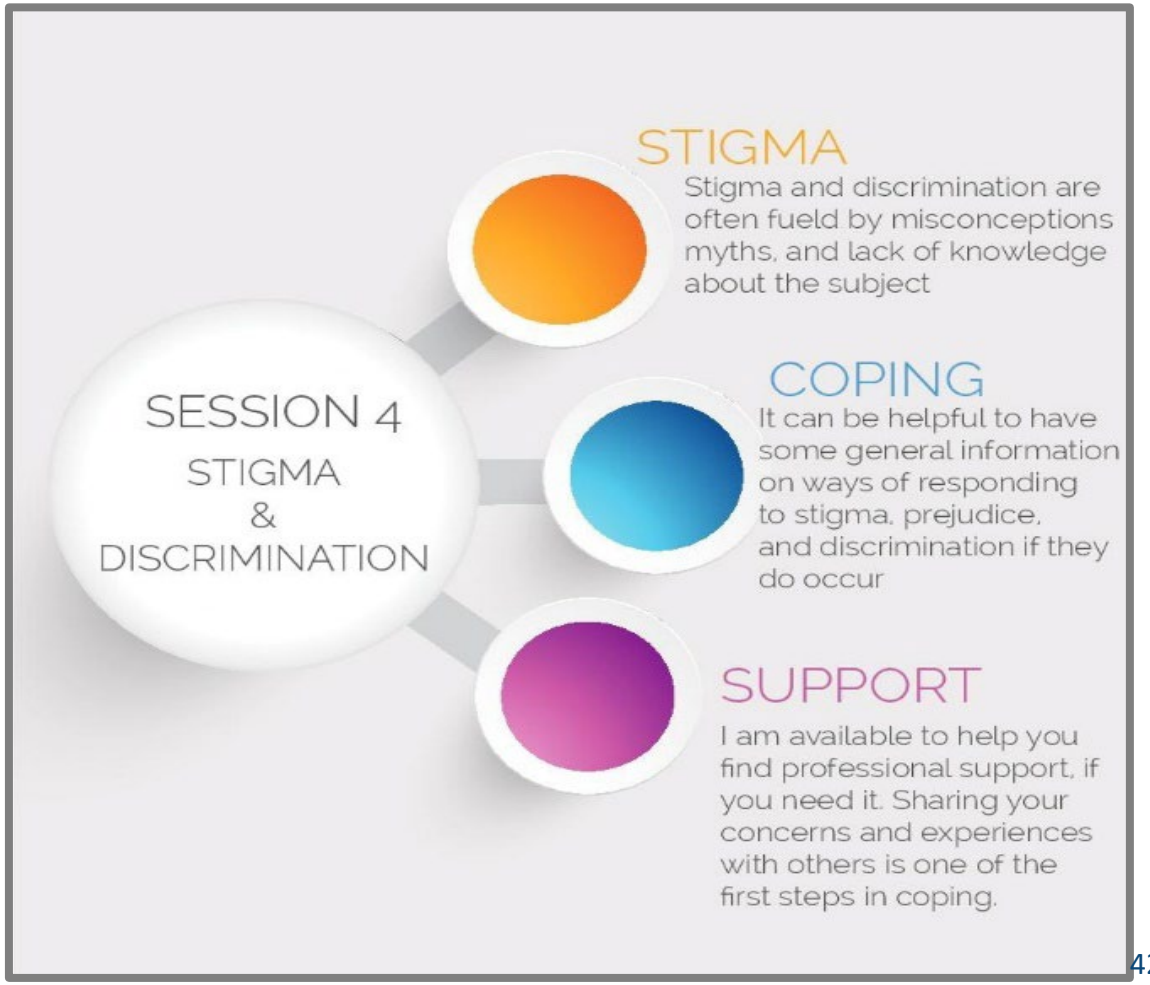
- 81 (89.0%) participants completed
- Mean time: 74.3 minutes



# Session 4

Transnational Goal 4: To identify individuals in their social support networks who they would like to disclose their status to and practice the language they want to use in talking about their HIV infection

- 80 (87.9%) participants completed
- Mean time: 82.0 minutes



# Session 5

Transnational Goal 5: To identify the client's responsibilities as a migrant to improve the understanding of external pressures that may impact healthy living, HIV care and treatment behaviors and outcomes

- 77 (84.6%) participants completed
- Mean time: 72.8 minutes

# Session 6

Transnational Goal 6: Define future plans with regard to migration and relationships with country of origin and North Carolina

- 76 (83.5%) participants completed
- Mean time: 76.5 minutes

# Baseline Characteristics (n=91)

| Variables | Total (%); Mean [SD] |
|---|---|
| Age | 36.8 [10.9] |
| Male-identified | 71 (89.9%) |
| New to care | 49 (53.8%) |
| Single | 58 (63.7%) |
| Education (High school or less) | 74 (81.3%) |
| Total household income (past 12 months) <$11,491 | 55 (60.5%) |
| Ran out of money in ≥ 3 months out of last 6 months | 24 (26.4%) |
| Had to borrow money (past 6 months) | 61 (67.0%) |
| Sometimes/Often hungry (past 6 months) | 14 (15.4%) |

Source: Hightow-Weidman et al. *J Immig Minor Health*. 2021

# Barriers and Facilitators to HIV Engagement and Retention in Care

## Barriers

- 33% incarceration
- 25% housing instability
- 24% disclosed status to no-one
- At least 61% below the FPL
- 31% substance use disorder
- 43% transportation needs*
- 81% uninsured

## Facilitators

- 60% had relatives they could talk to about their worries
- Relatively low levels of HIV stigma
- 40% of those who needed it received transportation help*

* Among 42 “out-of-care” participants

# Polling Question #2

In recent years, what proportion of the Hispanic/Latinx population in your state was US born?

A. 20%
B. 40%
C. 60%
D. 80%
E. Don’t Know

# Polling Question #2 Response

In 2021, the proportion of the NC Hispanic/Latinx population that was US born was:

A. 20%
B. 40%
**C. 60%**
D. 80%
E. Don't Know

- 2010 marked the first year that more than half of the state's Latinx residents were born in the US.
- Since 2010, the population of foreign-born Hispanic/Latinx residents has grown much slower than domestic-born Hispanic/Latinx residents.
- Primarily, the state's Hispanic/Latinx population has grown from births to current residents of NC and from in-migration of US-born Hispanic/Latinx residents from other states.

https://www.ncdemography.org/2021/10/18/north-carolinas-hispanic-community-2021-snapshot/

# Transnational Practices

| Variables | Total (%); Mean [SD] |
|---|---|
| Born in Mexico | 79 (88%) |
| Age when first came to US | 20.1 [8.8] |
| Spanish first spoken language | 85 (97%) |
| Travel to country of origin<br>Never/rarely | 79 (88%) |
| Send money to country of origin<br>Yes (occasionally/often) | 73 (70%) |
| Send goods to country of origin<br>Yes (occasionally/often) | 41 (46%) |

**Cultural Identity** Mean [SD]

US/American: 2.3 [0.9]

Mexican: 3.8 [0.5]

**Participants communicated mostly in Spanish and strongly identified with Mexican culture**

Higher score = greater identification with culture of US/Mexican (scale 1-4)

# Transnational Narratives

- Qualitative interviews with sub-cohort (n=20)
  - 1st interview n=20
  - 2nd interview n=18
  - 3rd interview n=10
- Elicitation of transnational narratives to contextualize HIV care and treatment experiences in NC

**2 case studies:**

- Participant born in Mexico who migrated to the US
- Participant born in the US (internal migration)

# Migration Narrative

**~1994:** Originally migrated to the U.S.

**~2014:** Diagnosed with HIV in NC. Sought care 4-5 months after diagnosis. Currently engaged in care and is undetectable. Experiences depression. Originally had trouble getting to appointments b/c of lack of transportation. Uses a Spanish translator during appointments.

No one but partner knows.

Family lives in small town in Mexico. He grew up using herbal treatments and remedies.

Undocumented and unemployed at the time of interview due to work-related injury.

**~2012** visited Mexico.

Still speaks to his mother and siblings frequently but no one in Mexico knows about his HIV status. He believes HIV medication might be hard to find in Mexico.

# US Migration Narrative

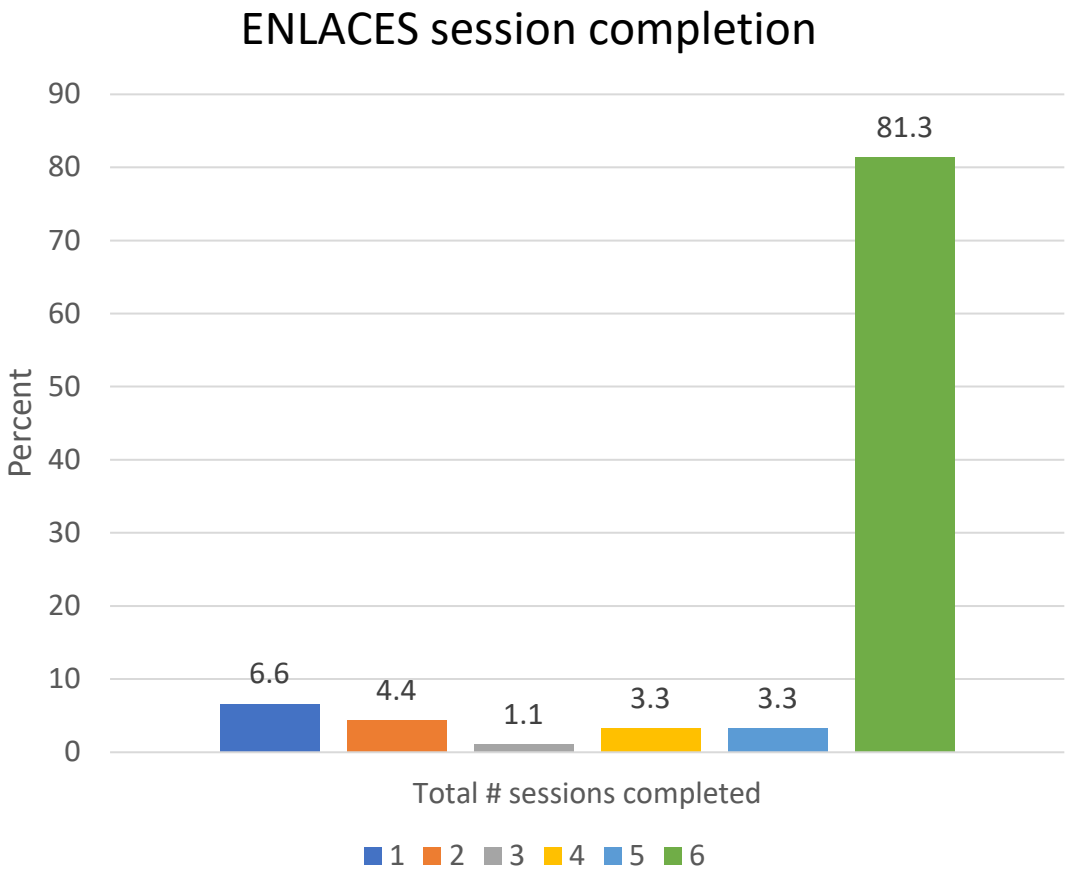
5th generation Latino, grew up in Houston, and went to college in Texas.

~2013 Diagnosed with HIV. Delayed medication for 3 years because he didn't want the medication to show up on his parents' insurance. History of addiction and unprotected sex with many partners.

Moved to NC in Oct 2016 when his  convinced him to move to NC to get care. They support him although they do not completely accept his sexuality. He's actively dating and has unprotected sex. He and his family think there's a cure for HIV and do not trust doctors.

Self-identifies as a "coconut Hispanic – white on the inside"

# Retention and Intervention Dosage




**Retention**

- 71/91 (78.0%) 6 months
- 72/91 (79.1%) 12 months

**Session Completion**

- 81.3% completed all 6 sessions
- Mean: 5.36

**Session Implementation**

- 33/91 (36%) clients received more than 1 session in a single encounter
- Mean # days from first session to last
  - 166 days (~5 and a half months)

# Outcomes

| Variable | Baseline (n=91) | 6 months (n=71) | p-value* | 12 months (n=72) | p-value** |
|---|---|---|---|---|---|
| | Mean [SD]/ N (%) | Mean [SD]/ N (%) | | Mean [SD]/ N (%) | |
| ***Primary Outcomes*** | | | | | |
| Viral Load =<40 copies/mL | 11 (18%) | 50 (78%) | **<0.0001** | 47 (86%) | 0.157 |
| CD4 >=200 cells/$mm^3$ | 39 (64%) | 46 (77%) | **0.011** | 47 (87%) | 0.103 |
| ***Secondary outcomes*** | | | | | |
| Health Insurance Coverage | 17 (19%) | 24 (34%) | **0.005** | 28 (39%) | 0.371 |
| HIV care visit | 1.2 [1.2] | 2.7 [1.6] | **<0.0001** | 1.7 [1.1] | **<0.0001** |
| Care in Urgent Care (last 6 months) | 26 (29%) | 12 (17%) | **0.016** | 11 (15%) | 0.782 |
| Care in ED (last 6 months) | 32 (35%) | 16 (23%) | **0.025** | 11 (15%) | 0.184 |

*differences in patients' characteristics between baseline and 6-months

**differences in patients' characteristics between 6-month and 12-month

# Intervention Satisfaction (n=72)

| | Satisfied or Very Satisfied |
|---|---|
| Experience in Enlaces | 100% |
| Services linked to during Enlaces | 98.6% |
| Skills learned or enhanced during Enlaces | 98.6% |
| Experience working with PHN | 100% |
| Would recommend Enlaces | 100% |

# Lessons Learned

## Strengths

- High engagement with intervention and retention in the study
- Improvements in virologic and immunologic outcomes seen at 6 months and persisted at 12 months
- “Real-world” implementation by situating intervention in two community-based organizations

## Limitations

- Small sample size limits statistical comparisons
- Demonstration study so no control condition
- Limited geographical area

# Final Thoughts

- Transnational framework encourages a holistic approach and facilitates a deeper level of trust between PHN and client
  - PHN found sharing these stories encouraged trust and sincerity
- Successful linkage and referral systems require flexibility and continuous investment in outreach with local agencies and the community
  - Competing priorities in workload of referral staff and high staff turnover
  - Ongoing migration and movement
- The positive reception by participants and providers of a transnationally grounded program has demonstrated a high need/high return intervention with potential for expansion

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# Participant Feedback

Please use the following link to give your feedback

https://www.surveymonkey.com/r/9KPH5N6

# Stay Connected!

Sharing Information & Strategies

CBTA questions, email:

IHIPhelpdesk@mayatech.com

To access IHIP tools/resources and join the IHIP Listserv:

https://targethiv.org/ihip

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