



Innovative Research on Practices to Retain African Americans in HIV Care

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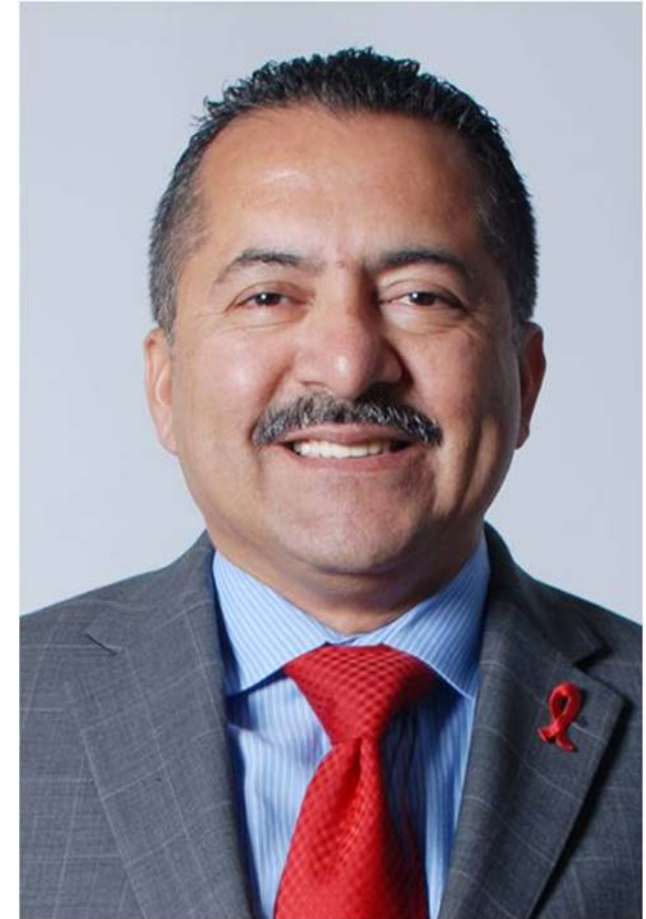
Latino Commission on AIDS



- A Non-for Profit organization founded in 1990 to fight HIV/AIDS in at-risk communities nationwide.
- Services in more than 49 States, Puerto Rico & the Virgin Islands.
- Long demonstrated history of building national, regional and local coalition.

Five core areas:

- Hispanic Behavioral Research Center
- HIV Prevention & Health Promotion
- Capacity Building Assistance (CHANGE approach)
- HIV Testing and Access to Care
- Health Policy & Community Mobilization



Capacity Building Assistance



CBA Service Provision

- **High Impact Testing**
 - Stigma Mapping, Targeted Testing, Recruitment, Social Marketing, CHTC, SNS, and more.
- **Prevention with Positives**
 - Cultural Humility, Addressing Stigma, Linkage and Re-engagement in Care, CLEAR, and more.
- **Organizational Development and Management**
 - Understanding and Managing Burnout, Strategic Planning, Board Development, Grant Writing, and more.

Our Values: Sex Positivity, Multiculturalism, Innovation, Critical Thinking, and Health Equity.



**Innovative Research on
Practices to Retain African
Americans in HIV Care**

Goal: To explore innovative strategies (currently at different levels in research) that aim to retain the African American population in HIV Care.





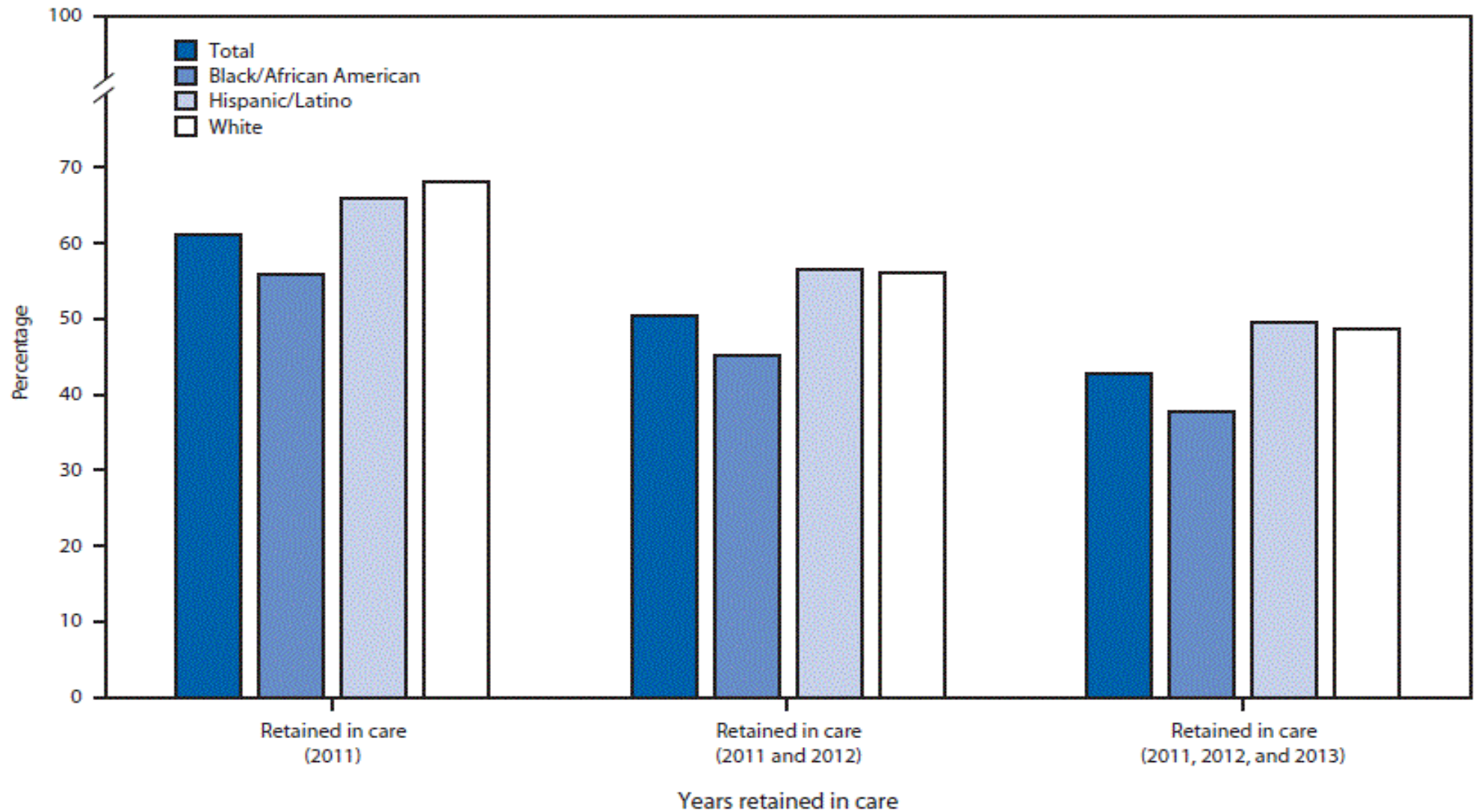
Objectives:

By the end of the workshop, participants will review the barriers and disparities that contribute to the fall out of African Americans in HIV care. Participants will also examine the various interventions and best practices to address retention in care and identify strategies and methods to retain priority populations in care.



**What is your experience with
retention in care for African
Americans?**

Disparities in Consistent Retention in HIV Care





What barriers prevent African Americans living with HIV to fully engage in HIV care?



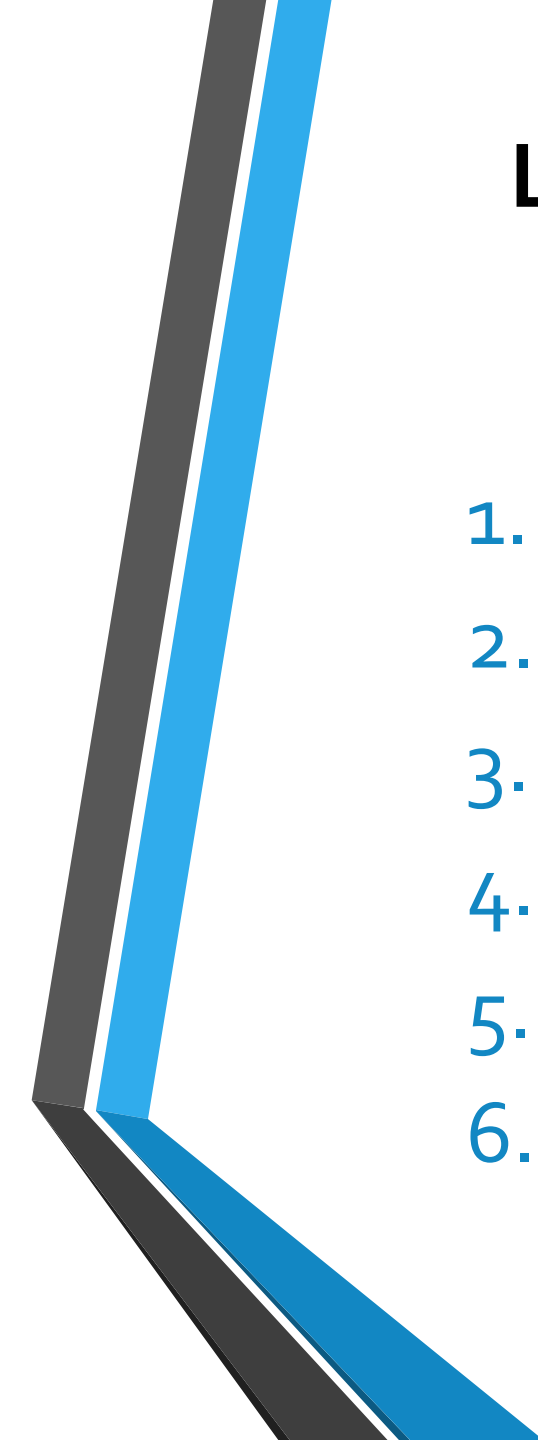
Some of the barriers are....

- Substance use
- Unstable housing
- Psychiatric disorders
- Incarceration
- Denial
- Stigma
- Relocation

CDC Endorsed Evidence-Based Compendium

- The Linkage to, Retention in, and Re-engagement in HIV Care (LRC) Chapter of the *Compendium* includes 12 best practices (5 EBIs; 7 evidence-informed interventions, EIs). (Updated on May 1, 2016)
- The Medication Adherence (MA) Chapter of the *Compendium* includes 13 EBIs. (Updated on November 14, 2016)
- The Risk Reduction Chapter of the *Compendium* includes 59 behavioral EBIs. (Updated on January 27, 2017)

<https://www.cdc.gov/hiv/research/interventionresearch/compendium/index.html>



LRC Best practices that specifically focused on African Americans

1. Centralized HIV services
2. STYLE
3. Retention through Enhanced Personal Contacts
4. Clinic-based Buprenorphine Treatment
5. HIV Care Coordination
6. Stay Connected

<https://www.cdc.gov/hiv/research/interventionresearch/compendium/lrc/index.html>

Additional Research





Explore and Discuss

**Article: “Interventions That Retain
African Americans in HIV/AIDS
Treatment: Implications for Social
Work Practice and Research”**

by

Gina Gaston, Sarah Gutierrez, and Aslihan Nisanci. 2015



Article's Categories & Strategies

➤ Interventions

- Self-Care Symptom Management
- Antiretroviral Therapy

Article's Analysis Criteria

- African American/ Black
- Persons living with HIV
- Adults: Men, Women, or Both
- Focus on Engagement, Retention in HIV related Medical Management
- ART

Group Activity:

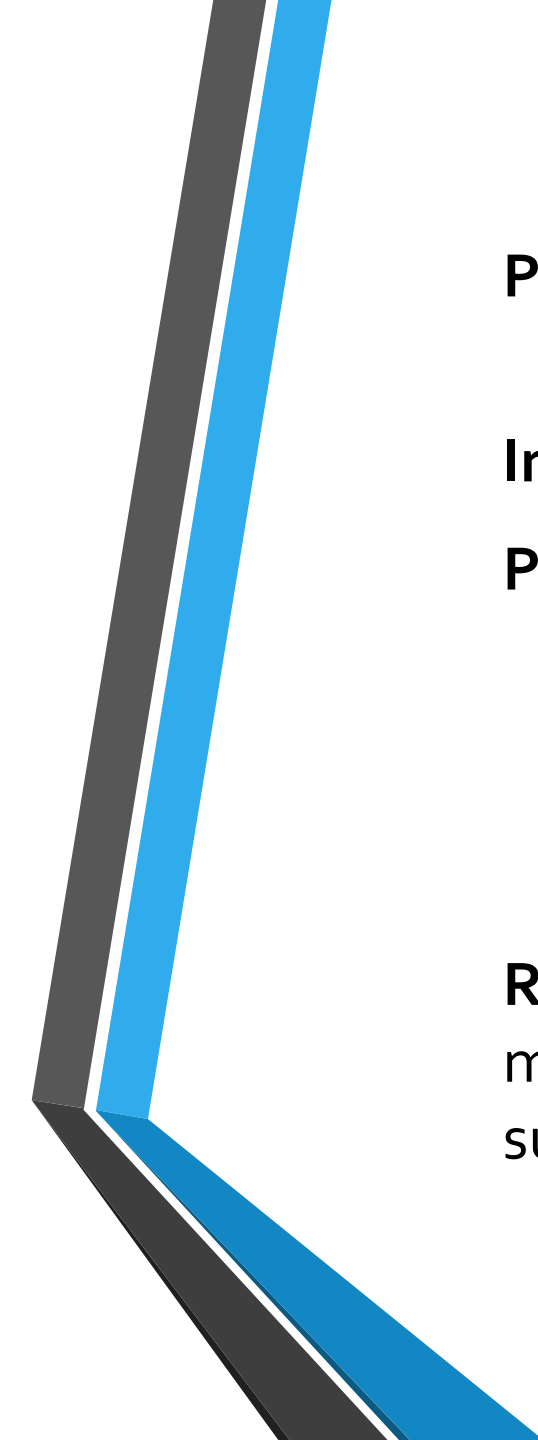
The Interventions



- Outreach
- Ancillary support services
- Theory- and perspective-based Interventions
- Intervention manuals to manage HIV



Outreach Interventions



Populations: Low income MSM of color, Adolescents and Adults
Homeless, Women, Substance Users.

Interventions: Outreach, Advocacy and Support services.

Purpose of contacts: Appointment reminder/reschedule
Accompany clients to appointment**
Relationship building
Food & Transportation
Counseling

Result: Participants who receive more than 9 contacts during the first 3 months by HIV primary care programs were 1/2 as likely to have a substantial gap in care.



Interventions: Medical Appointment**

Advocate**

Insurance, Substance use

Assist with structural barriers to care

Mental Health

HIV related stigma

Result: An increase in retention to care was associated with a reduction in substance use and an improvement in insurance coverage.



Ancillary Support Services



Treatments: Case Management, Transportation, Mental Health and Chemical Dependency.

Result: Retention in care was 15 to 18 percentage points higher for persons who received either of the four services compared to persons who received no service.



Interventions: Case Management, Drug Treatment, Mental Health, Housing Assistance and Transportation.

Results:

- Entry to Medical Care.
- The social service planning element of case management is associated with improved access to medical care.



Self Care Management

Theory and Perspective-based

- **Intervention:** Maternal Self Care Symptom Management.
 - Participants receive 6 home visits over 3 months by a registered nurse
 - Follow up calls

Process of the visit:

 - The warm-up phase
 - The response to HIV phase
 - The phase of cognitive reframing through informational support about HIV and self-care symptom management
 - The wrap-up and closure phase
- **Result:** Mothers in the experimental group reported fewer feelings of stigma, higher physical functioning and the reduction in depression and anxiety.

Intervention Manuals

Interventions: HIV/AIDS Self-Care Symptom Management Manual (SCSMS) and General Self-Efficacy (GSE).

- Examine the level of general self-efficacy
 - Measure GSE by the strategies use to manage the following symptoms: anxiety, depression, diarrhea, fatigue, nausea and neuropathy.

Results:

- Low GSE participants were less engaged with health care providers, indicated greater need for attention, more likely to substance use for symptom management.
- Participants with high GSE have better engagement with providers and fewer symptoms.

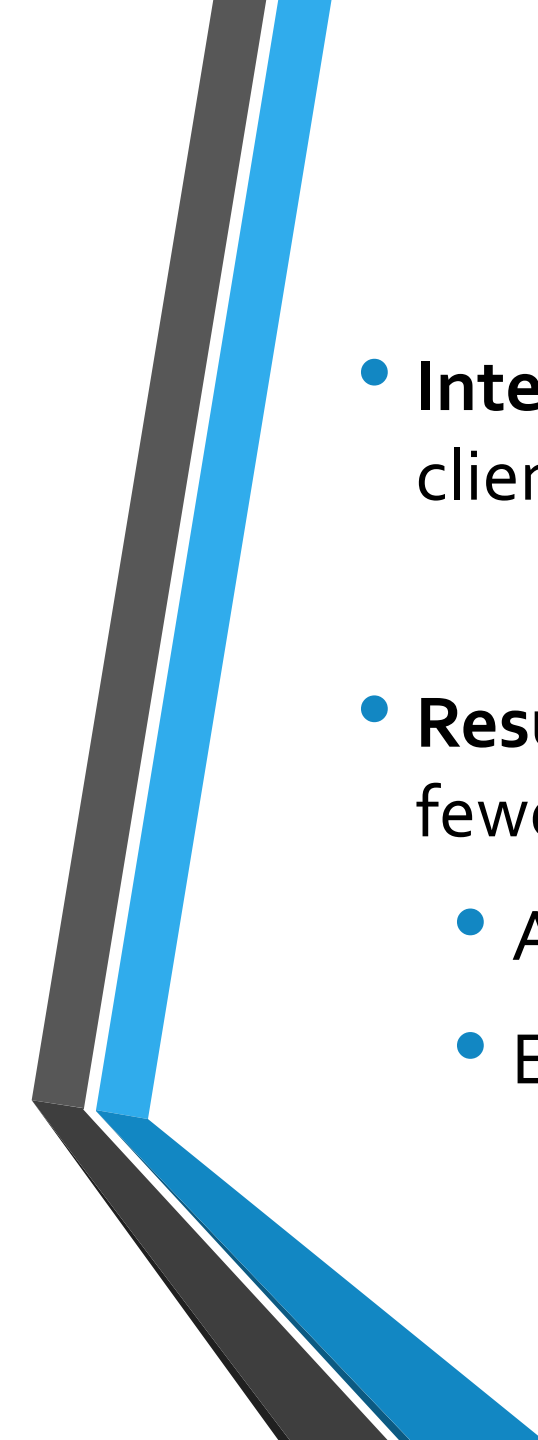



Structural Ecosystem Therapy


- **Intervention:** Efficacy of Structural Ecosystems Therapy (SET).
 - Family based intervention intended to relieve and prevent psychosocial distress associated with HIV/AIDS.
 - 8 Therapy sessions for 1hr, 2 or more therapy assisted with an adult family member was considered engaged.
- **Results:** SET was significantly more likely to move patients to high adherence levels of 95%.
 - Family relational factors predicted family treatment engagement.
 - History of substance abuse was not a predictor of family treatment engagement or support.



ART and Adherence

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- **Intervention:** Treatment advocacy program aims to engage clients into care and support antiretroviral treatment.
 - **Results:** Participants used more social services programs and had fewer unmet social services needs.
 - Adherence
 - Engagement in care

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- **Intervention:** Ready intervention using Nurse Clinicians.
 - Reevaluation of life style
 - Identification of barriers
 - Creation of strategies
 - Goal setting
 - **Results:** 50% of participants became adherent to ART.
79% remained adherent to ART after 12 months follow up.


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- **Intervention:** The Adherence and Low-Literacy Populations Intervention (ALP).
 - Cartoon book and cassette tape.
 - **Result:** Content and structure of the materials provided to participants were believed to be realistic, readable, and culturally appropriate.



Intervention: Antiretroviral Treatment Access Study.

- Up to 5 contacts with case management for linkage to care over 90-day period.
- Effective resources were provided to newly diagnosed participants.
- Active case management seems more cost effective than passive referral.

Result: Participants older than 40, Hispanic, newly diagnosed and without a recent crack cocaine addiction were more likely to have 2 visits with a provider.

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- **Intervention:** Cognitive-behavioral stress management intervention on ART adherence, health, and psychosocial factors.
 - Coping strategies
 - Negative mood
 - Social support
 - Medication adherence
 - Viral load
 - **Result:** Lower social support was associated with greater use of avoidance coping strategies, which resulted in poor ART adherence, and high viral loads.

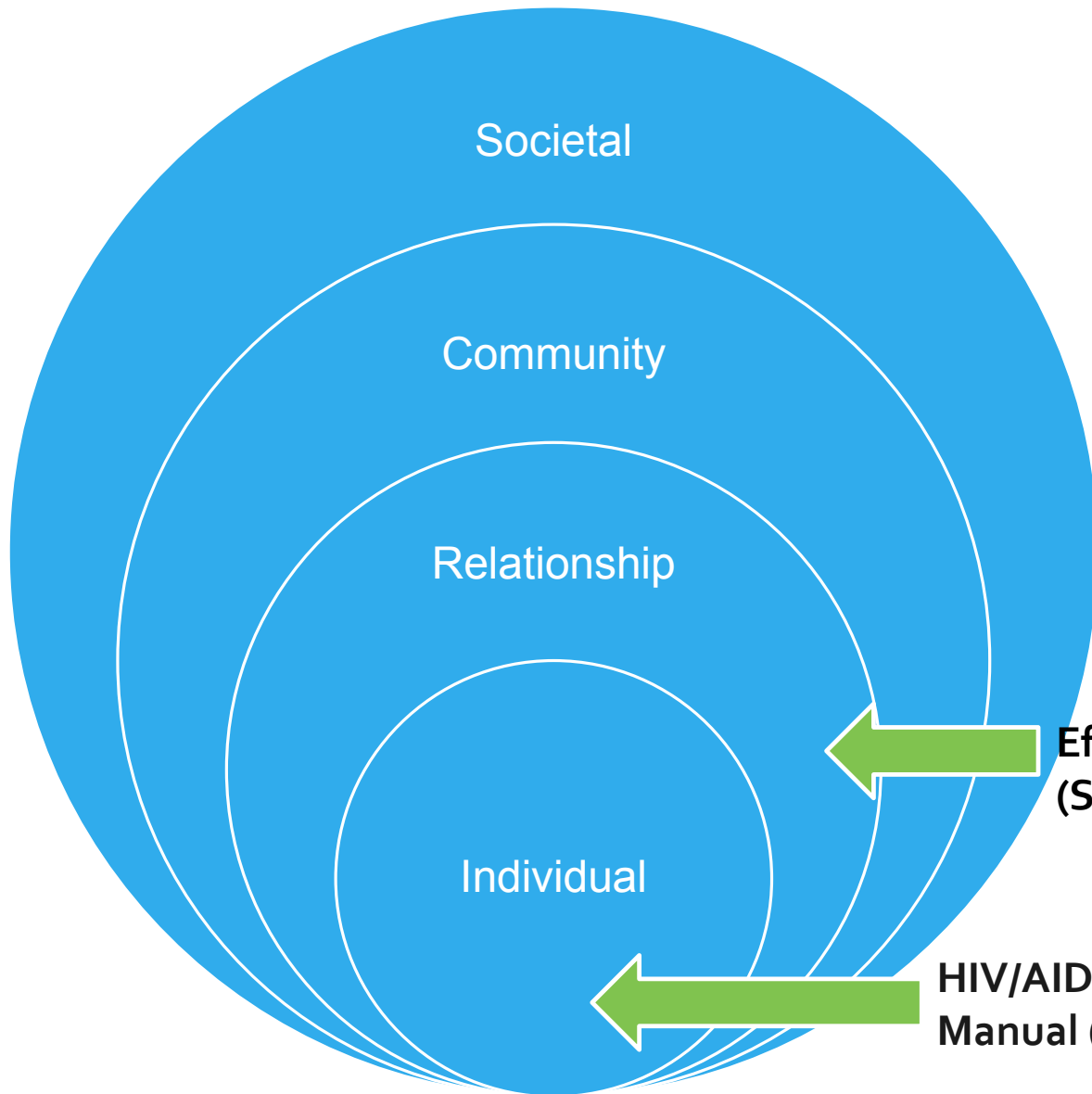


Limitations to Gaston et al.

- Examined research up to 2012
- Some of the interventions highlighted were correlational studies, not eligible for efficacy
- Most did not meet the CDC's criteria for EBI
- Most had a small sample size, limiting generalizability

The Ecological Model





Efficacy of Structural Ecosystems Therapy (SET).

HIV/AIDS Self-Care Symptom Management Manual (SCSMS) and General Self-Efficacy (GSE).



Conclusion

- Retention is successful when participants know their needs and receive assistance accordingly.
- Retention seems to increase with ongoing contacts with the support systems of providers and with family members.

How to Request CBA:



CDC-Directly Funded Organizations

Via the CBA Request Information System (CRIS) at

<https://wwwn.cdc.gov/Cris2009/pages/main/e1.aspx>



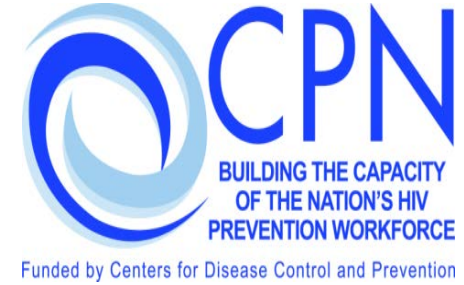
Organizations NOT funded directly by CDC

Contact your health department to help you submit a request. All CBA requests must be submitted by using CRIS.



You can receive CBA from any CDC-funded agency for FREE through this system.






Capacity Building Assistance

Latino Commission on AIDS

24 West 25th Street, 9th Floor

New York, NY 10010

 212-675-3288

 cbadivision@latinoaids.org

Resources

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Resources: continuation

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13. Sherer, R., Stieglitz, K., Narra, J., Jasek, J., Green, L., Moore, B., et al. (2002). HIV multidisciplinary teams work: Support services improve access to and retention in HIV primary care. *AIDS Care, 14*, 31-44.
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