

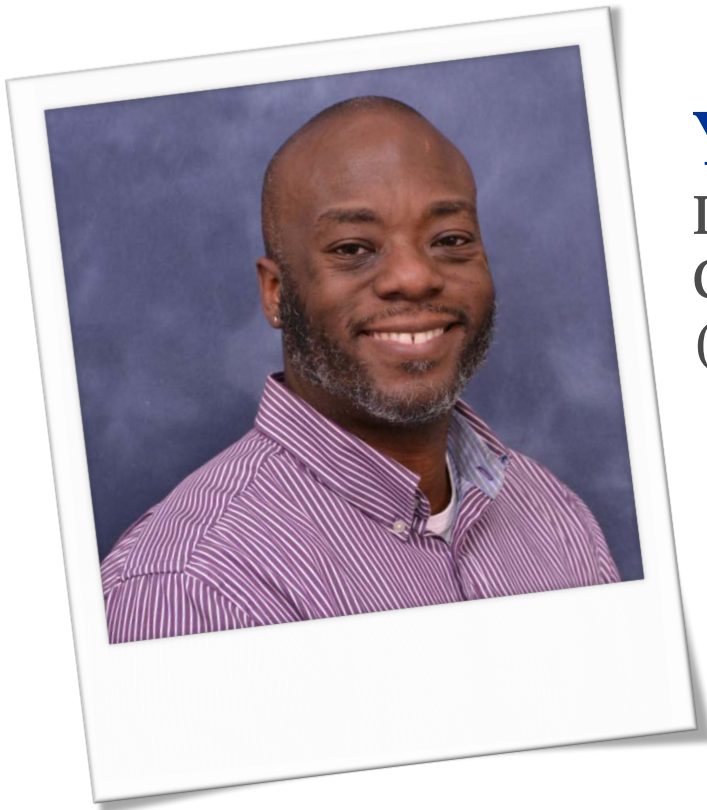
Wednesday, June 25, 2014
2:00 p.m. - 3:30 p.m. (Eastern)



Senior Policy Advisor, Office of
HIV/AIDS and Infectious Disease
Policy, U.S. Department of Health
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Epi Profile and Continuum of Care for Black Men Who Have Sex with Men (BMSM)

Y. Omar Whiteside, MSPH, PhD

Moving Black MSM along the HIV Care Continuum: Challenges, Opportunities and Emerging Practices

Wednesday, June 25th

2:00pm-3:30 pm

Outline

- Epi Profile of BMSM
- Continuum of care of BMSM
- What is CDC doing?

Epi Profile of BMSM¹

- New HIV Infections (2010)
 - 10,600 new HIV infections among black MSM
 - 11,200 new HIV infections among white MSM
 - 6,700 new HIV among Hispanic/Latino MSM
 - Black MSM aged 13 to 24 accounted for approximately 4,800 new HIV infections
 - Twice as many estimated new infections as either young white MSM or young Hispanic/Latino MSM

¹ CDC. HIV among African American gay and bisexual men. Available at <http://www.cdc.gov/hiv/risk/raciaethnic/bmsm/facts/>.

Epi Profile of BMSM¹

- HIV infection diagnoses (2011)
 - 11,805 diagnoses among black MSM
 - 10,375 among white MSM
 - 6,949 among Hispanic/Latino MSM
- MSM living with HIV infection (2010)
 - 134,746 black MSM
 - 205,195 white MSM
 - 84,758 Hispanic/Latino MSM

¹ CDC. HIV among African American gay and bisexual men. Available at <http://www.cdc.gov/hiv/risk/raciaethnic/bmsm/facts>

Continuum of Care of BMSM²

- Linkage to care (2010)
 - 71.6% of BMSM were linked to care within 3 months of HIV diagnosis
 - Lower levels of linkage to care (71.6%) than blacks of any other transmission category
- Retention in care (2010)
 - 46.3% were retained in care
 - Lower than the average of blacks in all transmission categories (48%)
 - Well below the National HIV/AIDS strategy goal of 80%

² Whiteside YO, Cohen SM, Bradley H, et al. Progress along the continuum of HIV care among blacks with diagnosed HIV—United States, 2010. MMWR 2014;63:85-89.

Continuum of Care of BMSM continued

- Antiretroviral therapy prescriptions and viral suppression
 - 47.1% of BMSM were prescribed ART
 - 37.1% of BMSM were virally suppressed
 - Higher than the average for blacks overall (46.2% and 35.2%, respectively)

² Whiteside YO, Cohen SM, Bradley H, et al. Progress along the continuum of HIV care among blacks with diagnosed HIV—United States, 2010. MMWR 2014;63:85-89

What is CDC doing?¹

- Funded state and local health departments and community-based organizations (CBOs) to support HIV prevention services for MSM
- Awarded \$55 million to 34 CBOs with strong links to young MSM of color, transgender youth of color, and their partners to expand HIV prevention services including HIV testing
- Funded National Capacity Building Assistance for High Impact Prevention addresses gaps in each step of the HIV care continuum by providing training and technical assistance for staff of health departments, CBOs, and health care organizations.
 - Estimated annual funding will be \$22 million

¹ CDC. HIV among African American gay and bisexual men. Available at <http://www.cdc.gov/hiv/risk/raciaethnic/bmsm/facts>

What is CDC doing?¹

- “Act Against AIDS” campaigns (www.cdc.gov/ActAgainstAIDS/) aims to provide gay and bisexual men with effective and culturally appropriate messages about HIV prevention.
 - The Testing Makes Us Stronger campaign, for example, encourages African American gay and bisexual men aged 18 to 44 to get tested for HIV
- Diffusion of Effective Behavioral Interventions project supports programs for gay and bisexual men most at risk of acquiring or transmitting HIV.
- MSM Testing Initiative will establish and evaluate an HIV testing and linkage-to-care program to identify gay and bisexual men with HIV who were previously unaware of their infection and link them to HIV medical care.

¹ CDC. HIV among African American gay and bisexual men. Available at <http://www.cdc.gov/hiv/risk/raciaethnic/bmsm/facts>

Thanks!

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E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





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State Health Department Response to the HIV Epidemic in Black MSM

Ann Robbins, PhD

Senior Public Health Advisor

TB, HIV/STD and Viral Hepatitis Unit

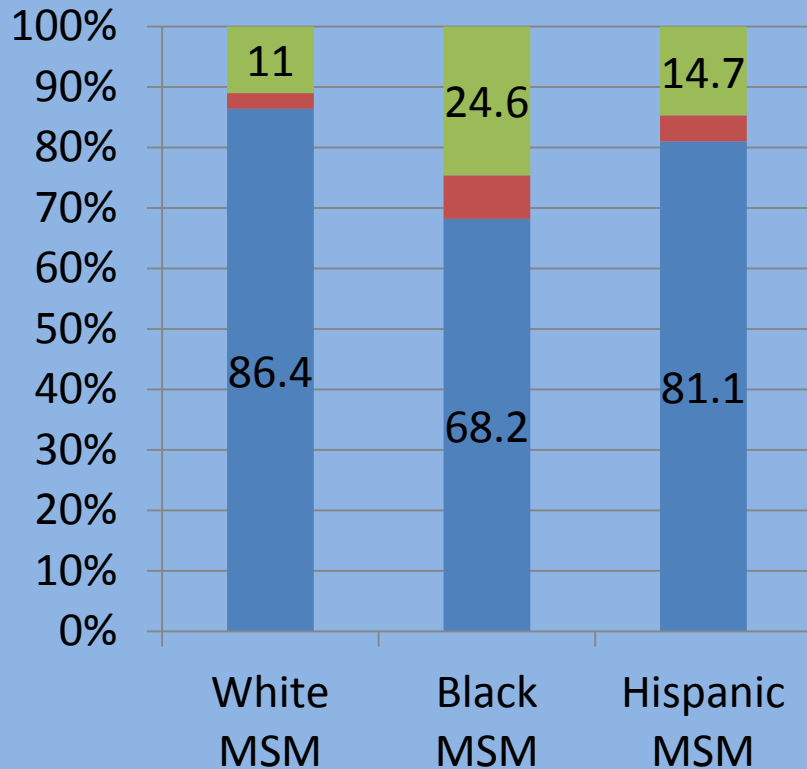


*MSM were 57% of the PLWH in 2012, and we estimate that
4% of White and Hispanic MSM and **15% of Black MSM**
were living with diagnosed HIV infections*

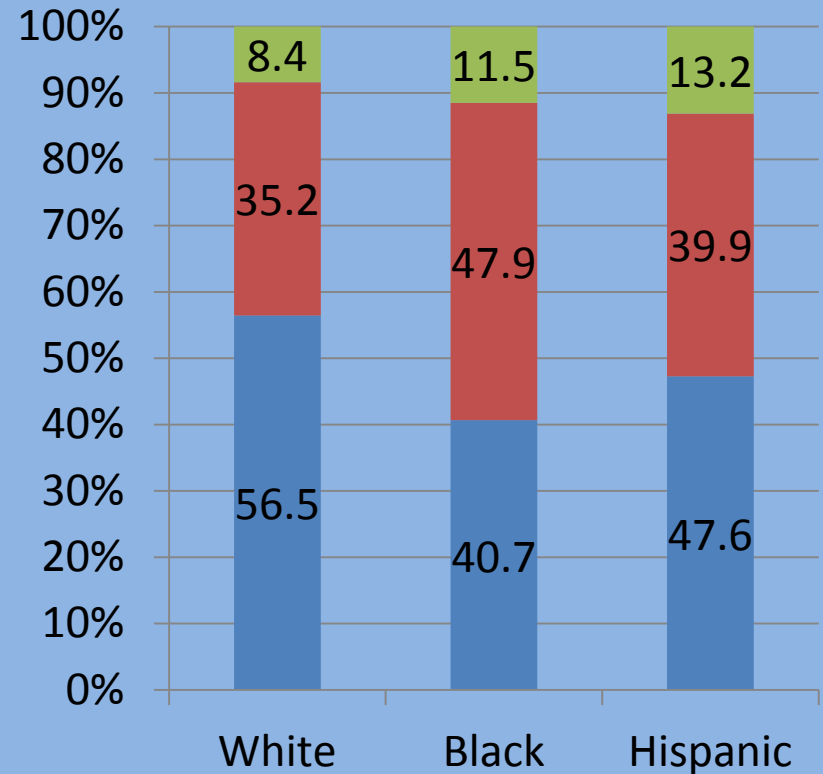
*MSM were 68% of new diagnoses Texas in 2012
White MSM were 17% of all new diagnoses
Black MSM were 21% of all new diagnoses
Hispanic MSM were 28% of all new diagnoses*

HIV AND BLACK MSM IN TEXAS

Linkage and Retention in Care for MSM in Texas, 2012

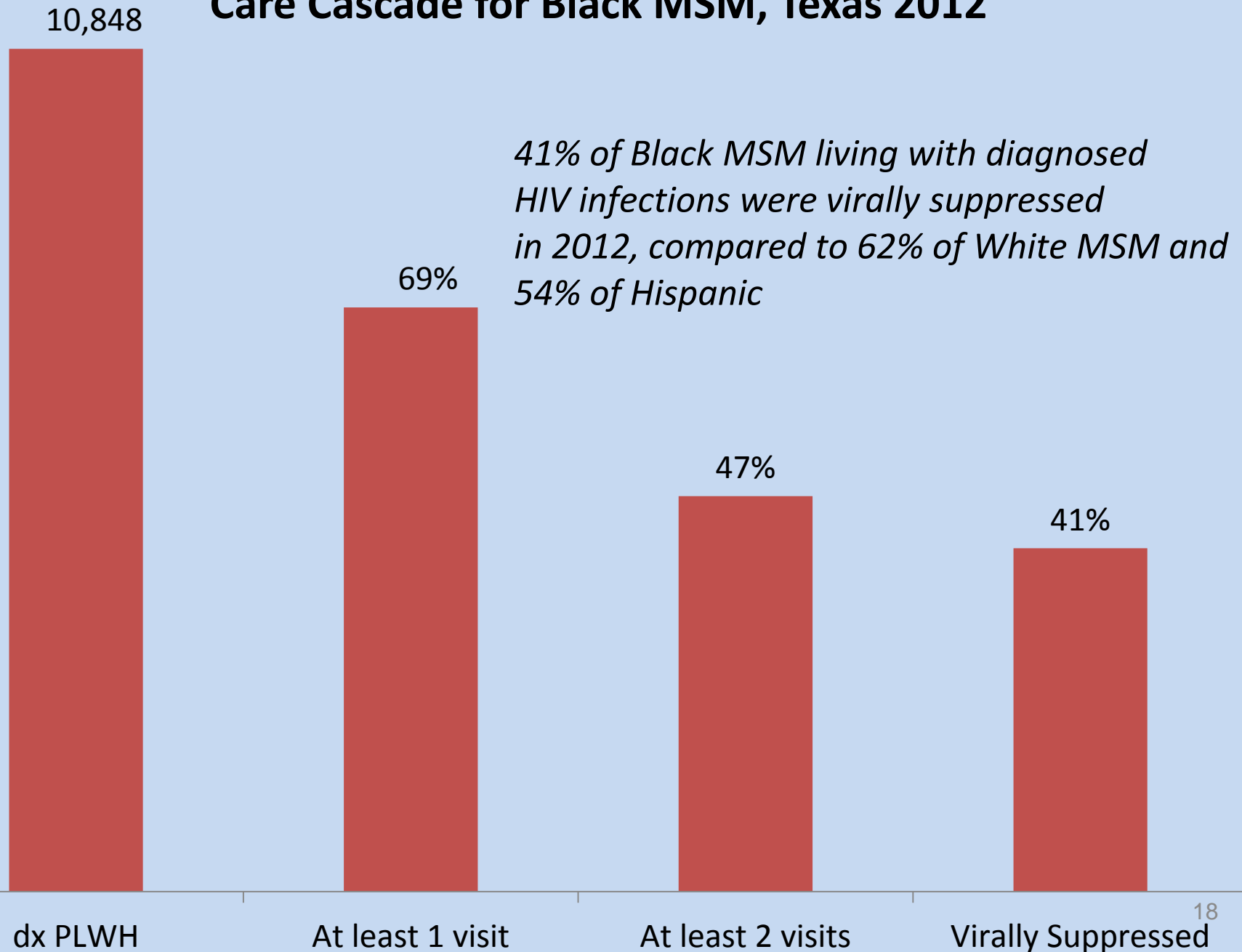


■ Not Linked
■ Linked in 4 - 12 months
■ Linked in 3 months

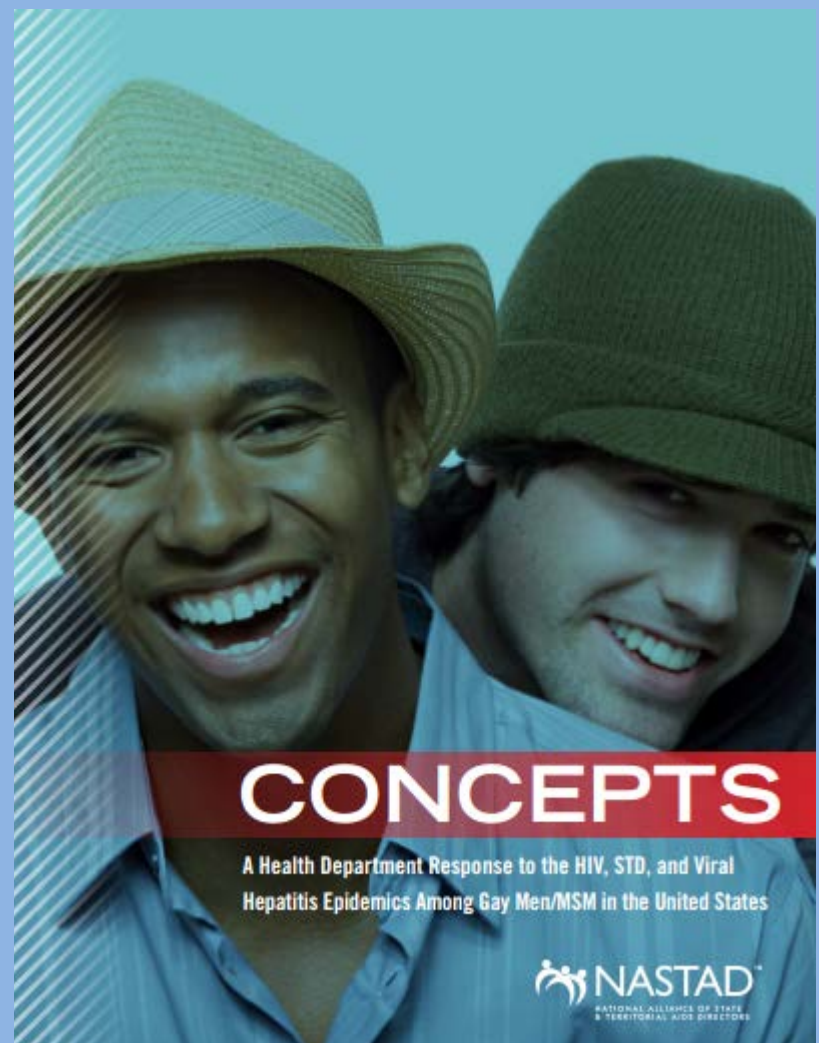


■ No Care
■ In and Out
■ Retained in Care 2008 -2012

Care Cascade for Black MSM, Texas 2012



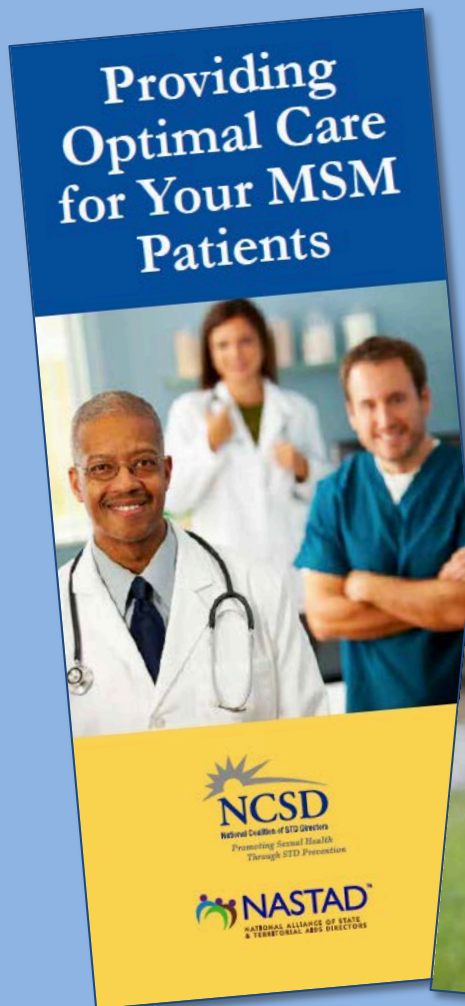
RESPONSES
CHALLENGES
OPPORTUNITIES



Publications available at NASTAD.org

Responses

- Develop detailed data stories, enrich data sources
- Organize planning and evaluation using continuum
- Direct prevention resources
- Coordinate and integrate prevention and care
- Intensify community dialogue and consultation
- Enrich community building
- Targeted social marketing and social media
- Guidance and training for health and social service systems

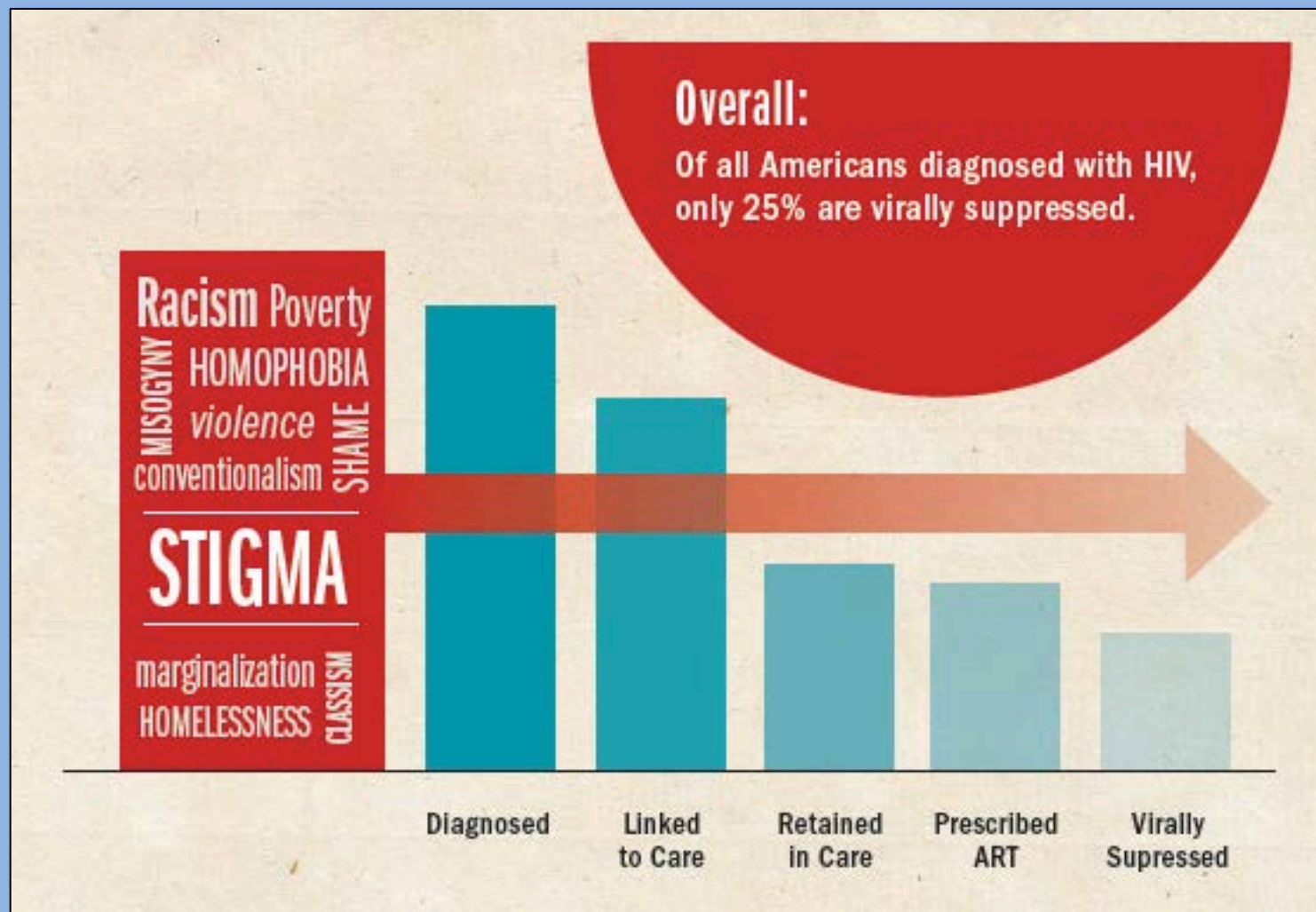


Challenges and Opportunities

- Build capacity in HD, CBO, systems
 - prevention
 - strengthen linkage and engagement
 - support community building
- Increase systems participation and coordination
 - Include behavioral health, substance abuse, primary care, and social services
- IT and data challenges
 - Integrating other human services and health data
 - Harmonization of federal partner data reporting

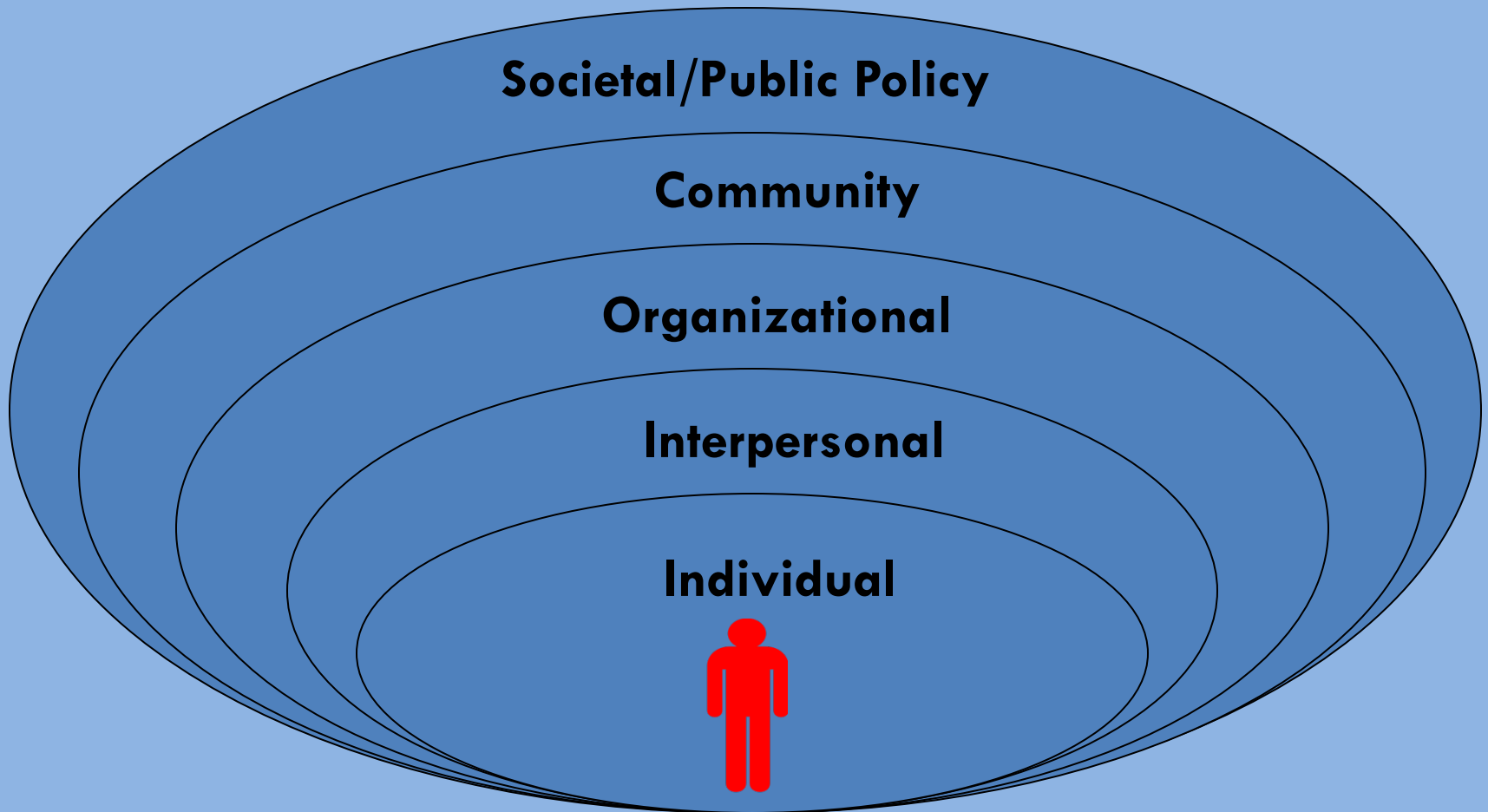
The bar before the bars...

MOVING FORWARD



“Addressing Stigma: A Blueprint for HIV/STD Prevention and Care Outcomes for Black and Latino Gay Men.” NASTAD and NCSD, June 2014.

Multiple levels of action

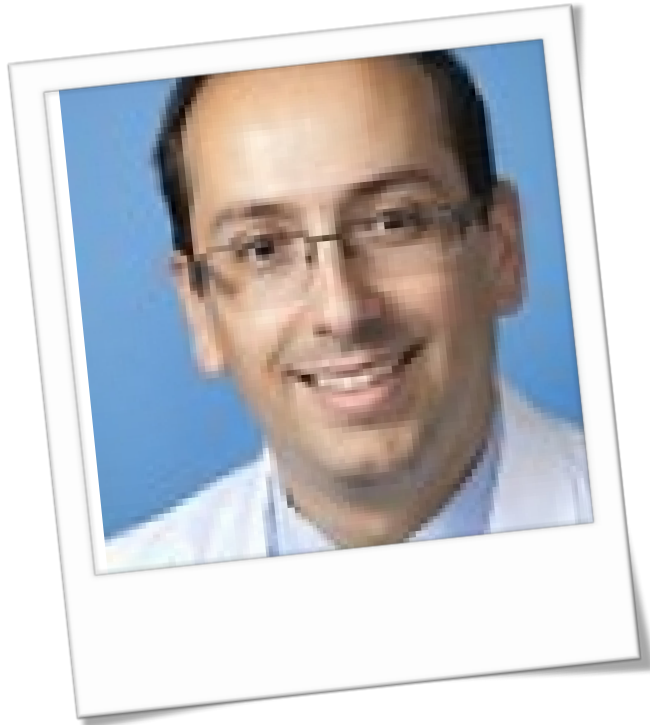


ADDRESSING **STIGMA**

A Blueprint for Improving
HIV/STD Prevention and
Care Outcomes for Black
& Latino Gay Men



- Prevention
- HIV and STD screening
- Linkage to care
- Retention in care
- Treatment adherence



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Grady Health System

Provider Perspective



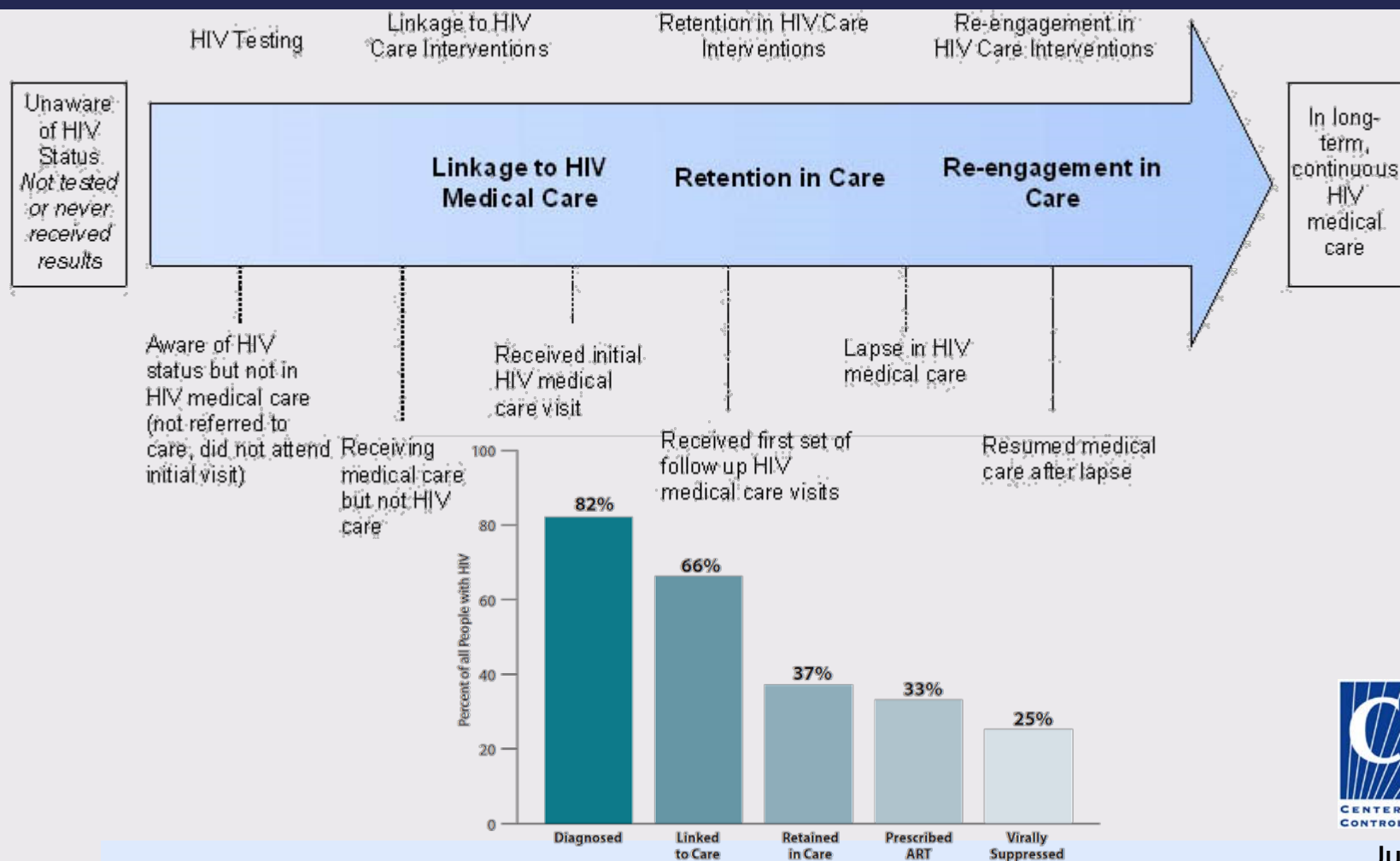
Moving Black MSM along the HIV Care Continuum: Challenges, Opportunities and Emerging Practices

ANDRES F. CAMACHO-GONZALEZ, MD, MSc
Assistant Professor of Pediatrics
Division of Pediatric Infectious Disease
Emory University & Grady Infectious Disease Program

Treatment as Prevention



HIV Treatment Cascade

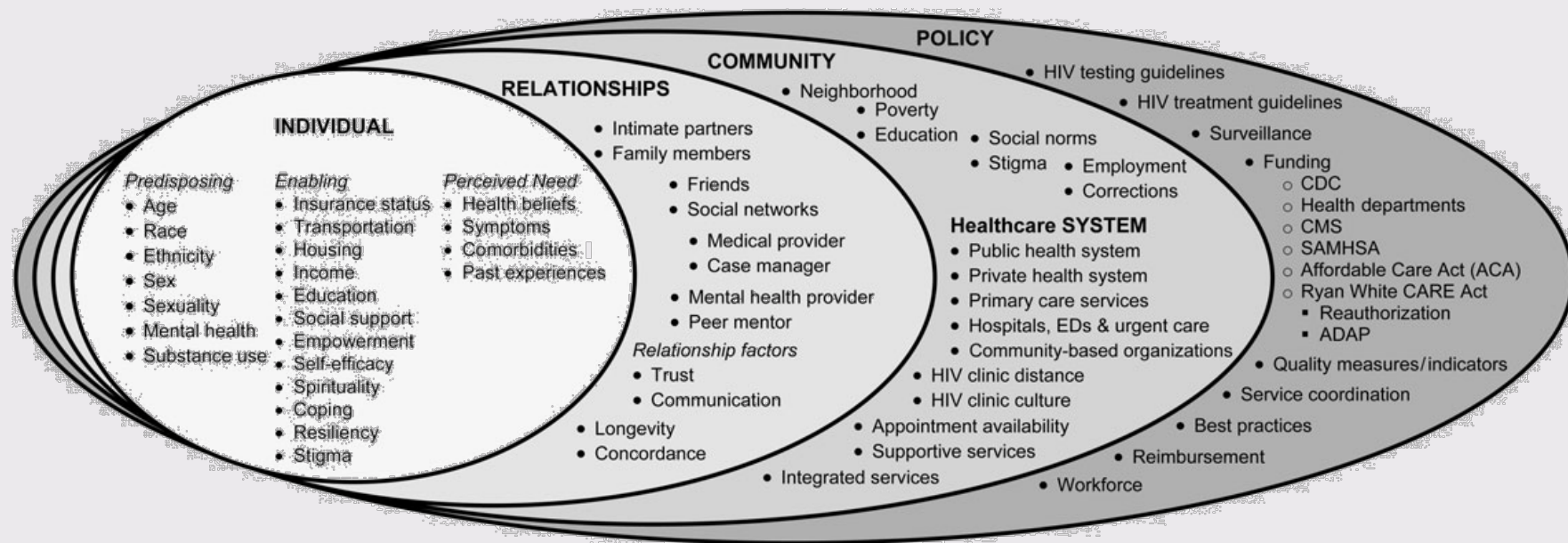


Opportunities Along the HIV Care Continuum

- ▣ Development of Guidelines that address the importance of generalized HIV testing and early treatment
- ▣ Potent antiretroviral regimens
 - ▣ Decrease Pill burden
 - ▣ Less Toxicity
 - ▣ Improved Expectancy of life
 - ▣ Decreases transmission rates
- ▣ Increasing scientific support of better clinical outcomes with early treatment

Challenges: Layers Influencing Engagement in Care

The medical care of HIV-infected individuals goes beyond the disease process. It encompasses the social, cultural and economic aspects of the patient.



HIV Care Continuum

▣ THE BAD NEWS....

We have challenges along each of the steps of the HIV care continuum

▣ THE GOOD NEWS...

We have a framework of evidence-based interventions to start decreasing the gap

Evidence-Based Strategies

Intervention	Description
Anti-Retroviral Treatment and Access to Services (ARTAS)	Linkage case management: 90 day period intervention
Medical Case Management	Addressing food insecurity, transportation and housing needs
Intensive Outreach	HIV education, addressing stigma, access to resources to overcome financial and structural barriers to care engagement
Patient Navigation	Peer or near peer navigators working with patients identifying unmet needs and available services
Clinic-Wide Messaging	Messages, posters, brochures by clinic providers regarding the importance of retention in care

HIV Testing Challenges-Needs

- Expansion of Testing Initiatives by:
 - Targeted testing
 - Repeat testing in high risk populations
 - Inclusive to adolescents less than 18 years of age
 - Address stigma and fear of testing
- Needs
 - Involvement of primary care practitioners

Linkage and Enrollment in Care: Challenges-Needs

Challenges

- ▣ Barriers in communication between testing agencies and clinical care
- ▣ Logistical issues
 - ▣ Transportation
 - ▣ Food insecurity
 - ▣ Homelessness
- ▣ Psychological problems
- ▣ Rigid clinic structure especially challenging for adolescents

Needs

- ▣ Partnerships among groups with complementary expertise
- ▣ Simplify and develop protocols to streamline enrollment in care
- ▣ Decentralization of Care
- ▣ Adolescent specific programs:

Retention in Care: Challenges-Needs

Challenges

- Trust on Health System
- Accessible Health Systems
- Lack of support groups
- Transportation, drug addiction
- Prioritizing health in the context of other social disparities: homelessness, food insecurity

Needs

- Culturally and gender inclusive clinics and providers
- Support groups: peer navigators/tools for developing external support
- Novel utilization of technology to decrease gaps in care

Antiretroviral Initiation and Viral Suppression: Challenges

Challenges

- Increase ARV coverage for all HIV infected patients
- Trained Personnel
- Drug Addiction/Psychiatric Disease
- Adolescents
 - Concept of disease latency
 - Non-disclosure environment

Needs

- Increase support to Aids Drug Assistant Program (ADAP)
- Training of personnel: Physicians, advance practice providers, nurses, pharmacists
- HIV specialized Psychiatrist/psychologist
- Patient empowerment through involvement in medical decision process

Emerging Practices in the HIV Care Continuum

▣ HIV Testing

- ▣ Home Based Testing
- ▣ Internet based approaches to expand testing
- ▣ Partner and social network testing
- ▣ Behavioral interventions assessing fear and stigma related issues

▣ Linkage and Enrollment

- ▣ Monetary incentives for enrollment
- ▣ Variety of Behavioral interventions, need validation

Emerging Practices in the HIV Care Continuum

■ Retention

- Text messaging delivering behavioral/psychological interventions
- Telemedicine
- Financial and other Incentives
- Same-Day HIV testing and treatment initiation to improve retention in care
- Variety of behavioral and education interventions

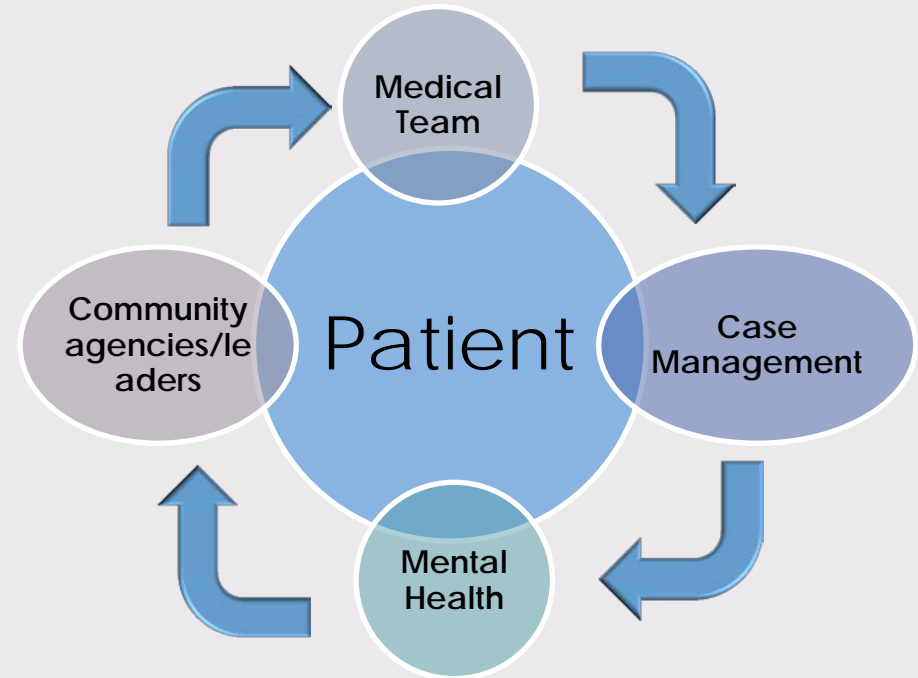
■ Antiretroviral Initiation and Viral Suppression

- Affordable Care Act (ACA)
- Foundation Support: Coverage of ACA premiums, Pharmaceutical companies
- Mobile Technology

Grady IDP Response to Increase Testing and Linkage

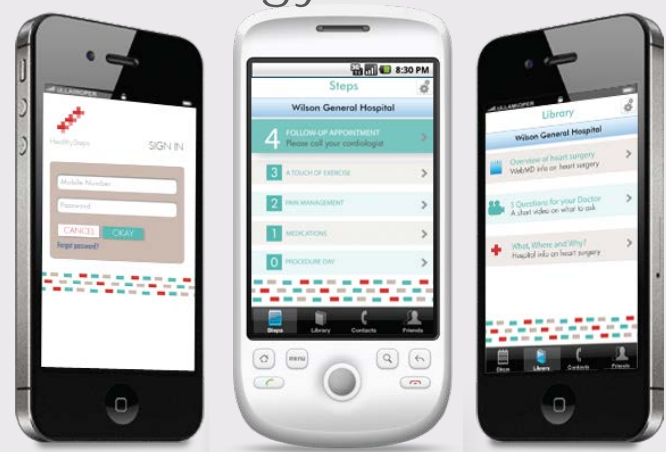
Testing & Linkage:

- **(Anti-Retroviral Treatment and Access to Services: ARTAS)**
 - Population lost to care
 - New Diagnosis
 - Peer counselors and navigators
- **Metropolitan Atlanta Community Rapid Testing Initiative (MACARTI)**
 - High Risk Population
 - Non-Traditional Testing
 - Multidisciplinary approach
 - Intervention specifically targeting youth



Grady IDP Response to Increase Retention & Medication Compliance

- HealthySteps: Mobile application technology
 - Direct Communication
 - Real time interaction
 - Teaching Opportunities
 - Reminders
- Peer Mentoring Program
- Supporting Adherence for Adolescents and Young Adults with HIV (SAFA) Space
 - Beyond medical care
 - Providing life skills aimed to decrease social disparities





“Ideally, interventions will be designed to facilitate seamless progression from diagnosis to suppression through collaboration among service agencies, care providers and researchers”

CID 2013: 57



Chief of Staff,
Office of Disability Employment
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U.S. Department of Labor
Office of Disability Employment Policy



full inclusion.

HIV/AIDS and Employment



U.S. Department of Labor
Office of Disability Employment Policy

Dylan Orr, J.D., Chief of Staff
Office of Disability Employment Policy
U.S. Department of Labor

Why Employment? Why Now?

Research suggests that employment could play a key role on both sides of the equation (prevention, and potential to improve the health outcomes and quality of life for those living with HIV/AIDS, including BMSM).

- *Multitasking Systems of New York* (1992) – early qualitative study, provided early indication of the potential role that employment could play in reducing stigma and improving the outlook of participants.
 - DeRobertis, Sandy, “The Impact of HIV on Employment: A Retrospective Study of the Characteristics of Persons with HIV Disease Seeking Job Placement Services” *Multitasking Systems of New York* (November, 1992).
- *Comparisons of Disparities and Risks of HIV infection in black men and other men who have sex with men in Canada, the UK, and the US* – Greg Millett, et al (2007) - Noted that low income, incarceration, and low education are not only interrelated but are also independently associated with HIV infection.
 - Gregorio A Millett MPH, Prof John L Peterson PhD, Stephen A Flores PhD, Trevor A Hart PhD, William L Jeffries PhD, Patrick A Wilson PhD, Prof Sean B Rourke PhD, Charles M Heilig PhD, Prof Jonathan Elford PhD, Kevin A Fenton MD, Prof Robert S Remis MD. *The Lancet* - 28 July 2012 (Vol. 380, Issue 9839, Pages 341-348), DOI: 10.1016/S0140-6736(12)60899-X

Why Employment? Why Now?

- *National Working Positive Coalition Vocational Development and Employment Needs Survey (2008-2009)* –
 - Among employed participants who were unemployed prior to their current job, 49 percent reported that their self-care increased since their current job, 46 reported an increase in CD4 count, 21 percent reported an increase in medication adherence, 34 percent reported a decrease in alcohol and drug use, and 30 percent reported a decrease in unprotected sex.
 - United States Department of Labor. (2011). HIV/AIDS employment roundtable summary of proceedings. Retrieved from <http://www.dol.gov/odep/pdf/20110408.pdf>
- *Helping Overcome Problems Effectively (HOPE) Pilot (2008)*
 - Focused on African American gay men living with HIV/AIDS
 - Among those who participated, there were significant decreases in depression and anxiety and increases in self-efficacy, self-esteem, medication compliance, and job-seeking skills
 - Hergenrather, KC, Geishecker S, Clark G, Rhodes, SD. A pilot test of the HOPE Intervention to explore employment and mental health among African American gay men living with HIV/AIDS: results from a CBPR study. *AIDS Educ Prev.* 2013 Oct;25(5):405-22. doi: 10.1521/aeap.2013.25.5.405.

Why Employment? Why Now?

- *ILO – The Impact of Employment on Treatment Adherence (2013)*
 - Found that people living with HIV who are employed are almost 40 percent more likely to stick to HIV treatment than those without a job.
 - International Labour Office, Geneva, 2013. ISBN: 978-92-2-128191-7 (print); 978-92-2-128192-4 (web pdf), accessible at http://www.ilo.org/aids/Publications/WCMS_230625/lang--en/index.htm
- Other research - For a list of multiple research references related to HIV/AIDS and employment compiled for DOL's 2012 Institute on HIV/AIDS and Employment, see <http://www.dol.gov/odep/pdf/HIVReferenceList.pdf>

Why Employment? Why Now?

- Employment has intrinsic and practical value for individuals, families, and communities – “Single most normative activity in our society.”
- Personal benefits
 - Dignity and Self Esteem
 - Sense of Purpose
 - Community
 - Income
 - Independence
 - Health impacts
- Macro Benefits
 - Decreases poverty
 - Decreases reliance on public benefits
 - Increases #s of people paying taxes
 - Diversifies our workplaces, impacting inclusive work cultures
 - In world of limited HIV/AIDS resources, can open up space for those in greatest need of supports
 - May decrease health risk behaviors and have additional health impacts re: self care, management of illness

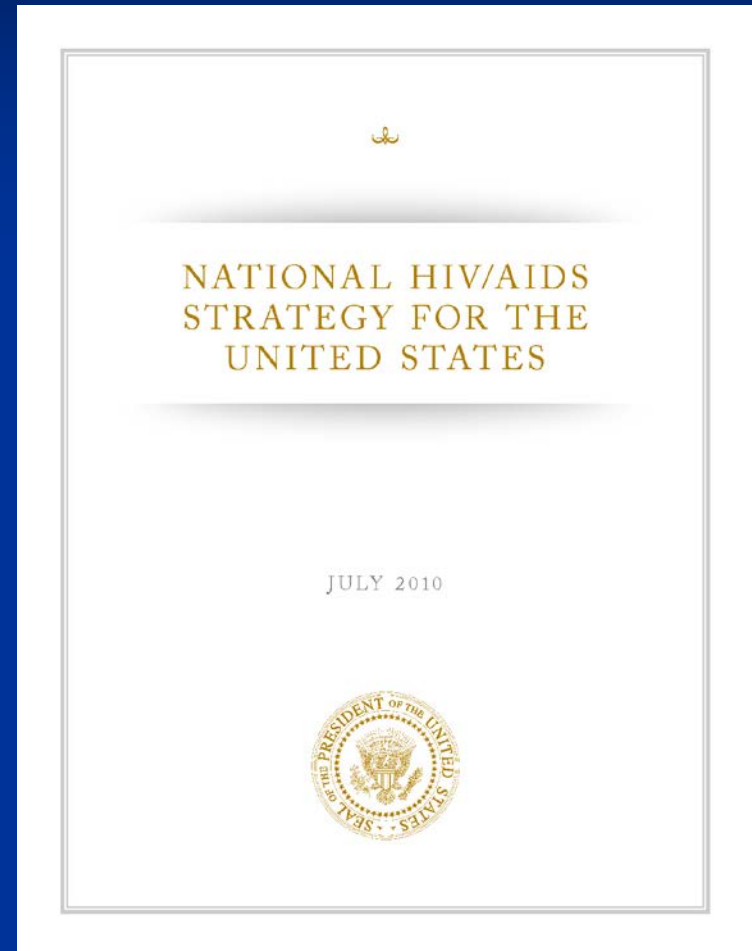
Why Employment? Why Now?

NHAS:

- Increase job skills and employment for PLWHA
- Increase supports for employers to hire and maintain employment of PLWHA'
- Integrate PLWHA into broader employment initiatives for PWDs
- Prioritize HIV-related discrimination

Advances in Treatment

Affordable Care Act



Resources and Initiatives

There are many public sources for employment and training, likely in your local area, that are great resources to establish relationships with:

- **American Job Centers (Labor) –**

- The U.S. Department of Labor (DOL) funds approximately 3,000 American Job Centers across the country to give job seekers, with or without disabilities, training referrals, career counseling, job listings and similar employment-related services. These Centers (which may be called different things in different communities) are intended to be central referral sources. Locate your closest AJC at www.servicelocator.org

- **Vocational Rehabilitation (VR) Agencies**

- Funded through the U.S. Department of Education, VR agencies provide counseling, medical and psychological services, job training and other individualized services to individuals with disabilities. They also accept Tickets under the Ticket to Work program. Find your state VR agencies at www.1.usa.gov/NcvvVr

Resources and Initiatives

- **Ticket to Work and Employment Networks (SSA)**
 - Part of the Social Security Administration (SSA) Ticket to Work program, Employment Networks (ENs) are entities that contract with SSA to accept Tickets and provide employment and training services to people with disabilities. Find an EN in your area at www.yourtickettowork.com/web/ttw/en-directory. Also look for Workforce Incentive Planning and Assistance (WIPA) in your area.
- **DOL's Job Accommodation Network (JAN)**
 - A free service of the DOL's ODEP, provides free, expert and confidential consultation to employers and employees on job accommodations, as well as other resources for people with disabilities, including people living with HIV/AIDS. Learn more at www.AskJAN.org or call 1-800-526-7234 or 1-877-781-8403 (TTY)
- **New Section 503 Regulations**
<http://www.dol.gov/ofccp/regs/compliance/section503.htm>
- **Reentry Resources**
 - DOL RxO Program - http://www.doleta.gov/RExO/eta_default.cfm
 - “Reentry Mythbusters” - <http://csgjusticecenter.org/nrrc/projects/firc/>

Resources and Initiatives

- **ODEP HIV/AIDS Page** – www.dol.gov/odep/topics/HIVAIDS
 - Resource Guide for Individuals Looking to Return to Work
 - Success Stories – Individuals, Employers, Service Providers
 - List of HIV/AIDS Service Providers with Employment/Training Programs
- **Institute on HIV/AIDS and Employment Report**
 - Comprehensive report that covers research, effective practices, and resources
<http://www.dol.gov/odep/pdf/20120728HIVAIDSReports.pdf>
- **Coming Soon!! - DOL & HUD Getting to Work Training Curriculum for Service Providers**
 - Slated for release in the Fall of 2014

What YOU can Do to Champion Employment for PLWHA

- Start the Conversation at Your Agency/Agency
- Partnerships/Relationships/Engagement (e.g. VR, AJCs, ENs, local community orgs)
- Learn about other Service Provider Models
- Peer Support Groups
- Computer Resources and Skill-Building
- Intake Forms, Data Collection
- Dedicated Staff – employment, benefits
- Funding
- Program & Evaluation

“The first 15 years of the epidemic were about dying - first quickly, then a little more slowly, but it was all about dying.

The next five years were about not dying...

It's my hope and belief that this next era of the HIV/AIDS epidemic is about living, really learning to live fully, with HIV.”

Eric Ciasullo, former board member
National Working Positive Coalition



LaRon Nelson, PhD, RN, FNP



Improving the HIV Care Continuum for Black MSM: Research Perspectives

LaRon E. Nelson, PhD, RN, FNP
Dean's Endowed Fellow in Health Disparities
Assistant Professor of Nursing

Associate Director of International Research
Center for AIDS Research



UNIVERSITY of
ROCHESTER
MEDICAL CENTER

SCHOOL OF
NURSING

Focus on Three Areas

- **Role of Primary Prevention in HIV Care Continuum**
- **Use of HIV and STI Surveillance Data**
- **Directions for Future Research**



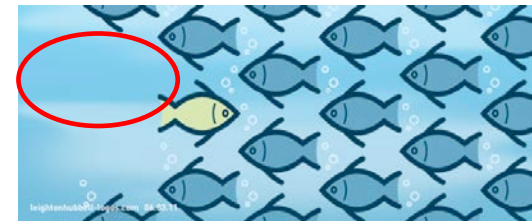
1. Role of Primary Prevention and the HIV Care Continuum for Black MSM

Upstream Interventions, Downstream Impacts

- ❑ The time to start thinking about linkage and retention is not at diagnosis...it's pre-diagnosis.

Upstream approach to “linkage” and “retention”

- ❑ Support health seeking behaviors
 - ✓Routine testing
 - ✓PrEP and related clinical management
 - ✓Establish pattern of positive healthcare experiences



1. Role of Primary Prevention and the HIV Care Continuum for Black MSM

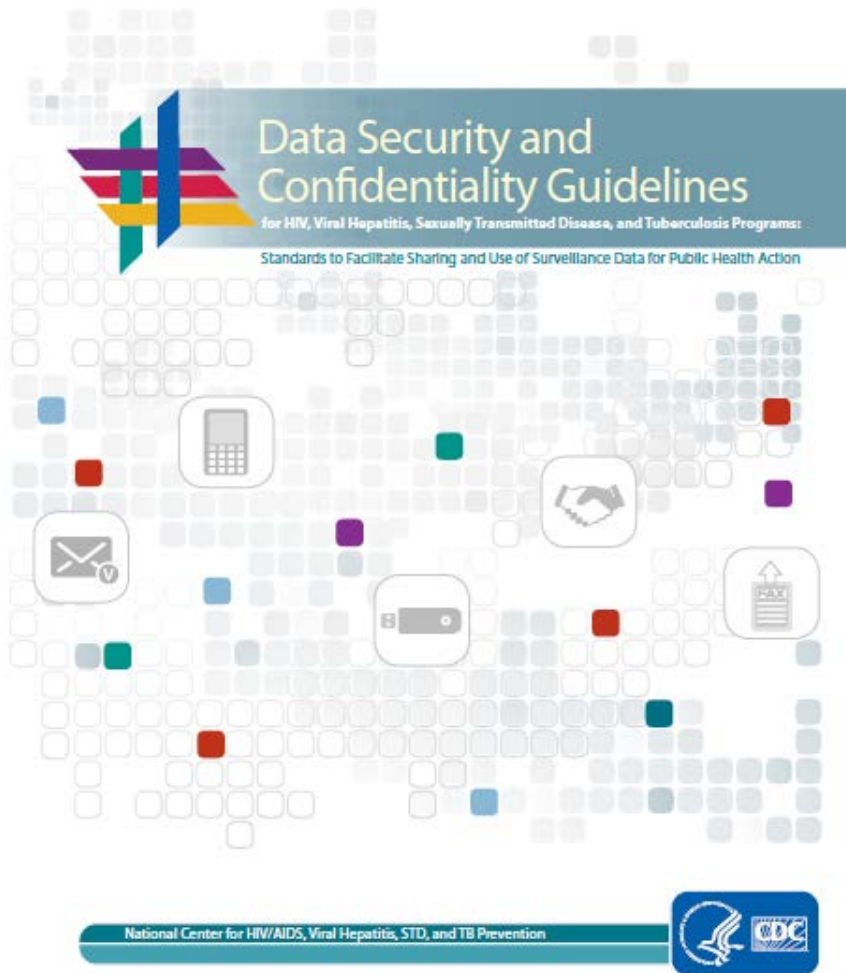
HIV Testing Interventions

- ✓Entry point into the HIV care continuum
- ✓Strategies for targeting Black MSM at highest risk
- ✓Support more frequent HIV testing
- ✓Early detection and linkage to care

Evidence-Based Behavioral Interventions

- ✓Integrate foci on healthcare engagement
- ✓Include clinical partners
- ✓Opportunity for insurance access through ACA
- ✓Linkage to primary care home

2. Use of HIV and STI Surveillance Data



Health departments have unique capacity to support HIV Care Continuum

- ✓ Can establish protocols to share data between programs
- ✓ Access health information network data
- ✓ Regional Health Information Networks have a “break the glass function”

2. Use of HIV and STI Surveillance Data

Identifying High Risk HIV negative Black MSM

☐ Local predictors of seroconversion

- ✓ Recent diagnosis of gonorrhea, chlamydia syphilis
- ✓ Documented contact GC, CT, syphilis or HIV
- ✓ Documented contact to HIV

☐ Support Linkage to Care

- ✓ Monitor HIV testing using health information exchanges
- ✓ Support routine HIV testing and early detection
- ✓ Generate another opportunity for service engagement

2. Use of HIV and STI Surveillance Data

□ Support Retention in Care

- ✓ Monitor lab frequency and follow up Black MSM at risk of lost to care.
- ✓ Use field work/case investigation capacity to support clinics to locate and re-engage Black MSM.
- ✓ Monitor HIV care quality indicators and muster local resources to support improvements.

HIV Care Continuum with Black MSM

FUTURE DIRECTIONS FOR RESEARCH

3A. Collaborative Research with CBOs, Clinics, and Health Departments

All have unique assets for identifying and engaging into care continuum

❑ Community Based Organizations

- ✓Evidence-based programming
- ✓Homegrown best-practices for engaging clients
- ✓Expertise in working with Black MSM daily

❑ Primary and Specialty Care Providers

- ✓Can activate referral and care coordination systems
- ✓Help identify patients
- ✓Medical homes for Black MSM



3A. Collaborative Research with CBOs, Clinics, and Health Departments

All have unique assets for identifying and engaging into care continuum

❑ Health Departments

- ✓ Surveillance and DIS data
- ✓ STD Clinics
- ✓ Capacity to do field work for client follow up



3B. Develop and Test New Service Delivery Models

- ❑ One size does not fit all

- ❑ Health systems innovations in HIV care needed with local relevance.
 - ✓What models best address the factors impacting local epidemiology with Black MSM?
 - ✓What models best harness the assets of CBOS, health and human service systems?
 - ✓What fits with local social/cultural/political realities?
 - ✓Test models of new ways to use models private health information

Example: High Frequency Field Based (HiFi) HIV Testing Intervention Model

□Partnership between:

- ✓Monroe County Department of Public Health
- ✓University of Rochester Medical Center

□Use Surveillance data to:

- ✓Identify MSM at highest ongoing risk for infection, including Black MSM

□Test new service delivery model

- ✓Assigned to field-based public health nurse
- ✓Regular HIV testing at negotiated place(s).
- ✓Uses social media to maintain regular contact

3C. Care Coordination Across the Continuum

□ Central under the Affordable Care act

- ✓ Deliberate organization of healthcare activities
 - Non-duplicative
 - Supportive
 - Longitudinal
 - Prepares clients for transitions
- ✓ Patient preferences in organization and delivery of care
- ✓ Collaboration within and between agencies
- ✓ How are coordination models related to improve HIV care cascade outcomes

Example:

HIV Prevention Trials Network (HPTN) 073

❑ Multi-Site Study with Black MSM (n=225)

- ✓ Open Label PrEP demonstration project
- ✓ Raleigh-Chapel Hill/Los Angeles/Washington DC

❑ Intervention-Client Centered Care Coordination

- ✓ Care Coordination as-needed
- ✓ Self determination theory-based behavioral counseling

❑ Outcomes

- ✓ PrEP Initiation
- ✓ PrEP Adherence

Implications for HIV Care Continuum

- ✓ Active engagement in health model for 12-months
- ✓ Experience with clinical lab work and antiretroviral

3D. Providers and Health Care Settings as Structural Intervention Targets

❑ Challenges in Linkage and Retention to Care

- ✓ Is **not only** about Black MSM attitudes/behaviors
- ✓ Is **also** about health provider attitudes/behaviors

❑ Environment must feel safe and welcoming

- ✓ Delayed entry/disruption in HIV care associated with perception that providers
 - Don't listen or respond to patients concerns
 - Don't like caring for patients with HIV
- ✓ Studies consistently show that PLWHA desire engaged, affirming/validating, health partnerships

3D. Providers and Health Care Settings as Structural Intervention Targets

Interventions needed to create healthcare environments that are inviting to Black MSM

- ✓Anti-Racism/Anti-Oppression Frameworks
- ✓Anti-Stigma
- ✓Autonomy Supportive

□Evaluation effectiveness of interventions

- ✓Not just increases in competencies, skills, knowledge
- ✓Evaluate provider behavior and corrective feedback
- ✓Link to client experiences /perceptions
- ✓Link to HIV care cascade outcomes



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To Ask a Question

- **Via email:** Send questions to contact@AIDS.gov
- **Via conference line:** Press *1 on your phone



Additional Resources

- **Resolution Requesting Federal Activities To Eliminate HIV Health Disparities Among Black MSM – September 30, 2011 (PACHA)**

<http://aids.gov/federal-resources/pacha/meetings/2011/sept-2011-resolution-on-reducing-hiv-infections.pdf>

- **The HIV Care Continuum Initiative: The Next Step of the National HIV/AIDS Strategy**

<http://blog.aids.gov/2013/07/the-hiv-care-continuum-initiative-the-next-step-of-the-national-hivaids-strategy.html>

- **HIV/AIDS Care Continuum**

<http://www.aids.gov/federal-resources/policies/care-continuum/>

- **Webinar Archive**

<http://aids.gov/news-and-events/webinar/>



Thank you for attending!

Please take a moment to complete our evaluation:

<https://www.surveymonkey.com/s/PQVNFJZ>

Office of HIV/AIDS and Infectious Disease Policy (OHAIDP)
U.S. Department of Health and Human Services