LATINO SPNS

Factors Influencing Retention in Care Among Transgender Women of Color in Four US Cities
(Poster)


BACKGROUND: Transgender women of color (TWOC) experience significant HIV disparities. HRSA’s Special Programs of National Significance funded nine demonstration sites to implement interventions to improve engagement in healthcare among TWOC living with HIV.

METHODS: As part of the ongoing intervention evaluation, the demonstration sites are conducting computerized surveys every 6 months with their participants to assess demographics, HIV care, and psychosocial factors. Logistic regression models were developed using 12-month follow-up data from the 158 participants who have completed that survey to date. The outcome variable is self-report of receiving primary HIV care in the prior 6 months. The independent variables were: age, ethnicity, HIV care status at baseline, disclosure of gender identity and HIV status, transportation, healthcare empowerment (HCE), and being encouraged to seek HIV care.

RESULTS: Average age was 38 years (range: 19-63); 45% were Latina, and 44% reported receiving healthcare in the prior 6 months. Being Latina was associated with a lower likelihood of receiving HIV care at the 12-month follow-up, while greater HCE and being encouraged to seek care were associated with an increased likelihood of receiving care. Age, HIV care status at baseline, disclosure of gender identity and HIV status, and transportation were not significantly related to receiving care.

CONCLUSIONS: Trans Latinas were less likely to receive HIV care than other TWOC. HIV care and treatment services should take into account racial/ethnic differences among TWOC in order to assure continuity of care. Efforts to foster HCE and encouragement to stay in care may improve retention in care.

Transnational Practices and Linkage Care: Lessons from the SPNS Latino Access Initiative
Thursday, August 25, 1:30pm-3:00pm

Presenters: Amy K. Johnson, AIDS Foundation Chicago; Jeff Bailey of AIDS Project Los Angeles; Manisha Maskay, AIDS Arms; Brendan O’Connell, Bienestar

Moderator: Janet Myers, Principal Investigator, Latino SPNS Evaluation and Technical Assistance Center
Abstract
Transnationalism refers to the varied means by which migrants and other individuals with ties outside the mainland US maintain connections with their place of origin. As part of the HRSA/SPNS Latino Access Initiative, each of the sites included in this panel developed novel interventions incorporating transnationalism to link and engage participants in care. Three sites featured in this presentation, all focusing on linking or re-linking HIV-positive Mexican migrants or Mexican-identified people with HIV care. The AIDS Foundation Chicago site used formative research to develop a social marketing campaign featuring the popular Loteria game with messages about accessing general and HIV-specific health care regardless of immigration or insurance status. This site placed social marketing materials on bus lines as well as in digital media, accessing hook-up apps and Spanish language webpages to encourage linkage to care. In Texas, AIDS Arms' Viviendo Valiente program utilizes multi-layered approaches to link individuals to medical care. At the individual level, Promotores de Salud use the evidence-based Anti-Retroviral Treatment and Access to Services intervention to link newly diagnosed and/or out of care individuals. A Promotor then maintains ongoing contact based on the client’s acuity and needs. Intervention encounters are Mexican-centric with the Promotor assessing, reviewing and addressing the clients’ transnational practices. In Los Angeles County, Fuerza Positiva employs multiple strategies to identity and engage clients to improve linkage and retention in care. Both messaging and engagement activities incorporate a transnational framework to acknowledge the barriers that clients experience when accessing the HIV service delivery system.

Transnational Practices and Engagement in Care: Lessons from the SPNS Latino Access Initiative, 6332
Wednesday, August 24, 10:30am – 12:00pm
Presenters: Lisa Hightow-Weidman, University of North Carolina, Chapel Hill; Pamela Vergara-Rodriguez, Hektoen Institute for Medical Research; Janet Wiersema, New York City Correctional Health Services

Abstract
Transnationalism refers to living and operating across national boundaries and is considered non-linear and fluid. For (im)migrants this process can involve maintaining connections with home communities while establishing themselves in places of settlement. As part of the HRSA/SPNS Latino Access Initiative, three geographically diverse sites developed novel interventions incorporating transnationalism to engage and retain participants in HIV care. Two sites developed individual, one-on-one patient navigator interventions targeting men and women of Mexican origin; one site developed a cultural competency training for providers delivering healthcare to justice-involved Puerto Ricans transitioning from jail to the community. The patient navigator interventions are being implemented in two very different settings: small, disperse cities and towns across the state of North Carolina (NC) and a large urban county including the city of Chicago. In both sites, the patient’s life story provides a foundation for a collaborative reflection about transnational experiences and influences on health beliefs, stigma, gender roles and engagement in healthcare. In the sessions, the patient navigators focus on critical transnational factors such as social support networks in the US and countries of origin, mobility and employment, and stigma related to disclosure, among others. The third site in New York City is training jail and community providers on culturally appropriate patient engagement and service delivery. They are also matching Puerto Rican patients transitioning to
the community with Puerto Rican care coordinators and have developed formal relationships with over 60 organizations in Puerto Rico to facilitate clients’ transition from jail to Puerto Rico.

NATIONAL EVALUATION CENTER

AIDS Education and Training Center (AETC) Program Outcome Findings along the HIV Care Continuum
30 minute presentation
Presenters: Janet Myers, Sally Stephens, Kevin Khamarko

Abstract
The federal government has prioritized addressing the HIV Care Continuum (includes diagnosis, linkage and retention to medical care, appropriate prescription of medication, and viral load suppression) as a mechanism to implement and accelerate efforts related to the National HIV/AIDS Strategy (NHAS). The AETC program is in a prime position to support the goals of NHAS by providing training, education, and technical assistance to strengthen the delivery of health services and quality of care along the Continuum. This paper provides a description of our national standardized evaluation approach and presents results of AETC training effectiveness in relation to increases in knowledge, improvements in skills, and implementation of newly acquired skills as a result of training; skill improvement and skill implementation are also assessed across the stages of the HIV Care Continuum.

In AETC funding year 2014-15, AETCs delivered a total of 13,989 training events to 55,644 distinct trainees. Increases in knowledge were reported by trainees completing an immediate-post training evaluation and a large portion of HIV service provider trainees completing a 6-week follow-up assessment reported skill improvement and skill implementation. Our analyses indicate the strongest levels of both skill improvement and skill implementation were observed for linkage to care skills. Racial/ethnic minority HIV providers reported statistically significant skill improvement and skill implementation across all skills measured. Findings indicate the AETC Program is having an impact on the development of the HIV workforce by building the skills of HIV service providers to deliver high quality care to people living with HIV (PLWH).

Practice Transformation Efforts of the AETC Program: Expanding Patient-Centered HIV Care Practices
90 minute presentation
1. Welcome and Overview by Session Moderator, Andrea Norberg
2. Panel Discussion: Introduction to practice transformation and discussion of how it aligns with the core mission of the AETCs to improve outcomes along the HIV Care Continuum
   a. Presenters include Steve Bromer, Linda Frank, and Anna Kinder
3. Presentation: Findings from a standardized baseline organizational assessment focused on practice transformation
   a. Presenters include Kevin Khamarko, Sally Stephens, and Janet Myers
4. Panel Discussion: Lessons learned in identifying the practice transformation-related needs of clinics and suggestions for clinics and coaches interested in their own practice transformation
a. Presenters include Daria Boccher-Lattimore, Ricardo Rivero, and Jennifer Burdge

Abstract
A key focus of the AIDS Education and Training Center (AETC) Program is to assist clinical care organizations, funded by the Ryan White HIV/AIDS Program and/or the Bureau of Primary Health Care, in transforming their practice to incorporate principles related to the patient-centered medical home model and to integrate HIV care and behavioral health services. In funding year 2015-16, regional AETCs worked to build trusting relationships with potential clinics and successfully recruited a total of 70 clinics into their practice transformation project. Regions are currently working to identify the needs of participating clinics through the collection of national standardized assessments, as well as locally-created assessments and approaches to interviewing clinic leadership. The aims of these assessments are to gain a better understanding of participating clinic’s current patient-centered care and HIV care delivery practices, practice infrastructure, and capacity development needs. Once needs are assessed, regional AETCs will develop tailored action plans and begin providing longitudinal support to bring about higher-functioning and more efficient organizations that provide high quality comprehensive care and treatment to people living with HIV.

Workforce Development Initiative

Shaping the HIV Workforce at Home and Abroad: Lessons Learned from Task-shifting in sub-Saharan Africa and the United States, 6674
Wednesday, August 24, 1:30pm-3:00pm
Presenters: Rupali Doshi, Philippe Chilade, Elizabeth Rolon, Wayne Steward, Steven Bromer, and Judy Khanyola

Building HIV Capacity in Primary Care and Integrating HIV Care within Federally Qualified Health Centers, 4026
Wednesday, August 24, 10:30am-12pm
90 minute presentation

Abstract
Rapidly evolving HIV treatment paradigms, the aging out of existing providers, and the fact that persons living with HIV/AIDS (PLWHA) have longer and healthier lives, mandate the need to maximize future workforce capacity to care for PLWHA. Potential strategies to address HIV workforce capacity within Primary Care-centered Healthcare system include engaging new clinical providers in the HIV workforce and improving integration of HIV care with existing Primary Care infrastructure.

Simultaneously, the Patient Protection and Affordable Care Act is giving new access to health insurance to millions of Americans, emphasizing primary care settings as the locus of care for most chronic conditions, and giving Federally Qualified Health Centers (FQHCs) a key role in providing needed Primary Care capacity. Therefore increasing the number of qualified HIV clinicians within such Primary Care settings may be an effective strategy to meet the future health access needs of PLWHA.
In this session we will review two distinct approaches to bringing new providers into the HIV Primary Care workforce and explore the challenges and opportunities of integrating Ryan White HIV/AIDS Programs (RWHAP) into FQHCs. The session includes a presentation on a community-based mentorship program to train new HIV providers and a presentation on an FQHC-based HIV rotation for Family Medicine residents. These are followed by a panel discussion from leaders of 4 FQHCS participating in the Special Projects of National Significance Workforce Development Initiative, discussing the opportunities and challenges of integrating RWHAP and FQHC programs.

This 90 minute session contains the following:

**Developing the HIV Workforce: The MATEC Clinician Scholars Program**
30 minute presentation  
**Presenters:** Ricardo Rivero, Malinda Boehler

**Workforce of the future: Educating Primary Care Residents through an FQHC-based Community HIV Medicine Rotation**
30 minute presentation  
**Presenters:** Jeannette Aldous, María Luisa Zúñiga

**Ryan White Programs and Federally Qualified Health Centers: Shared Visions and Common Challenges**
30 minute presentation  
**Presenters:** Steve Bromer, Jeannette Aldous, Bill Hoelscher, Zack Sharp, Danielle Lazar

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**The Building Blocks of Primary Care and the HIV Care Continuum , 6467**
Thursday, August 25, 10:30am-12pm  
90 minute presentation  
**Presenters:** Steven Bromer, Wayne Steward

**Abstract**

Revitalization and reinvestment in the nation’s primary care infrastructure is central to the implementation of the Affordable Care Act. The Building Blocks of Primary Care is one of the leading evidence-based models helping to transform the care system toward more patient-centered, effective and efficient care models. In the same timeframe, the nation’s response to the AIDS epidemic has increasingly adopted the framework of the Care Continuum to address current challenges. These two congruent foci have created unique spaces for productive interaction between Primary Care and the HIV care system.

In this interactive workshop, participants will learn how the Building Blocks of Primary Care can provide a conceptual framework for addressing the challenges characterized by the Care Continuum.

After a brief introduction to the Building Blocks model, data from the SPNS Workforce initiative will be presented highlighting several key lessons from the Building Blocks of Primary Care.
Assessment (BBPCA), which was completed at baseline with each of the 15 RWHAP-funded sites participating in this initiative.

Next, using two Practice Transformation Sites from the Pacific AIDS Education and Training Center as case studies, the participants will use data from these sites’ BBPCA to identify areas for improvement. In the case studies, participants will have the opportunity to discuss how the BBPCA can help identify potential barriers to sustainable change and create a roadmap for successful improvements. The participants will assess the most strategic area to focus resources for improvement and identify at least one next step for practice improvement.

**Three Approaches for Transforming Practice to Optimize HIV Care: the SPNS Workforce Capacity Building Initiative, 4015**
Friday, August 26, 10:00am-11:30am
90 minute presentation

**Presenters:** Wayne Steward, Valerie Kirby, Ann Avery, Christian Ramers, David Bradley, Marisol Gonzalez Drigo, Carmilo Ernesto Guevara, Alison O. Jordan, Lissette Maestre, Deborah McMahon, Susan A. Olender, Allan E. Rodriguez, Catalina Sol

**Moderator:** Wayne Steward

**Abstract**
As the demand for HIV care continues to rise, the number of HIV specialists may soon decline, particularly as a first generation of HIV providers retires. It is critical to identify strategies that ensure the healthcare workforce continues to meet the needs of all HIV patients. The Special Projects of National Significance (SPNS) program has launched the System-level Workforce Capacity Building Initiative to develop and evaluate practice transformations that enhance access to HIV care and optimize the efficiency of its delivery. The initiative’s 15 demonstration projects are tackling the challenges of workforce capacity using a variety of approaches, each of which fits into one of three categories. The first seeks to optimize outcomes through workforce expansion by training primary care providers in community healthcare settings to deliver HIV services and by enhancing their coordination with HIV specialists. The second approach enhances access and quality of care by “sharing the care,” or more efficiently distributing work among clinical team members. It increases the responsibilities placed upon mid-level providers and clinical staff so that they are able to address patients’ routine and non-HIV care needs. The third transformation approach strives to improve how patients engage with services, specifically by promoting receipt of routine and preventive care in order to reduce acute and emergency care needs. The goal is to strengthen patients’ HIV self-management skills and improve their communication with providers. In this session, we will describe each of the three transformation approaches and identify best practices for successful implementation.

**Systems Linkage Initiative**

**Using the Learning Collaborative Model to Craft and Test Systems-Level Linkage to Care Interventions, 6382**
Wednesday, August 23, 3:30pm-5pm
90 minute presentation

**Presenters:** Lori DeLorenzo, Sophie Lewis, Anne Rhodes, Steven Sawicki
Abstract
This interactive workshop will explore how the Learning Collaborative model was used to develop and implement systems-level interventions across three states as part of the SPNS Linkage to Care Initiative. The Collaborative model is a systematic approach in which systems; organizations and staff test innovations, and then share their experiences in order to accelerate learning and widespread implementation of successful ideas. The components of the model will be discussed, along with strategies for engaging participants, testing out new interventions and lessons learned. Participants will examine select interventions and explore how the approaches were used to generate new ideas and avenues for collaboration, thereby extending the reach and impact of the original scope.

Massachusetts will discuss a standardized Medical Case Management client acuity scale and a mechanism for helping providers identify out-of-care patients using HIV laboratory data reported to the health department. New York will examine the key elements and benefits of early peer support and factors that led to full adoption by the demonstration sites and expansion to other agencies. Virginia will explore a Care Coordination intervention that facilitates expedited access to medication and medical care for persons living with HIV who have recently been released from correctional facilities, resulting in documented improvements in retention and viral suppression rates and expansion of the model to local and regional jails.

Data showing the impact of the interventions will be presented along with challenges faced and lessons learned. Implementation manuals and protocols for each intervention will be shared.

Target audience: Program staff, project coordinators, case managers, linkage to care specialists, quality managers, trainers/facilitators, staff working in health departments, networks, clinical settings, staff interfacing with corrections

101: Systems Linkages and Access to Care: A Special Projects of National Significance Initiative, 6509
Thursday, August 25, 10:30am-12:00pm
90 minute presentation
Presenters: Kimberley Koester, Michelle Broaddus, Karissa Page

Abstract
In 2011, the Health Resources and Services Administration launched the Systems Linkage and Access to Care for Populations at High Risk of HIV Infection Initiative. Six State Departments of Health were funded to develop and implement HIV testing, linkage-to-care, and re-engagement/retention-in-care interventions over a four-year period. The foremost goal of the Systems Linkage Initiative was to develop, or to improve upon existing, systems that effectively and sustainably integrated previously silo-ed public health sectors serving people either vulnerable to HIV/AIDS or living with HIV/AIDS. To meet these goals, Health Department representatives partnered with select collaborators located in a variety of settings, including but not limited to, correctional facilities, HIV testing agencies, community-based agencies, and HIV clinics. In this session, we will characterize and compare the interventions, describe the essential factors shaping the effective implementation of these interventions and present two case studies. Louisiana’s Video Counseling intervention provided important logistical information about appointments, transportation, and social supports to people released from correctional
facilities. Wisconsin’s “Linkage to Care Specialists” intervention provided intensive, short-term case management and patient navigation for people living with HIV/AIDS who were newly diagnosed, recently released from incarceration, or not securely engaged in medical care. Specialists focused on increasing care engagement, yet worked within various systems to address additional barriers such as housing, insurance, and mental health. As qualitative researchers involved in this important HAB-SPNS initiative, our work is instrumental in explaining the underlying, yet fundamental elements leading to the successful implementation of these interventions.

**201: Systems Linkages and Access to Care: A Special Projects of National Significance (SPNS) Initiative, 6410**
Friday, August 26, 8:00am-9:30am
90 minute presentation
**Presenters:** Wayne Steward, Jenna Donovan, Christian Hague, Anne Rhodes

**Abstract**
Major policy initiatives have set ambitious goals for enhancing engagement in care among people living with HIV. The Systems Linkages and Access to Care Initiative, a Special Project of National Significance (SPNS), has developed and evaluated interventions to improve states’ coordinated response to HIV. Completely closing care continuum gaps will require deployment of strategies that strike a balance between breadth and depth. Broad interventions can address the majority of the engagement in care gap through the delivery of limited services that ensure most clients link to care. But in-depth interventions are necessary to close the smaller portion of the gap due to clients with complex needs. In this session, we will highlight the importance of this balance by discussing the outcomes of interventions differing in breadth and depth. North Carolina’s State Bridge Counseling program aims for breadth. Improvements in linkage to care are achieved through the provision of time-limited services to newly-diagnosed clients across the state. Virginia has implemented an intervention to facilitate care coordination after release from incarceration. This program is successful because it aims for more depth but less breadth by focusing enhanced attention on a subset of clients known to face greater challenges linking to services. Finally, Massachusetts implemented a navigator program led by nurse-peer dyads. It strives for depth. The services are directed only to individuals who are chronically out of care, thereby allowing for much greater attention to be focused on the unique challenges faced by each of these clients.

**301: Systems Linkages and Access to Care: A Special Projects of National Significance Initiative, 6373**
Friday, August 26, 10:00am-11:30am
90 minute presentation
**Presenters:** Janet Myers, Edwin Charlebois, Wayne Steward

**Abstract**
The Special Projects of National Significance Program’s Systems Linkages and Access to Care for Populations at High Risk of HIV Infection initiative is a multistate demonstration project and evaluation of innovative models of linkage to and retention in HIV care. The initiative funded six demonstration states (Louisiana, Massachusetts, New York, North Carolina, Virginia, and
Wisconsin) for five years to design, implement and evaluate innovative strategies to integrate different components of their public health systems including surveillance, counseling and testing, and treatment to create new and effective systems of linkages and retention in care for hard-to-reach populations who have never been in care, have fallen out of care or are at-risk for falling out of care. Populations of interest included those persons who at high risk for and/or infected with HIV but are unaware of their HIV status; were aware of their HIV infection but have never been referred to care; or were aware but have refused referral to care. This session will present the main outcomes of the initiative in terms of the collective impact of the states’ interventions on the HIV care continuum outcomes of linkage, engagement and viral suppression. We will also present data on the types and amounts of intervention services delivered and what the “threshold” effects of intervention delivery are relative to continuum outcomes. Findings indicate that there was considerable diversity in cost and outcomes across states. In general, patient characteristics influenced the degree to which interventions were successful in linking and re-engaging patients.