

Building an HIV Competent Community for a Comprehensive HIV Continuum of Care for Youth

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National HIV/AIDS Strategy for Prevention and Treatment

- *Reduce New HIV infections*
 - Intensify HIV prevention efforts in the communities where HIV is most heavily concentrated
- *Increase Access to Care and Improve Health Outcomes for People Living with HIV*
 - Establish a seamless system to immediately link people to continuous and coordinated quality care when they learn they are infected with HIV
- *Reduce HIV-Related Health Disparities*
 - Adopt community-level approaches to reduce HIV infection in high-risk communities

Level	Distance Distal -----> Proximal		
Contextual & Macro	Racism, Stigma, Poverty, Gender		
Structural		Resource availability, Physical Environment, Organizational Systems, Laws/Policies	
Community	Networks, Collective Efficacy, Relationships Community Norms		
Individual	Behavior, Attitudes Knowledge, Perceptions, Biology		

An HIV Competent Community

Objectives

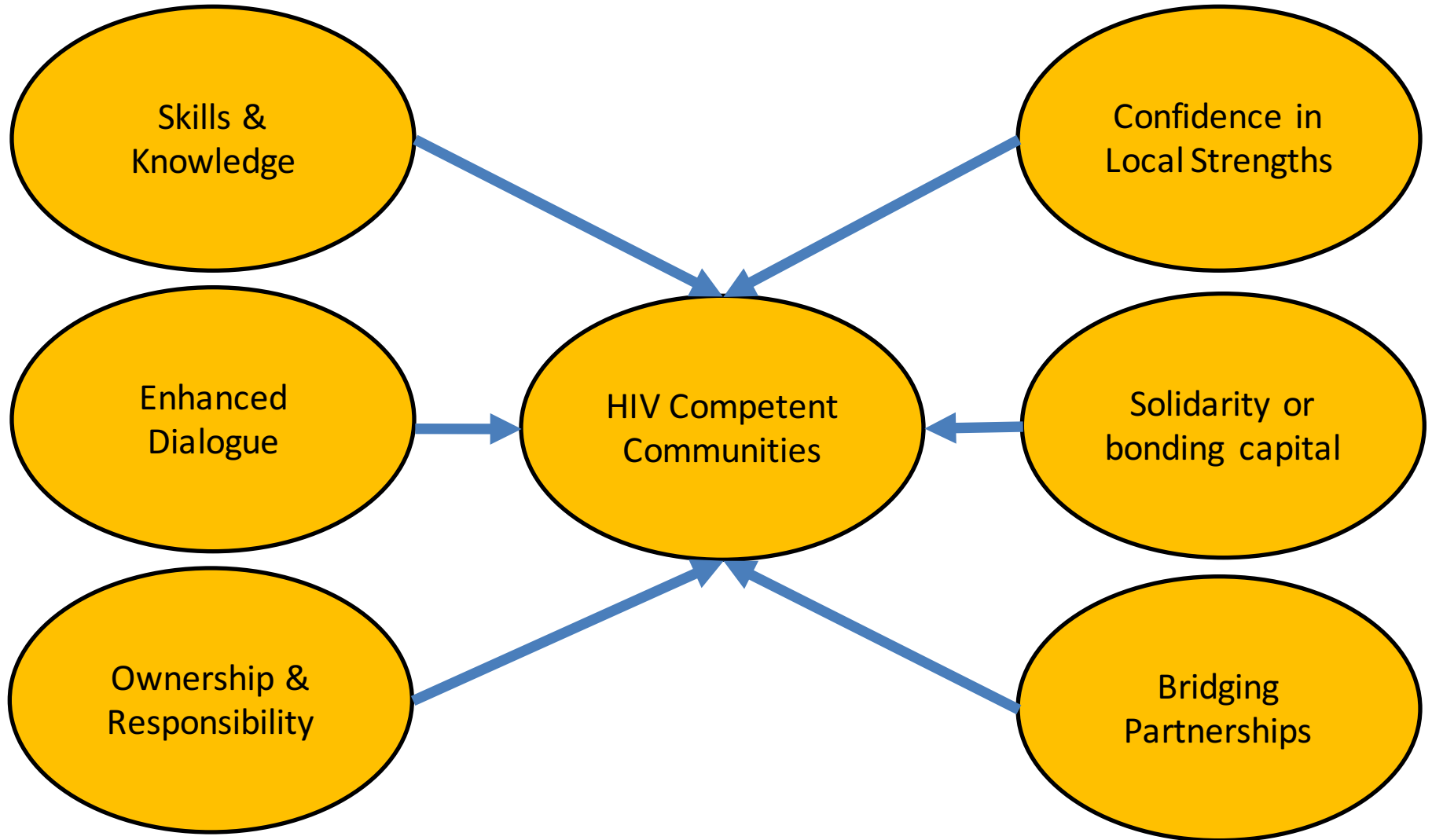
- Describe HIV Competent Communities
- Describe a comprehensive HIV continuum of care
- Describe a model for a comprehensive HIV continuum of care for youth
- Summarize building HIV Competent Communities through community engagement and a comprehensive HIV continuum of care

An HIV Competent Community

What is an HIV competent community?

Communities that can facilitate sexual behavior change, reduce HIV/AIDS–related stigma, support people living with HIV/AIDS, and cooperate in HIV–related prevention practices

Characteristics of HIV Competent Communities



A Comprehensive Implementation Science Program of Community Mobilization for Youth HIV Prevention and Treatment

- Communities enables outcomes not otherwise achievable
- Linkage to care interventions absent community engagement almost certainly are inefficient and perhaps ineffective
- Coordination of community mobilization and linkage to care best practices allows adaptive implementation

Community Mobilization For HIV Prevention and Treatment for Youth

Building on lessons of Connect to Protect

Social determinants
affecting HIV risk and
prevention

- Stigma and discrimination
- Racism, sexism, homophobia
- Poverty
- Risk of criminalization
- High incarceration rates and difficulty with transition
- Housing instability
- Employment instability
- Coexisting conditions: substance use, mental health disorders

"Today's HIV/AIDS Epidemic;" CDC (December 2013)

Connect to Protect[®] (C2P): Partnerships for Youth Prevention Interventions

A multi-site community research study supported by the ATN

- *Initiated in 2002*
- *Implemented in 14 urban communities through 2016*

Ultimate Outcome: Reduce HIV incidence and prevalence among youth 12-24 years old through community mobilization & structural changes

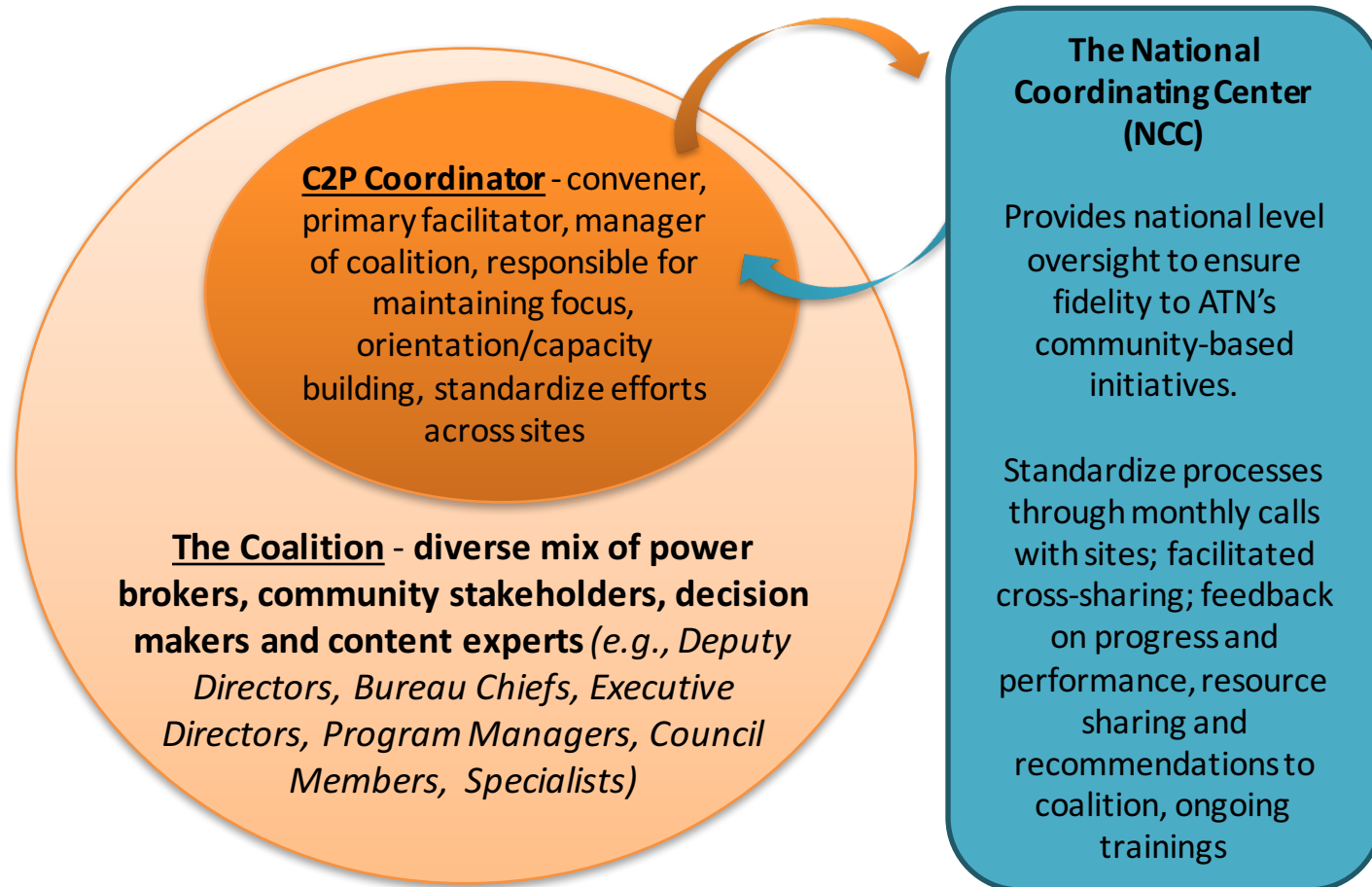
How C2P operates:

- A community mobilization initiative with focus on action planning & strategic partnering
- Each coalition determines locally relevant issues and solutions (structural changes)
- Each coalition develops their own operating procedures, leadership structure & action plan
- A central administrative body (NCC) provides TA and ongoing feedback

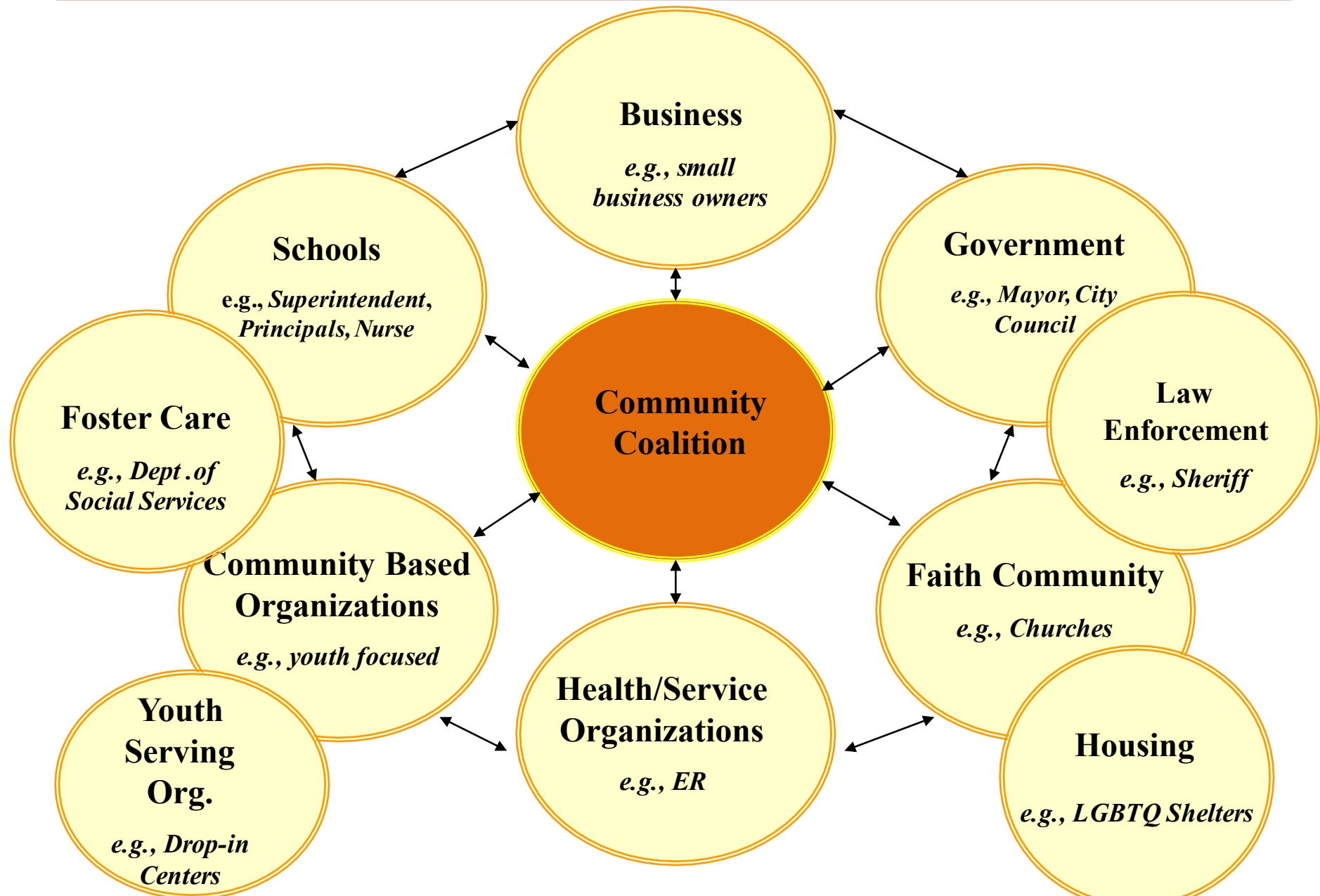
Community Empowerment Framework

- Define vision and mission
- Strategic planning
- Coalition leadership
- Provide resources to mobilizers
- Documentation efforts and feedback on progress
- Technical assistance
- Make outcomes matter

Connect to Protect Infrastructure

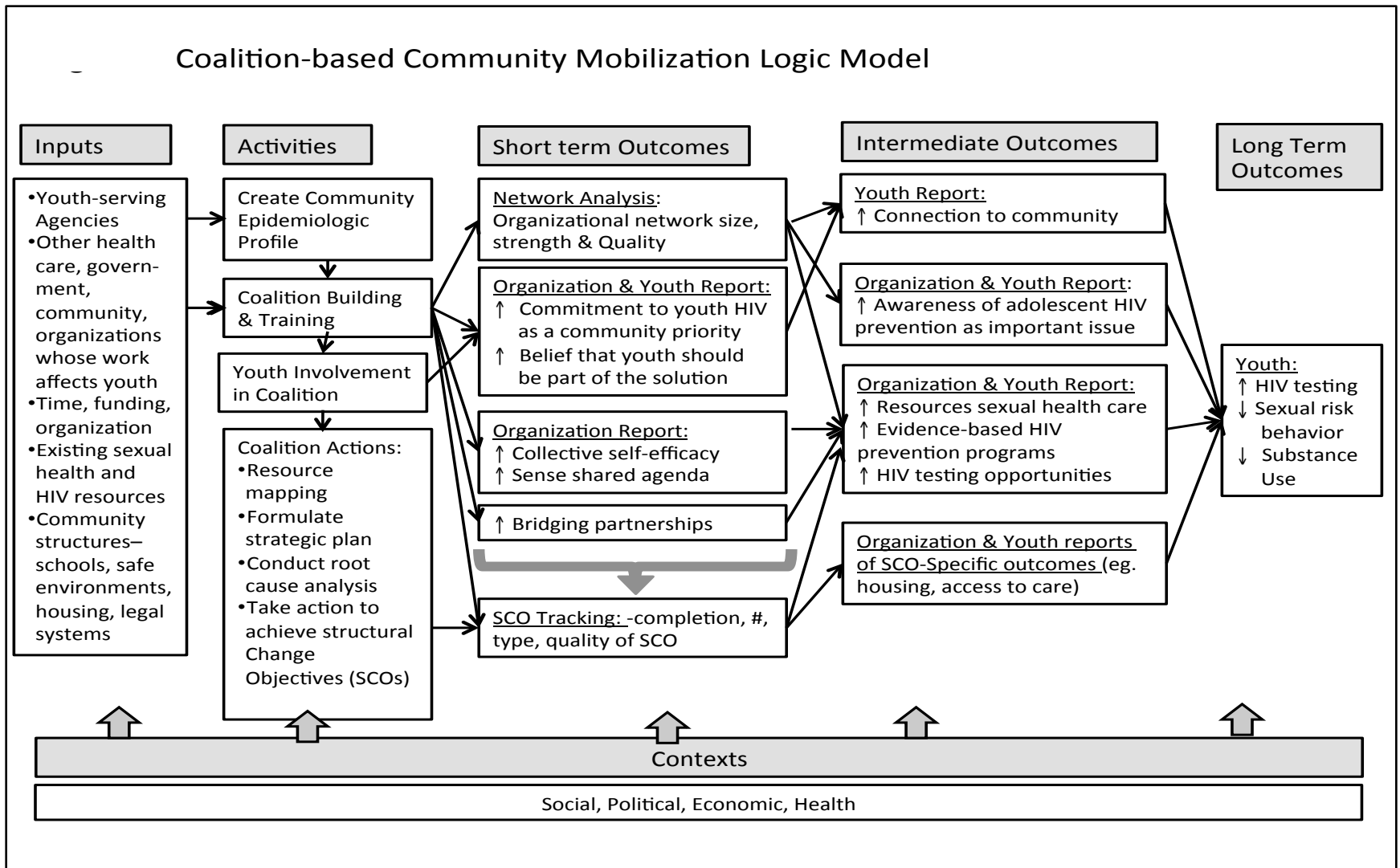


Sectors Targeted for Structural Change



A logic model for Community Mobilization toward an HIV Competent Community

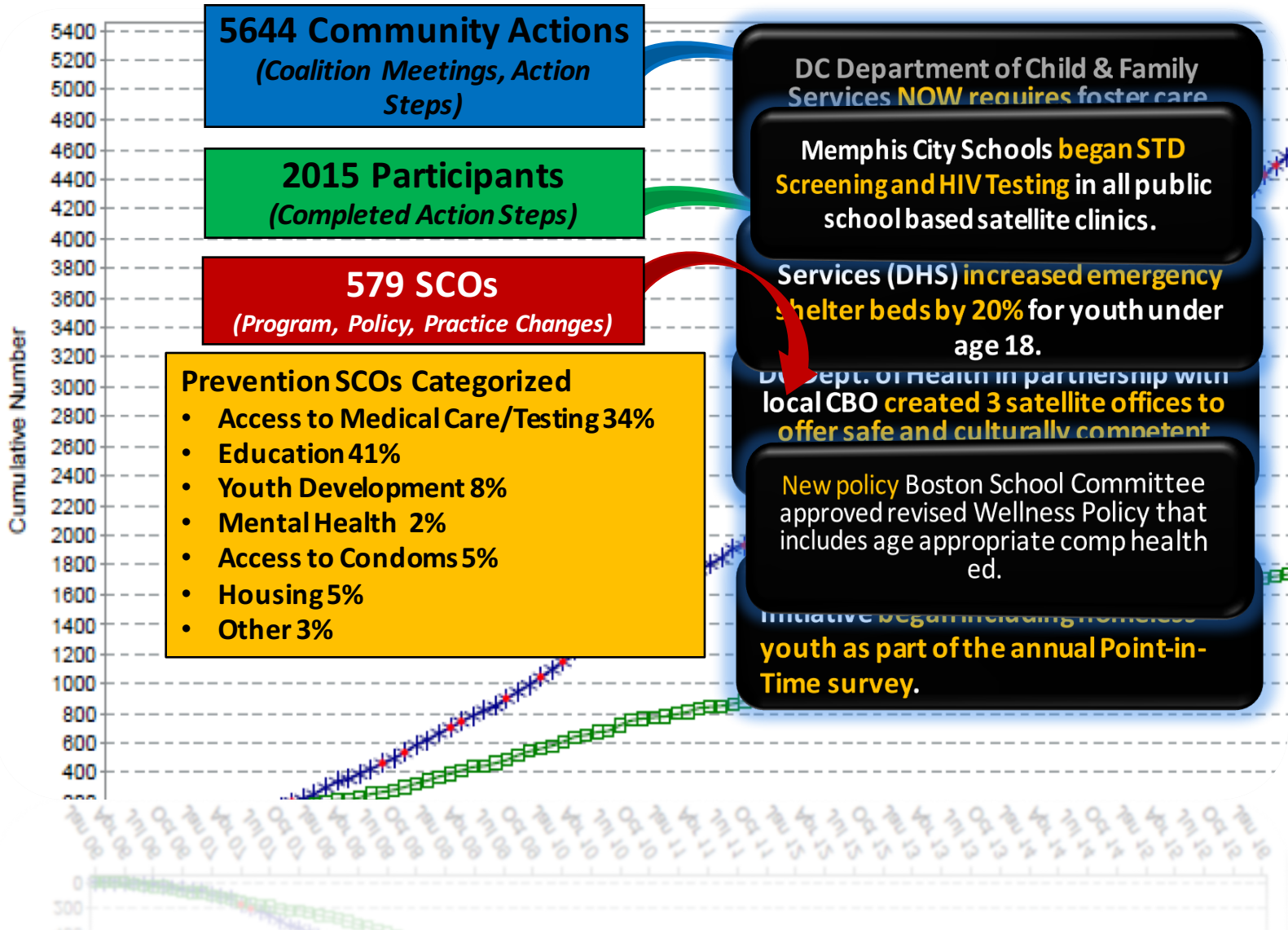
Coalition-based Community Mobilization Logic Model



Seamless Care Critical Node	Structural Change Level	Material Resources	Technology	Informal Social Influence	Formal Social Control	Social Connectedness	Settings
HIV Test Completion (TC)	Micro	Costs of testing	PrEP	Partner support	Partner Notification	Social support for testing	Hours of operation
	Meso	Costs of testing program	Opt-out testing strategies	Social Marketing	Mandated testing	Community testing coalitions	Health fairs
	Macro	HIV testing financing	Home testing systems				Standards for testing facilities
HIV Test Results Receipt (TRR)	Micro	Short TC/TRR interval	Alternative results delivery	Friend/family involvement		Disclosure to others	
	Meso	Co-location of TRR/LTC	Information technology		Mandated reporting		Integration of LTC/testing
	Macro		Information systems		Standards for HIV testing		
Linkage to Care (LTC)	Micro	Housing	Information sharing	Disclosure to others	Crisis management	Patient navigators	Location of services
	Meso	Rapid approval for services	Policy for rapid test confirmation	Stigma	Public Health Authority	Networks of testing/care services	Mental health services
	Macro	Eligibility criteria	Early ART	Stigma	Standards for ART initiation	Housing	
Engagement in Care (EIC)	Micro	Housing security	Adherence support	Disclosure to others		Maintenance of social support	Youth-friendly
	Meso	Transportation	Distance medicine	Disenrollment or loss of benefits	Adherence support	Social support groups	
	Macro	Eligibility criteria					
Retention in Care (RIC)	Micro		Effective treatments			Relationships w/ providers/staff	Interference in activities
	Meso			Disenrollment or Loss of benefits		Schooling Employment	Reproductive health services
	Macro	Eligibility criteria			Anti-discrimination Policies/laws		
Transition from Youth to Adult Care (Y _{to} A)	Micro		Treatment of side-effects				
	Meso		Transfer of information		Adherence support	Transition service	Transition -skilled providers
	Macro	Continuity of benefits		Disclosure to others	Confidentiality	Partner health care benefits	Standards for transition care

Community mobilization is a process

Not an event



"If **Connect to Protect** didn't exist, the young ladies wouldn't have a voice at all."

"I am impressed with the project because it is focusing on systemic changes which have a far greater chance

"I think that **C2P** has really done a nice job of pulling together people from all over to be focused on the needs of adolescents."

"I am very grateful for this coalition. I think as a collective it has changed so many lives for the better"

"I think it's [**C2P**] just a community that is very willing to collaborate...people are coming together where common issues intersect and are willing to work with other groups that are concerned with similar issues."

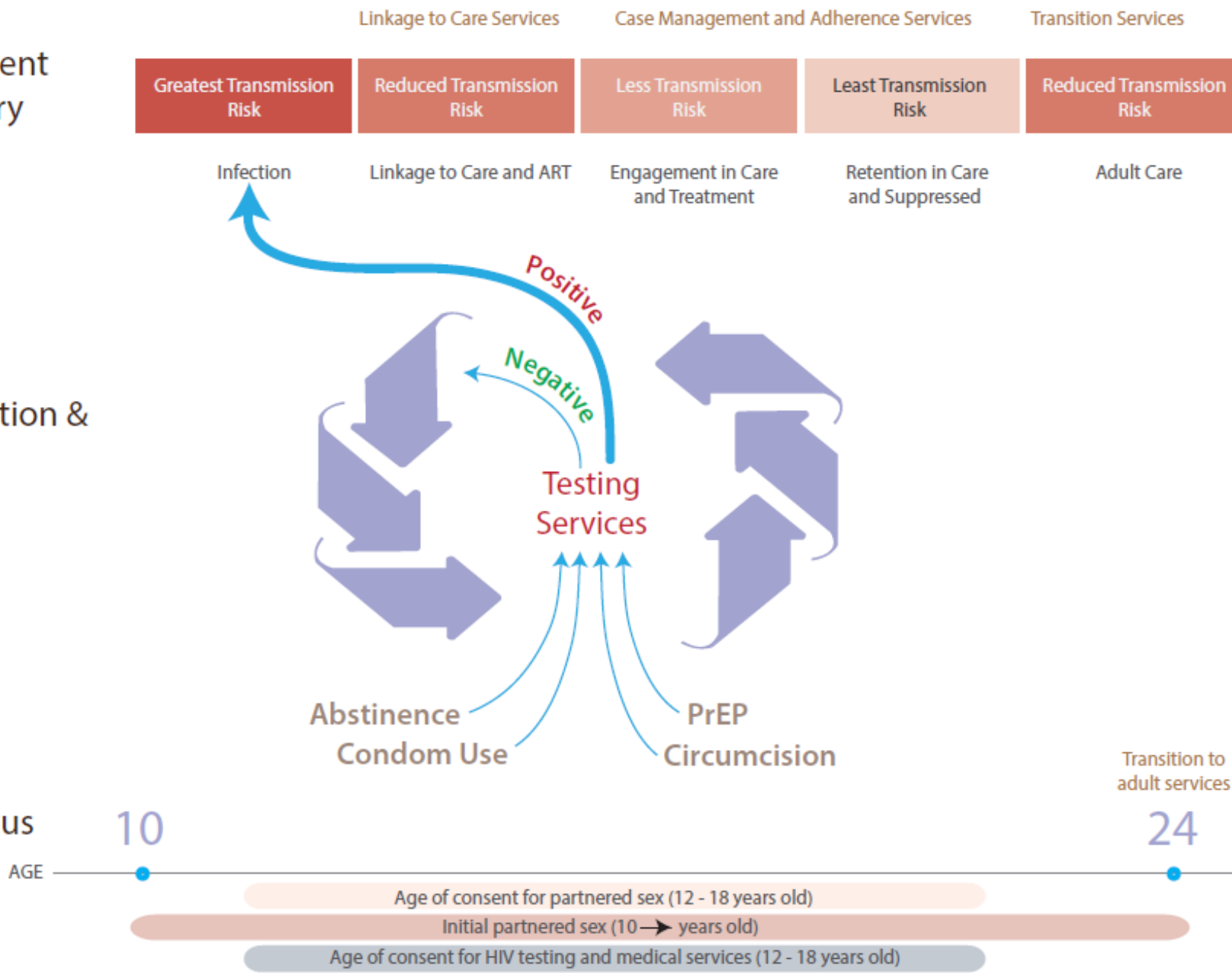
C2P Across the U.S. Responses from Key Informants



HIV Treatment & Secondary Prevention

HIV Prevention & Testing

Legal & Sexual Status



SMILE in CARING for YOUTH Program

Youth and HIV



Improve identification of recently HIV-infected adolescents and young adults in the U.S.

Facilitate a practical and meaningful linkage to care at local ATN sites for HIV-infected youth

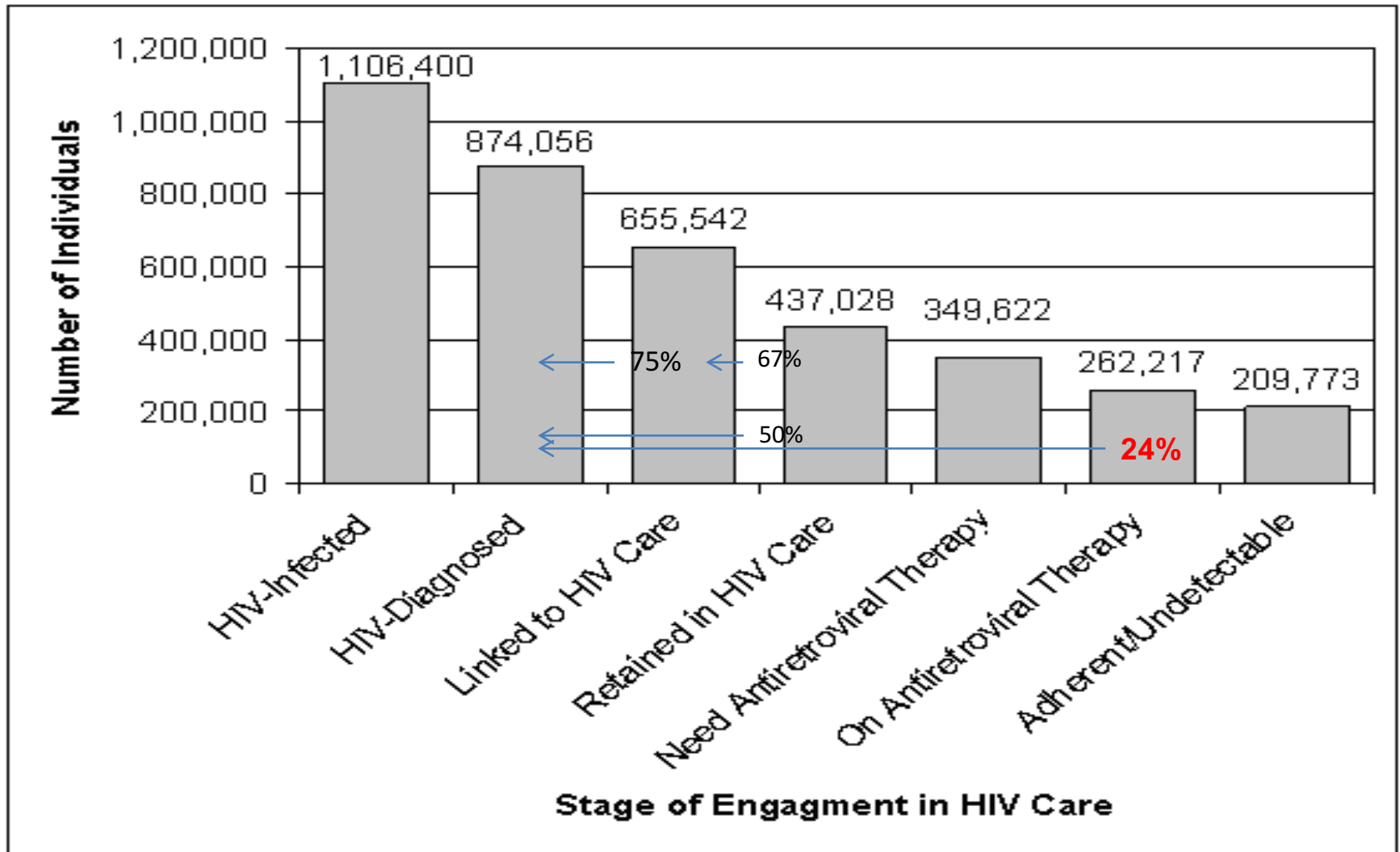
Ensure engagement and maintenance of care for HIV-infected youth at local ATN sites



PROGRAM

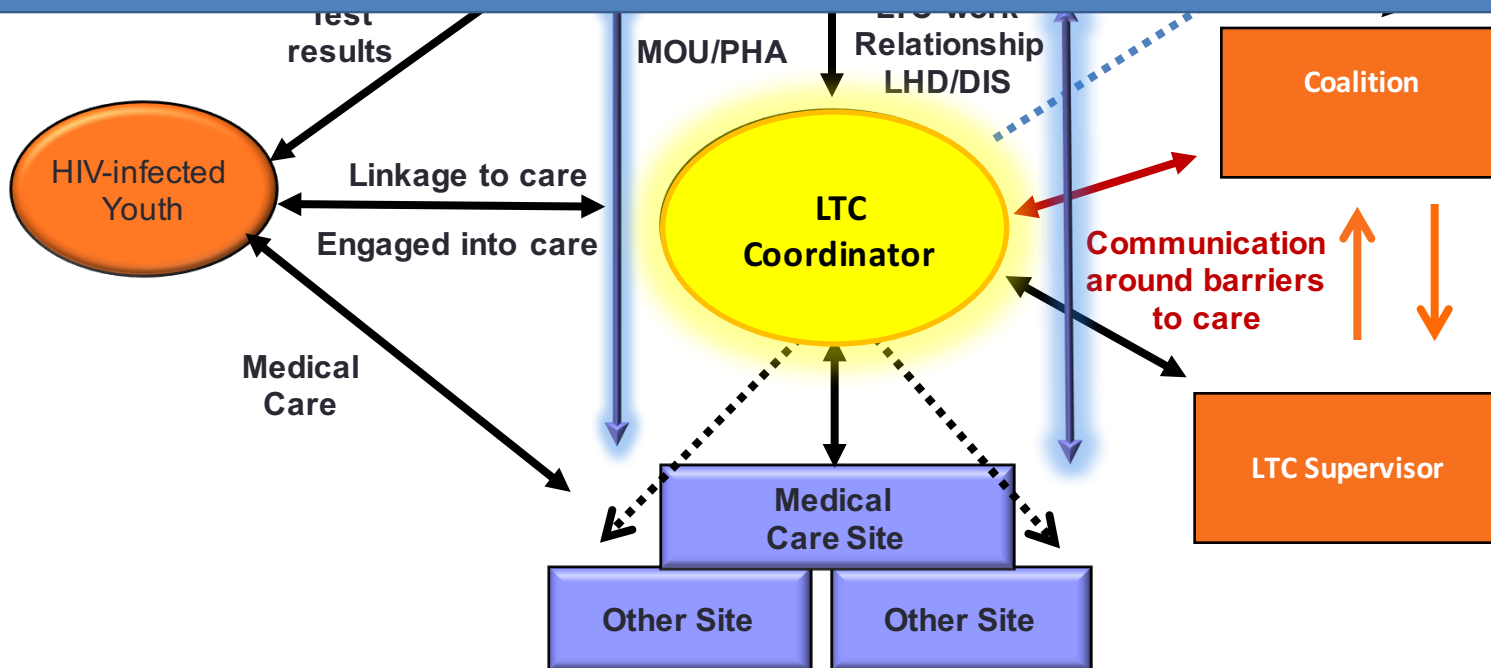


Dilution points in HIV treatment as prevention



Linkage to Care Coordinator is key to program activities

- Promotes collaboration among providers
 - Follows youth for up to 365 days after 3rd engaged in care visit
- Case management services; acts as liaison until services established
- Chairs/co-chairs C2P LTC subcommittee bringing barriers identified in work with HIV+ youth, to coalition for SCO development



SMILE LTC – Forged New Pathways

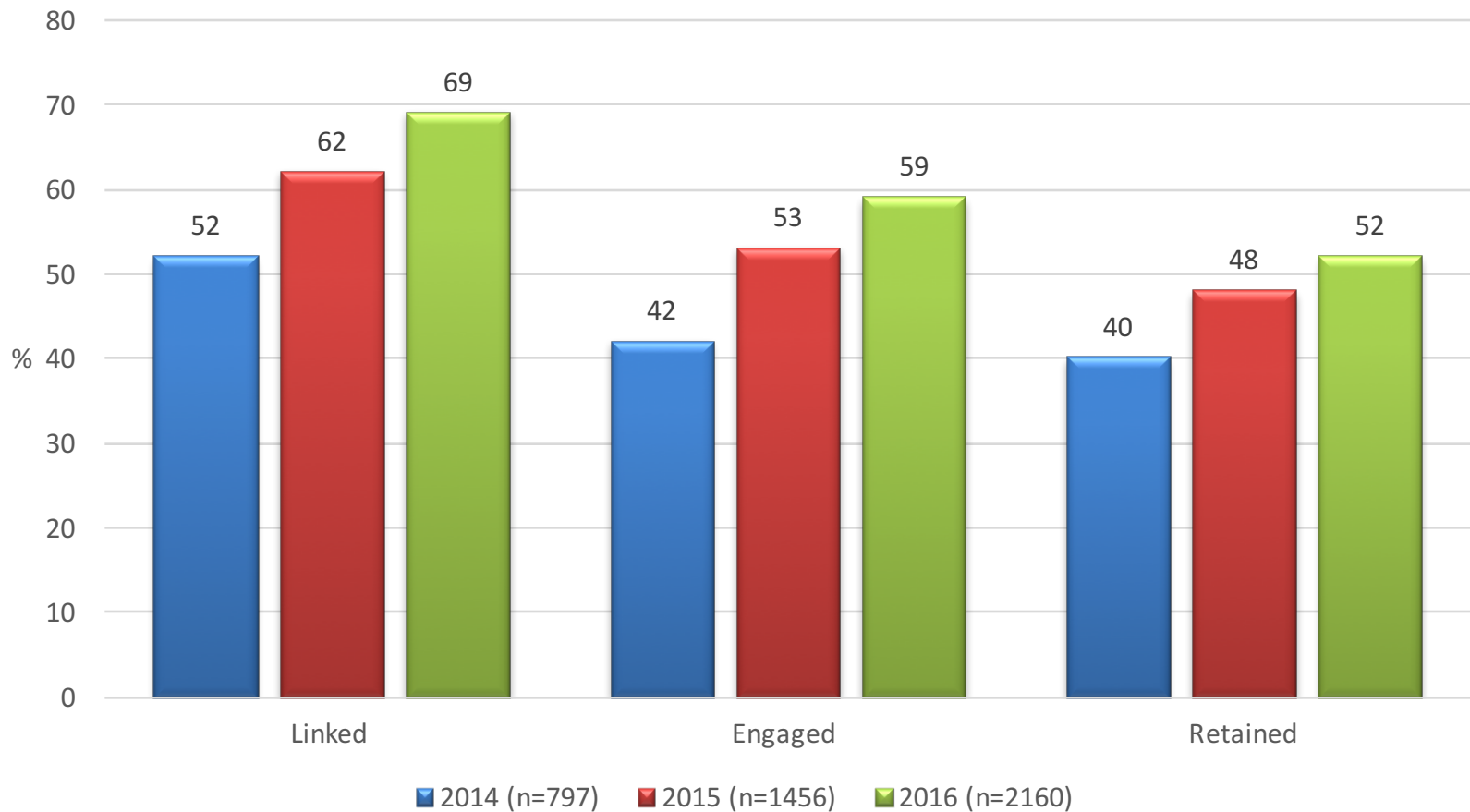
- **Unprecedented relationships formed** with health depts. that ‘forced’ communities to prioritize HIV+ youth within the systems of care
- **Experience/skill of LTC Coordinator is important for LTC and EIC**
- **Structural barriers impeded successful LTC/EIC**
 - Complex eligibility criteria
 - Local resistance to integrated LTC/EIC services
 - Limited data sharing



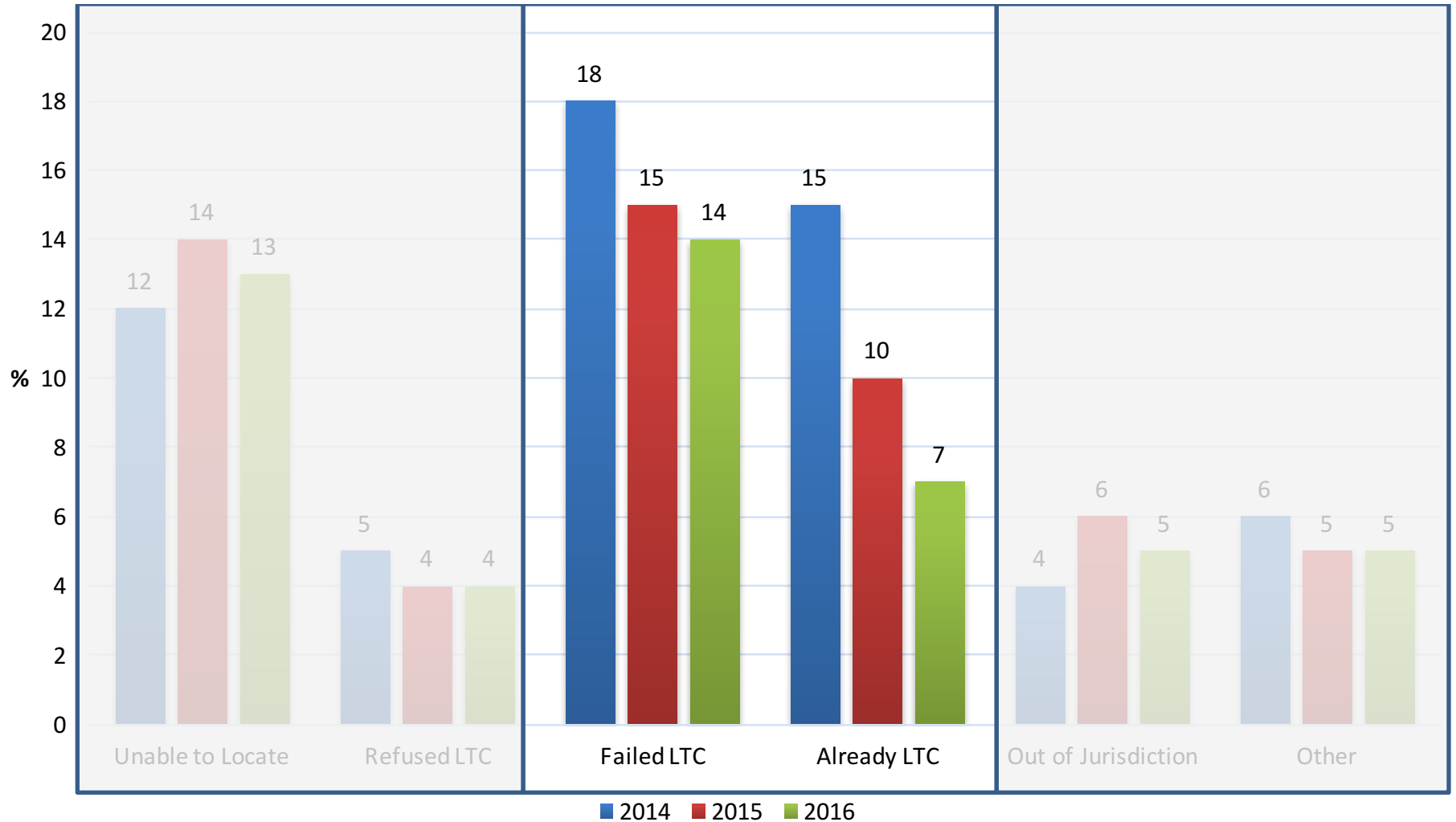
SMILE/PEACOC Program

	Program Totals	Range across 13 ATN Sites	Range across 4 RWD Sites
Number of Cases Reported	2347	106-321	10-49
Percent Eligible for Linkage to Care (LTC)	91	76-99	70-100
Percent of Cases Linked to Care	77	57-90	71-100
Of LTC, percent Engaged in Care (EIC)	87	79-96	61-96
Of EIC, percent Retained in Care	89	84-95	66-100

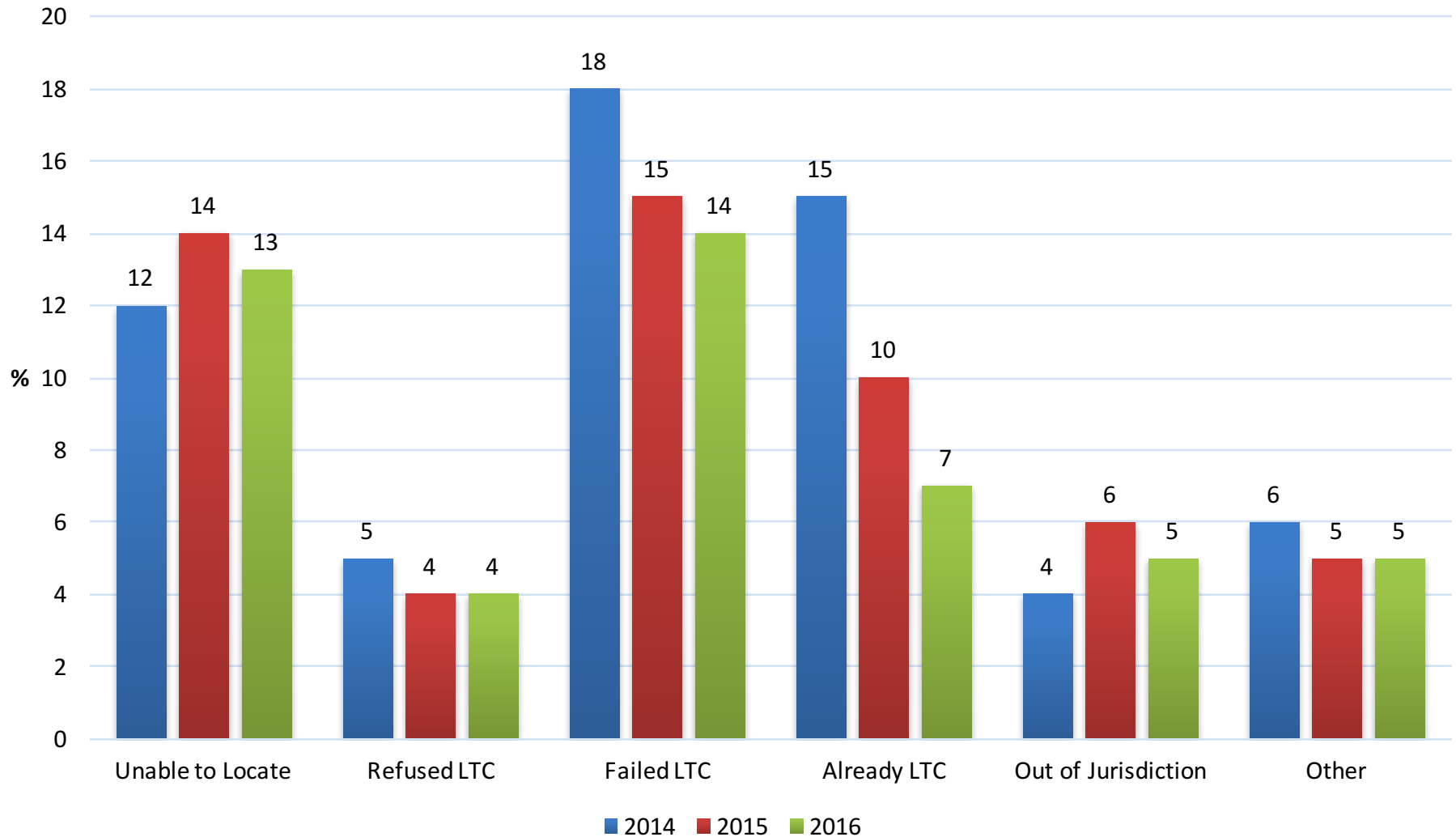
Continuum of Care: Linkage, Engagement, Retention Closed Cases Cohort, 2014 – 2016



Reasons for Failures in Linkage to Care – Closed Cases

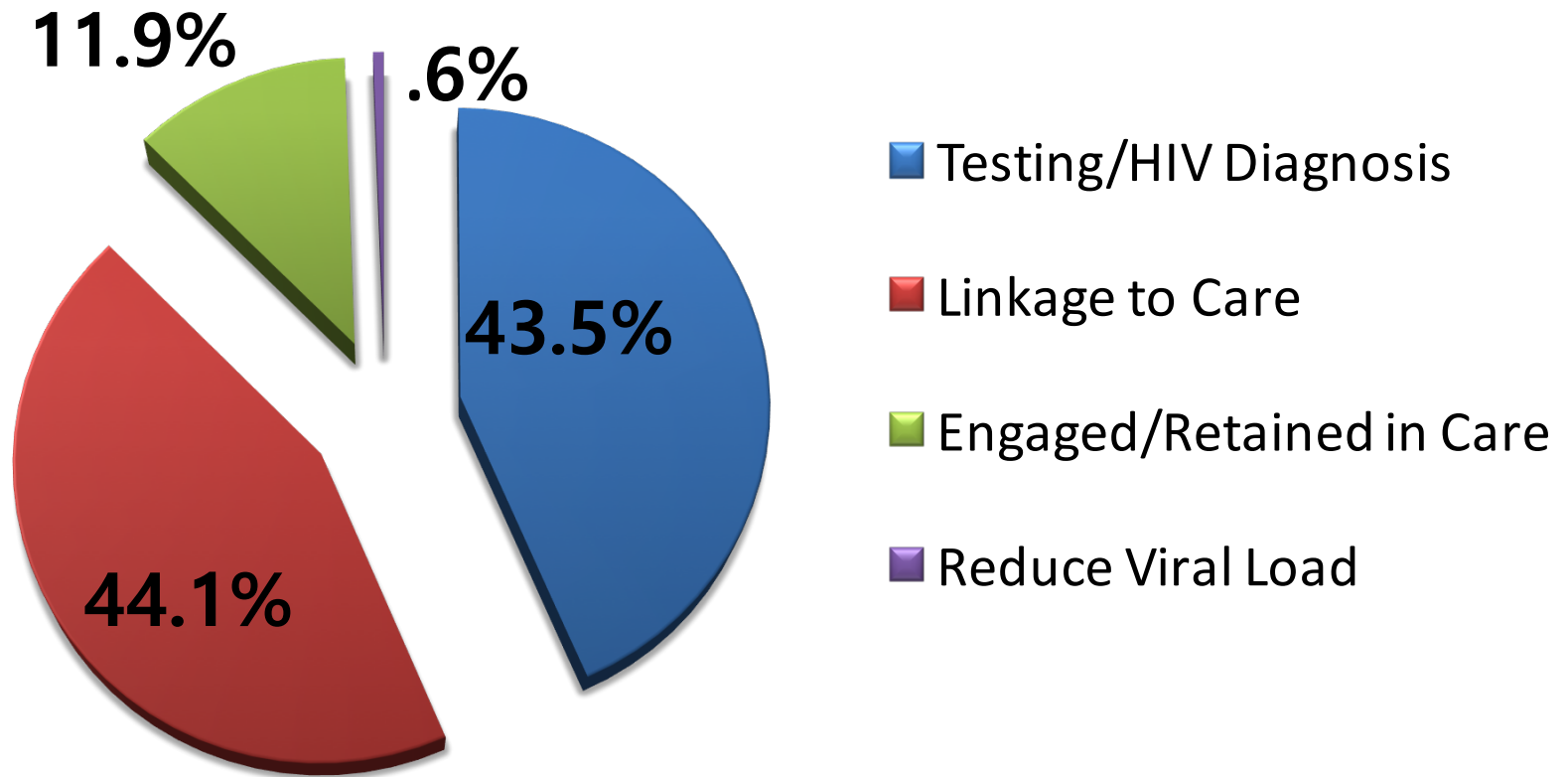


Reasons for Failures in Linkage to Care – Closed Cases



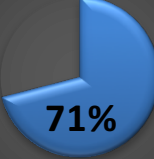
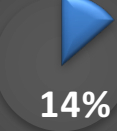


Addressing YOUTH Barriers along the HIV Care Continuum through Community Coalitions

345 SCOs initiated & 224 completed



Different system targets at key nodes of the Continuum of Care

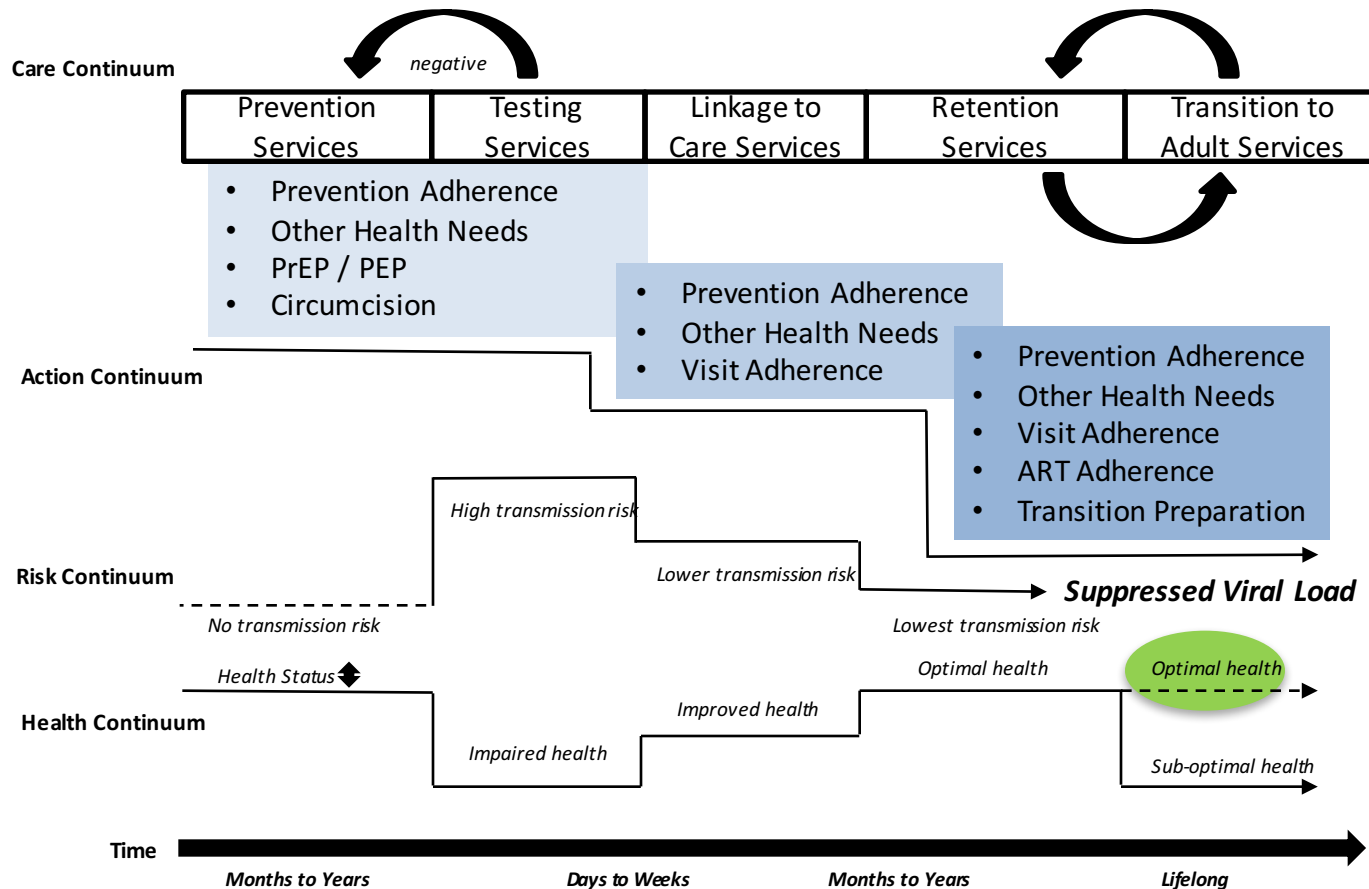
SYSTEM TARGETS at each Interval Along the HIV Continuum of Care		Coalitions Involved
Testing	<ul style="list-style-type: none"> • Schools • Foster Care • Juvenile Justice • Hospitals/clinics • Blood Banks • Faith-based 	 <p>100%</p>
Linkage to Care	<ul style="list-style-type: none"> • State/Local Health Department • Foster Care • Juvenile Justice • Hospitals/clinics (Public & Private) • Schools 	 <p>100%</p>
Engaged/ Retained in Care	<ul style="list-style-type: none"> • Food Banks • Department of Transportation • State Government • State/Local Health Department • Hospitals/clinics (Public & Private) 	 <p>71%</p>
Reduce Viral Load	<ul style="list-style-type: none"> • Department of Probation • Hospitals/Clinics serving adolescents and young adults infected/affected by HIV 	 <p>14%</p>

Local Solutions to Common Barriers to Care: *Coalition Addresses Transportation Barriers for Youth with HIV Diagnosis*

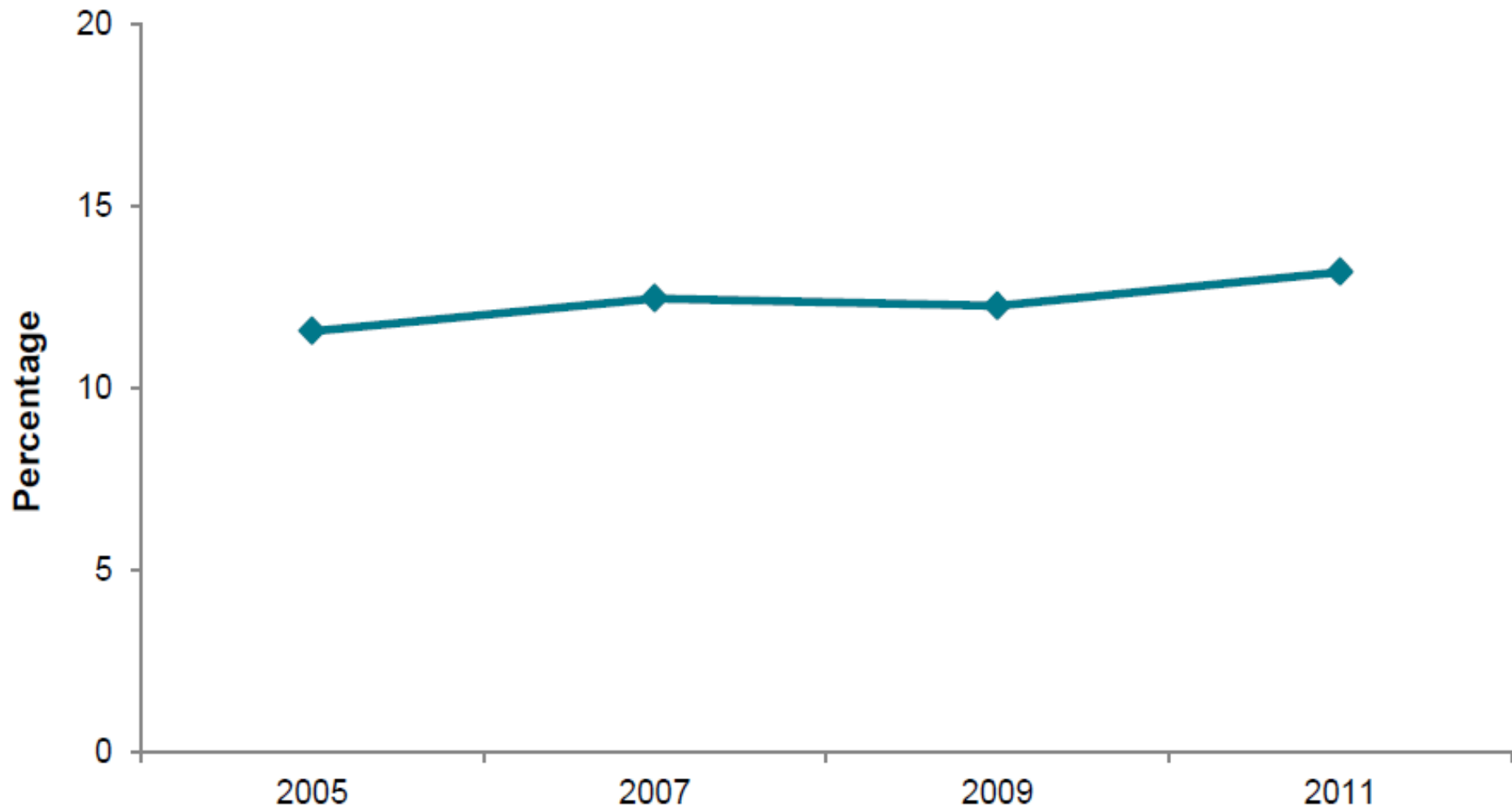
- **Problem**: Newly diagnosed HIV infected youth report transportation as barrier to attending HIV medical appointments.
- **Barrier**: The 4-6 week application processing time for a Massachusetts Bay Transportation Access Pass was a turn-off especially for youth.
- **SCO**: In December 2012 the **Massachusetts Bay Transportation Authority** (MBTA) began a new practice of providing an MBTA Access Pass to HIV+ youth identified through the SMILE program on the same day.
- **SCO**: By September 1, 2013 **Hubway, Boston's bike sharing program** also began a new practice of providing annual passes to HIV+ youth, through the SMILE program.



A Care Continuum Perspective on HIV Prevention Services



Lifetime HIV testing, US adolescents ages 13-17 years 2005 - 2011



Developing infrastructure for comprehensive prevention services

Primary purpose:

- (1) increase testing among YMSM at risk;
- (2) increase access and linkage to prevention services with continued linkage to care efforts; and
- (3) shape the environment/infrastructure needed to effectively pair HIV testing and linkage to prevention services (LPS) for youth (13-24 years old)

Launched in 14 cities across the country

Local Projects Testing – Strategies Summarized

- *Specific Targeting*
 - Outreach, Special Event, Venue-based testing
 - Barber shops, Beauty salons, Rec & Community Centers, Alternative High School, Pageants, Balls, Emergency Departments
- *Routine Testing*
 - School Based Health Centers, Private Providers, Emergency Departments
- *Combined*
 - Testing Navigator & Prevention Coordinator (Tea Parties, Pop-up Store Fronts)
 - Linkage-to-Prevention (LTP) Coordinator

Key Outcomes Associated with Youth-Focused Screening Strategies

	Specific Targeting	Routine Screening	Combined
HIV +	0.06	0	0.01
YMSM	0.53	0.01	0.56
Youth of Color	0.98	0.94	0.70
Linked to Prevention Services	0.94	0.41	0.85

A Comprehensive HIV Continuum of Care for Youth

