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Objectives

- Describe service category and background information
- Describe current program (The Positive Life Workshop)
- Describe the development of current program
- Discuss issues relating to proposed program expansion
- Identify next steps in proposed program expansion
Health Education/Risk Reduction (HE/RR) services educate clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission

- Provision of information about available medical and psychosocial support services
- Education on HIV transmission and how to reduce the risk of transmission
- Counseling of how to improve their health status and reduce the risk of HIV transmission to others
# Health Education/Risk Reduction

<table>
<thead>
<tr>
<th>Service Category</th>
<th>FY2013 Allocation</th>
<th>Percent of Grant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Education/Risk Reduction</td>
<td>$480,800.00</td>
<td>0.4%</td>
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<table>
<thead>
<tr>
<th>PSRA Committee Ranking for Service Category</th>
<th></th>
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<tbody>
<tr>
<td>FY2013 Planning Council Rank</td>
<td>13</td>
</tr>
<tr>
<td>FY2013 HRSA Application Rank</td>
<td>12</td>
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Health Education/Risk Reduction

Number and proportion of persons diagnosed with HIV in New York City engaged in selected stages of the continuum of care at the end of 2010

Engagement in HIV care

- Estimated HIV-infected: 128,763 (100%)
- HIV-diagnosed: 110,736 (86% of infected)
- Ever linked to HIV care: 95,340 (74% of infected)
- Retained in HIV care: 71,168 (86% of diagnosed)
- Retained in HIV care in 2010: 64,094 (55% of infected)
- Presumed ever started on ART: 52,015 (50% of infected)
- Suppressed viral load (≤400 copies/mL): 40% of infected
- 81% of started on ART
Health Education/Risk Reduction

Payer of Last Resort
• HE/RR is not a Medicaid billable service
• Part B does not fund HE/RR
• Limited other providers in community

Prioritization/Community Identified Need
• While low on the PC priority list, assists in accessing other services
• HIV-positive peer leaders provided guidance to NYC DOHMH regarding the high need for HE/RR programming
• Focus groups of PLWHA identified the need for a program to facilitate support
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- Describe current programming (Positive Life Workshop)
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The Positive Life Workshop (TPLW)

The Positive Life Workshop engages Persons Living With HIV/AIDS (PLWHA) to increase HIV self-management.

- Increase engagement in healthcare
- Improve treatment adherence
- Reduce risk behavior

Address life issues (cofactors)

Biological
Psychological
Social

Improve overall health
TPLW: Program Development

Literature Review

• Health Promotion
• HIV Self-Management
• Biopsychosocial cofactors

Focus Groups and Provider Interviews

• Social Support: address stigma, increase trusted support and foster HIV+ connections
• Beliefs and Life Goals: reduce fatalism and establish long term goals
• Disclosure: family members, partners, employers
• Mental Health: depression, grief, isolation, stress
• Substance Use: role in HIV infection, dual and triple diagnosis
• Risk: condom negotiation, sexuality and social identity
• Peer leadership: increased client motivation, better retention, and increased sense of safety and trusted support for participants
TPLW & NHAS Priorities

Increasing Access to Care and Improving Health Outcomes for PLWHA

- Workshop addresses engagement in care by educating participants about:
  - Patient-provider relationships
  - Treatment adherence
  - Self-management
  - Use of a health journal for health action planning

Reducing HIV-related disparities (support reduction in VL)

- Development of Spanish version better addresses disparities and supports reduction in viral load
- Peer model engages participants in health education

Reducing New HIV Infections: Prevention with Positives

- Workshop emphasizes
  - Avoidance of health risk behaviors
  - ARV adherence
  - HIV disclosure
- Peer model engages participants in prevention messages
HIV+ peer leaders

- Present health education modules
- Facilitate small discussion and support groups
- Encourage goal-setting
- Model health action planning
- Conduct intakes
- Represent program during community outreach

Client-Centered Approach

- Empowering and positive messages
- Utilizes skills-building exercises with focus on self-awareness
- Builds social support
- Encourages health goal setting
Positive Life Workshop targets PLH, age 18 and over, who lack experience or have low self-efficacy with managing HIV.

PLWHA who **most benefit** from the intervention are those who are:

- Struggling with engagement in care & treatment adherence
- Newly-diagnosed
- Out of care (and/or returning to care)
- Motivated to engage in self-management
The workshop is a two-part series

**Introduction (4 hours / half day)**
Emphasis is on the three most important actions PLWHA can undertake to self-manage their health

**Intensive (16 hours / 2 days)**
PLWHA learn how to self-manage their health by addressing key topics in four areas
TPLW: Curriculum

Issues Covered in Workshop: “Cofactors”

**Biological**
- Body care
- Drug & alcohol use
- Sexual Health
- Adherence to HIV treatment
- Engaging in healthcare

**Psychological**
- Beliefs about HIV
- Stress
- Grief & depression

**Social**
- Trusted support
- HIV disclosure
- Self-assertiveness
- Patient-provider relationship

Engaging in healthcare

Sexual Health

Drug & alcohol use

Beliefs about HIV

Stress

Grief & depression

Trusted support

HIV disclosure

Self-assertiveness

Patient-provider relationship
## TPLW: Participants

<table>
<thead>
<tr>
<th>Participants Who Have… (thru November 30, 2012)</th>
<th>Unique Participants</th>
<th>Retention Rate</th>
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<tbody>
<tr>
<td>Completed Intake</td>
<td>609</td>
<td>n/a</td>
</tr>
<tr>
<td>Completed Four Hour Introduction</td>
<td>270</td>
<td>44%</td>
</tr>
<tr>
<td>Completed Two Day Intensive</td>
<td>117</td>
<td>43%*</td>
</tr>
</tbody>
</table>

*from Four Hour Introduction
Participant Demographics

Gender

- Male: 64%
- Female: 35%
- Transgender M-F: 1%

Race/Ethnicity

- Black: 66%
- Hispanic: 22%
- White: 1%
- Asian: 6%
- Other: 5%

Population Targets

- Other PLWHA: 91%
- Newly Diagnosed: 9%

Transmission Risk

- MSM: 45%
- IDU: 10%
- Heterosexual: 30%
- Other: 5%
TPLW: Evaluation Methodology

• Design: one group pre-test/post-test/3-month follow-up
  ▪ Introduction workshop
  ▪ Intensive workshop
  ▪ 3-month follow-up (behavior change only)
• Self-report survey administered beginning March 1, 2012
• Paired t-tests were used to compare mean differences for program outcomes between pre-test and post-test
• **Knowledge of HIV-related behaviors:** 4-item (intro.); 5-item (intensive) measure that assessed knowledge of treatment adherence, substance abuse, and risky sexual behaviors (agree, disagree, don’t know)

• **Attitudes towards HIV:** 11-item (intro.); 12-item (intensive) measure that assesses attitudes towards mental health, HIV disclosure, substance use, health action planning, and beliefs about HIV on a 4-point Likert scale

• **Behaviors:** 7-item measure that assesses disclosure, needle-sharing, condom use, substance use, and sexual behavior, and adherence on a 4-point Likert scale
Knowledge of HIV-related behaviors:
• Using paired t-tests, changes in knowledge were significant
• Changes in knowledge appear greatest for low-performers (those who came in with the lowest scores) but the sample size for that group was too small to detect significance
• Increased knowledge was particularly noted for those attending the two-day intensive but sample size was too small to detect significance

Attitudes towards HIV
• Analysis found significant favorable change in attitudes for Introductory and Intensive workshops between pre- and post surveys
• Topics that showed the most change: Mental Health, HIV Disclosure, Substance Use, Health Action Planning, Beliefs about HIV (Optimism)

Behaviors
• Self-reported behavior change as measured by analysis between pre-survey and three month follow up survey showed no significant positive or negative change. Participants for this analysis cohort reported initial high-level of health promoting/risk adverse behavior
TPLW: Next Steps

• Increase registration and retention of PLWHA who would most benefit from the program (outreach targets)

• Pilot of Recruitment and Retention Strategies
  ▪ Focused partnerships at CBO level
  ▪ Community partnerships at neighborhood (intra-borough) level
  ▪ Enhanced referrals of newly-diagnosed and out-of-care PLH
  ▪ Peer outreach and social network strategies

• Marketing and outreach to providers and PLWH

• Translating materials into Spanish; engagement of Spanish-speaking HIV community

• Further refinement of evaluation tools
Objectives

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Proposed Program Expansion

- **Curriculum**
  - Curriculum manual development
  - Develop Train-the-Trainer modules
  - Translating to Spanish

- **Identify Community Partners**
  - RFP to find Community Providers
  - Develop payment methods
  - Develop scope of work

- **Train & Evaluate**
  - Train Community Providers
  - On-going support and evaluation

- **Standardize TPLW Curriculum**
Things to Keep in Mind

• The Ryan White program has invested in a best practices curriculum based on literature reviews, focus groups, target population input, and experience.

• Would require additional allocation to HE/RR by the PC. DOHMH estimates that DOHMH costs will be highest in the first year due to intensive training and roll-out schedule, but should level out in the following years of contracts with more money going out into the community.

• Health Education/Risk Reduction is a non-Medicaid billable service that can enhance uptake and engagement in other services.
For Discussion

• What are the pros/cons of the proposed scale-up?

• What issues should the Planning Council keep in mind when creating the service directive?

• How can we ensure that providers reach a large number of the target population?


