Project ACCEPT: Acceptability of a behavioral intervention to promote engagement in care for youth newly diagnosed with HIV

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Adolescent Medicine Trials Network for HIV/AIDS Interventions (ATN)
Background

- Adolescents and young adults newly diagnosed with HIV are among the least likely to be engaged in medical care\(^1\)

![Cascade of Care in HIV-Infected Youth in the United States](image)

- Behavioral interventions should promote improved engagement as well as medication adherence

Background

• Youth who test positive for HIV are often confronted with a range of difficulties.
  • Developmental issues part of normal adolescent development.
  • Psychological distress → increased participation in sexual and substance use risk behaviors as well as decreased adherence to antiretroviral therapy (ART)
  • Other barriers: lack of knowledge, lack of social support, and internalized stigma.

• These difficulties, in turn, create barriers for adequately engaging in care.
Aims of Intervention

- To improve engagement in care, decrease psychosocial barriers to care, and decrease sexual risk for youth newly diagnosed with HIV
- To address the range of issues that impact engagement in care for YLWH, including:
  - stigma, disclosure, healthy relationships, substance use, and future life planning
Project ACCEPT

- Adolescents
- Coping
- Connecting
- Empowering
- Protecting
- Together
ACCEPT Description

• Gender-specific sessions delivered by co-facilitators: one mental health provider, one HIV+ peer

• Individual Sessions:
  – Session I and II take place prior to the group discussions.
  – Session III will occur post group discussion

• Group Sessions:
  – Session 1: Ground Rules, Group Cohesion & HIV Overview
  – Session 2: Disclosure & Stigma
  – Session 3: Preparing for Medical Intervention
  – Session 4: Healthy Living and Substance Use
  – Session 5: HIV-Positive Sexuality and Reproduction (gender-specific)
  – Session 6: Goal Setting & Self-Esteem

• All sessions last approximately two hours.
Inclusion Criteria

- Received diagnosis of HIV-infection within 12 months as documented by medical record review or verbal verification with referring professional
- Between the ages of 16-24 (inclusive)
- Willing to participate in both the individual and group sessions
- Received services at one of the 5 selected ATN sites or their community partners
- Gave informed consent for participation
Methods

• Longitudinal experimental design
• Randomized 103 participants ages 16-24 into 9 weeks of ACCEPT vs. a health control condition
• Participants recruited from 4 ATN sites – Chicago, Detroit, Memphis and Miami
• Gender-matched facilitators were provided standardized training and feedback
Measures

• Session Evaluation Forms
  • Likert scale 1 “strongly disagree” to 4 “strongly agree”
  • Qualitative data from open-ended questions

• Baseline measures collected through ACASI (and at 3, 6 & 12-month follow-up)
  • Demographic data
  • HIV-related information
  • Health-care utilization
<table>
<thead>
<tr>
<th>DEMOGRAPHIC DATA</th>
<th>Overall (N=103)</th>
<th>ACCEPT (N=57)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (Mean, SD)</td>
<td>20.17 (1.99)</td>
<td>20.18 (2.21)</td>
</tr>
<tr>
<td>Male N (%)</td>
<td>83 (80.6%)</td>
<td>45 (78.9%)</td>
</tr>
<tr>
<td>Female N (%)</td>
<td>20 (19.4%)</td>
<td>12 (21.1%)</td>
</tr>
<tr>
<td>AA Race</td>
<td>86 (83.5%)</td>
<td>46 (80.7%)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>14 (13.6%)</td>
<td>9 (15.8%)</td>
</tr>
<tr>
<td>Gay-Identified</td>
<td>70 (68%)</td>
<td>36 (63.2%)</td>
</tr>
<tr>
<td>Currently in school</td>
<td>53 (51.5%)</td>
<td>30 (52.6%)</td>
</tr>
<tr>
<td>Public insurance (Medicaid/SSI)</td>
<td>73 (71%)</td>
<td>42 (74%)</td>
</tr>
<tr>
<td>Had one or 2 pregnancies (females)</td>
<td>14 (70%)</td>
<td>9 (75%)</td>
</tr>
</tbody>
</table>
## HIV & Health Care Utilization Data

<table>
<thead>
<tr>
<th></th>
<th>Overall (N=103)</th>
<th>ACCEPT (N=57)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV-1 RNA log10 Vl</td>
<td>3.01 (1.43)</td>
<td>3.19 (1.36)</td>
</tr>
<tr>
<td>Tested HIV positive (Mean Days, SD)</td>
<td>235 (216)</td>
<td>191 (132)</td>
</tr>
<tr>
<td>Received an AIDS diagnosis</td>
<td>11 (10.7%)</td>
<td>2 (3.5%)</td>
</tr>
<tr>
<td>Sought HIV treatment (Mean Days, SD)</td>
<td>215 (217)</td>
<td>171 (142)</td>
</tr>
<tr>
<td>Taking HIV meds</td>
<td>74 (71.8%)</td>
<td>36 (63.2%)</td>
</tr>
<tr>
<td>Ever seen a mental health professional</td>
<td>57.8%</td>
<td>58.9%</td>
</tr>
<tr>
<td>Had healthcare appointment</td>
<td>93.1%</td>
<td>91.1%</td>
</tr>
</tbody>
</table>
Feasibility

• Total enrollment
  – 45 males enrolled
  – 12 females enrolled
  • Premature discontinuation from the study (2/57)

• ACCEPT Attendance (N=57)

<table>
<thead>
<tr>
<th>IS1</th>
<th>IS2</th>
<th>GS1</th>
<th>GS2</th>
<th>GS3</th>
<th>GS4</th>
<th>GS5</th>
<th>GS6</th>
<th>IS3</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>95%</td>
<td>91%</td>
<td>74%</td>
<td>63%</td>
<td>68%</td>
<td>67%</td>
<td>61%</td>
<td>74%</td>
</tr>
</tbody>
</table>
Reasons for Non-Attendance over Course of Intervention

- Unable to locate or contact (45%)
- Conflicts with work or school schedule (27%)
- Rescheduled due to external conditions (i.e. weather, illness) (7%)
- Other: No-shows (6%)
## Acceptability

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learned a lot from this session</td>
<td>3.79</td>
<td>3.62</td>
<td>p=.005</td>
</tr>
<tr>
<td>Topics were relevant to my life</td>
<td>3.79</td>
<td>3.51</td>
<td>p=.000</td>
</tr>
<tr>
<td>Felt comfortable participating in the session</td>
<td>3.79</td>
<td>3.65</td>
<td>p=.014</td>
</tr>
<tr>
<td>Apply what I learned to my life</td>
<td>3.81</td>
<td>3.72</td>
<td>p=.044</td>
</tr>
<tr>
<td>Topic of session was interesting</td>
<td>3.81</td>
<td>3.74</td>
<td>p=.246</td>
</tr>
<tr>
<td>Interventionist/peer stimulated my interest</td>
<td>3.81</td>
<td>3.41</td>
<td>p=.000</td>
</tr>
<tr>
<td>Session was enjoyable</td>
<td>3.81</td>
<td>3.77</td>
<td>p=.246</td>
</tr>
</tbody>
</table>
Acceptability

• What topics did ACCEPT youth find most helpful…

  – Serostatus disclosure
    “The fact that it taught me how to open up to others about my status.”

  – HIV/AIDS education
    “Talking about how does HIV work why because since I have HIV I feel good talking about it.”

  – Medical provider Q&A opportunities
    “I found asking my doctor questions that I normally don't have the time and space to ask was most useful because I got answers to questions I have had.”
Acceptability

• What did ACCEPT youth find least helpful…
  – Structured intervention
    “All the reading.”
    “I would not change about this session except the timing again like each session is more than 2 hours long.”

  – Group dynamics
    “More people, that's about it.”
    “Some people!!”
    “Getting others to be open minded!!”
Acceptability

• Social Support

“Hearing about someone else's story and knowing am not going thorough this alone.”

“The interaction throughout the session was helping and inspiring. I feel useful to the community and to many how are going through what I personally experienced.”
Next Steps

• Evaluate outcomes of ACCEPT compared to HEALTH control condition:
  – Engagement in care, as measured by HIV medical appointments and engagement with medical providers
  – Knowledge, psychological distress, stigma, and social support
  – Episodes of unprotected sex and new diagnoses of STIs
  – CD4 and viral load
Conclusions

• Findings indicate moderate feasibility to carry out a 9-week intervention; approximately 56% of youth completed >80% of ACCEPT intervention sessions.
  – Dose-response analysis to determine minimum dosage needed to achieve positive outcome

• Findings indicate that ACCEPT has high levels of acceptability and utility among participants.
  – Specifically for HIV disclosure, HIV education/prevention, provider communication and social support

• Necessary to explore methods to overcome barriers to attending clinic-based interventions.
Project ACCEPT Team
Acknowledgements

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