

# Understanding Adherence

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## Putting the Care back in HIV Treatment for Women

May 10, 2016 Ft Lauerdale, FL

**LaTrischa Miles**

Board member

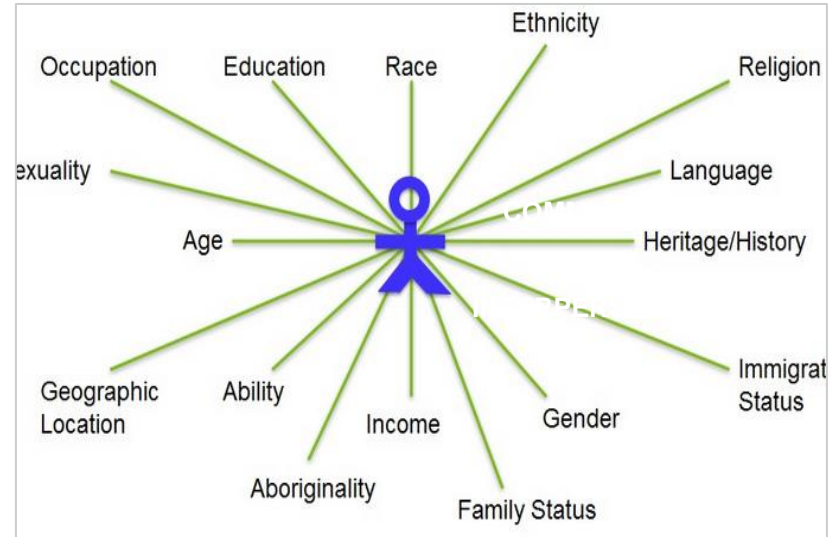
**Positive Women's Network-USA**



# Women & HIV in the US

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- Women are 25% of PLHIV in US
  - Racial disparities (>80% of WLHIV are women of color)
  - Black women with HIV have worse health outcomes
  - Women with HIV tend to be low-income

# Multiple factors influence women's experiences with HIV post-diagnosis



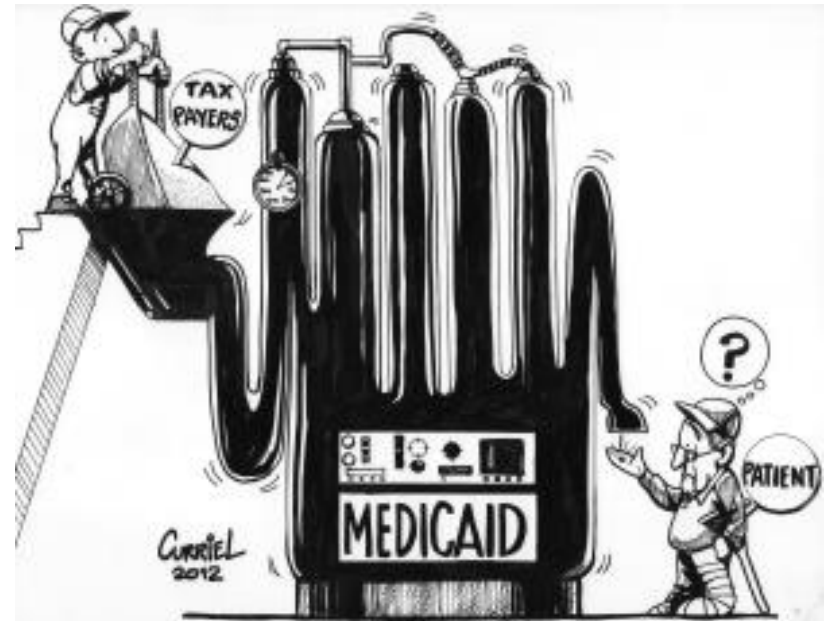
## Women at the Intersections

# HIV diagnosis can push women into poverty

“But I also know that **this woman** actually has control over what ultimately is a life or death decision with the stroke of her pen. **And** clearly she is in a bad mood... What I have is a very expensive medical condition and no way to pay for it... it is that simple. I need help. We as women living with HIV are driven into poverty and held there, and we are drowning.”

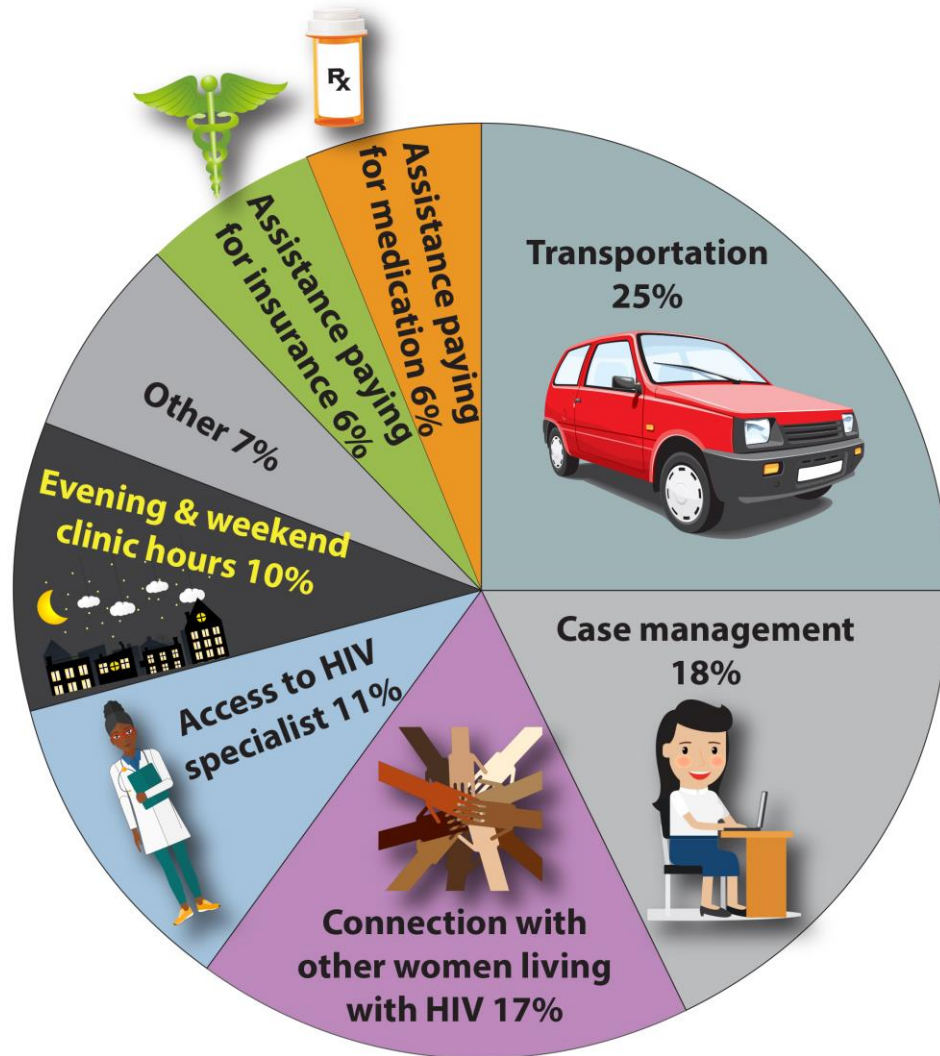
## Under Surveillance by Medicaid

by [ADMIN](#) on APRIL 19, 2012 · [LEAVE A COMMENT](#)



By **Kat Griffith** in Peoria, IL

# Barriers to Care



Q. What ONE thing would improve your ability to stay in care?

## Securing the Future of Women-Centered Care: Findings from a Community-Based Participatory Research Project

Positive Women's Network – USA,  
March 2016

Available at: [www.pwn-usa.org](http://www.pwn-usa.org)



# Improving adherence means improving care: Priorities from WLHIV

- 1. Peer-based programs & support groups**
  - Reduce isolation; provide hope and inspiration
  - Support treatment adherence
  - Promote self-advocacy
- 2. Services that reduce financial and logistical barriers to care** ex: transportation, childcare
- 3. Interventions that promote healing from trauma**
  - Recognize pervasive impact of trauma on PLHIV
  - Implement trauma-informed practices in clinics and community-based organizations
- 4. Meaningful involvement of impacted communities in care delivery**
  - Culturally relevant care is important; Staff hired at all levels including management should reflect constituency served
  - Involve clients in program decision-making
- 5. Stigma Reduction Interventions**

# What is a Peer?

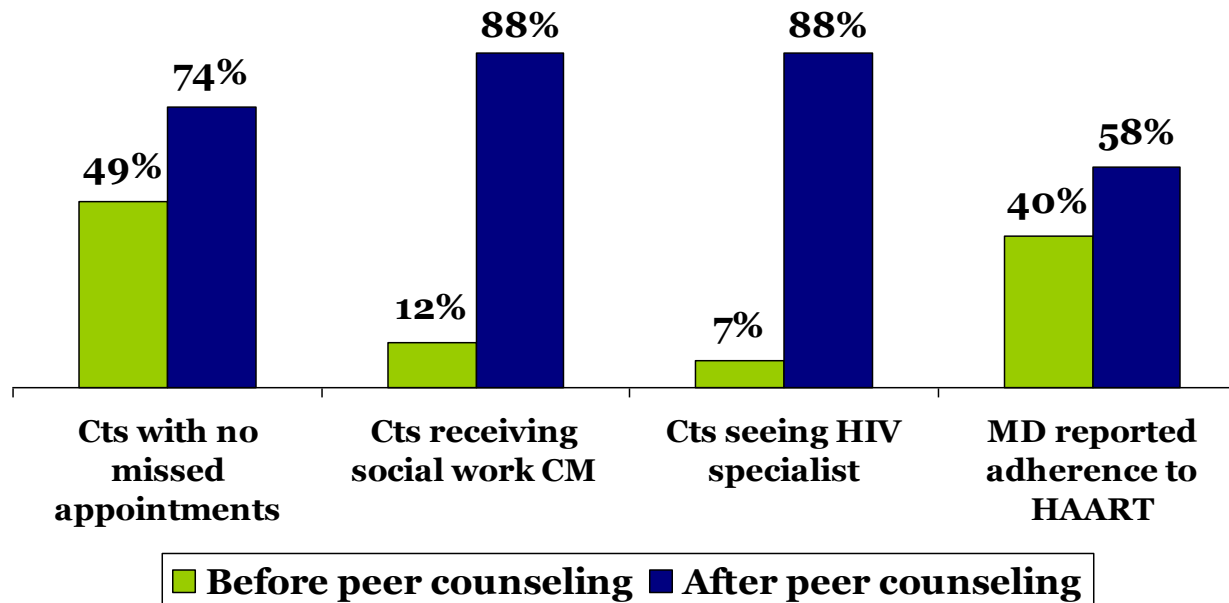
- Persons living with HIV from the community
- Share key characteristics with target population
  - ✓Community membership, gender, race/ethnicity
  - ✓Disease status or risk factors
  - ✓Salient experiences (e.g. former drug use, sex work, incarceration)
- Share characteristics/experiences to act effectively as:
  - ✓Trusted educator
  - ✓Mentor for adopting good health behavior
  - ✓Role model
  - ✓Empathic source of social and emotional support

# What do Peers Do?

- Adherence to medical care (keeping appointments, responding to physician referrals)
- Link clients to medical care and support services, case managers
- Provide on-going social/emotional support
- Facilitate support and educational groups
- Provide culturally/linguistically appropriate education
- Deliver risk reduction messages
- Document activities to demonstrate contributions to service utilization & client outcomes
- Empower clients with self-management of HIV disease
- “Just-in-time” sessions
- Reminder phone calls



# Effect Of Peer Counseling on Adherence



**Conclusion:** Peer counseling had a significant impact on access to HIV specialty care, social work services, adherence to visits and HAART. - Jones J, Ranta V et. al *Int Conf AIDS*. 2004 Jul 11-16; 15: abstract no.

B12512.

# Peers on the Healthcare Team

## Kansas City CARE Clinic

- Largest HIV Prevention and Care provider in Kansas City area
- Full range of HIV primary care  
Over 600 patients
- Case Management  
Standard, Family Centered, Linkage to Care and Youth focused
- Behavioral Health  
Mental Health and Substance Abuse  
Medication management

**Peers are integrated into all these services**

# How it Works: Peers as member of multidisciplinary team

- Partnership
  - Open door policy with HIV Primary Care Team
- Communication
  - Weekly Multi-Disciplinary Team Meeting
  - (Client Case conference with Staff)
  - Client Referrals
  - Behavioral Health Support
- Access to medical records
  - Documentation
  - SCOUT Database (integrated case management dbase)
- Access to system wide case management database
  - Documentation
  - Only people they work with

# Training & Supporting Peers

- **Peer Training:** 32 classroom hours, 2 weeks on-the-job training, job shadowing
- **Quarterly Continuing Education Training**
- **Supervision – First line**  
Administrative, Supportive and Clinical supervision (shared with LMSW- clinical)  
Individual and group supervision - (weekly/bi-weekly)
- **Participation in RW Planning Council and/or community speaking to foster leadership skills**

# Building Peers into Agency Staff

- **Recruitment/Hiring/Retention**  
Under the direction of Human Resources, follows same process as all other hires
- **Job Description**  
Essential Functions: Example, Enhance engagement in care and adherence by assembling next day appointment charts, complete patient reminder and DNKA calls per Protocol and Operational Activities Manual
- **Orientation**  
Agency orientation  
Program specific orientation
- **Compensation**  
Paid, regular part time employees  
Earns benefits according to our personnel policies  
(based on hours worked)

# Successful Implementation of Peer Program

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- Organizational buy-in is essential
- Program model: in line with mission of the agency
- Adequate compensation package that does not jeopardize benefits
- Roles and responsibilities outlined
- Training & supervision systems in place prior to starting a program
- Peer/Client/care team orientation
- Program Evaluation
- Recruitment/hiring/retention



# Peer Advocacy – Keeping it 100

**“At 18 years old what do you say or do when you’re diagnosed HIV +. My mother provided support from a distance. She was afraid and ashamed of my HIV status. I tried to take the meds but 2 doctors I had seen were not listening to me. I was alone until I met with my Peer Educator. She understood and listened to me. With a CD4 of 2 and a Viral Load in the millions she told me I could not quit, I had to fight and she helped me get into care and stay in care. Now, after 2 hospital stays when I almost died and struggled with mental instability at one point. It was my case manager and my Peer that went to the hospital and stayed in contact with me to make sure I was good. I’m proud to say my CD4 is on the up and up, I’m virally suppressed but my goal is to get to undetectable and I want to be a Peer to help other young people.”**

L.N., receives Peer Services at Kansas City CARE Clinic; medical services at Truman Medical Center.



**POSITIVE WOMEN'S NETWORK**  
USA

# Understanding the Impact of Trauma & Violence on Women Living with HIV

## WOMEN LIVING WITH HIV

**55%** Intimate Partner Violence

**61%** Lifetime Sexual Abuse

**30%** Recent PTSD

Machtinger et al. 2012

Machtinger EL, Wilson T, Haberer J, Weiss, D. Psychological trauma in HIV-positive women: a meta-analysis. AIDs and Behavior. January 17, 2012



# Impact of Trauma Across the Care Continuum

- **IPV and Recent Trauma**

- 3x more likely to delay linkage to care (>90 days)
- $\approx$  2x rate of lost to follow-up
- Half as likely to be on ART
- 2 – 3x more likely to be non-adherent
- Virologic failure
  - Men are 2x more likely
  - Women and TW 4x more likely

- **Lifetime Trauma**

- 1.7 greater odds of not being on HAART when medically indicated
- Significant association of numbers of lifetime traumas and ART nonadherence

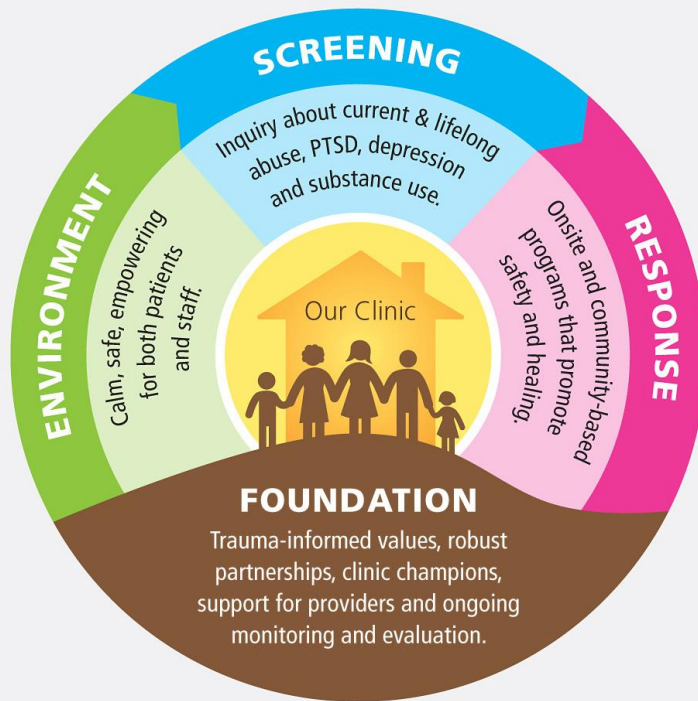
\* Includes both men and women

† Includes “Stressful Life Events”



# Trauma-informed Primary Care

## Trauma-informed Primary Care



© Women's HIV Program (WHP) at UCSF & Positive Women's Network-USA

Machtinger, Edward L., Yvette P. Cuca, Naina Khanna, Carol Dawson Rose, and Leigh S. Kimberg. "From treatment to healing: the promise of trauma-informed primary care." *Women's Health Issues* 25, no. 3 (2015): 193-197.

# Thank you

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