



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

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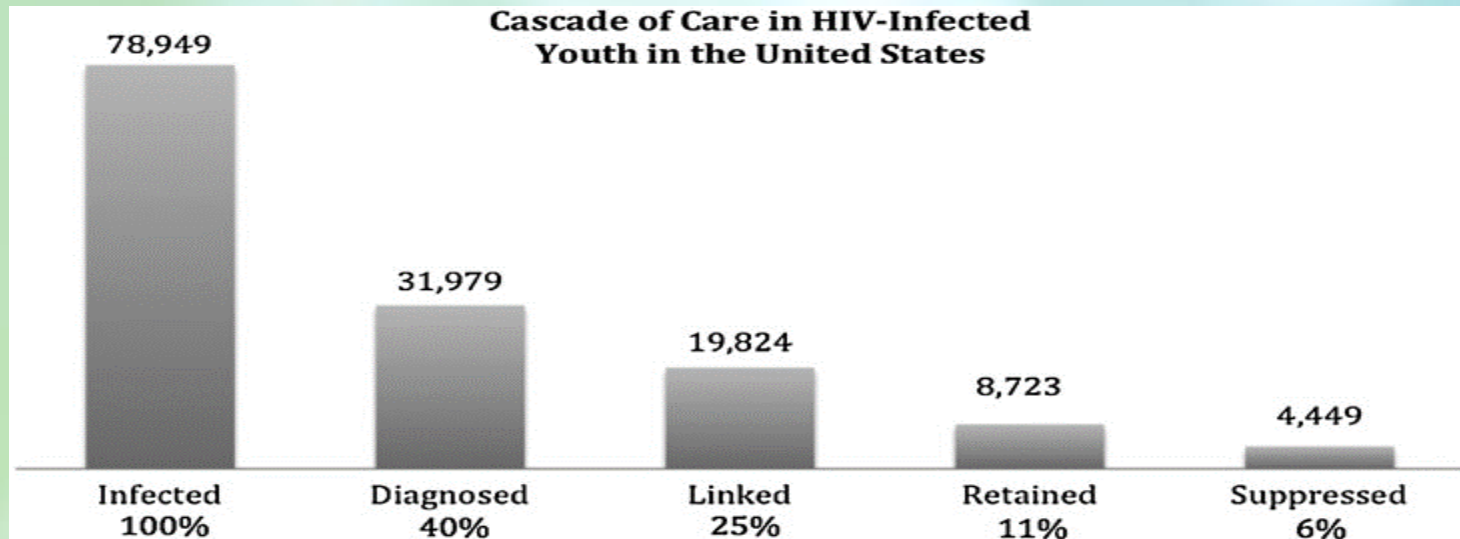
Adolescent Medicine Trials Network for HIV/AIDS Interventions (ATN)





# Background

- Adolescents and young adults newly diagnosed with HIV are among the least likely to be engaged in medical care<sup>1</sup>



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

<sup>1</sup> Zanoni, B.C., & Mayer, K.H. (2014). The adolescent and young adult HIV cascade of care in the United States: Exaggerated health disparities. *AIDS Patient Care and STDS*, 28, 3, 128-135.



# 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  
and
- 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



## DEMOGRAPHIC DATA

	Overall (N=103)	ACCEPT (N=57)
Age (Mean, SD)	20.17 (1.99)	20.18 (2.21)
Male N (%)	83 (80.6%)	45 (78.9%)
Female N (%)	20 (19.4%)	12 (21.1%)
AA Race	86 (83.5%)	46 (80.7%)
Hispanic	14 (13.6%)	9 (15.8%)
Gay-Identified	70 (68%)	36 (63.2%)
Currently in school	53 (51.5%)	30 (52.6%)
Public insurance (Medicaid/SSI)	73 (71%)	42 (74%)
Had one or 2 pregnancies (females)	14 (70%)	9 (75%)



## HIV & Health Care Utilization Data

	Overall (N=103)	ACCEPT (N=57)
HIV-1 RNA log <sub>10</sub> V <sub>l</sub>	3.01 (1.43)	3.19 (1.36)
Tested HIV positive (Mean Days, SD)	235 (216)	191 (132)
Received an AIDS diagnosis	11 (10.7%)	2 (3.5%)
Sought HIV treatment (Mean Days, SD)	215 (217)	171 (142)
Taking HIV meds	74 (71.8%)	36 (63.2%)
Ever seen a mental health professional	57.8%	58.9%
Had healthcare appointment	93.1%	91.1%



# Feasibility

- Total enrollment
  - 45 males enrolled
  - 12 females enrolled
    - Premature discontinuation from the study (2/57)
- ACCEPT Attendance (N=57)

	<b>IS1</b>	<b>IS2</b>	<b>GS1</b>	<b>GS2</b>	<b>GS3</b>	<b>GS4</b>	<b>GS5</b>	<b>GS6</b>	<b>IS3</b>
%	95%	91%	74%	63%	68%	67%	61%	74%	77%



# 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

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



# Acceptability

- What topics did ACCEPT youth find most helpful...

- Serostatus disclosure

*“The fact that it taught me 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.

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# Project ACCEPT Team





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