



Assessing a Centralized Care Engagement and Syndemics Strategy for HIV (ACCESS-HIV)

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The Punchline

- Clients and other stakeholders of the HUB—a metropolitan-wide HIV resource navigation program—**think it's great** for reaching marginalized communities and are **satisfied with the services**, but there is **room to expand** and reach more people.
- Many lessons learned about implementation.

What is the HUB
and what's so
special about it?

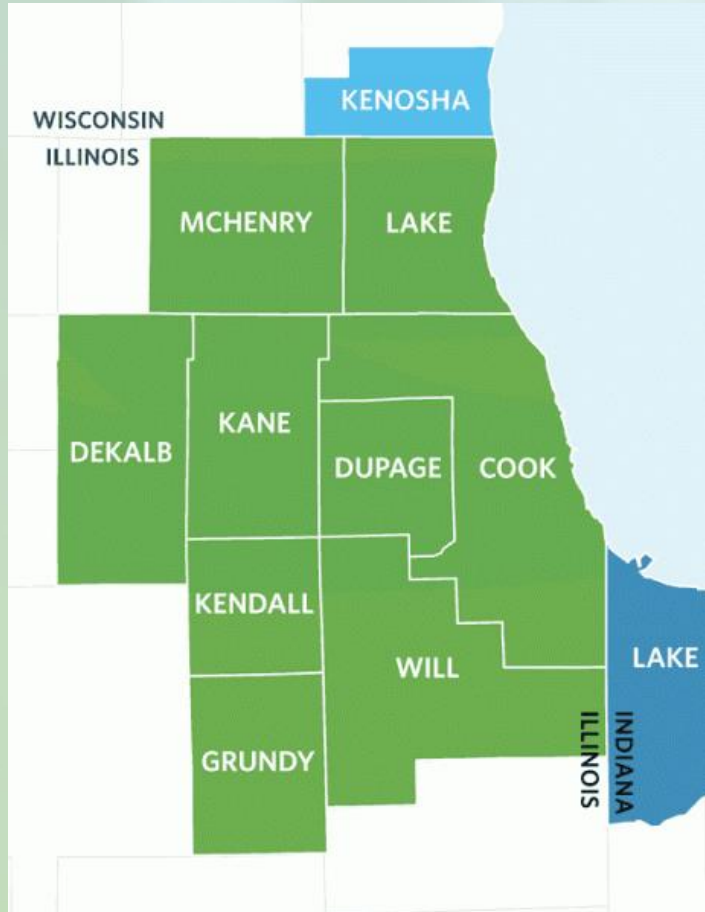
What did we
study and why?

What did we
learn?

What's next?



Chicago Eligible Metropolitan Area (EMA)



- 9 counties (green)
- 8.6 million people in 2021
- **83.3% of new diagnoses in Illinois**
 - 1,148 diagnoses in 2024
- **85.5% of PWH in Illinois**
 - 35,806 people with HIV in 2024
- To get to zero new infections, we must ensure everyone, especially those in marginalized communities, has access to prevention and treatment.



HIV Resource Coordination “HUB”



- Envisioned as an entryway into (or back into) the HIV care system for those in need
- **Centralized, one-stop shop** for HIV and LGBTQ+ health services in the Chicago EMA
- **Status-neutral:** for people with or at risk of HIV
- **No wrong door:** walk-in (two locations), web portal / chat, email, phone hotline
- Provides **immediate services** (e.g., emergency financial assistance) and **rapid, warm linkages** (e.g., for PrEP) by trained **staff**



The first program of its size and scope, the HUB's implementation needs to be studied to improve it and inform scale-up.



360° Process/Implementation Evaluation





Client Data

- Launched in 2020
- From 2020–2023

10,761

Total encounters

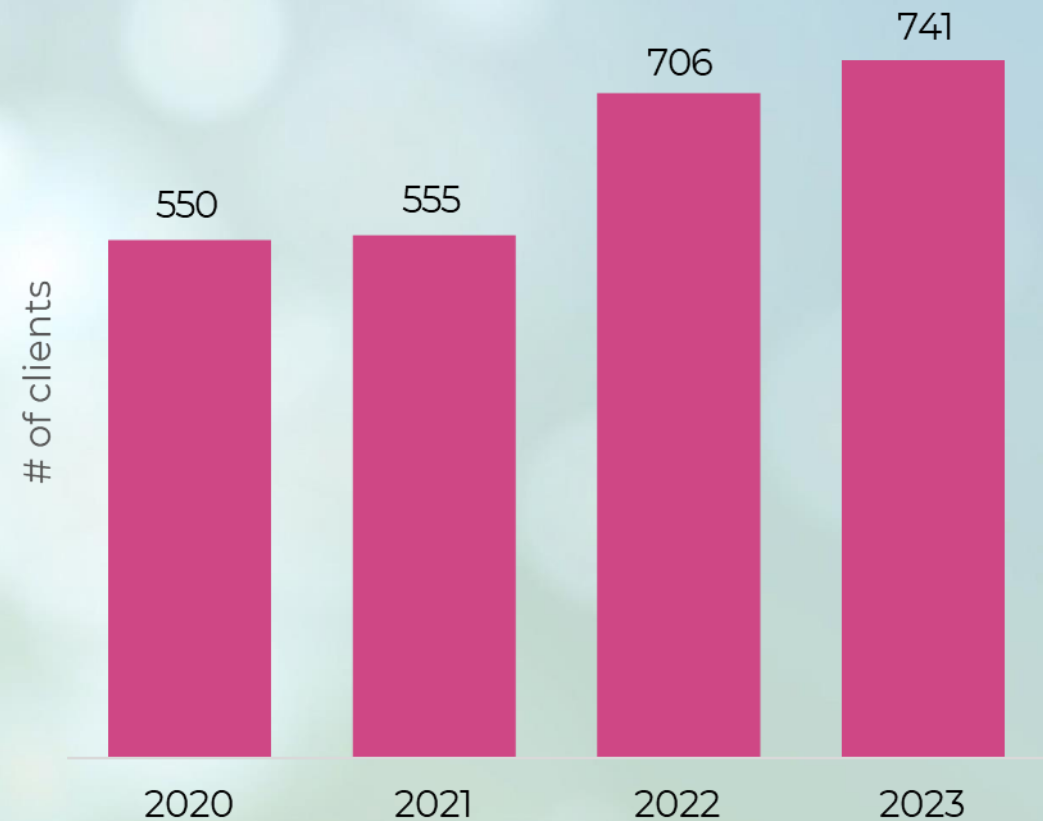
8,159

Total encounters
with enrolled clients

2,676

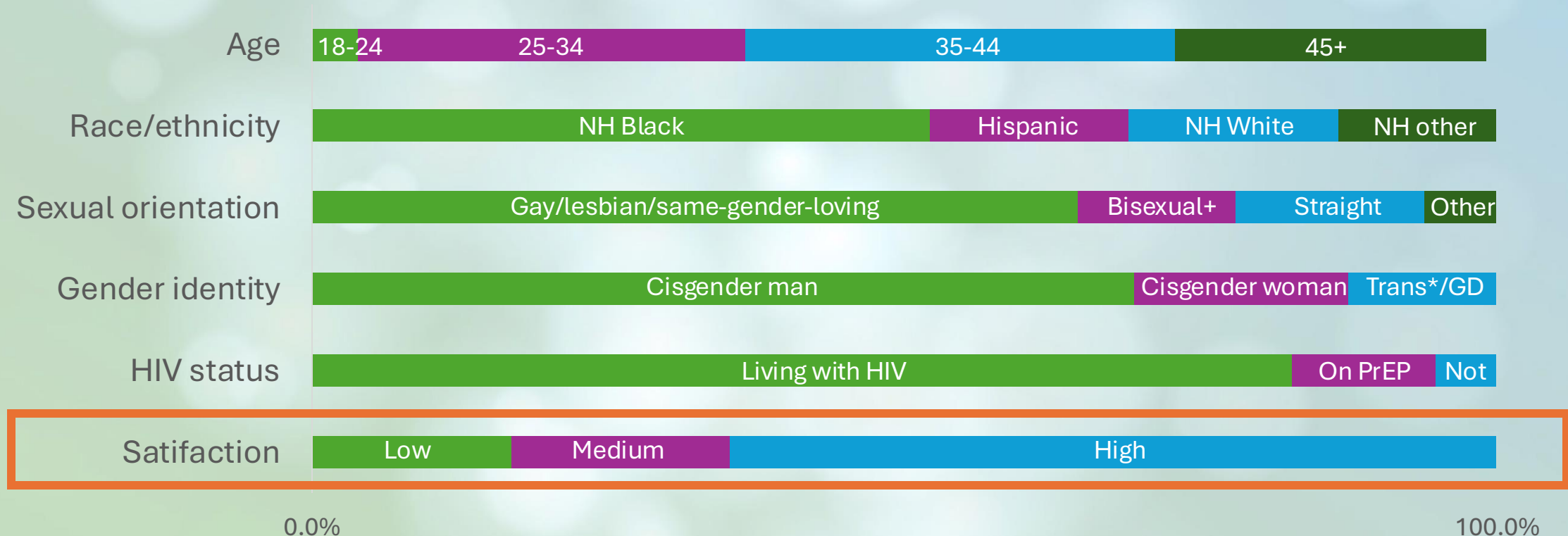
Total unique
clients

Unique clients, by year first enrolled





Client Surveys ($n = 232$)



- Representative of 2020–2023 client population
- No significant differences in satisfaction by demographics



Top 12 services requested at the HUB in the past two years (n=232)

Services requested (select all that apply)	n (%)
Housing	138 (59%)
Financial assistance	117 (50%)
Case management	108 (47%)
Food assistance	94 (41%)
Transportation	79 (34%)
HIV health care	78 (34%)
Behavioral health	52 (22%)
Cellphone/TracFone	48 (21%)
Employment	46 (20%)
Health care	43 (19%)
Legal	32 (14%)
Education	22 (9%)



HUB Walk-in Location

Percent of total responses (n=232)

Percentage



Zip codes
reported HUB
client survey



Client Interviews ($n = 11$ Satisfied, 8 Not)

Positive aspects

- Rapid financial and housing assistance
- Compassionate response team
- Warm referrals

But you guys were bravo, dealing with the public. And, sometimes coming to people on their worst days all the time can be a challenge, and you guys totally manage.

Areas for Improvement

- More geographic accessibility and marketing
- Expanded services for housing, clothing, food
- More navigable web portal

I kept feeling like it was just a tree that just kept growing to send you, oh, well click this thing to go to this website. Well, you go to that website, now you're clicking this. Now it takes you somewhere else. I'm like, well, I don't know. I thought, it's not centralized for me enough.



Staff Interviews ($n = 13$)

Implementation Facilitators

- High accessibility for clients; adaptability to their needs
- Staff members from the community; resilient, highly dedicated to clients
- High trust in manager

[The HUB] actually serves my community: the HIV positive community, as well as just more the LGBT community... It's a lot of fulfillment from helping the community.

Implementation Barriers

- Veering into case management; high case loads, unequal compensation
- High burnout, fatigue due to holding client trauma
- Communication bottlenecks, e.g., between 2 implementing agencies

Staff go above and beyond for clients which is part of what helps, but they sacrifice emotional and physical wellbeing, seeing very difficult life situations, being yelled at or working with very stressed or traumatized clients.



Potential Client ($n = 11$) and Referral Agency ($n = 14$) Interviews

Reasons Not Using/Referring to HUB

- Lack of awareness, knowledge, distinction from AFC/COH
- While appreciative of diversity in marketing, could exclude others
- Duplicative services (agency)
- Difficulties using the web portal

If I don't know anyone who's been through that program or received those services or work with that organization or that program, then I'm kind of walking in blind, right?

Areas for Improvement

- Increase marketing; social media; outreach; education; collaborations with other orgs, especially ones outside typical HIV sphere
- Locations on South and West sides, providing transportation

We've been around for a while. We work with everybody, everybody knows about us and who we are, and we would've happily joined the thinking at some point when they were getting community feedback. We weren't asked.



Takeaways and Next Steps

- For implementation locally
 - Continue delivering impactful, client-centered services with quality
 - Expand marketing, physical footprint, relationships
 - Come see our poster on Thursday re: low-barrier care in Chicago!
 - Improve web portal
 - Support staff with additional trainings and resources
 - Evaluate cost–benefit
- For scale-up to other jurisdictions
 - Interviewed 22 public health and CBO representatives in 5 other EHE jurisdictions about potential barriers/facilitators for implementing a HUB
 - Pull together lessons learned to create implementation guides
 - Conduct a scale-up study – anyone interested?



Thank you!

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