

ACG Health

SPNS Syndemic
Demonstration Project



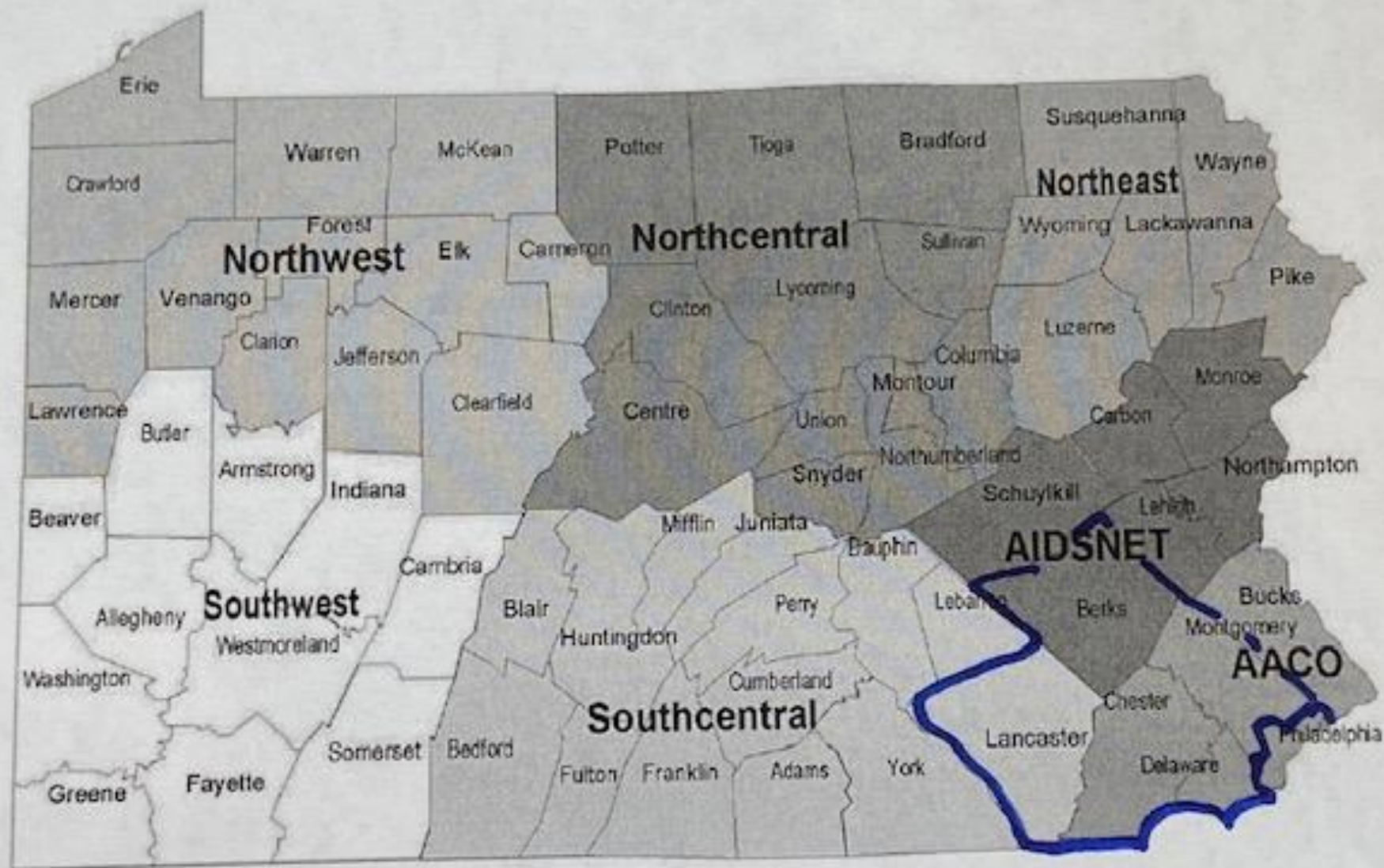
⑩ AIDS Service organization founded in 1998

Community based organization founded by clinicians to serve the underserved City of Chester and surrounding communities of Delaware County

Geographical reach: The City of Chester and all of Delaware County - and the 4 additional suburban counties

⑩ Southwest Philadelphia and central Philadelphia, The City of Reading in Berks county, and other parts of PA

Pennsylvania Regional Grantees



Clinical sites

- Chester– 2 clinical sites and one outreach center
- Sharon Hill – dental, medical and psychology
- Reading – medical
- Eddystone – Pharmacy Services

Current Grants

- **Current Grants**
- Ryan White Part A
- Ryan White Part B
- Ryan White Part C
- Ryan White Part D
- SPNS – Part F
- HIV Navigation Services
- IPV Capacity Grant
- Graduate Psychology Education
- Congressionally Directed Spending
- Scattergood Foundation Harm Reduction
- PA Harm Reduction

Special Projects of National Significance (SPNS) (Part F)

- Grants fund innovative models of care and supports the development of effective delivery systems for HIV care.
- AIDS Care Group received its first major 5 year grant in 2006 to establish a satellite dental program. This was followed in the following year with a SPNS grant to work with five county jails on prisoner release to durable HIV care.

The 9th SPNS grant:

**System-Level Syndemic Approach to
Improve HIV Care and Treatment
for People from Racial and Ethnic
Minority Groups
HRSA-24-107**

Supported through funding from the Department of Health and Human Services Office / Minority HIV/AIDS Fund, which funds projects to prevent HIV and improve health outcomes for racial/ethnic minority communities and in part by the Ryan White HIV/AIDS Program Part F Special Projects of National Significance

The 9th SPNS grant:

**System-Level Syndemic Approach to
Improve HIV Care and Treatment
for People from Racial and Ethnic
Minority Groups
HRSA-24-107**

The purpose of this program is to support up to five demonstration systems through cooperative agreements for up to four years to design, implement, and participate in the evaluation of a syndemic approach to link and retain people with HIV from racial and ethnic minority groups who are out of care, and at greatest risk of being lost to care, in comprehensive

The 9th SPNS grant:

But **NOW** it is titled:

**System-Level Syndemic Approach to
Improve HIV Care and Treatment
HRSA-24-107**

From NYT article March 9th

- “President Trump seeks to purge the federal government of “woke” initiatives, agencies have flagged hundreds of words to limit or avoid, according to a compilation of government documents.”
- Accessible at risk
- Activism barriers
- Advocacy anti-racism
- assigned at birth assigned female at birth
- assigned male at birth at risk
- Barriers biased
- biologically female biologically male

From NY Time March 9th

- DEI
 - Disabilities
 - Disability
 - Discrimination
 - Disparity
 - Diverse
 - Equality
 - Equity
 - Ethnicity
 - Exclusion
 - Female
 - Feminism
- Gender
- gender identity
- gender-affirming care
- Gulf of Mexico
- health disparity
- health equity
- Hispanic minority
- immigrants
- Implicit bias
- indigenous community
- inequities
- LGBTQ
- men who have sex with men
- mental health
- Minorities
- multicultural
- Native American
- non-binary
- oppression
- person-centered
- pronoun
- race
- racism
- sexual preferences

NY Times March 9th

- Socioeconomic Systemic
- They/them Trans / transgender/transsexual
- Trauma unconscious bias
- Underprivileged Victim
- Vulnerable populations
- Women
- Women and underrepresented

“All presidential administrations change the language used in official communications to reflect their own policies. It is within their prerogative, as are amendments to or the removal of web pages, which The Times has found has already happened thousands of times in this administration.

Still, the words and phrases listed here represent a marked — and remarkable — shift in the corpus of language being used both in the federal government’s corridors of power and among its rank and file. They are an unmistakable reflection of this administration’s priorities.”

Syndemic Approach

- A syndemic is a population-level clustering of two or more diseases or health conditions that interact to increase the health burden of the affected population:
- Syndemics are co-occurring epidemics or conditions that interact with one another, and often disproportionately impact morbidity and mortality in marginalized communities.

Grantees

- ACG Health
- Montefiore Medical Center
- Positive Impact Health Center
- Maryland Department of Health
- University of New Mexico Health Sciences Center
- Dallas County Health Department

SPNS Model

- All grantees work with an Evaluation Provider –(JSI, Inc.) to develop research protocols and obtain IRB approval
- Capacity Building providers (NMAC) – to work with agencies in need of assistance with staff training and development of protocols.

Linkage and Retention in Care

- This includes people who are newly diagnosed within the past 12 months or who have previously been diagnosed with HIV but have missed appointments, are not virally suppressed, or have another high-risk factor such as leaving incarceration.

STATE DATA

Pennsylvania - reported 36,076 persons living with
HIV/AIDS

Since 1981, more than 64,669 residents of
Pennsylvania have been diagnosed with HIV disease
and 28,600 of these persons have died.

More State Data: Incidence and Prevalence:

The number of new cases **DECLINED** yearly from 1,462 in 2012 to 916 in 2022.

But the number of those living with HIV disease has **INCREASED** over a 13-year period: 29,415 in 2009 to 36,076 in 2022 (an increase of 22.64%).

Of the 36,076 persons living with HIV 34% (12,265) have unmet HIV healthcare needs.

These are the individuals in Pennsylvania who are targeted in this project. When refining the geographic area, the targeted number is just under 1,000 persons.

- This list of data points indicates that there could be up to 1,000 minority persons living with HIV/AIDS who are not linked to care in the five county area around Philadelphia.
- Despite the counties' public health network of clinical providers there are still patients who “fall through the cracks” and need outreach with interventions designed to help bridge the gaps between patients and providers.

- We also know:
- State data is showing increases in STI infections, opioid use disorders, intimate partner violence, mental health needs, food insecurities, and homelessness.
- Fewer people are acquiring HIV, but more people are living with HIV. New patients are coming in with “Late Diagnoses” These patients are coming in to us sick – and have extensive clinical and social service needs.

The Syndemic Factors that will be Addressed:

1. HIV Care and Treatment
2. Substance Use and Mental Health Treatment Services
3. Social Determinants of Health: Intimate Partner Violence; Food Insecurities; and Access to Care

Priority Populations

- Adults who are out of care or at risk of falling out of care, or newly diagnosed and engage in high-risk behaviors, such as those who engage with multiple sex partners in condomless sex;
- Sub-populations found in drug treatment centers, recovery houses, community corrections facilities, homeless shelters and jails.

“Systems” Targeted

- Drug and Alcohol treatment centers
- Recovery Houses
- County Jails
- Homeless Shelters
- Emergency rooms
- STI treatment centers
- Health Departments

Our Team



Mo Goodwin, MPH

*Principal Investigator
and Evaluator*



Bruce Schaffer

Outreach Director



Michelle Scamuffa

Data Manager

Intervention - Outreach

- Outreach has been the foundation of care established over 26 years and through the input of multiple SPNS grants.
- AIDS Care Group will work within the framework of HRSA sponsorship of an academic approach to conceptualization ways to advance evidence-informed outreach programs to patients who have unmet medical needs and an undisclosed number of co-morbid conditions.

Outreach

- Indispensable component to our care
- 8 staff members – peer navigation a key part of the role
- 3 Community Health Outreach Staff members are living with HIV and have lived experience with addictions and homelessness.
- Monthly interdisciplinary outreach meetings to discuss patients lost to care, those with unsuppressed viral loads / those in need of close follow up

Syndemic Factor 1- HIV Care and Treatment

Need - People with HIV require access to comprehensive HIV medical services.

People living with HIV, who are not engaged in medical care, have poorer health outcomes and lack of viral suppression which can lead to increased spread of HIV disease.

Syndemic Factor - Mental Health

People living with HIV can also have mental health and substance use disorder.

People living with HIV have a higher prevalence of mental health issues when compared to the general population which can prevent them from entering, or being retained in, medical care for HIV.

Syndemic Factor - Substance Use

People living with HIV can also have substance use disorder.

People living with HIV have increased prevalence of substance use disorder when compared to the general population. Use of alcohol and recreational drugs can decrease rates of HIV treatment adherence and increase the likelihood of adverse health outcomes.

Syndemic Factor - Intimate Partner Violence (IPV)

People living with HIV can also experience Intimate Partner Violence.

People living with HIV have greater rates of IPV when compared to the general population. IPV can serve as a barrier to treatment for those living with HIV.

Syndemic Factor - Food Insecurity

People living with HIV can also experience food insecurity.

Food insecurity can serve as a barrier to engaging in treatment for people living with HIV.

People living with HIV often must prioritize obtaining food necessities over seeking medical care for HIV or remaining in care.

Syndemic Factor - Access to care

People living with HIV can lack access to adequate clinical and supportive services which can hinder their ability to be diagnosed with HIV, seek treatment, or remain in care.

Priority Populations

- 1. People living with HIV residing in Chester, Delaware, Bucks, Montgomery and Berks counties. More specifically:
 - People living with HIV who are out of care
 - People living with HIV who are not virally suppressed
 - People living with HIV who were recently incarcerated
 - People living with HIV who engage in high risk sexual activity

FIVE SUBURBAN COUNTIES

- AIDS Care Group plans to expand upon years of outreach and linkages to care services to address a larger targeted population throughout five counties in southeastern Pennsylvania; increase the model and intensity of outreach activities; and document the value of the interventions. Utilizing three evidenced-based and evidence informed interventions, staff of AIDS Care Group will test the following premise:
 - By applying a bundled package of evidence-based interventions, social services, and access to comprehensive and compassionate care; AIDS Care Group can successfully help a cohort of 120 minority patients (over a 4 year period) residing within a five-county region of Pennsylvania improve their health status by achieving and sustaining viral suppression, and therefore help to improve Pennsylvania's Continuum of Care.

Interventions and Syndemic Factors

1. Deploy **Community Health Workers (CHWs)** to work directly within targeted communities to initiate linkages and retention in care.
 - Make appointments and travel arrangements for patients who are seeking re-engagement or are newly diagnosed.
2. Provide rapid access into primary care and supportive services to avoid disruptions in continuity of treatment and social supportive services and address syndemic factors
 - Conduct needs assessments to identify barriers to care and develop and: a patient-centered care plan.
3. Utilize “**Red-carpet Care**” to reduce barriers to care and provide support for access to comprehensive clinical care and social services.
 - Food, transportation, access to clothing, referrals to housing counselor, mental health care and more

The demonstration project will:

- **C. Work with the designated Education and Technical Assistance Provider (ETAP)**
 - 1. Data collection and dissemination – Based on newly designed and approved models of care and data collection that have been approved by individual and multi-site combined Institutional Review Boards, AIDS Care Group’s principal investigator will compile appropriate data provided through the ETAP and internal data sets to publish articles and manuals to help disseminate findings accumulated over the four-year grant period.
 - 2. Interviews - Participate not just in the outreach, linkage and retention in care activities leading to successful clinical outcomes, but interview clients and collaborating agencies to document information about the motivating factors that best define the change from resistance to acceptance in medical treatment plans.
 - 3. Design and document the collaborations required within the region to help integrate the demonstration project’s visions into sustainable programs that can be replicated - to improve case finding, linkages, and retention in care; and may influence funding for related services on a regional basis.

Anticipated Outcomes

- Link and retain 120 individuals lost to care and newly diagnosed from the target population.
- Model a seamless referral system that could be sustained across the jurisdiction.
- Improve access, engagement, and retention in care.
- Identify and remove barriers found through assessments of social determinants of health.
- Identify and address other co-morbid medical conditions.
- Reach and maintain viral suppression; the primary clinical measure of improving individual and community health.

Patients receiving HIV medical care within the nation's Ryan White programs have a viral suppression rate of approximately 90%.

Expanding Ryan White models of care and supportive services to more underserved populations in southeastern Pennsylvania may change the dynamics of clinical care for minority patients, remove disparities in health outcomes, and improve individual and community health markers.

- *A System-Level Syndemic Approach to Improve HIV Care and Treatment* is offering an opportunity through SPNS funding to suggest system-wide solutions to the syndemic nature of HIV morbidities.
- By utilizing models of care already found to be embedded in Ryan White programs, which are modified and adequately tailored to meet the unique needs of identified populations, AIDS Care Group hopes to improve case finding, linkages, and retention in care; with subsequent improvements in clinical outcomes.