

Case Management Alternatives For African-American Women at High Risk for HIV

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Background

- Miami ranks fourth in the United States in the cumulative number of AIDS cases, with 29,092 reported through December 2005.
- The current AIDS incidence rate is 52.8 per 100,000, making it the highest in the U.S.
- The Centers for Disease Control has designated rates of HIV/AIDS in Miami to be at state of emergency levels, particularly among African-American women.



Women Protecting Women – Phase 1

- The initial phase of the study was conducted from 2001 – 2006.
- Phase 1 involved a peer-based HIV prevention/intervention program:
 - Designed for street sex workers with input from members of the target population;
 - With outreach by active sex workers; and,
 - With intervention by former sex workers

Primary Aim of Phase 1

- To evaluate the relative effectiveness of two brief risk reduction interventions by randomly assigning 800 women to either the NIDA Standard Intervention or a Sex Worker Focused Intervention.
- Both interventions were delivered by former sex worker peers.

Phase 1 -- Outcomes

- Outcome analyses indicated that peer – based interventions designed specifically for the target population were effective in:
 - Reducing risky sexual behaviors;
 - Reducing drug use; and,
 - Increasing treatment entry, particularly among HIV positive women.

Phase 1 -- Conclusions

- The Phase 1 study also documented a number of factors experienced by street-based women sex workers (including drug use, homelessness, street life, rape, and violent victimization) that contribute to serious health problems among this population.

Phase 1 -- Conclusions

- Focus groups highlighted numerous “structural” and “individual” barriers to service access
 - Structural Barriers: Program is unavailable or inappropriate for this population because of the way in which service is delivered or offered
 - Individual Barriers: Aspects of a woman’s specific circumstances, characteristics, or behaviors

Phase 2 Study (2007-2012)

- Phase 2 is designed to:
 - reduce barriers to health care access;
 - facilitate entry into drug treatment and other needed health services; and,
 - increase quality of life among African-American, street-based sex workers.

Phase 2: Strengths-Based Case Management

- SBCM is a useful approach with this highly vulnerable population of women, who are unlikely to benefit from traditional brokerage case management.
- SBCM emphasizes client strengths, assets, and abilities rather than deficits, and allows the client to control the direction of resource and service acquisition.

Phase 2: Strengths-Based Case Management

- This study utilizes a 5-session SBCM intervention protocol, based on the model developed at Wright State University.

Phase 2: Strengths-Based Case Management

- The 5 contacts are structured to:
 - encourage the client's readiness for treatment or other service linkage;
 - build the relationship with the case manager;
 - elicit strategies for change based on identified client strengths; and,
 - identify barriers to service linkage and develop ways to address them.

Primary Aim

- Test two alternative SBCM approaches for increasing linkages and engagement with health services by randomly assigning 550 participants to either:
 - Strengths-based – professional only
 - Strengths-based – professional/peer

Professional/Peer Condition

- Case management team is composed of:
 - A credentialed, professional case manager;
 - A recovering addict/former sex worker peer trained to help facilitate access to services.
- This approach is designed to test the value-added of the peer case manager.

Case Management Team Differences

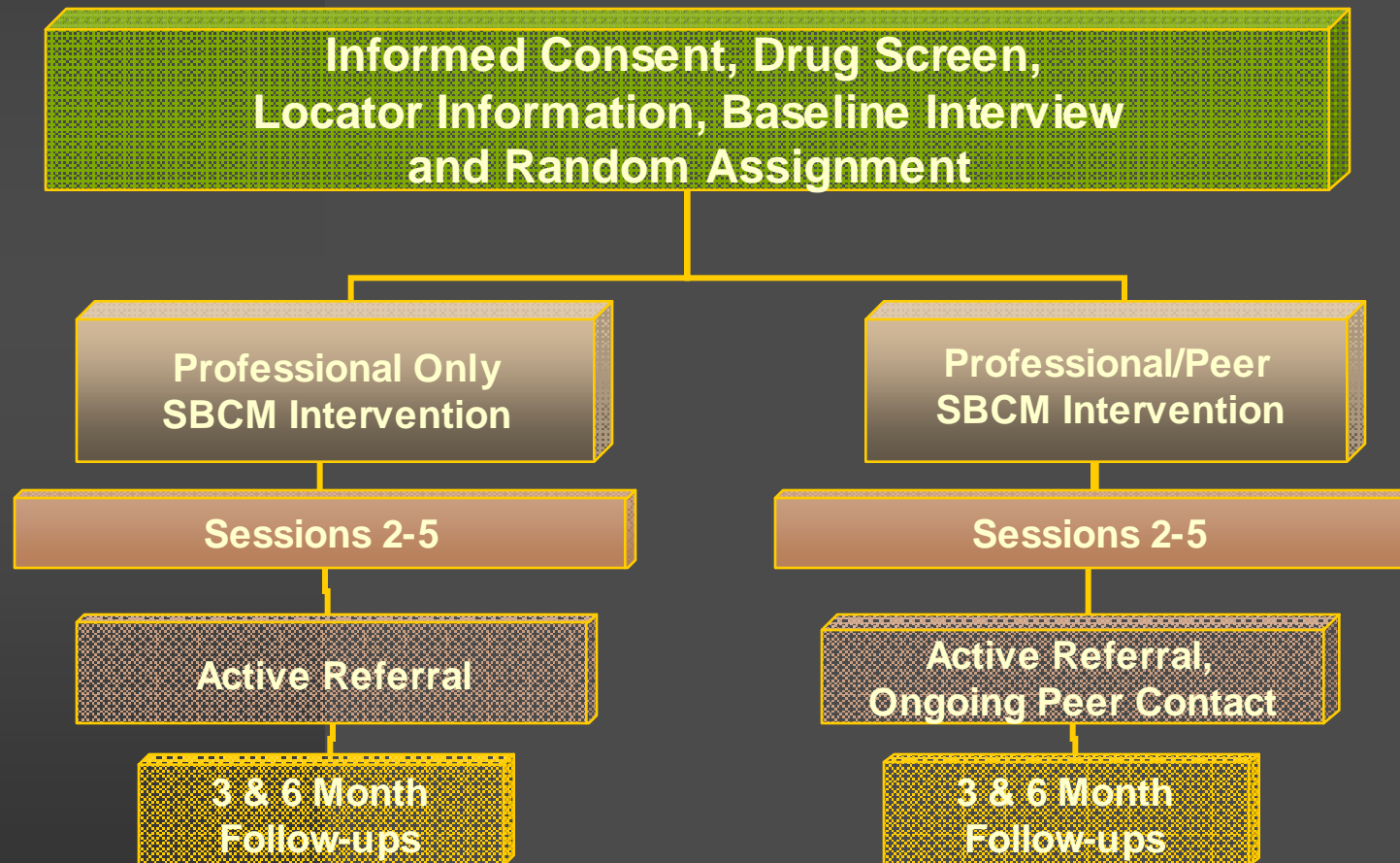
PEER

- Woman in recovery; aware of what life is like on the street
- Remains in contact with clients for 6 months
- Offers ongoing support for clients; encourage linkages to social and health services

CASE MANAGER

- Professional, bachelor's level woman with extensive case management experience
- Contact limited to 5 sessions
- Provides referrals to social service agencies based upon needs of the clients

Phase 2 Study Design



Eligibility and Recruitment

- Eligible clients must:
 - Be between 18-50 years of age;
 - Be African American women;
 - Engage in illegal drug use 3 times/week;
 - Engage in sex trading 3 times/month.
- Recruitment began in May 2007 and through September 30, 100 clients had been recruited into the study.

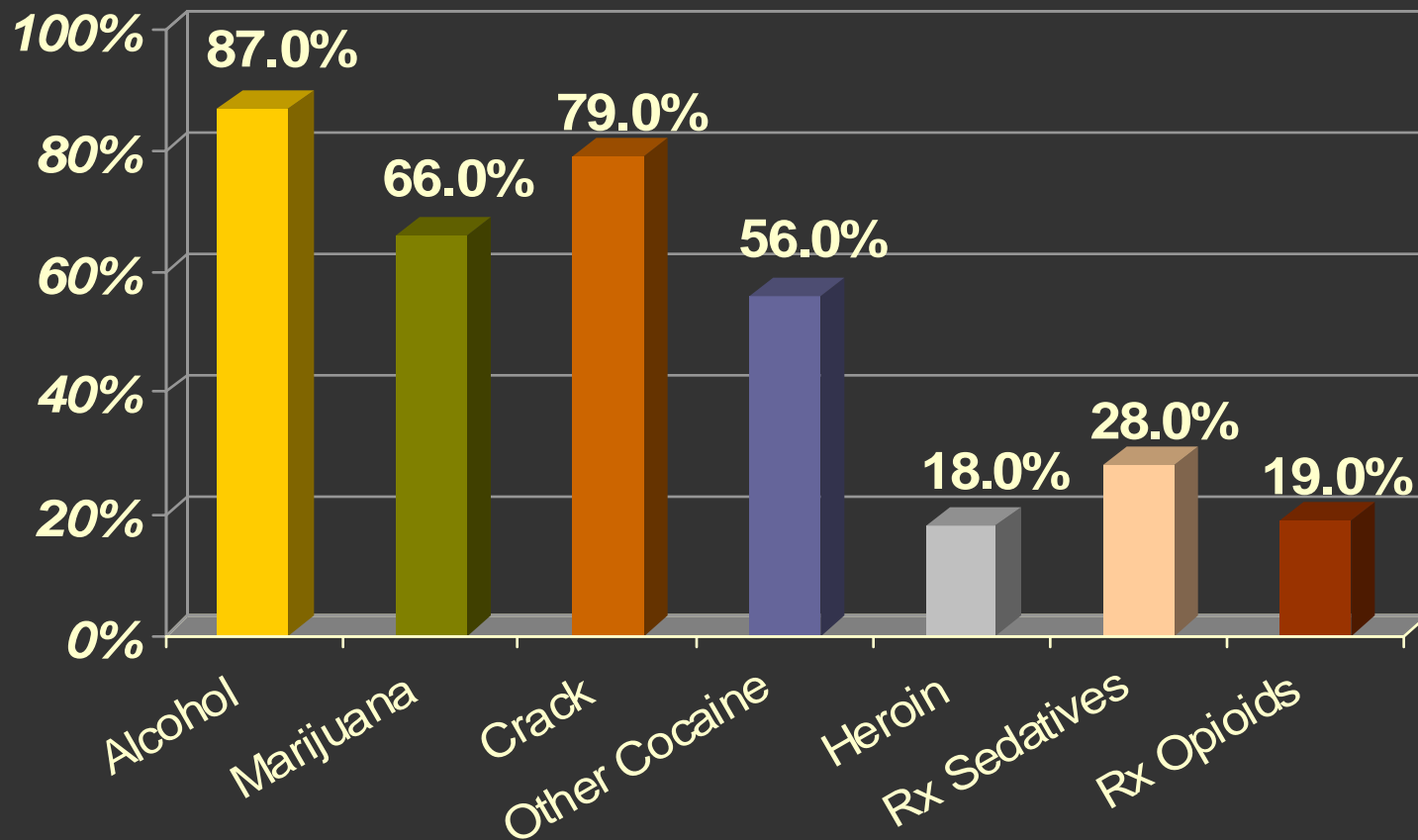
Demographic Characteristics

(N=100)

- Mean Age 40.7 Years
- 59.0% Less than High School Education
- 55.0% Homeless in Past 90 days
- 23.2% HIV Positive

Drug Use Characteristics

% Using in Past 3 Months (N=100)



Substance abuse/dependence

(N=100)

- 87.0% of the sample reports severe drug-related problems, and meets criteria for DSM-IV drug dependence diagnosis.

Sex Work

(N=100)

- Mean of 14.9 years in sex work
- Mean of 14.2 paying male partners in the past 3 months
- 60.8% report unprotected vaginal sex in the past 3 months

Abuse and Victimization

(N=100)

- 81% of the sample reports a lifetime history of sexual, physical or emotional abuse/victimization.
- 36% were abused before age 18.
- 50% endorse past year symptoms of trauma at a clinically significant level.

Current Health Issues at Baseline

(N=100)

	<u>% Reporting</u>
HIV	23.2%
Other STI	32.0%
Other Health Problem	49.0%
Mental Health Problem	50.0%
Drug Dependence	87.0%

Common Barriers to Care (N=100)

- 65% have no form of health insurance.
- 37% have no valid identification.
- 85% have no access to personal transportation.
- 61% earned less than \$2,000 in the past 3 months.

Common Barriers to Care (N=100)

- Low social support.
- 43% have no regular source of medical care; 68% have no regular source of dental care.
- 12% mentioned fear and/or hopelessness as reasons for not seeking health care.

Barriers to Drug Treatment (N=100)

- 41% felt that treatment would not help them
- 34% expressed fear of failing in treatment
- 28% would not feel safe in treatment
- 16% worried about childcare during treatment
- 12% mentioned that a significant person does not want them to seek treatment

SBCM Interventions

- As of September 30, adherence to the intervention protocols is very high:
 - 94.6% of those who have passed the 60-day intervention window have completed all 5 sessions.

Preliminary Outcomes

% Reporting Service Linkages within 5 SBCM Sessions (N=56)

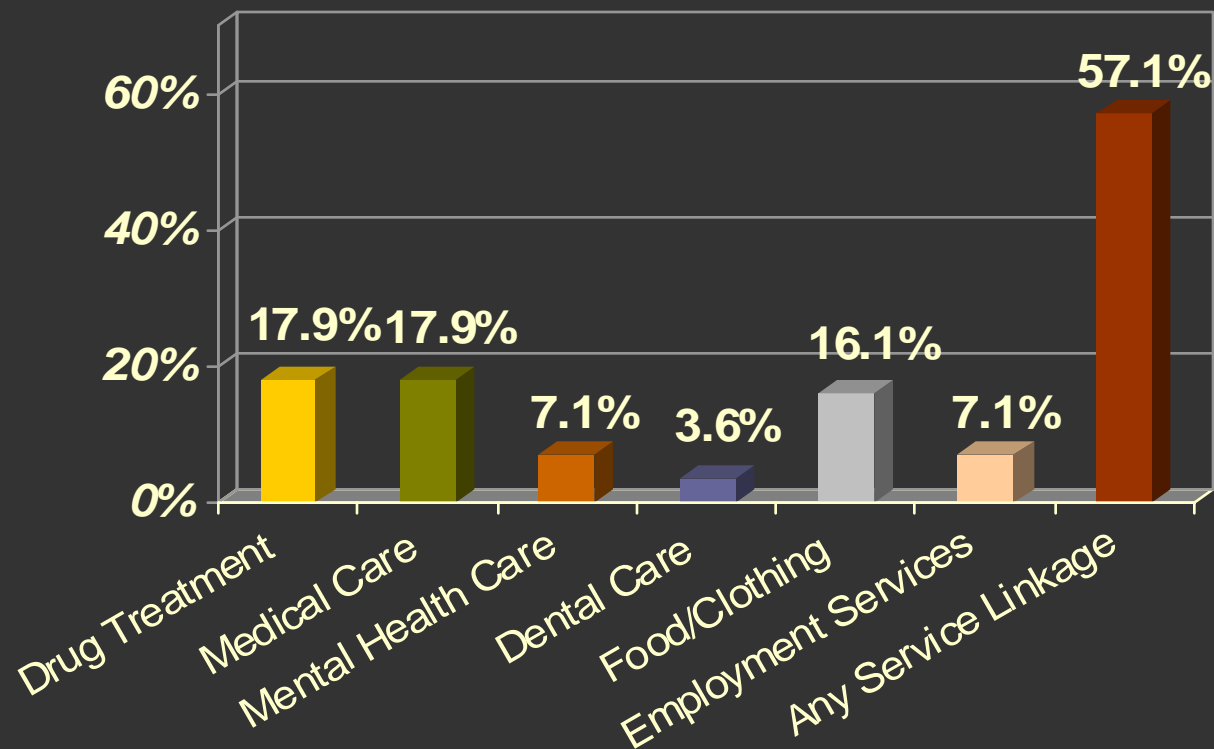


Illustration 1: "CC"

- 49 year old African American woman
- Using cocaine for 27 years
- 24 years of sex work in Miami
- Assigned to the Professional Peer condition
- Primary concern: Extreme tooth pain
- Linkage: Public health dental appointment

"CC" - Barriers

■ Structural:

- Agency had one month waiting list
- When "CC" arrived, they had no record of her appointment
- Contact at agency acted unconcerned

■ Individual:

- "CC" was in pain, angry and was ready to give up and go home

"CC" - Results

■ Peer action taken:

- Accompanied "CC" to her appointment
- Advocated for client when problem arose
- Remained with client and provided support
- Called WPW case manager to verify appointment data
- Calmly spoke to a supervisor to explain the situation

■ Results:

- Client was seen within two days
- Peer was the pivotal point between the client, the agency, and the case manager, and helped the client overcome structural and individual barriers

Illustration 2: "Shorty"

- 36 year old African American woman
- Using crack for 11 years
- 10 years of sex work in Miami
- Assigned to Professional Peer condition
- Primary concern: Drug dependence
- Linkage: Drug treatment

"Shorty" - Barriers

■ Structural:

- Treatment on demand unavailable
- Client put on waiting list
- Intake system "bottleneck"
- Fees for required pre-admission tests

■ Individual:

- Indigent
- No social support for treatment
- Client formerly used drugs with her mother and sibling; they achieved sobriety and then became alienated from the client

"Shorty" - Results

■ Action taken:

- CM used community contacts to facilitate appointment and follow-through with an admissions coordinator
- CM accompanied client to intake appointment to help to further facilitate drug treatment entry

■ Results:

- Client admitted to treatment; stayed one month; reported to have maintained sobriety at follow-up.

Summary of Options for Peer Involvement in Case Management

- Facilitate client engagement – “been there, done that”
- Role modeling
- Extend community reach of CM
- Break down barriers to service linkage
- Help get more done to assist client
- Provide practical perspective in client progress reviews

Summary of Options for Peer Involvement in Case Management

- Advocate for client
- Support continued client engagement with routine, frequent contacts
- Support re-engagement for those who linked and then discontinued services
- Encourage initial linkage for those who did not connect with services during the scheduled sessions
- Provide documentation of peer activities on behalf of client

Client Comments: "What did you like most about the session?"

- "My Case Manager was very understanding and I felt like I wasn't judged for my behavior."
- "..I was given positive feedback about my problems & the available help that was recommended to me."
- "That the ladies been out there too, so they know where I'm coming from, and how I feel."

Client Comments: "What did you like most about the session?"

- “..the people are very friendly and supportive to what I have to say.”
- “Just that she be listening and not pretending.”
- “It was different from the other places.”
- “I was able to set some positive goals for my life and start to try to put them in motion.”

Peer Comments

- “Some don’t know what it’s like to have someone stay in touch, ask ‘how’re you doing?’ And mean it!”
- “I have a chance to make a difference; to feel that I’m doing something important.”
- “It is gratifying when a woman acknowledges that I had something to do with her making positive changes.”

Conclusions

- Although the project is in its initial stages, the data on intervention completion suggest that the SBCM protocols are highly acceptable to this population of drug-involved women.
- Preliminary evidence suggests that service linkage rates have been high, and that these linkages have been accompanied by reductions in risky behaviors for HIV.
- Informal feedback indicates that peers bring added value to the CM team

Next Steps

- Three month follow-up data collection is now underway and 6 month follow-up will commence in November 2007.
- Outcome analyses will be initiated early in 2008, and will focus on examining intervention group differences in services linkage and engagement.



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