Health eNav: Digital HIV Care Navigation

Final All-Recipients Meeting (June 26, 2019)
Health eNav Team
I am not what you think I am. You are what you think I am.
Health eNav Team
Intervention Description & Data Collection
Description of Health eNav

Conceptual Framework
- Patient-Centered Medical Home (PCMH) Model
- Chronic Care Model
- Peer Navigation

Intervention Components
- Short-term mobile phone access
- Delivering asynchronous, non-traditional digital navigation through text messaging
- Collecting ecological momentary assessment (EMA) data and integrating that into the digital navigation system in real-time
- Using comprehensive social media contact information to locate and retain participants in care
Digital HIV Care Navigation

Digital HIV Care Navigation

Linkage
- Personalized, In Context
- On-Demand/Real-time
- 2-way text messaging

Engagement

Retention

Social Support
- Emotional
- Informational
- Instrumental

Motivational Interviewing
- Behavior Change
- Mental Health
- Substance Use
Ecological Momentary Assessments

Unknown Trigger(s)

Environmental
Social
Contextual
Emotional
Temporal

Behaviors that Shape HIV Care Engagement

Real-Time, Personalized Digital HIV Care Navigation

- 90 Daily Text Message Surveys
- Affect, Sexual Behaviors, Substance Use, Treatment Adherence, Social Support.
- $1 earned per completed survey
Study Design

Baseline

3 Mo.

6 Mo.

12 Mo.

18 Mo.

Daily EMA Surveys

Digital HIV Care Navigation

Personalized, Real-time Feedback

Follow-Up
Description of Health eNav

Intervention Setting
- Virtual (on-going); and in-person visits at the San Francisco Department of Public Health (SFDPH) (at baseline, 6-, 12-, and 18-mo)
- Digital safety net spanning San Francisco’s HIV prevention and care network (e.g. HIV testing sites, SFDPH clinics, etc.)

Target Population
- Young People Living with HIV ages 18-34
- Identify as an MSM or a trans woman
- Be a resident of San Francisco and speak English
- Be either: 1) newly diagnosed, 2) out of care, or 3) not virally suppressed

HIV Care Continuum Outcomes
- Linkage, engagement and retention in HIV care
- Adherence to ART and viral suppression
Sources of Data Collection

Multi-Site Evaluations
- Comprehensive psychosocial assessments (@ Baseline, 6-, 12-, and 18-months)

Client-Level Data
- Medical chart abstraction (6-mo prior to baseline and throughout the study period)

Costing Data
- Monthly costing data related to project delivery
Sources of Data Collection

Ecological Momentary Assessments
- Daily short text message surveys for 90 consecutive days
- Measuring potential barriers to HIV care – mood, mental health, sexual behaviors, substance use (and concurrent sex), social support, and treatment adherence

Digital HIV Care Navigation (Intervention Exposure)
- Backend data (e.g. time, date) and ALL text messages exchanged during digital HIV care navigation

Qualitative Primary Data Sources Collected in Intervention Delivery
- Behavioral change goals, objectives and activities; case notes; etc.
Successes & Preliminary Findings
Successes

Recruitment Milestone
- Screened 171 participants and enrolled 120 participants across a diverse service system in 11 months

Delivering Personalized Social Support
- *Digital HIV Care Navigation* was feasible and acceptable for participants

Collecting Real-time Data
- *Ecological Momentary Assessments* were feasible and acceptable for participants *not experiencing severe structural barriers*

Dissemination
- 4 poster presentations, 5 oral presentations, 1 manuscript published, 3 manuscripts in development
**Preliminary Findings - Digital Navigation**

### Feasibility (n=120)
- Racially diverse sample
- 85% MSM; 15% trans women of color; 20% were recently incarcerated; 32% were diagnosed within the last year
- 12,423 total text messages sent, ranging from 1-467 texts
- Average # of text messages per participant: 109 texts
- 37% were low engagers, 42% were medium engagers, and 22% were high engagers

### Acceptability (n=16)
- 81% found Digital Navigation acceptable
- 70% felt that 6 months of Digital Navigation was a good amount of time
- 19% were interested in more than 6 months
- 100% felt that Digital Navigation positively impacted their engagement in HIV care
- Structural inequity = primary barrier to participation
Qualitative Participant Feedback

• “...I was in the waiting room and actually in the doctor’s office texting the digital navigator and discussing the questions that I was going to ask the doctor and some of the information that I wanted to make sure to tell her. I needed the digital navigator to help me remember the questions that were important for me to ask...that was the first time I actually went to my doctor’s appointment prepared.”
Qualitative Participant Feedback

• “It made me more consistent and it always gave me reminders...I could say, ‘This is what’s going on and what I need’ and the response would be this is what I think you should do; and that doesn’t happen every day, you don’t always have someone with that type of experience like my digital navigator had. I think about the community impact, and I think many people who are diagnosed with HIV in the community need it [Digital Navigation].”
Preliminary Findings – Outcome Data

6 Month Compared to Baseline
- 2.13 fold greater odds of viral suppression

12 Month Compared to Baseline
- 2.37 fold greater odds of taking ART
- 1.98 fold greater odds of viral suppression

Next Steps
- Interact intervention exposure in longitudinal models
Future Data Analyses

Ecological Momentary Assessments
- How do changes in momentary states (e.g. mood, mental health) impact changes in substance use, sexual risk behavior, and treatment adherence?

Cross-sectional and Longitudinal Analyses (MSE)
- What self-reported behavioral factors shape HIV care continuum outcomes among YPLWH?

Qualitative Analyses
- Coded all 12,000+ text messages using MI and SS
- Conducted in-depth interviews with all 120 enrolled participants
- Characterize the specific needs of YPLWH
- Substantive theories of HIV disclosure, decision-making, and barriers/facilitators to HIV care
Sustainability & Lessons Learned
Sustainability

**Strengthening Local Comprehensive EtE Efforts and Partnerships**

- Working with Getting to Zero partners to identify integration of intervention components in city-wide retention efforts

**Developing Grant Proposals for Future Scale Up**

- Examining potential opportunities to collaborate with domestic and international jurisdictions to scale up intervention implementation
Lessons Learned

- Social media contact information is stable over time (vs. phone number)
- Use non-HIV related messages to develop rapport and build trust
- Carve out time to engage in a more lengthy text message session in real-time
- Technology is not just a means to an end – it is inherently social → meaningful interactions
- LOW Tech, HIGH Touch interventions can be powerful
- Analyzing intervention exposure is challenging
THANK YOU!

HRSA HAB SPNS Program

Evaluation and Technical Assistance Center (ETAC)

Health eNav Team

PARTICIPANTS!!!
Thank You!!!