



Health Equity Community Advisory Board

Community Advisory Board Meeting
May 31, 2022
9:00am – 11:00am
Zoom Conference Call

Participants

Name	Affiliation	CAB Role	Email Address
Judi Patterson	Case Manager, Mental Health America	CAB Co-Chair	jpatterson@mhasd.org
Jamila K. Stockman	Associate Professor and Vice Chief, UC San Diego, Division of Infectious Diseases & Global Public Health	Director, Health Equity CAB	jstockman@health.ucsd.edu
James Jackson	Western & Southern Life	CAB Chair	james.jackson@wslife.com
Eileen Pitpitan	Associate Professor, School of Social Work, San Diego State University	Co-Director, Health Equity CAB	epitpitan@sdsu.edu
Megan Liang	San Diego State University Research Foundation	Program Associate, Health Equity CAB	mkliang@sdsu.edu
Danielle Campbell	UC San Diego, Division of Infectious Diseases & Global Public Health	CAB Member	dacampbe@health.ucsd.edu
Wanda London	Community Member	CAB Member	wlondon@health.ucsd.edu
Betty Uribe	Case Manager, Christie's Place	CAB Member	uribe@christiesplace.org
Elizabeth Johnson	Administrative Director, San Diego Center for AIDS Research and the HIV Institute	CAB Member	liz@health.ucsd.edu
Dallas Davis	Program Supervisor, Neighborhood House Association	CAB Member	drdavis@neighborhoodhouse.org
Christina Williams	Program Manager, San Diego Center for AIDS Research	CAB Member	c4williams@health.ucsd.edu
S. Giovanna Carr	UC San Diego, Division of Infectious Diseases & Global Public Health	CAB Member	s3carr@health.ucsd.edu
Ilana Brongiel	Program Manager, San Ysidro Health	CAB Member	igoldberg@syhc.org
Craig Hutchinson	Stanford University School of Medicine	CAB Member	craigshutchinson@gmail.com
Myiesha Phelps	UC San Diego, Division of Infectious Diseases & Global Public Health	Guest	
Jessica Sanchez	MPH Student, University of North Carolina	Guest	js480875@ad.unc.edu
Mona Minton	Neighborhood House Association	Guest	mminton@neighborhoodhouse.org

Commencement

The CAB meeting began at 09:03 a.m.

Welcome from the CAB Chair & Co-Chair

James Jackson welcomed the group and facilitated introductions of leadership and participants via Zoom video conference. See attendee names, affiliations, and contact information above.

CFAR Announcements

Dr. Jamila Stockman began by announcing that the job descriptions and formal announcement for the two co-chair positions at the Health Equity CAB have been finalized. They will be sent to the administrative team at SD CFAR to review before dissemination.

Liz Johnson announced that James Jackson is the new chair of the Mission Operations Committee for the National CFAR Coalition. Congratulations, James!

Research Project Presentation: PATH

Dr. Eileen Pitpitan initially presented on this research project when it was first funded. The focus of the current presentation was to share preliminary results and receive feedback on a proposed process evaluation toolkit. She was joined by Jessica Sanchez, an MPH student from the University of North Carolina, who joined the PATH research team to complete her practicum.

The primary goal of this project is to evaluate the efficacy of a novel, sustainable mHealth plus peer navigation approach to 1) strengthen the impact of peer navigators on the HIV care continuum and 2) reduce racial/ethnic disparities in HIV treatment. The study objectives are as follows:

- AIM 1: to improve the primary outcome – sustained viral suppression (i.e., suppressed viral load at both 6- and 12-month follow-up), and secondary outcomes (e.g., retention in care) compared to usual care.
 - Sub-AIM 1: to explore subgroup differences in efficacy based on factors like race/ethnicity and substance use.
- AIM 2: to examine the theory-informed mediators (e.g., self-efficacy to engage in HIV care, HIV stigma) through which PATH has the greatest impact on sustained viral suppression among Hispanic and Black people living with HIV.
- AIM 3: to explore whether PATH significantly affects substance-related outcomes (e.g., frequency of substance use, engagement in substance use treatment) when compared to usual care among those using substances (i.e., stimulants and/or opioids).

The study is a two-arm randomized controlled trial to evaluate the efficacy of the PATH intervention, in an academic-community partnership with San Ysidro Health. It can be conceptualized as a Type III hybrid effectiveness-implementation trial, as the intervention is being evaluated under real-world conditions. This provides an opportunity to examine implementation processes and the role of the organization in influencing participant outcomes.

Study Progress

Dr. Pitpitan provided an update on recruitment and enrollment progress: there are currently 105 people recruited into the study and 58 people enrolled. The goal is to recruit 375 people living with HIV into the trial. Most participants enrolled in the study (82.14%) self-reported active substance use in the past 12 months, and the participant demographic is relatively representative of the patient population at San Ysidro Health.

Program Evaluation

Jessica Sanchez introduced the program evaluation process and the measures she would be examining. The outcome evaluation will have an overall focus on participant-level variables (e.g., sustained viral suppression); on the other hand, the new process evaluation measures will examine intervention-level and organization-level variables ultimately leading to participants' viral suppression. The main goals of the process evaluation are to:

- Gain new knowledge about the implementation of core intervention functions,
- Understand intervention fidelity,
- Gain opportunity to improve program operations for Peer Navigator support and participant outcomes,
- Document areas of success and challenges – which will ultimately help to inform sustainability of the PATH program within SYH and other similar clinics once the research study ends.

Underneath those variables, there are specific constructs to measure as part of the process evaluation, support, and supervision on the emotional and work-related side of the peer navigators. The proposed constructs to measure are as follows:

- Support and supervision (emotional/work related) of the PNs
- Resources and tools available to the PNs
- Communication and collaboration between PNs and other SYH providers and staff
- Peer Empowerment Engagement (these are one-on-one counseling sessions delivered by the paper; one measure of dose of intervention)
- Experiences with mHealth among PNs and participants
- Integration of setting and community partner relations
- Adaptations and addressing divergence
- Strengths and challenges for study staff (including PNs, PATH supervisors).

The main process evaluation questions are as follows:

1. How did the study provide space for support and supervision of the Peer Navigators? How was it perceived?
2. How does the dosage of modularized training allow for successful dosage of peer empowerment sessions?
3. What are the experiences with the webapp?
4. What is the perception of the integration of PATH study for community partner staff?
5. How closely are the PNs following the program intention?

Elizabeth Johnson offered advice, sharing that vicarious trauma is something that could be important and interesting to look at due to its pervasiveness. She also mentioned that it has always been an uphill battle to get other providers to see the value of peers in the workforce, so having a formal process evaluation like this is exciting.

Dr. Jamila Stockman asked whether the community partner staff also included the behavioral health unit. Dr. Pitpitan hadn't thought of including them, but agreed it would be great to include them in the interviews.

Community-based Organization Presentation: Neighborhood House Association

Dallas Davis is the Program Supervisor at Neighborhood House Association and presented on the organization and its current initiatives. Neighborhood House Association has multiple programs currently, including Project Enable, Project In-Reach, Adult Day Health Care, and Head Start. The organization offers case management services, both medical and non-medical, with focuses in substance use and mental health. Under the case management service

department, two separate studies are being implemented: Sat2HIV and Leaps. Leaps is a study focused more on stigma, whereas Sat2HIV focuses more on substance use.

Dallas shared referral information for their programs, as follows:

Project Enable

Director: Bernard Carrasco, LMFT

619-266-2111

bcarrasco@neighborhoodhouse.org

Head Start

headstart@neighborhoodhouse.org

888-873-5145

Project In-Reach

Director: Andrea Dauber-Griffi, Ph.D.

619-766-5994

agriffin@neighborhoodhouse.org

Adult Day Health

Director: Jennifer Hurlow-Paonessa, LCSW

619-233-6691

adhc@neighborhoodhouse.org

Clinical Case Management Structure

Neighborhood House Association's structure was broken down into multiple categories:

- Non-incentive based encouragement
 - Their Peer Navigators call clients involved with Mental Health sessions at least 15 minutes before group to encourage them to keep their agreement and to show up at group or to their session. They root them on and celebrate their commitment.
- Incentive based encouragement
 - For clients who have barriers to joining a group or individual session, they offer \$50 gift cards if a client can string together three straight mental health engagements. Once this is completed, they reflect on the idea that what was gained is valued greater than any gift card and will then continue encouraging clients to participate.
- Peer Navigation connection
 - Their clients are on first name basis with their Navigators, and this helps with any last-minute technical issues or overall questions they might have about mental health services that they offer.

Neighborhood House Association also aims to go the extra mile through several initiatives. They deliver over twenty bags of groceries weekly to clients in hotels, shelters, on the street, or housed. This can include dog and cat food, fresh fruit, and utensils. In terms of furnishing their residences, with the Bridge of Hope and Sharia's Closet, they help make appointments for clients to get furniture for their new place, while also helping getting them there, transporting the furniture, loading and unloading, and getting it set up in their residence. For transportation, clients can be picked up for appointments, returned home, and can request for Peer Navigators to stay at the appointment with them. Case managers are free to conduct field visits at client

request, and Neighborhood House Association staff are allowed to operate on the “trust and verify” system, giving more freedom to better serve their clients. Finally, all clients have a direct phone number to reach the Supervisor to get immediate answers during any issue at hand.

Over the last several years, Neighborhood House Association has focused on making their office a friendly environment where all staff members are trained and encouraged to step out of the office and offer an extended welcoming. Coffee, water, and tea are routinely available for clients who are waiting to speak with a staff member. There is also a TV with a looped consumer engagement video that showcases all yearly events. One of the most important techniques that Neighborhood House Association employs to increase rapport and consumer engagement is to give clients the feeling that they matter. All staff members are acutely aware of each client’s current situation and will ask pointed questions to remind clients that everyone is on the same page. Staff members at Neighborhood House Association also aim to encourage approachability and comfortability during outreach events by dressing casually anytime they are setting up at downtown locations (Day Center, Father Joes Villages).

HIV Case Management Cheat Sheet

Dallas also shared a recently published cheat sheet that is beneficial for case management agencies and social service providers. The document collects community information on a variety of services accessible to the community, such as testing services. It exists as a living document and can integrate any agency information (such as from the Health Equity CAB itself). The cheat sheet was created to establish a streamline, clear documentation for services and information to maintain adherence, as clients oftentimes will get bounced around to different referrals when they just need an answer to a basic question. The document has non-inclusive items ranging from housing, mental health services, substance use and harm reduction services.

Open Discussion

Dr. Suzanne Afflalo does community outreach on the first Wednesday of every month at the Jackie Robinson YMCA. The upcoming event is focusing on men’s health and awareness, and it will be held from 10 a.m. to 3 p.m.

Adjournment

Meeting adjourned at 10:39 a.m.