Clinical Adaptation of Community PROMISE (Peers Reaching Out And Modeling Intervention Strategies) The New York City Experience

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INTRODUCTION

- Persons living with HIV/AIDS (PLWHA) often adopt safer sex behaviors after initial diagnosis, but over time some may revert to less safe behaviors
- HIV care settings provide a promising environment to connect with PLWHA and conduct community-level risk reduction interventions (CLIs)
- New York City (NYC) Department of Health and Mental Hygiene (DOHMH) adapted an evidence-based CLI, Community PROMISE, to the clinical environment
  - Community PROMISE uses role model stories and peer advocates from social networks to reduce HIV risk behaviors and increase engagement related to the HIV continuum of care
  - Core elements of Community PROMISE are described in Table 1
  - Strategic revisions were made to adapt Community PROMISE for the clinical context (Table 2)
  - The clinical adaptation of PROMISE was piloted in a HIV primary care clinic in Brooklyn, NY

Objectives: to assess the feasibility of implementing a clinical adaptation of Community PROMISE and inform future scale up in a variety of clinic settings.

Table 1. Core elements of Community PROMISE

Community identification process	Assesses the current knowledge, attitudes, and behaviors related to HIV risk via surveys with key population members, gatekeepers, and system level stakeholders
Role Model Stories	Personal accounts of members of the intervention population who have made positive behavior change are developed into role model stories
Peer advocates	Peers are recruited and trained to distribute the role model stories and prevention materials within their social networks
Evaluation	Ongoing formative and process evaluation to capture behavior change within the population

Table 2. Key Differences Between Community PROMISE and its clinical environment adaptation: Clinic-Based PROMISE

	Community PROMISE	Clinic-Based PROMISE
Population & Setting	High Risk HIV-negative persons in the field	HIV+ Patients in primary care clinic
Community Identification Process	Four levels of community assessment interviews	Two levels of community assessment interviews: clinical staff and HIV-positive patients
Stories	Role Model Stories	Role model stories were re-named "Patient Success Stories"
Targeted Behaviors	Targets behaviors to reduce risk of HIV acquisition among high risk HIV negative persons	Targets behaviors to reduce HIV superinfection, and onward HIV/STI transmission to HIV-negative partners

PROJECT

Below we describe each of the core elements of our adaptation, Clinic-Based PROMISE. **Key process measures are bolded**, while our formal evaluation is described at the end of this section.

COMMUNITY IDENTIFICATION

- Clinic-based surveys were focused primarily on clinic staff as system-level stakeholders and patients as key participants
- Shortened survey only contained questions relevant to the clinical context
- Interviews took place from February–May, 2014
- **25 patient interviews and 18 clinical staff interviews were conducted**
  - Risk behaviors identified were condomless sex, sex with multiple partners, and alcohol/drug use.

PATIENT SUCCESS STORIES

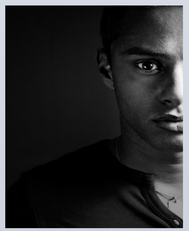
Story Development

- Patient success stories were developed using information from one-on-one patient interviews
  - Patients with success stories were identified with the help of providers and patient support groups
- **2 success stories were developed**
  - "Jaxs" was launched June 2014; highlighted success with consistently using condoms with new sexual partners (Figure 1)
  - "Cynthia" was launched April 2015; highlighted success with discussion of pre-exposure prophylaxis (PrEP) with HIV-negative partner

Story Distribution

- Success stories were printed and available in the clinic waiting room for patients to pick up
- Stories were also actively distributed by the nursing staff during intake
- After reading the stories, patients could request to visit a peer to discuss the story in more detail
- **1291 stories were distributed to 831 patients by clinic personnel, October 2014-May 2015**

Figure 1. Clinic-Based PROMISE Success Story: Jaxs



PATIENT PEERS

- Leveraged clinic's existing peer program; 3 trained peers who were also patients of the clinic
- Patients met with clinic peers as part of pre-set appointments
- Peer appointments included discussions about medication adherence, connection to support services, and other patient concerns. Appointments could also include a discussion of the patient success story.
  - If patients mentioned challenges related to safer sex, peers would facilitate open-ended discussions about the behaviors described in the success story, answer patient questions, and explain additional risk reduction strategies that may be applicable to the patient
- **10 peer-led success story discussions were reported, July 2014-May 2015**

EVALUATION

Electronic Medical Record (EMR) Review

- Reviewed records from October 2014 – May 2015
- Objective: to track active distribution of the Clinic-Based PROMISE success stories

Patient Surveys

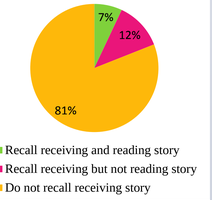
- Interviewer-administered surveys conducted 9 months after pilot launch: May-July 2015
- Patients recruited prior to seeing their provider, either upon entry to clinic, or while waiting in waiting room
- Every attempt was made to recruit without disrupting clinic flow
- Aimed to recruit approximately 30% of total clinic population (n=335)
- Objectives: (1) To assess exposure to 'Jaxs' Success story, (2) to assess perceptions of the story's relatability and utility (3) to determine the story's impact on patients' attitudes regarding discussion of sexual behavior with a provider and/or peers

EVALUATION RESULTS

Exposure to Success Stories

- **EMR Review:** In the 8 months prior to the survey (October 2014 – May 2015) the clinic reported success story distribution to 83% (n/N= 831/998) of patients that came in for a primary care visit
- **Anonymous Surveys:** Of the 335 patients surveyed May-July 2015, 20% (n= 62) recalled exposure to the story; 64% (n=40) of exposed patients reported reading the story (Figure 2)

Figure 2. Patient Recall of Exposure to Success Story (n=335)



EVALUATION RESULTS

Discussion of Sexual Behavior with Providers and Peers

- Almost all patients surveyed reported feeling 1) very or somewhat comfortable discussing sexual behaviors with provider, 2) that it was extremely or somewhat appropriate for doctors to ask questions about sexual behavior, and 3) very or somewhat likely to ask their provider questions about sexual behavior (Table 3)
- No significant differences were found when comparing attitudes of readers and non-readers

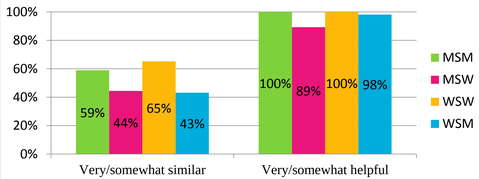
Table 3. Patient Attitudes Overall and by Report of Reading Success Story

	ALL (n=329)	Readers (n=36)	Non-readers (n=274)
Proportion of respondents who feel…			
Very/somewhat comfortable discussing sexual behavior with their provider	91%	92%	92%
It is extremely/somewhat appropriate for their doctor to asks questions about sexual behavior	92%	97%	92%
Very/somewhat likely to ask their doctor questions about sexual behavior	90%	95%	90%
Very /somewhat likely to ask clinic peer questions about sexual behavior	69%	77%	69%

Relatability and Utility of Success Stories (Figure 3)

- After all survey participants read the Success Stories:
  - Almost half (47%, n/N=150/317) felt the 'Jaxs' story described challenges that were very or somewhat similar to theirs
  - Nearly all (96%, n/N= 304/316) reported that distributing patient success stories in the clinic would be very or somewhat helpful; most reported very helpful (83%, n/N=262/316)

Figure 3. Relatability and Utility of Clinic-Based PROMISE Success Story



MSM=Men who have sex with Men; MSW=Men who have sex with Women; WSW= Women who have sex with Women; WSM=Women who have sex with Men

Success Story Impact

- Among the 7% (n/N= 23/318) of patients who reported being somewhat or very uncomfortable discussing sexual behavior with their provider before reading the success story, after reading the story:
  - 22% (n/N=5/23) reported feeling more comfortable discussing sexual behavior with a provider; 57% (n/N=13/23) reported no change
  - 38% (9/24) reported feeling more comfortable discussing sexual behavior with a peer; 42% (n/N=10/24) reported no change

EVALUATION SUMMARY

- Although the EMR data showed that the patient success story distribution was widespread, survey data indicated that patients may not recall receiving the success stories
- Patients overwhelmingly were comfortable and likely to discuss sexual behavior with their doctor, and felt the questions were appropriate within the care context
- Majority of patients related to Jaxs' story, suggesting his challenge (consistently using condoms with new sexual partners) was an important one to this patient population
  - Nearly all patients thought Clinic-Based PROMISE intervention of patient success story distribution would be very helpful

CHALLENGES IDENTIFIED

- **Success story and its distribution**
  - Relatability: Jaxs' story was relatable to some, but not to all patients. Having additional success stories from the start of the pilot may have appealed to other patients and better reflected the diversity of patients' experiences.
  - Distribution in the waiting room: waiting room shared by HIV positive and negative patients, which prevented active story distribution and peer engagement in the waiting room.
  - Distribution by nurses: patients sometimes declined or did not take the story with them.
- **Patient peer engagement**
  - Motivating the peers to engage with patients was a challenge. Peers may require more intensive training specific to the intervention.
  - Self-referral of a patient to peers did not occur. A greater emphasis on linkage from nurses to peers may be required.
- **Monitoring and Evaluation**
  - Initial tracking of success story distribution by inventory was problematic in a busy clinical environment. Thus, data elements were added to the nursing intake (EMR) to enhance monitoring.

DISCUSSION

- We were able to adapt PROMISE to a clinic-based environment by making adjustments to each of the core elements
- Process and evaluation data on implementation of Clinic-Based PROMISE indicated feasibility but with some challenges to address:
  - Community identification and success story elements worked well
  - Engagement between patients and on-site peers was low
  - Patients reported that the success stories were relatable and helpful, although impact seen on patient attitudes towards discussing sexual behavior with provider/peers was minimal
- The feasibility shown for Clinic-Based PROMISE suggests that it can be implemented successfully in a clinical setting with modifications to suit the population's needs and the resource capacity of the clinic

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