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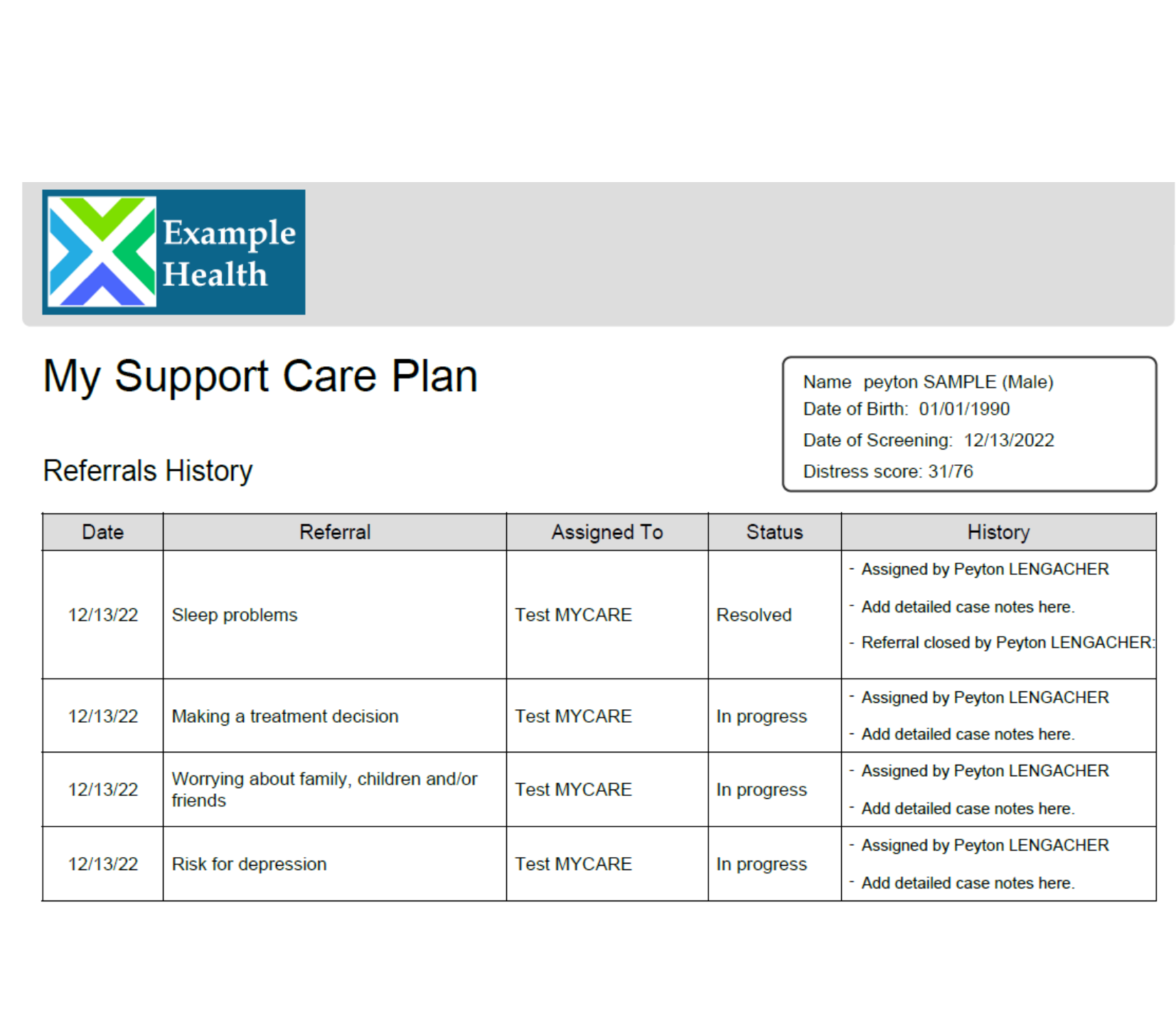
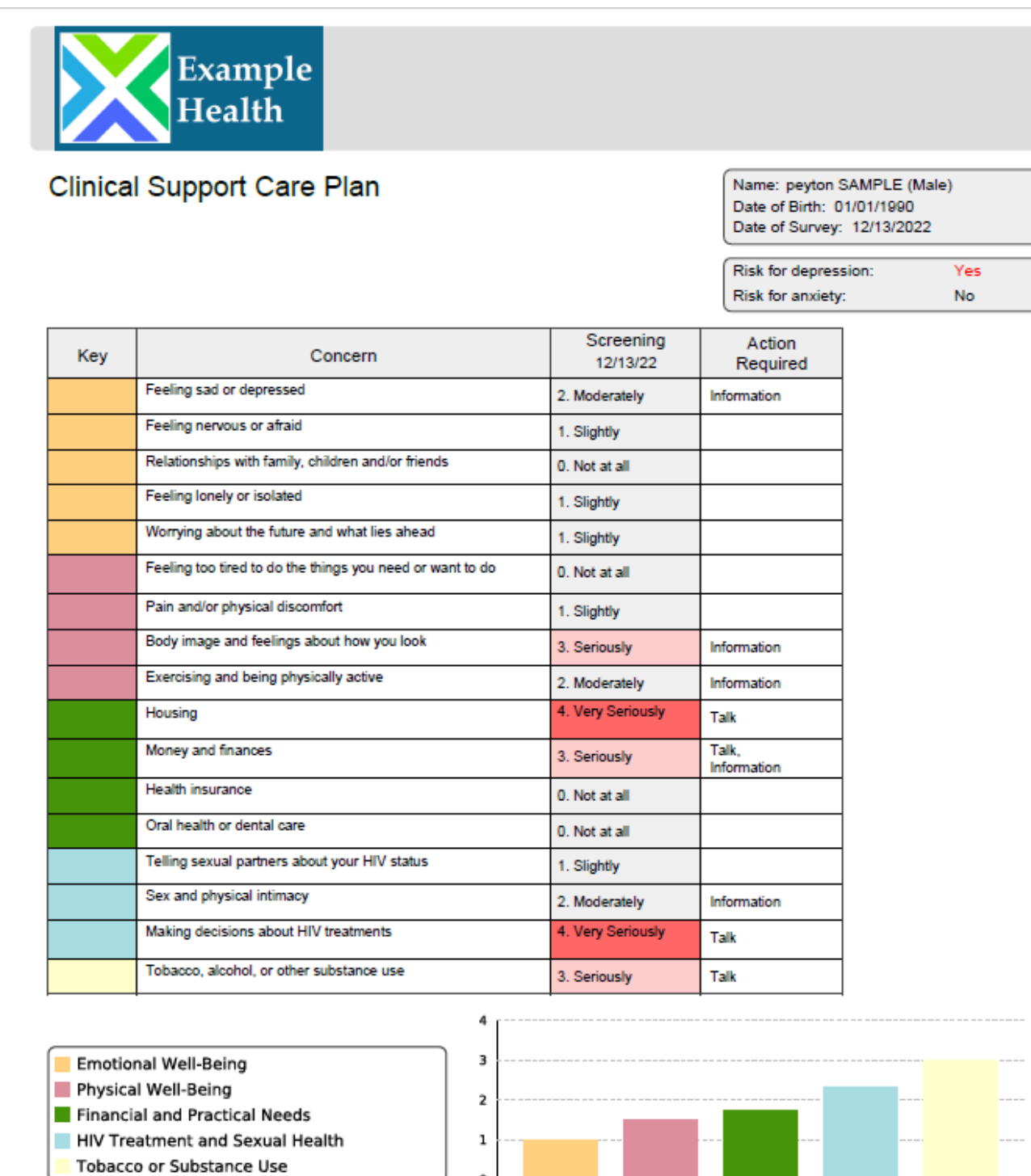
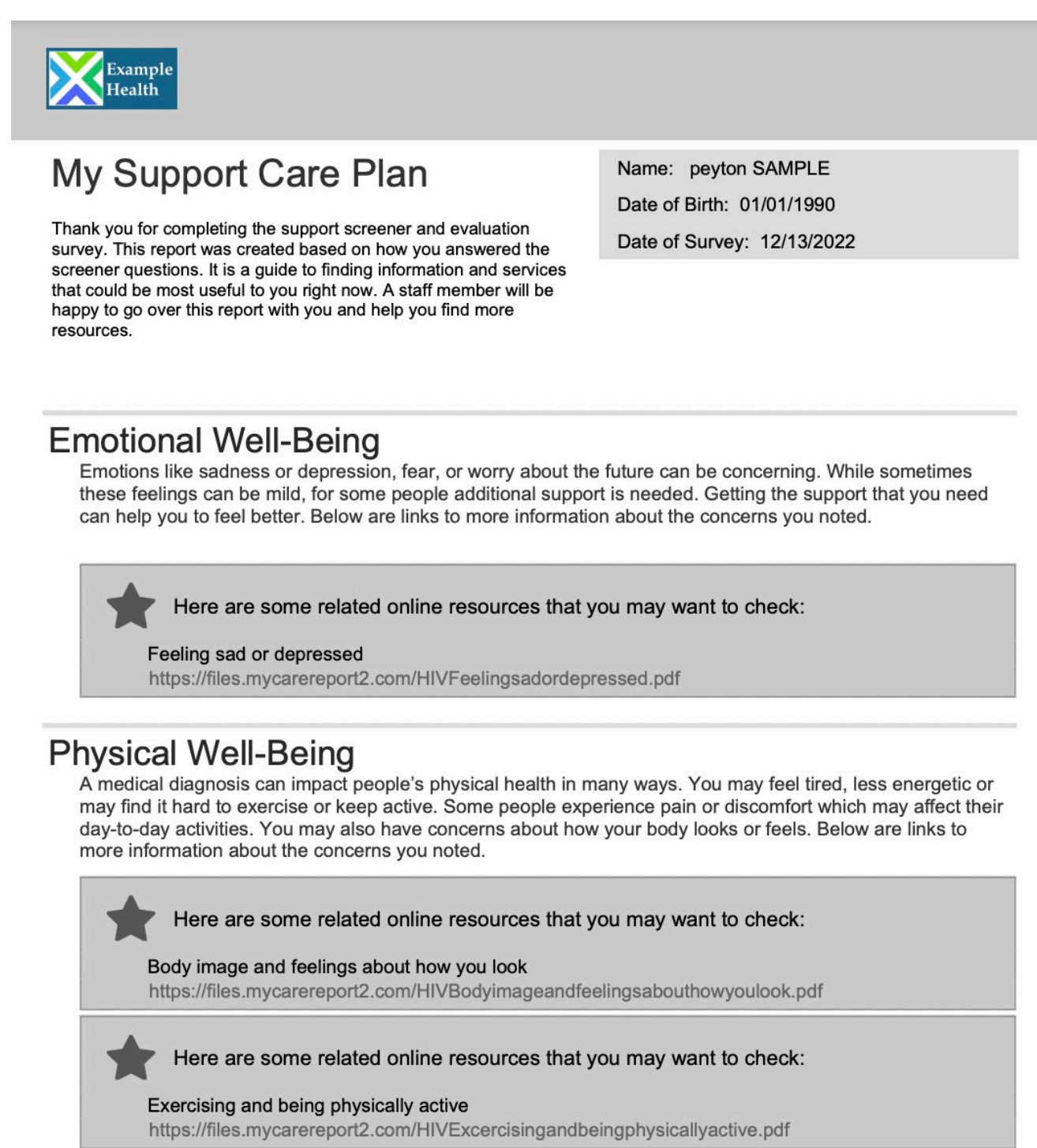
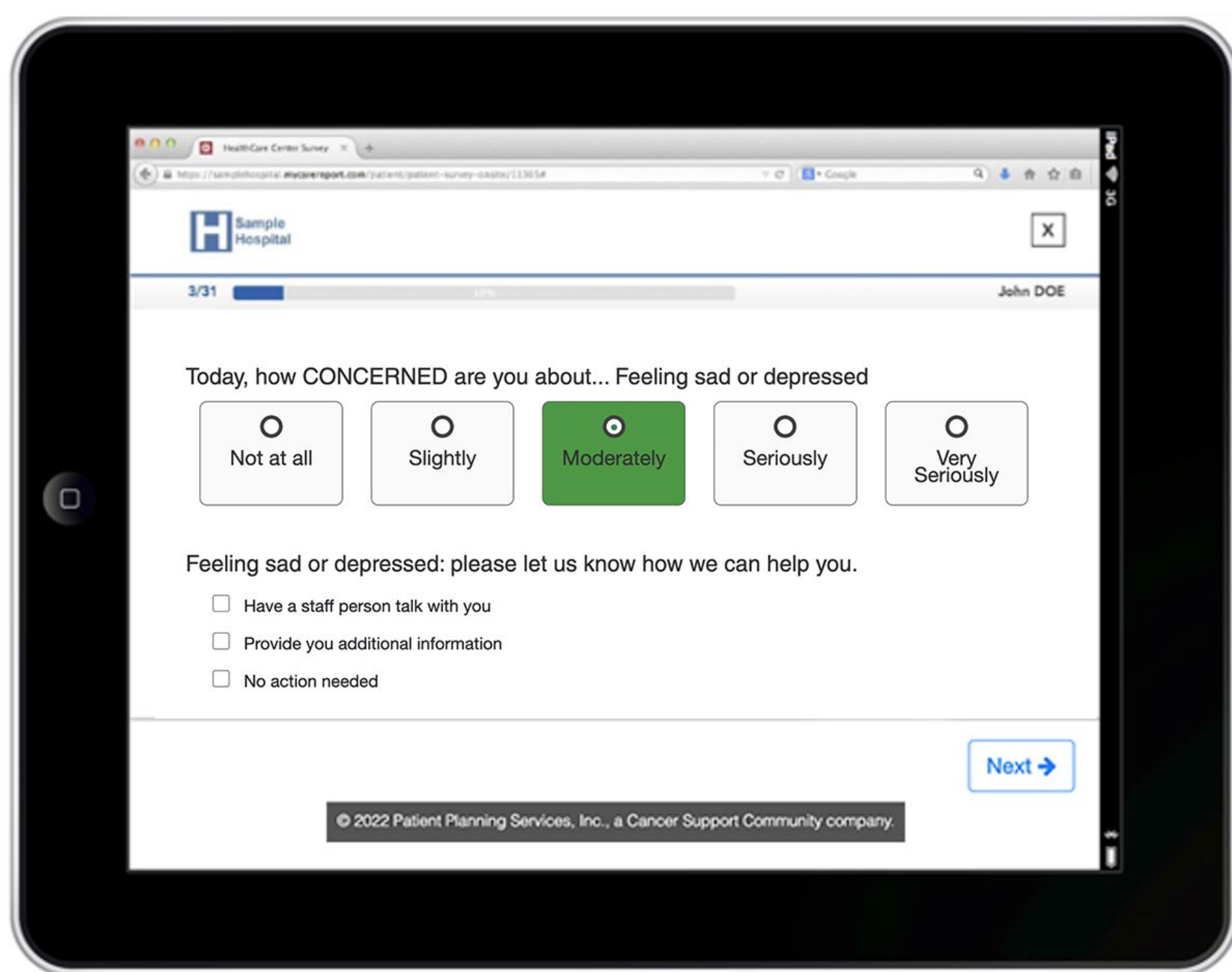
BACKGROUND

Addressing the psychosocial well-being of people living with HIV (PLHIV) can impact health outcomes. While depression and substance use screening is practiced widely, few tools screen for and respond to broader distress and unmet needs. We evaluated the feasibility, acceptability, and short-term outcomes of HIV Support Source (HIVSS), an electronic psychosocial distress screening and referral program for PLHIV.

METHODS

25 clients ages 18+ receiving HIV services at a community clinic in Chattanooga, TN, were invited to take part in the HIVSS pilot program. Staff documented program delivery at time of screening and at clients' subsequent primary care visit. Clients were invited to complete an online feedback survey 1 month after screening; a subset (n=6) also completed interviews. Clinic staff (n=6) took part in a focus group.

SCREENING AND REFERRAL PROCESS



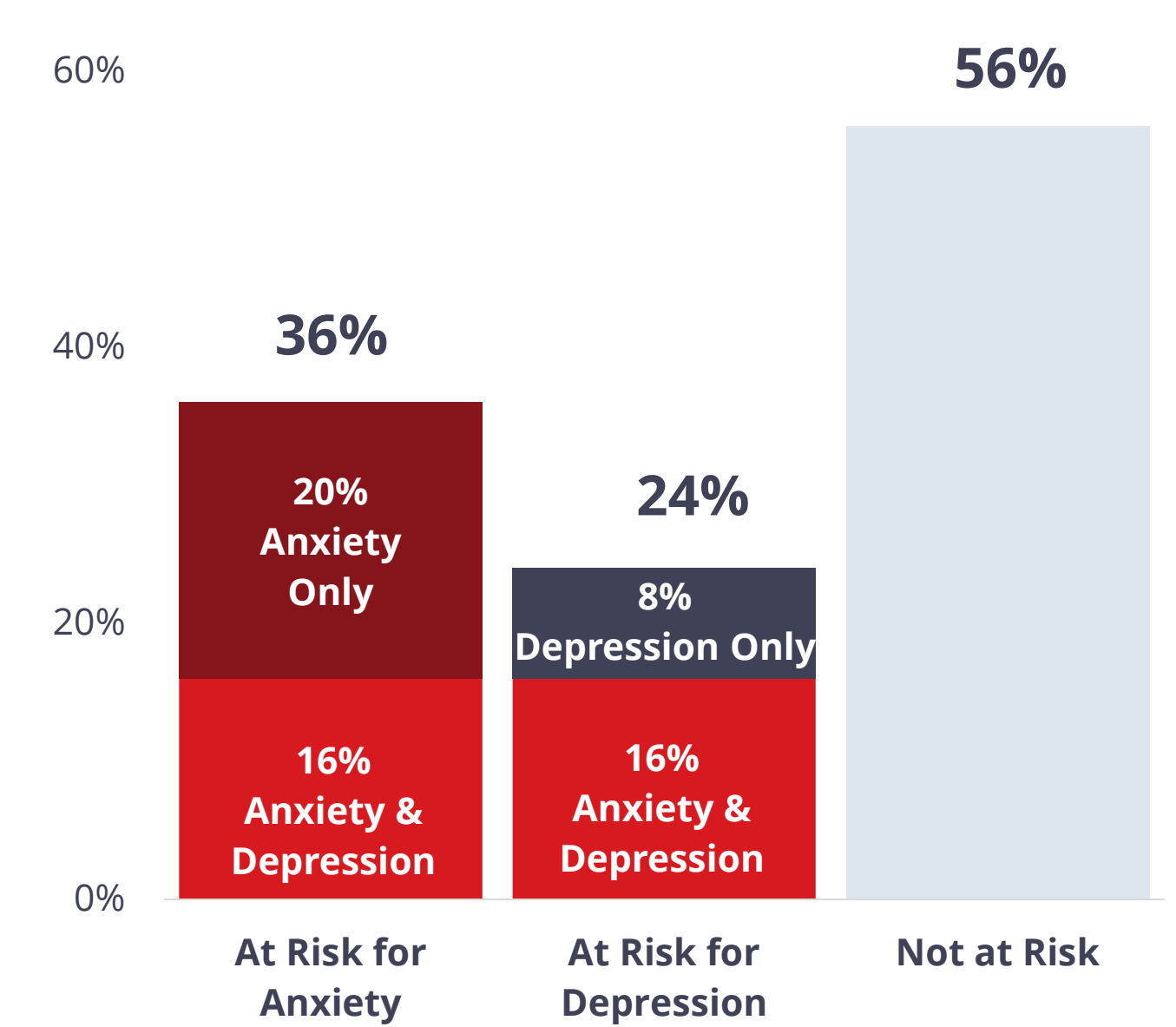
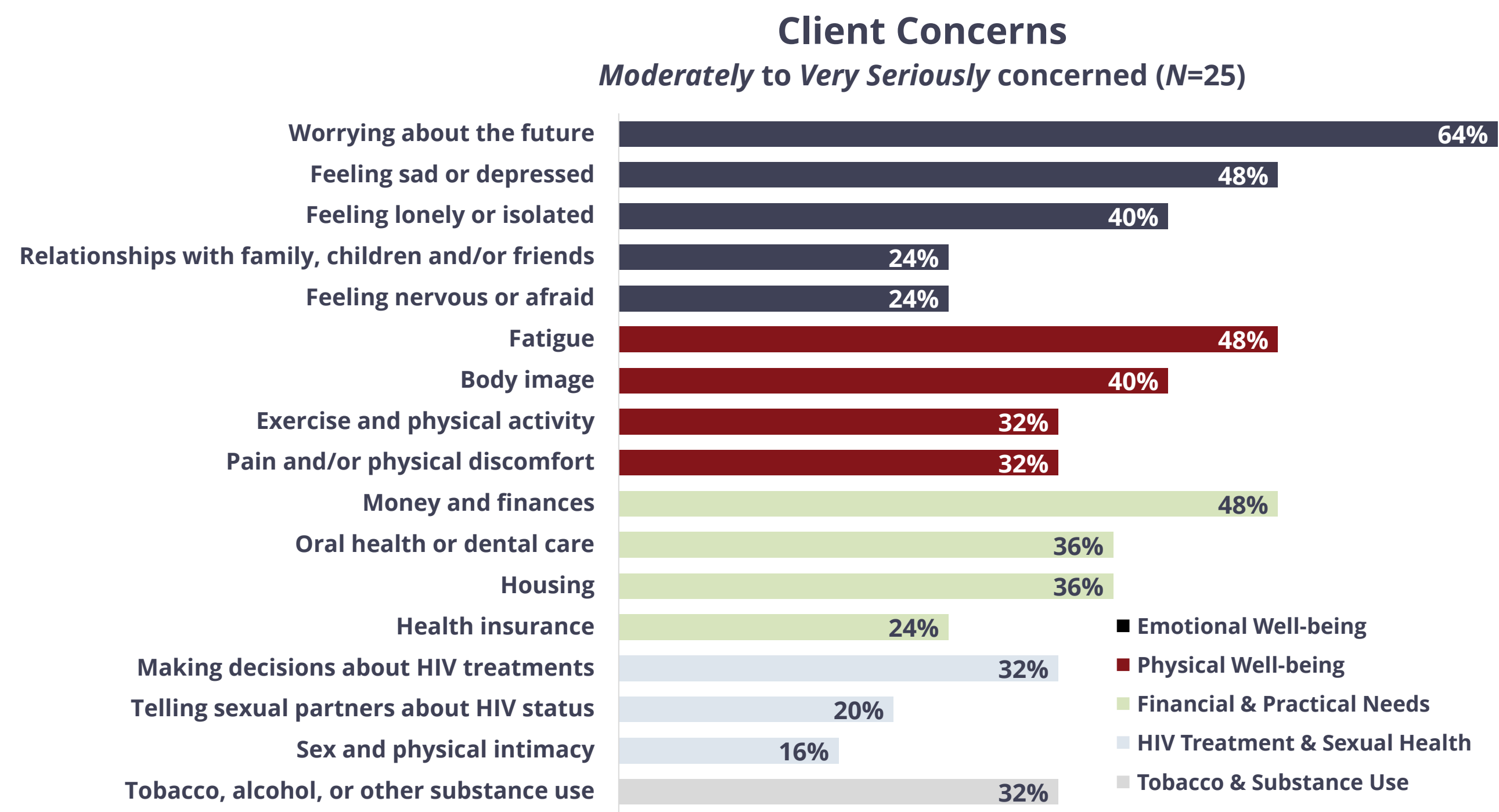
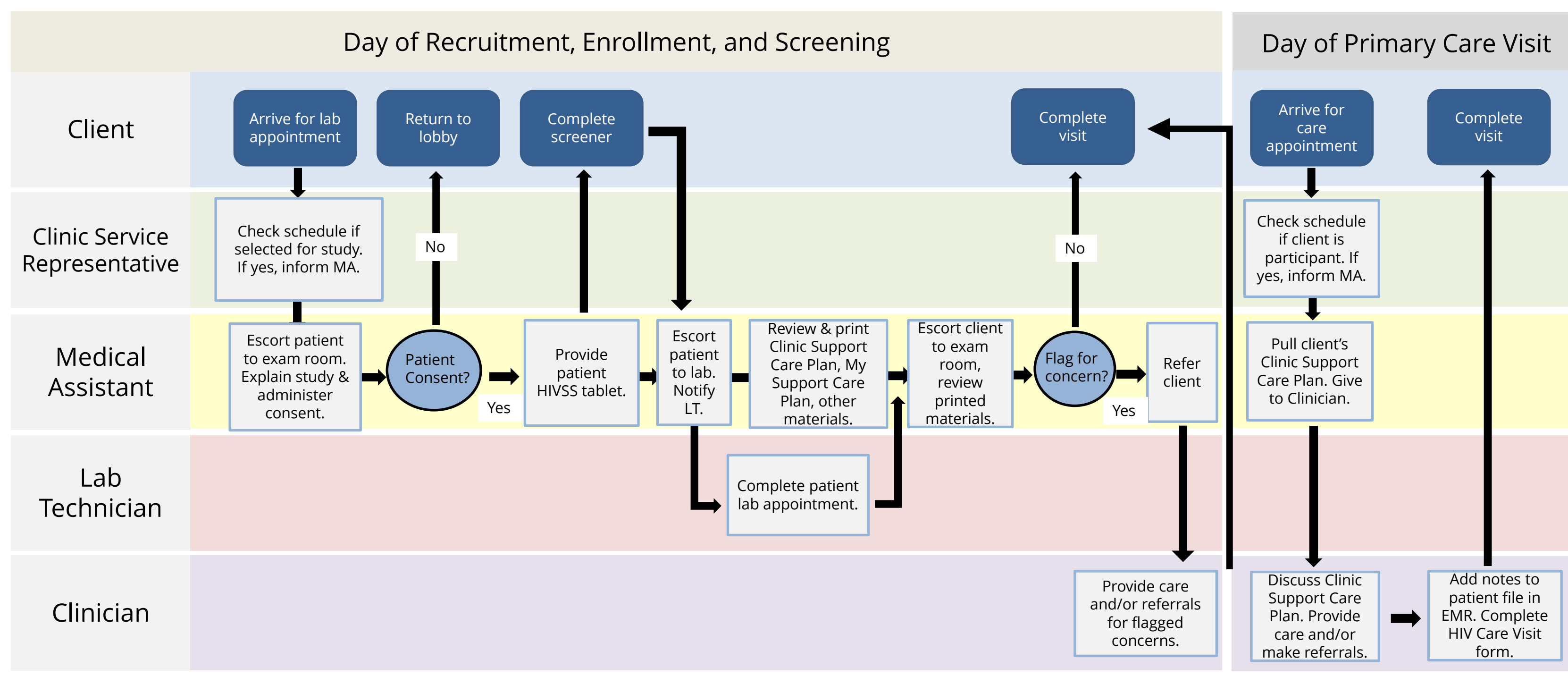
Clients completed psychometrically validated 17-item HIVSS

Clients offered an automated, tailored care plan and informational materials based on responses

Staff receive report on concerns and risk flags

Staff facilitate and track referrals and follow-up

WORKFLOW AND SCREENING RESULTS



Recruitment and baseline screening of 25 PLWH completed within 4 weeks

Clients endorsed concerns across key areas of life

44% triggered risk flag

- Providers reviewed HIVSS results with 24 clients, followed up with 79% (15/19) who rated any concerns *seriously* or *very seriously*, and provided support for 69% (13/19) based on responses (e.g., pain management, antidepressant, emotional support, health behavior counseling).
- 53% (10/19) of clients were referred internally for additional support needs (e.g., housing, financial assistance, other resources).

EVALUATION RESULTS

Among clients completing the feedback survey (n=15):

- 87% (13/15) reported that HIVSS was **easy to use and covered their concerns**
- 93% (14/15) agreed that HIVSS **helped staff to better understand their concerns**

❖ *The questions were not invasive at all...I think it made you think a little bit, but it wasn't to the point where I felt uncomfortable answering the questions.*

❖ *[HIVSS] covered each area that I would have a concern about. And, it was fairly easy, very understandable, not too long, but covered enough bases to let you know that this concern is in this area and to make sure that things are taken care of.*

Staff felt well-equipped to administer HIVSS

- ❖ *Honestly, it worked out really well, once we...figured out...the best flow. It went really well. I was concerned a little bit in the beginning. I thought "how are we going to do this?" But...it was smooth.*
- ❖ *Nobody took [HIVSS] and asked questions about it...nobody took it and needed assistance...we had a good variety of age ranges that took it, so I think the...simplicity...of [HIVSS] was probably the best part.*

HIVSS gave staff insight into tailoring and improving support

❖ *...it helped me to ask questions differently than I may have asked before...sometimes I just kind of do the basic "any issues or concerns?" and they always say no and then an hour later they call and, say, oh, by the way, I don't have housing and I don't have my meds and all of that. So, it did help me to...ask more specific questions.*

❖ *I see this with a lot of our patients, "I don't want to be a burden, somebody else is going to need that. I'm OK. Somebody else needs more help and more focus than I do." So being able to do this was an unspoken way for them to say, "Yeah, actually, that does bother me a little bit, but only because you're asking, am I gonna say something..."*

HIVSS data informed care delivery and clinic resource allocation

❖ *...rather than just a verbal - us saying, "hey, we're seeing patients all day long that have this problem," [HIVSS] actually gave us data to say, "look, there are out of, you know, ten patients coming in, three of them are struggling with homelessness." So I think that that was very valuable.*

As a result of the pilot study, the site was able to enhance case management by reallocating staff from administrative roles to providing direct client services.

CONCLUSIONS AND IMPLICATIONS

- HIV Support Source administration was feasible, efficient, and highly acceptable to clients and staff.
- The multidimensional HIV Support Source screener highlighted concerns that otherwise would not have been recognized, and clients received support services and referrals that corresponded with their needs.
- The benefits of HIV Support Source screening and referral can be optimized when implemented with a strong case management system.

ACKNOWLEDGMENTS

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REFERENCES

- Heywood W, Lyons A. (2016). HIV and elevated mental health problems: Diagnostic, treatment, and risk patterns for symptoms of depression, anxiety, and stress in a national community-based cohort of gay men living with HIV. *AIDS and Behavior*, 20(8), 1632-1645.
- Gokhale RH, Weiser J, Sullivan PS, Luo Q, Shu F, Bradley H. (2019). Depression prevalence, antidepressant treatment status, and association with sustained HIV viral suppression among adults living with HIV in care in the United States, 2009-2014. *AIDS and Behavior*, 23(12), 3452-3459.
- Aidala AA, Wilson MG, Shubert V, et al. (2016). Housing status, medical care, and health outcomes among people living with HIV/AIDS: A systematic review. *American Journal of Public Health*, 106(1):e1-e23.