Making a difference in health: Focus on the Environment, Not Only the Individual

Marguerita Lightfoot
UCLA HIV Grand Rounds
Outline

01  PUBLIC HEALTH JOURNEY

02  YOUTH EXPERIENCING HOMELESSNESS

03  STI/HIV SCREENING

04  NEW STUDIES
“Not everything that is faced can be changed, but nothing can be changed until it is faced”
Determinants of Health Status

50% can be traced back to your zip code!

Only 20% include those moments in a healthcare environment

Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)
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Youth Participatory Action Research

Young people as researchers, interviewers, and data analysts

Collaborative data analysis
Research Design

**Interviews**
Walking tours of key neighborhoods

**Photos**
Photos of important places

**Location**
Geolocation data of important places

**Police Data**
Analyze SFPD stops of 18-24 year olds during 2017-2019
Youth sacrifice safety to access housing and services

The difference [in the Haight] is like; I can walk down the street without having to worry about like getting like sexually harassed every five minutes, because that is definitely a thing in the Tenderloin and in the Mission.
Youth don’t have access to basic needs

They really don’t like it when you have access to power and water and shit like that. You know, I don’t know why. It seems like everybody should be able to have that, you know? Anytime they see anywhere where street people or whatever have access to like an outlet or water or whatever, they hate that, you know, so they usually get rid of it.
If you are homeless, and you aren’t dirty or unhygienic, businesses tend to be more I guess sympathetic towards you. But if you come in and you’ve got like shit tons of bags and you’re nasty, and you’re dirty, they’re not gonna let you in their business.
They put up a ‘No Loitering’ sign at the park. There’s a No Loitering sign at the PARK. What the fuck are you supposed to do in a park? Loiter!

Youth are criminalized
Law Enforcement
Random violence
Neglect to protect youth
Excessive Force
Deny access to possessions

[Police] are not safe at all. I went to a police station like three times and they were unable to help me all three fucking times
I only know of a couple case managers that actually do their job, and kinda help keep the people safe. And that’s only like two, like two case managers that I know of that does that. But those who are like—I don't know if they know what it’s like to struggle, but like other case managers, they really are no help.

Service Providers
Some welcoming and humanizing
Some disrespectful, aggressive and paternalistic
Allow or deny access to basic needs
Broken or absent systems of accountability
# Police stops of youth, 2017-2019

<table>
<thead>
<tr>
<th></th>
<th>Physical</th>
<th>Property</th>
<th>Drug Possession</th>
<th>Homelessness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2184 stops</td>
<td>1068 stops</td>
<td>1109 stops</td>
<td>827 stops</td>
</tr>
<tr>
<td>Highest in Spring &amp;</td>
<td>Highest in Winter &amp; Spring</td>
<td>Highest in Spring</td>
<td></td>
<td>Lowest in Winter</td>
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<td>Summer</td>
<td></td>
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<tr>
<td>Highest Weekday</td>
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<td></td>
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</tr>
<tr>
<td>Whites</td>
<td>11%</td>
<td>Whites 21%</td>
<td>Whites 15%</td>
<td>Whites 32%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>31%</td>
<td>Hispanic 20%</td>
<td>Hispanic 64%</td>
<td>Hispanic 18%</td>
</tr>
<tr>
<td>Black</td>
<td>48%</td>
<td>Black 53%</td>
<td>Black 16%</td>
<td>Black 43%</td>
</tr>
<tr>
<td>API</td>
<td>6%</td>
<td>API 4%</td>
<td>API 1%</td>
<td>API 4%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
<td>Other 2%</td>
<td>Other 4%</td>
<td>Other 3%</td>
</tr>
<tr>
<td>Males</td>
<td>74%</td>
<td>Males 80%</td>
<td>Males 88%</td>
<td>Females 56%</td>
</tr>
<tr>
<td>Bayview</td>
<td>36%</td>
<td>Tenderloin 31%</td>
<td>Tenderloin 71%</td>
<td>Mission 65%</td>
</tr>
<tr>
<td></td>
<td>Bayview 30%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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Text Intervention

5 messages to sexually active friend
Youth generated messaging
Guidance informed by Social Cognitive Theory
Recruitment

- Approached: 153
- Refused: 18%
- Ineligible: 16%
- Consented: 66%
- Sent 5 texts: 81%
- Sent > 5: 18%
- Post-test: 91%
### Messages Sent

<table>
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<tr>
<th>Call to Action</th>
<th>87%</th>
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<tbody>
<tr>
<td>Personalized Message</td>
<td>81%</td>
</tr>
<tr>
<td>Clinic Information</td>
<td>69%</td>
</tr>
<tr>
<td>Self Disclosure/Positive Experience</td>
<td>55%</td>
</tr>
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</table>

**Direct**

- “Hey friends/Fam having unprotected sex? You should take the time to visit 3rd st youth clinic...
- “Hey if u need to get, tested, looking for somewhere to chill in a safe environment, or just need someone to talk to. Go visit third street youth clinic and Center they have excellent services for youth up to the age of 24.
- “Ay bruh you know your status you could come down to 3rd street and get checked make sho you straight.”
- “hey I went to 3rd st clinic today, you should come get checked to be sure they're very helpful & show a lot of support.”

**Passive**

- “At the 3rd street clinic their giving free STD as well as HIV testing you can find your status out today”
Responses

“Are you finna be a daddy?”

“Lmfao. Nice. Okay well when I get home”

“Bitch what you telling me for? I go to my dr. every 3 months for the free and I damn sho aint got HIV”

“Are you ok”

“lol. What? That was hecca random”

“Fa sho. What time it ends? I get out @ 4”
Positive STI

Week of Data Collection

High Risk

Week of Data Collection
HIV

STI

Week of Data Collection

# Patients

Week of Data Collection

# Patients
Mobile Opportunity

Africa has surpassed...

Europe in the number of mobile phones
U.S. in number of cell phone users
Example Texts

“hey sup! I want you to come to the SHAZ! HUB at Citimed hospital. They have a lot of educative programs for young people”

“Boss boss. How are you? There's a fun place here for young people aged between 16-24. Would you like to come?”

“My friend. Please come to the SHAZ!HUB at Citimed and get tested for free. They also have other programs for young people”

“How are you my friend, im inviting you to come with me im going for a youth program called SHAZ.”
Number of New Patients Tested for HIV

Doubling of the predicted count of new patients getting tested for HIV

\[(FC=2.06, 95\% CI 1.37-3.12, p=.0008)\]

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Messaging Starts ---
Proportion of New Patients Testing for HIV positive

5 times higher at intervention onset than immediately prior

(OR=4.84, 95% CI 1.27-18.47)
Proportion of New Patients with Sexual Risk

3 times than immediately prior to intervention onset

(OR=3.24, 95% CI 1.71-6.13, p=.0005)
Outline

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Increasing financial and health equity among low income black youth and young adults
Guaranteed Income

Cash transfer with no conditions provided on a consistent basis.

Flexibility, stability and freedom so people can identify and meet their needs.
'If wealth was the inevitable result of hard work and enterprise, every woman in Africa would be a millionaire.'

— George Monbiot

David Avocado Wolfe
Premise

Guaranteed income (GI) in adults

↓ Anxiety and depression
↑ Investment in the future
↑ Health seeking & service utilization

❓ Impacts on Black youth

🛠️ Immediate policy impact

✓ Economic Security Project (2016)
✓ Mayor’s For Guaranteed Income (2020)
Study Aims

Determine the impact of GI on three related outcomes
1. Financial Well-being
2. Mental health
3. Utilization of Mental Health and SRH services

Examine whether the benefits of GI could be accelerated by providing additional financial capability supports
1. Peer learning circles
2. Financial coaching

Personal Well-being
- Emotional well-being
- Financial health & wellness
- Physical well-being
- Feeling connected with community
- Satisfaction with work

Financial Well-being

Mental health

Utilization of Mental Health and SRH services
Eligibility

Aged 18 – 24 years at time of enrollment

Not be a participant in any other GI program

Identify as Black

Lived in the United States for at least 3 years

Live in a low-income or very low income census tract in San Francisco or Oakland
Randomized Controlled Crossover Design

**Phase I: Main trial**
- Randomize
  - $n = 300$
  - GI
  - No GI

**Phase II: Cross-over and Sustainability**
- GI
  - No GI
  - Opt-in Support Services Available Throughout Study

- Quantitative Surveys
  - Baseline
    - X
  - 12 month
    - X
  - 24 month
    - X

- Qualitative Interviews

SCHOOL OF PUBLIC HEALTH
Recruitment & Enrollment

Recruitment
Outreach through agencies, flyers, social media

Eligibility confirmation & Drawing
Interested youth complete a webform to indicate interest & initially confirm eligibility
Phone screening to confirm eligibility
Drawing (weighted to ensure gender, age, and location balance)

Enrollment
Consent, Contact info, Survey, Fin Cap introduction, Focus Card
Identifying Potential Harms

Taxes
Public Benefits
Social Pressure/Coercion
More than two thirds of youth experience a traumatic event by age 16

Health system fragmentation usually dictates separate and poorly coordinated care for youth and adults

Current legislative policy and budget priorities present an opportunity to innovate clinical care models

Using a whole family approach builds on family and community strengths and resilience
Specific Aims

1. **QUALITATIVELY EXPLORE**
   Existing approaches to whole family wellness and resilience

2. **CO-DESIGN**
   A scalable and sustainable Whole Family Wellness approach to addressing trauma and resilience

3. **PILOT TEST**
   Whole Family Wellness approach to assess feasibility, acceptability, and program costs & reimbursement.
Intervention Development

Patients (N=50)
- Adolescents
- Caregivers

Community Partners (N=20)
- Frontline staff
- Leadership

Clinics (N=50)
- Frontline staff
- Behavioral health
- Medical providers

STRENGTHS
- Who helps us?
  - What helps us?

DISTRESS
- How are we impacted?
  - What happened to us?
What about HIV?

50% can be traced back to your zip code!

Only 20% include those moments in a healthcare environment.

Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)
Can we change conditions, not just individuals?

Yes!
We just have to face it.
# Social Determinants of Health

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Hunger</td>
<td>Social integration</td>
<td>Health coverage</td>
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<tr>
<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td>Access to healthy options</td>
<td>Support systems</td>
<td>Provider availability</td>
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<tr>
<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
<td></td>
<td>Community engagement</td>
<td>Provider linguistic and cultural competency</td>
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<tr>
<td>Debt</td>
<td>Parks</td>
<td>Vocational training</td>
<td></td>
<td>Discrimination</td>
<td>Quality of care</td>
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<tr>
<td>Medical bills</td>
<td>Playgrounds</td>
<td>Higher education</td>
<td></td>
<td>Stress</td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td>Walkability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Zip code / geography</td>
<td></td>
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</tbody>
</table>

**Health Outcomes**

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations