



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



Marguerita Lightfoot
UCLA HIV Grand Rounds



SCHOOL OF
PUBLIC HEALTH

Outline



01

PUBLIC HEALTH JOURNEY



02

YOUTH EXPERIENCING HOMELESSNESS



03

STI/HIV SCREENING



04

NEW STUDIES



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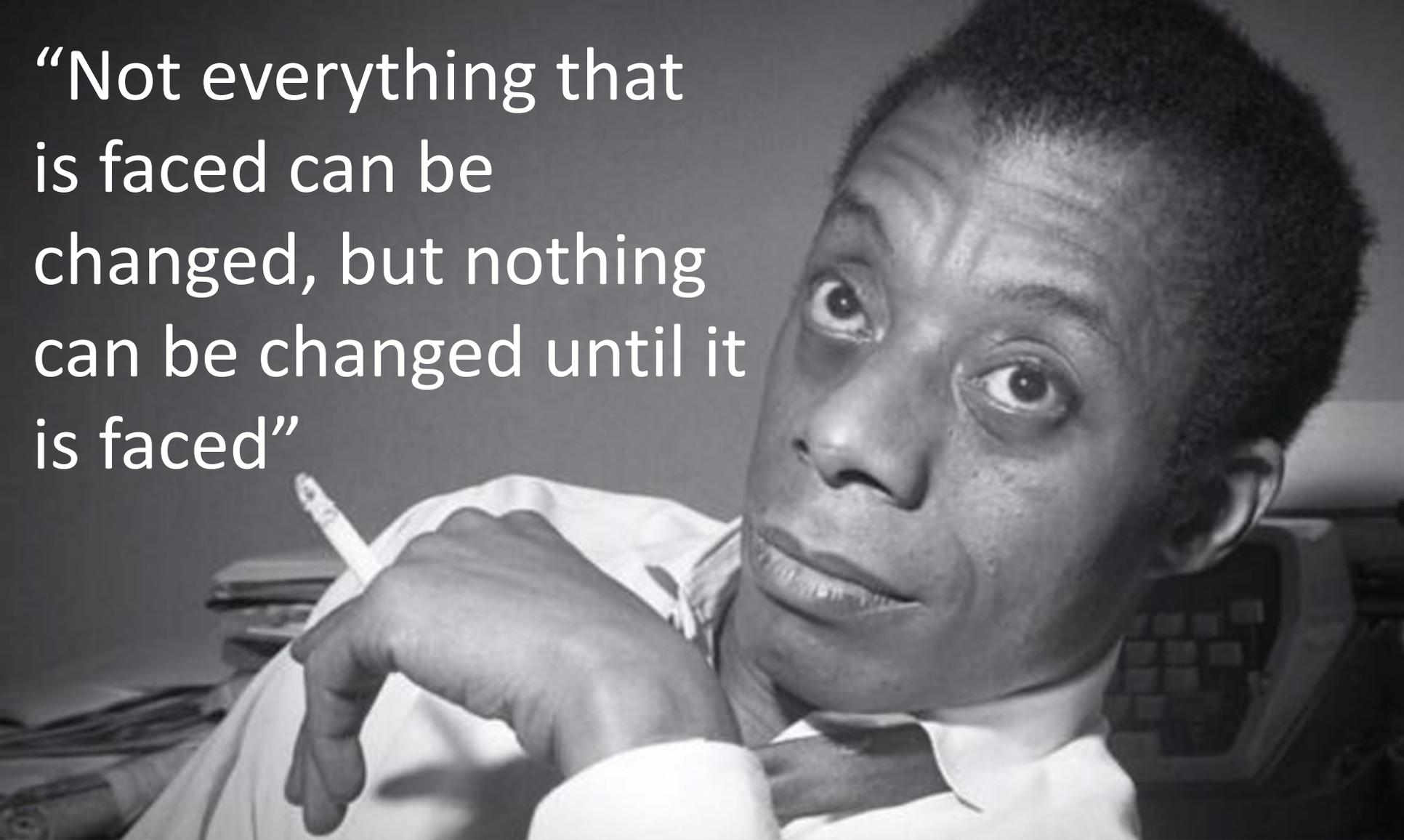
04

NEW STUDIES



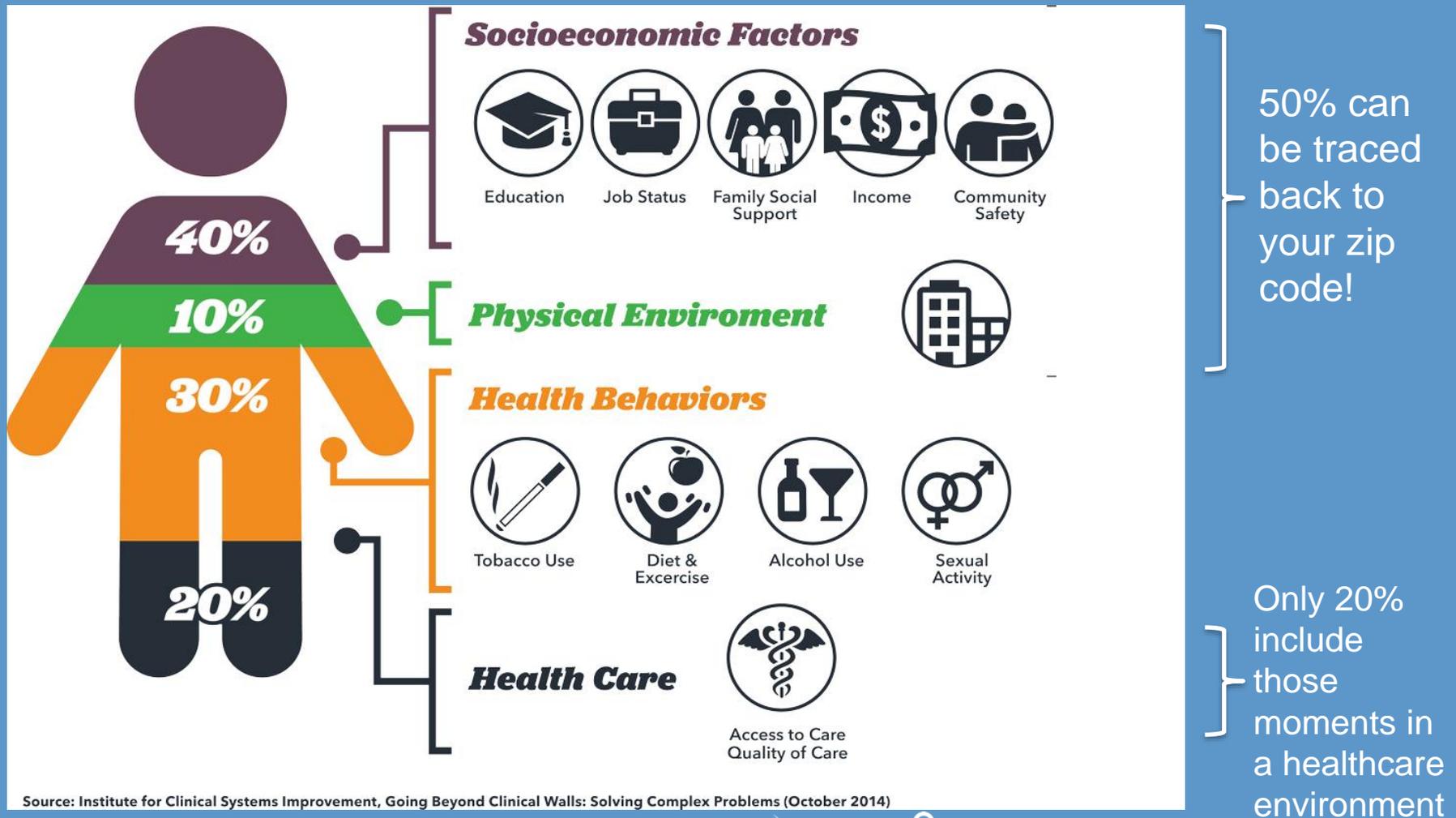
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“Not everything that
is faced can be
changed, but nothing
can be changed until it
is faced”



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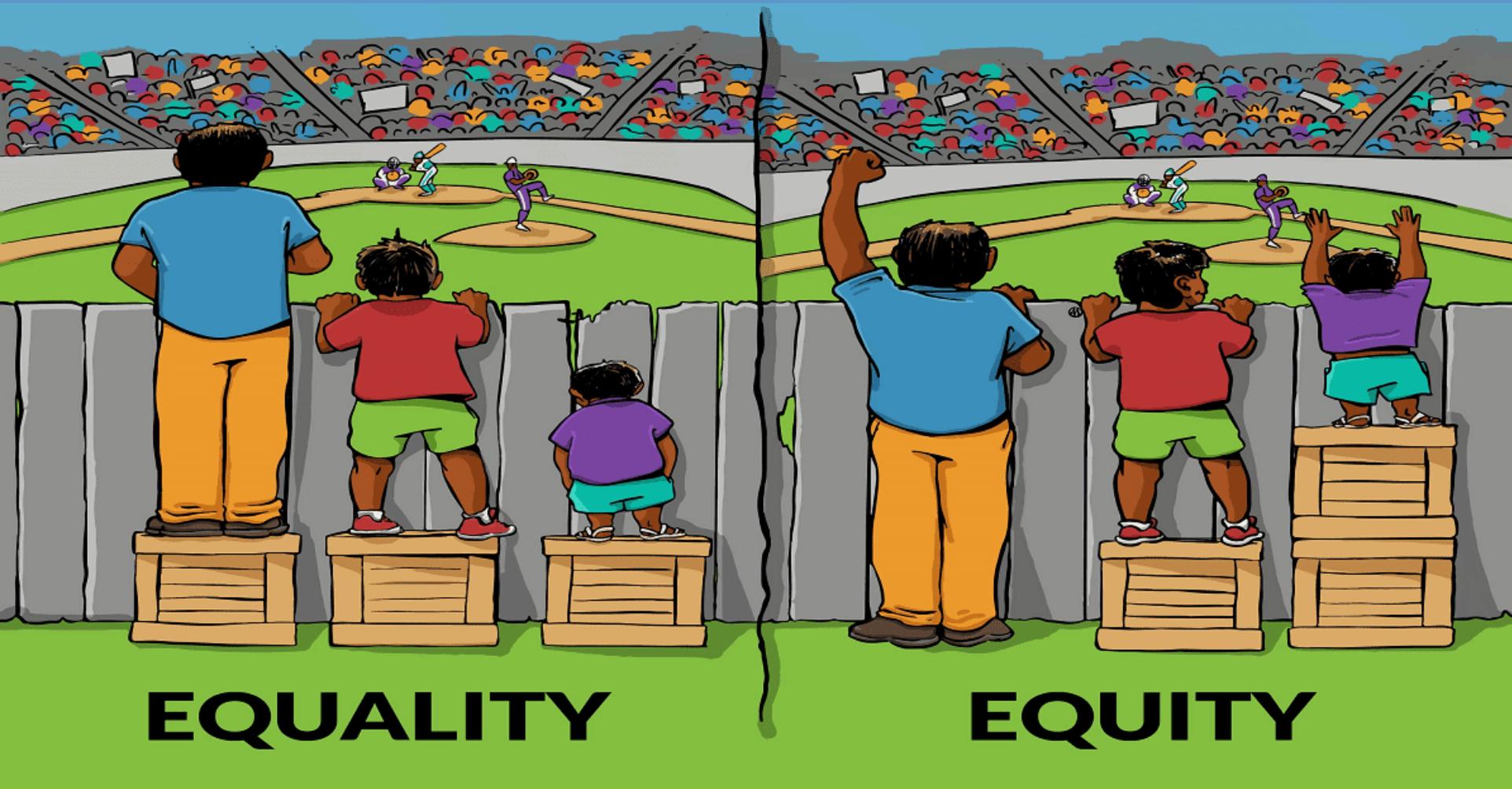
Determinants of Health Status



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



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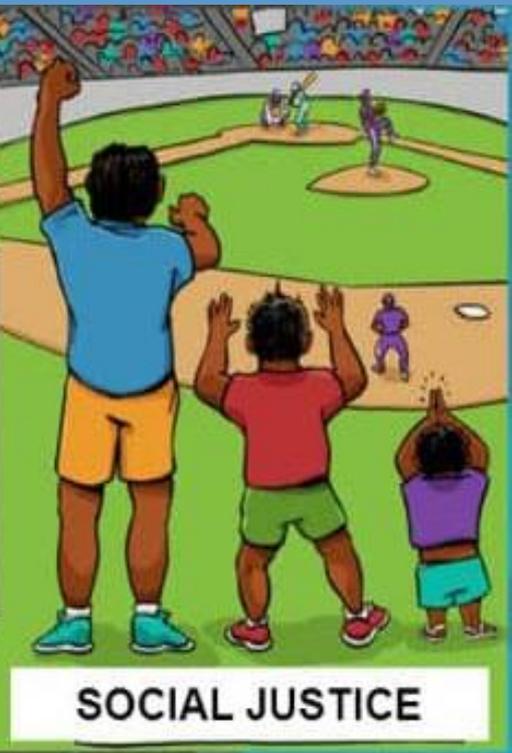
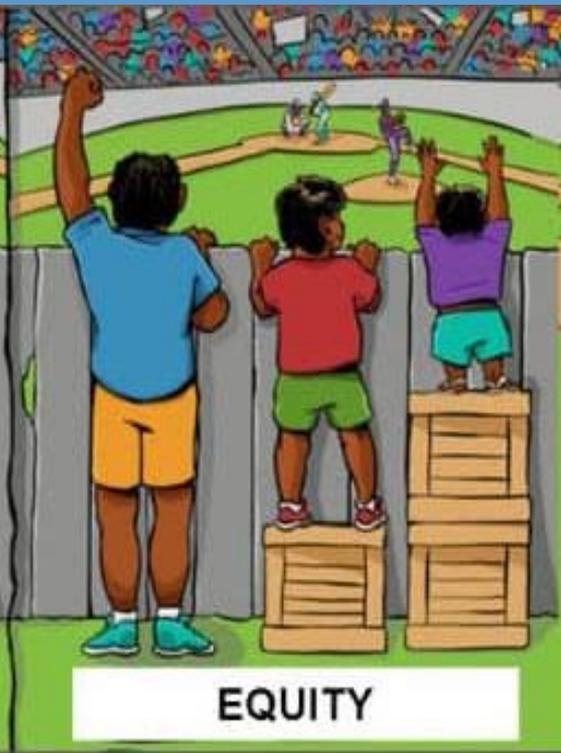
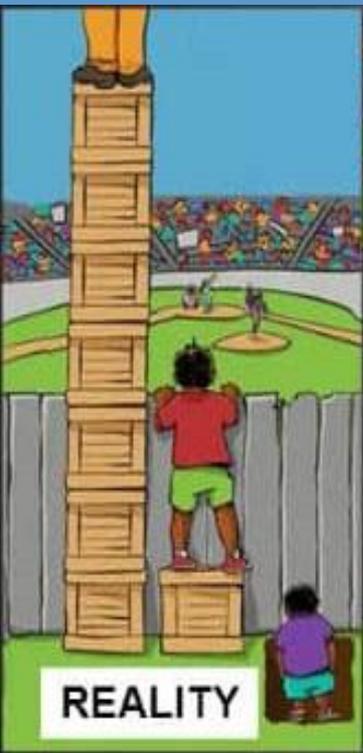


EQUALITY

EQUITY



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Portland State University

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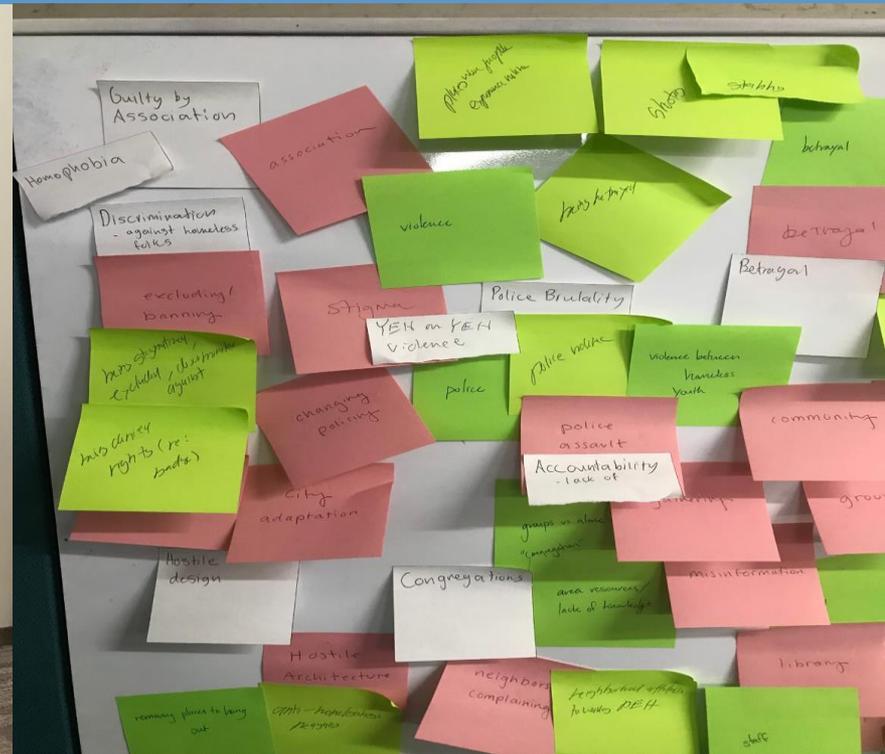


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Youth Participatory Action Research

Young people as researchers, interviewers,
and data analysts

Collaborative data analysis



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Research Design

Interviews

Walking tours
of key
neighborhoods



Photos

Photos of
important
places



Location

Geolocation
data of
important
places

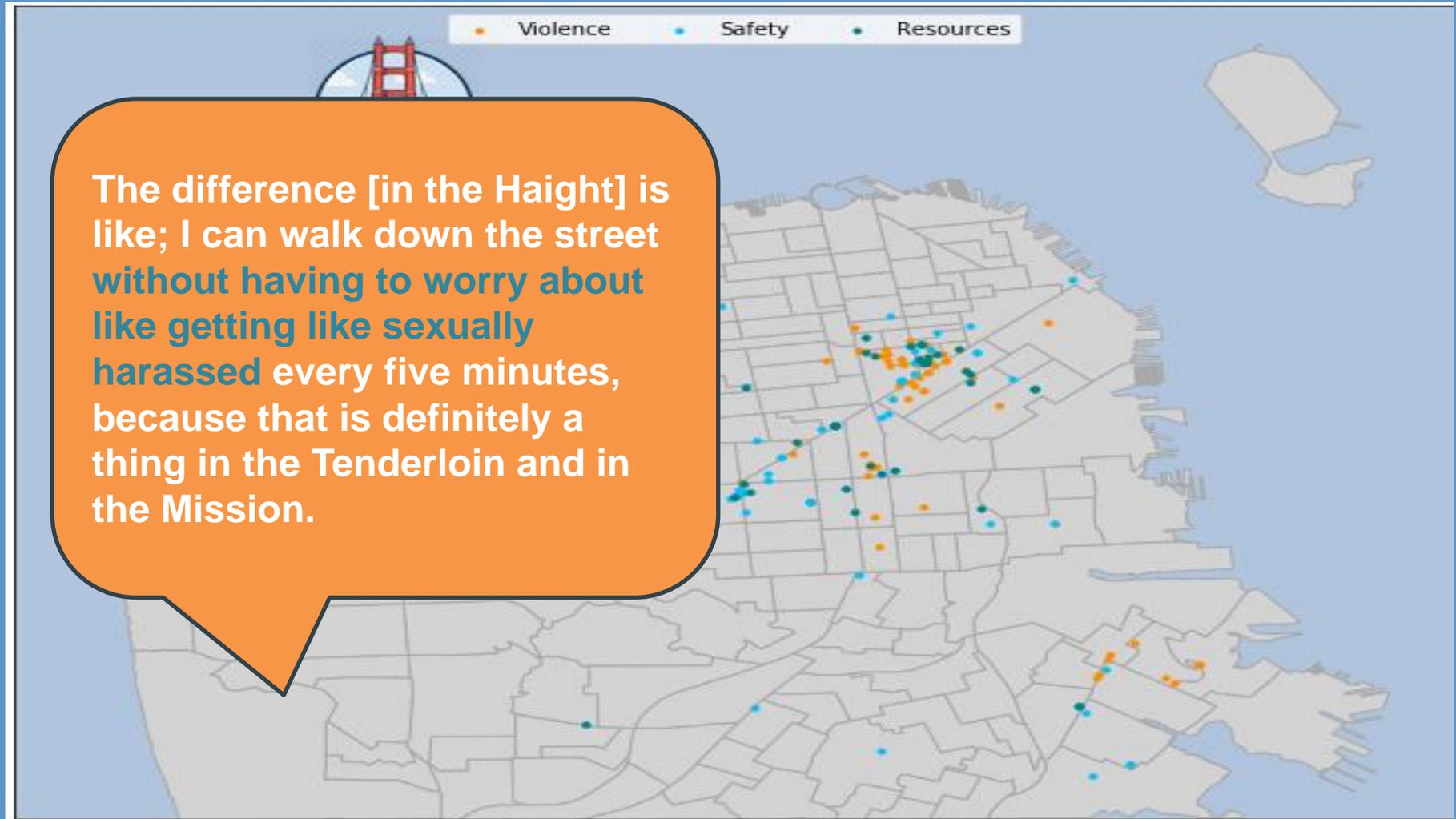


Police Data

Analyze SFPD stops
of 18-24 year olds
during 2017-2019



Youth sacrifice safety to access housing and services



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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.



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Youth are stigmatized

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.



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Youth are criminalized



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!



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Those supposed to help sometimes hurt



[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

Law Enforcement

Random violence

Neglect to protect youth

Excessive Force

Deny access to possessions



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Those supposed to help sometimes hurt



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



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Police stops of youth, 2017-2019

Physical
2184 stops

Property
1068 stops

Drug Possession
1109 stops

Homelessness
827 stops

Highest in Spring & Summer

Highest in Winter & Spring

Highest in Spring

Lowest in Winter

Highest Weekday

Highest Weekday

Highest Weekday

Highest Weekday

Whites 11%
Hispanic 31%
Black 48%
API 6%
Other 3%

Whites 21%
Hispanic 20%
Black 53%
API 4%
Other 2%

Whites 15%
Hispanic 64%
Black 16%
API 1%
Other 4%

Whites 32%
Hispanic 18%
Black 43%
API 4%
Other 3%

Males 74%

Males 80%

Males 88%

Females 56%

Bayview 36%

Tenderloin 31%
Bayview 30%

Tenderloin 71%

Mission 65%



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Text Intervention

5 messages to
sexually active
friend

Youth generated
messaging

Guidance informed
by Social Cognitive
Theory



Icon made by Good Ware from www.flaticon.com



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Recruitment

Approached
153

Consented
66%

Refused
18%

Ineligible
16%

Sent 5 texts
81%

Sent > 5
18%

Post-test
91%

Messages Sent



Calls to Action
87%

Direct

“Hey friends/Fam having unprotected sex? You should take the time to visit 3rd st youth clinic

Passive

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



Personalized Mess
81%

“Hey if you are somewhat nervous about getting checked make sho you straight.”

”jst 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



Clinic Information
69%

“hey I went to 3rd st clinic today, you should come get checked to be sure they're very helpful & show alot of support.”



Self Disclosure/Positive Exp
55%

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”

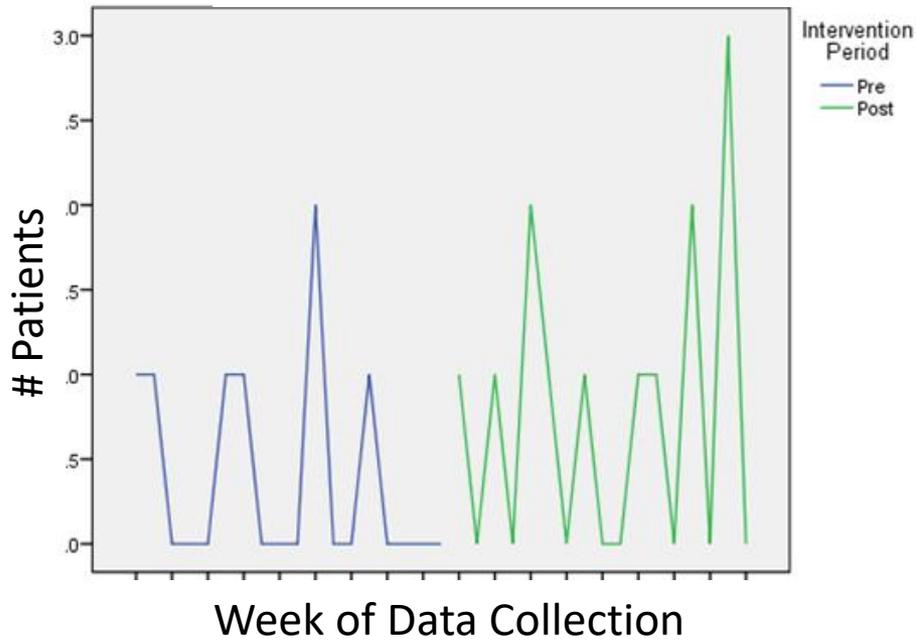
“lol. What? That was hecca random”

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

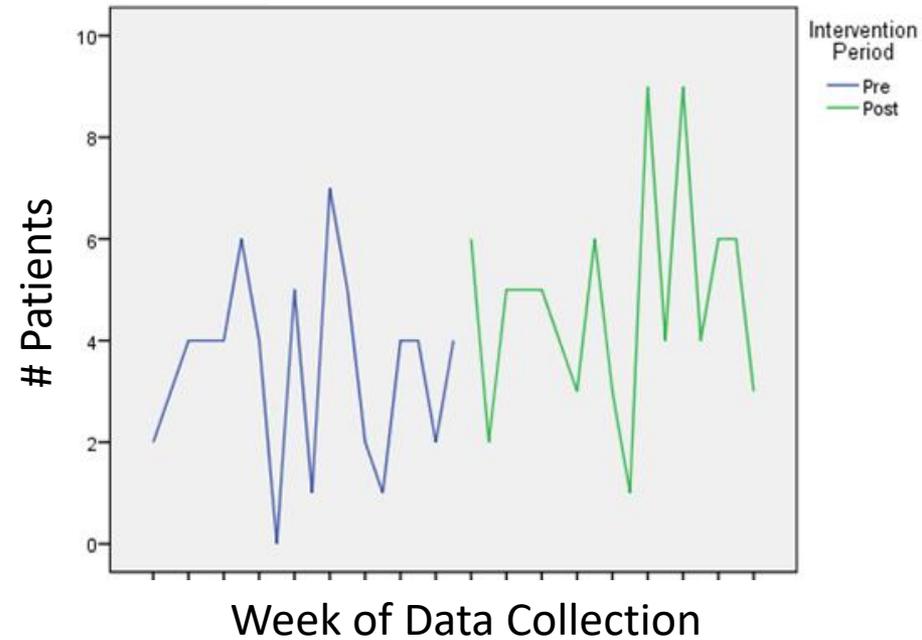


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Positive STI



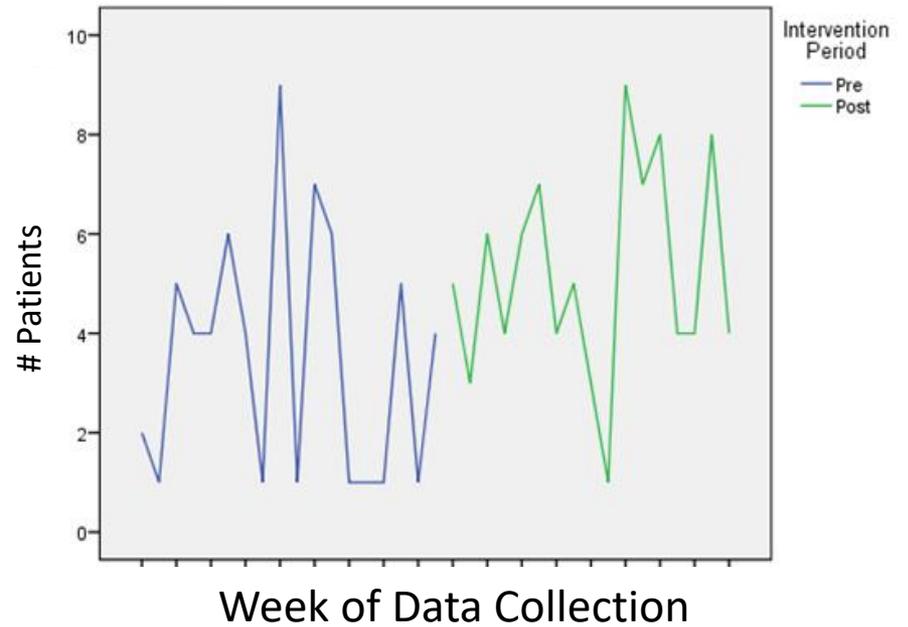
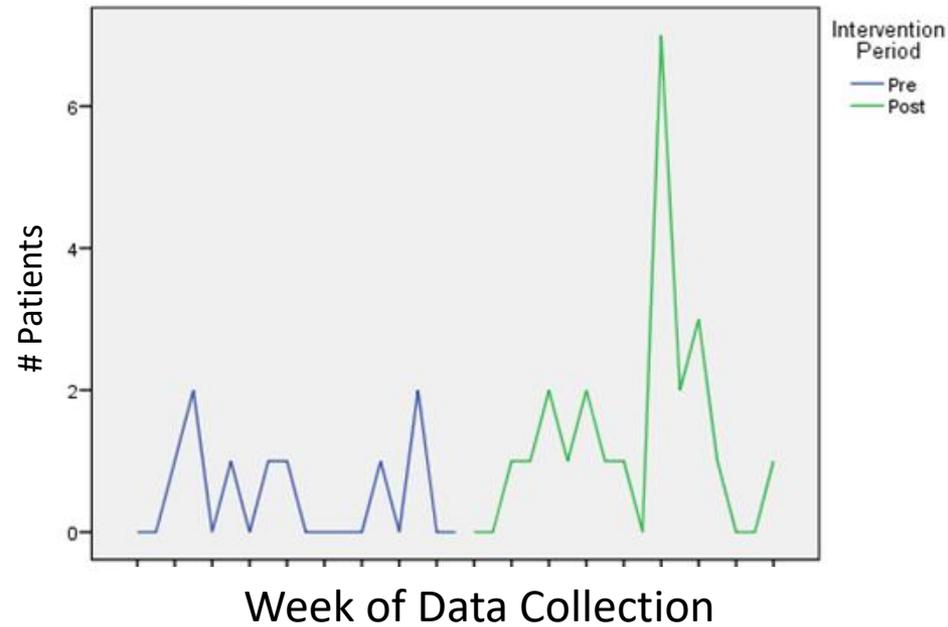
High Risk



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HIV

STI



Mobile Opportunity

Africa has surpassed...

Europe in the number of mobile phones

U.S. in number of cell phone users



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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”

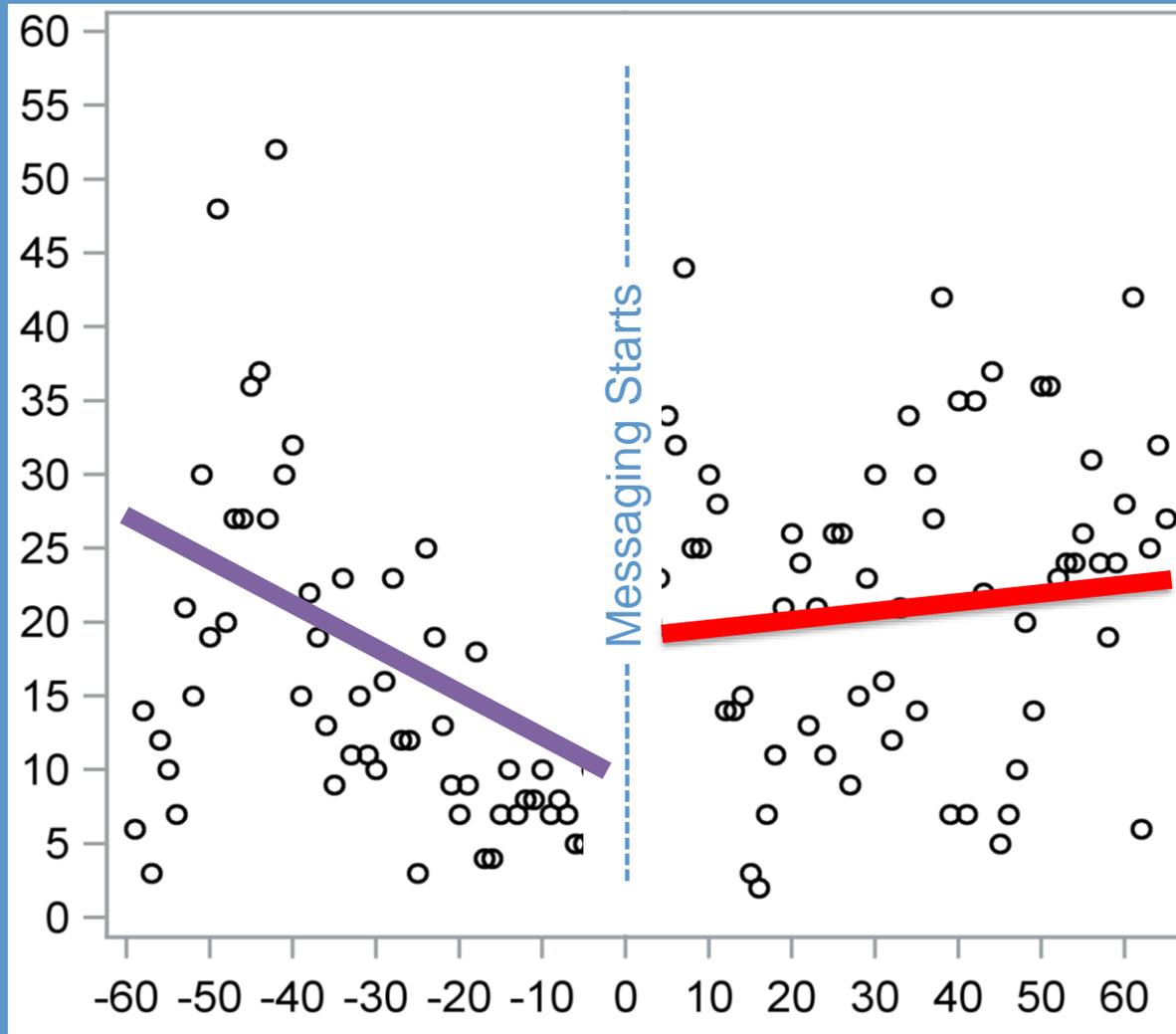
“Boss boss. How are you? There's a fun place here for young people aged between 16-24.Would you like to come?”

“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



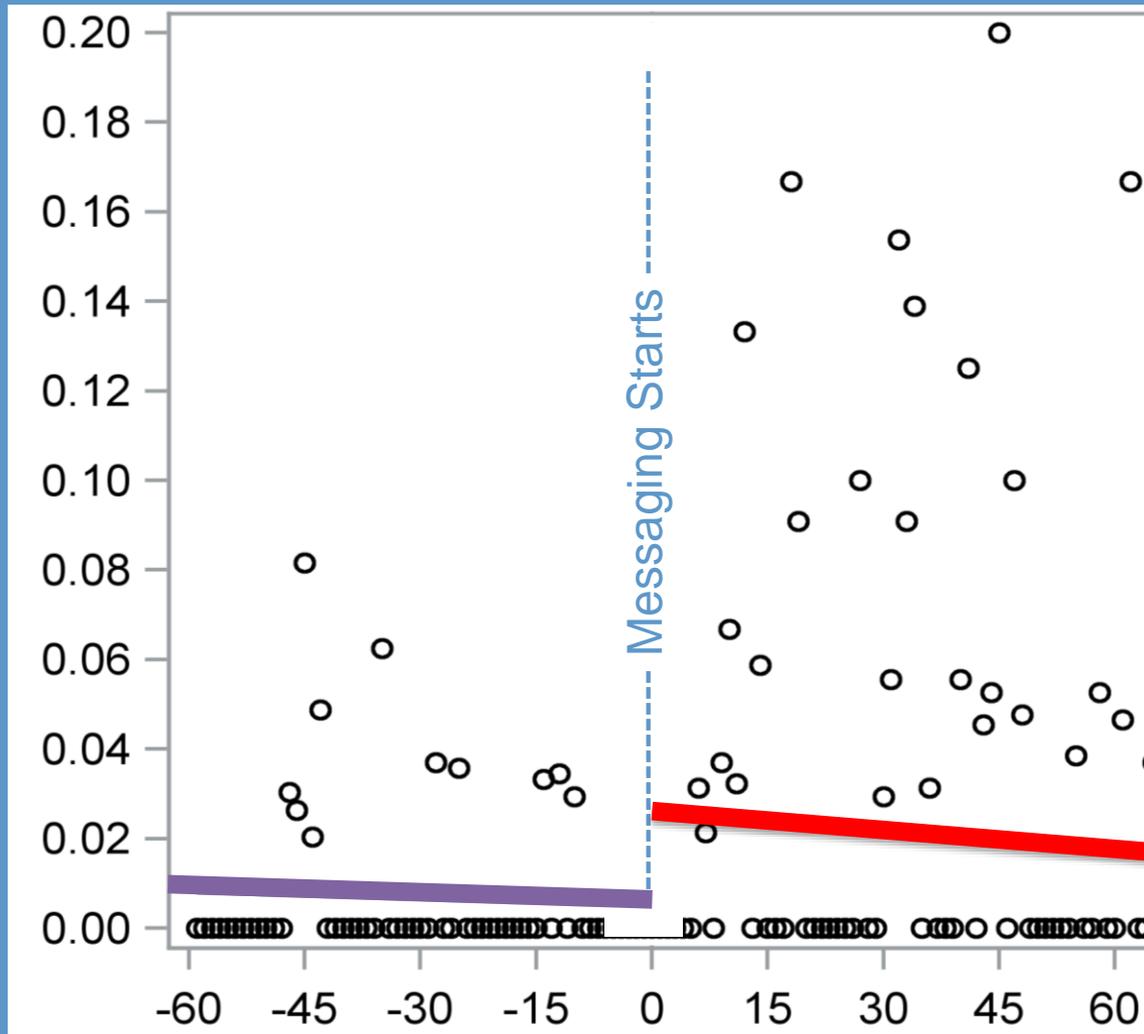
Doubling of the predicted count of new patients getting tested for HIV

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



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Proportion of New Patients Testing for HIV positive



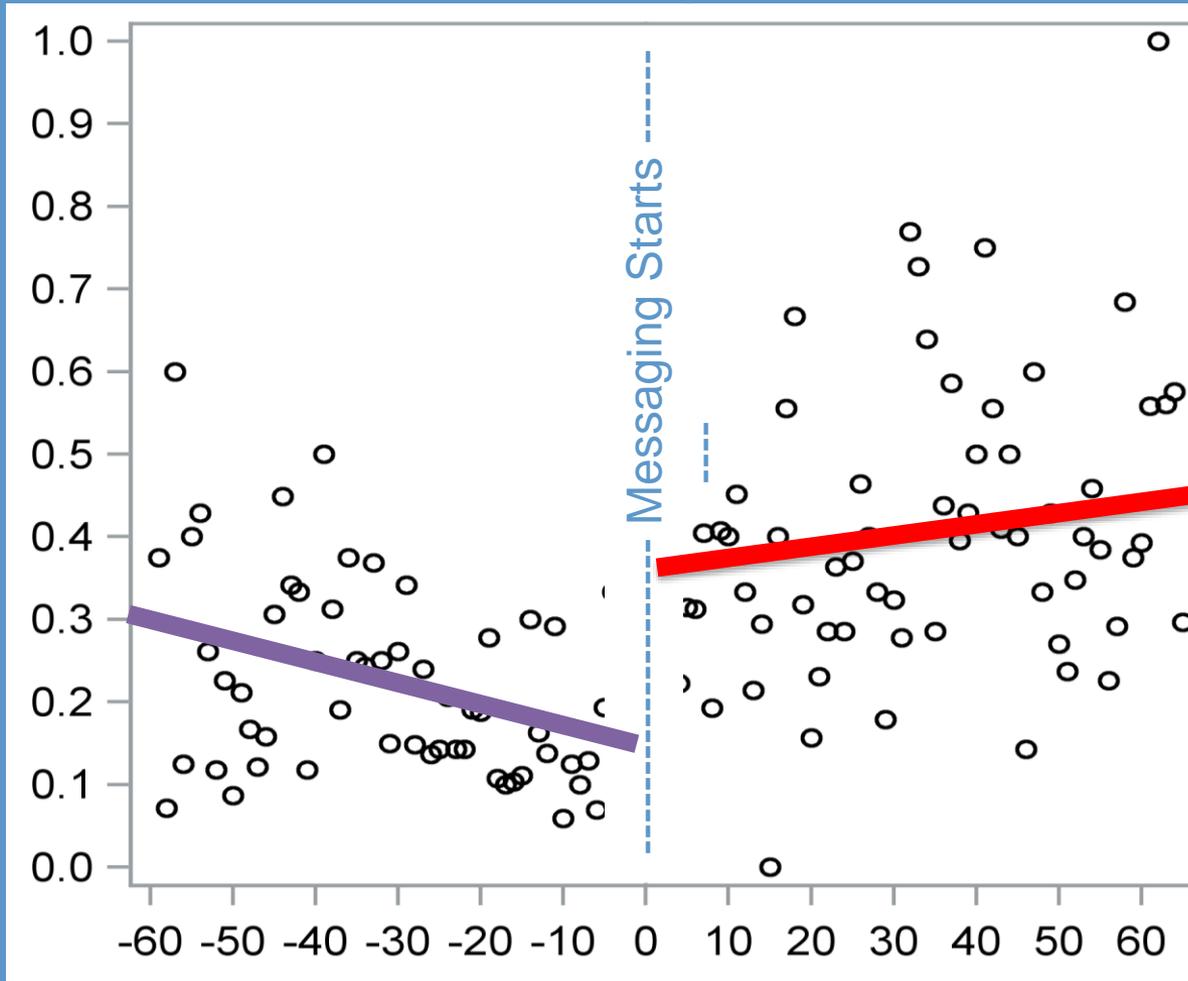
5 times higher at
intervention
onset than
immediately prior

(OR=4.84, 95% CI 1.27-
18.47)



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Proportion of New Patients with Sexual Risk



3 times than
immediately
prior to
intervention
onset

(OR=3.24, 95% CI 1.71-
6.13, $p=0.0005$)



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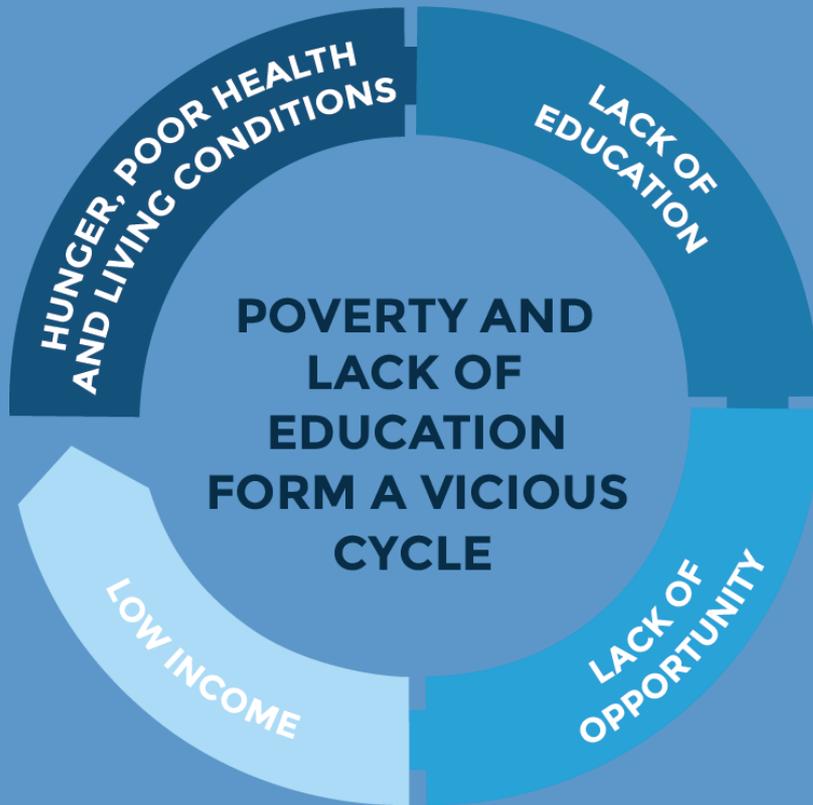


Increasing
financial and
health equity
among low
income black
youth and
young adults



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Guaranteed Income



01

Cash transfer with no conditions provided on a consistent basis.

Flexibility, stability and freedom so people can identify and meet their needs.

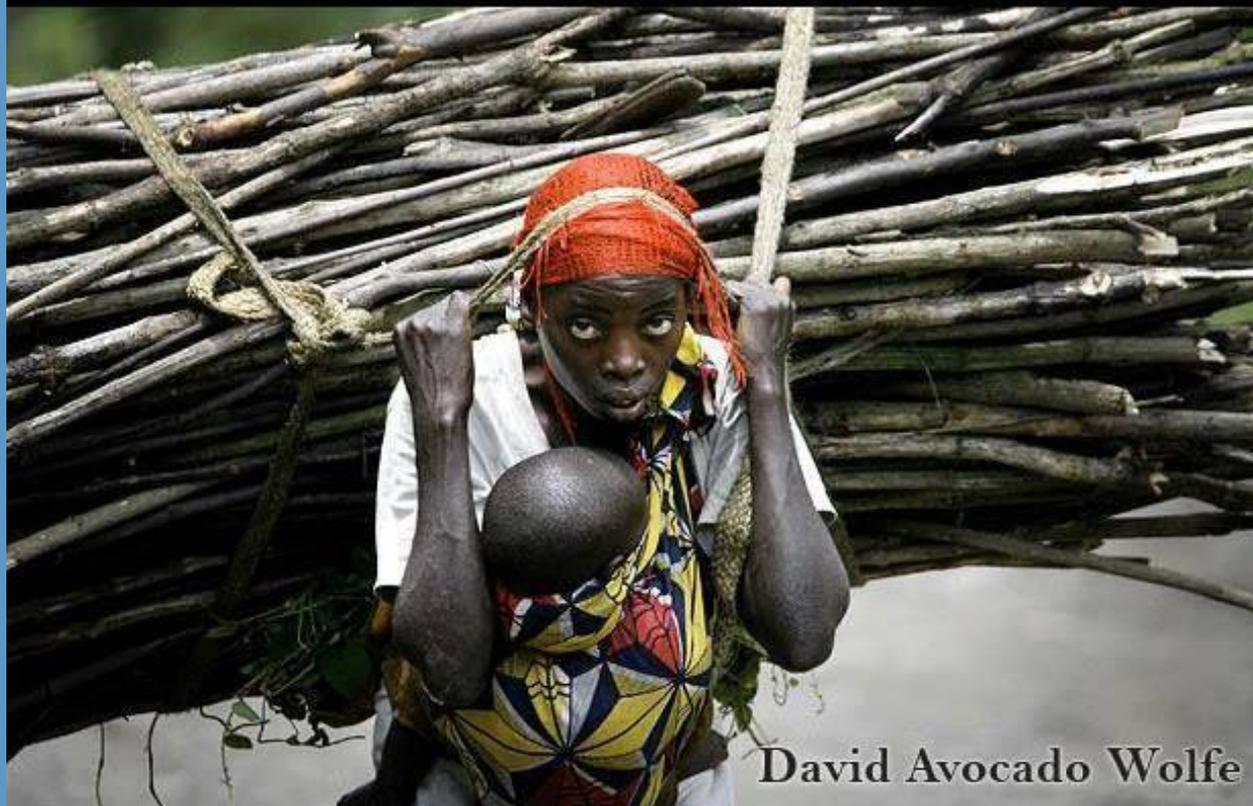
02



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**'If wealth was the inevitable result of
hard work and enterprise, every woman
in Africa would be a millionaire.'**

— George Monbiot



David Avocado Wolfe



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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)



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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



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Eligibility

Aged 18 – 24 years at time of enrollment

Not be a participant in any other GI program

Identify as Black

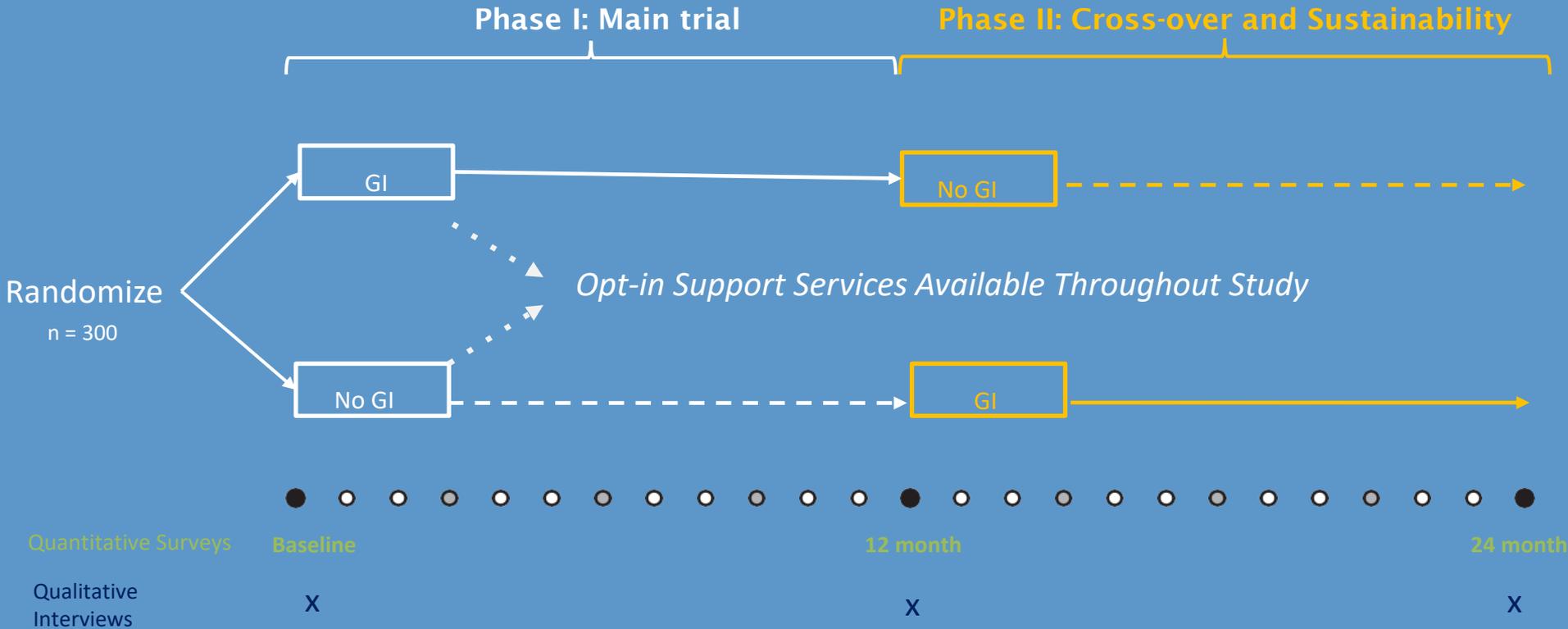
Lived in the United States for at least 3 years

Live in a low-income or very low income census tract in San Francisco or Oakland



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Randomized Controlled Crossover Design



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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



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Identifying Potential Harms

Taxes

Public Benefits

Social Pressure/Coercion



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Whole Family Wellness



Whole-Family Wellness for Early Childhood:

A New Model for
Medi-Cal Delivery
and Financing



FIRST 5 CENTER FOR
CHILDREN'S POLICY

CONCEPT PAPER
September 2019

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



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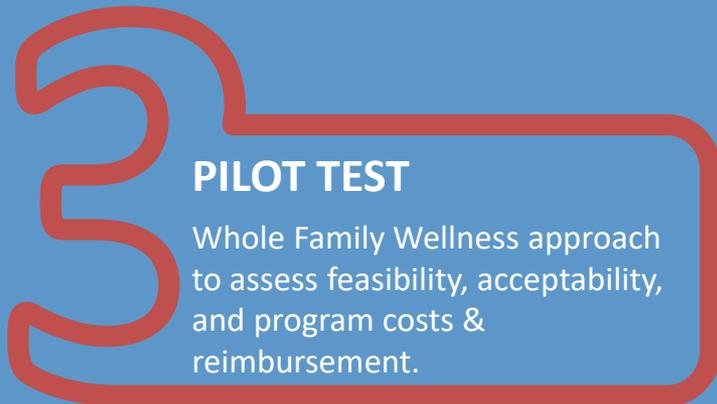
Specific Aims



QUALITATIVELY EXPLORE
Existing approaches to whole family wellness and resilience



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



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



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Intervention Development



Patients (N=50)

- Adolescents
- Caregivers



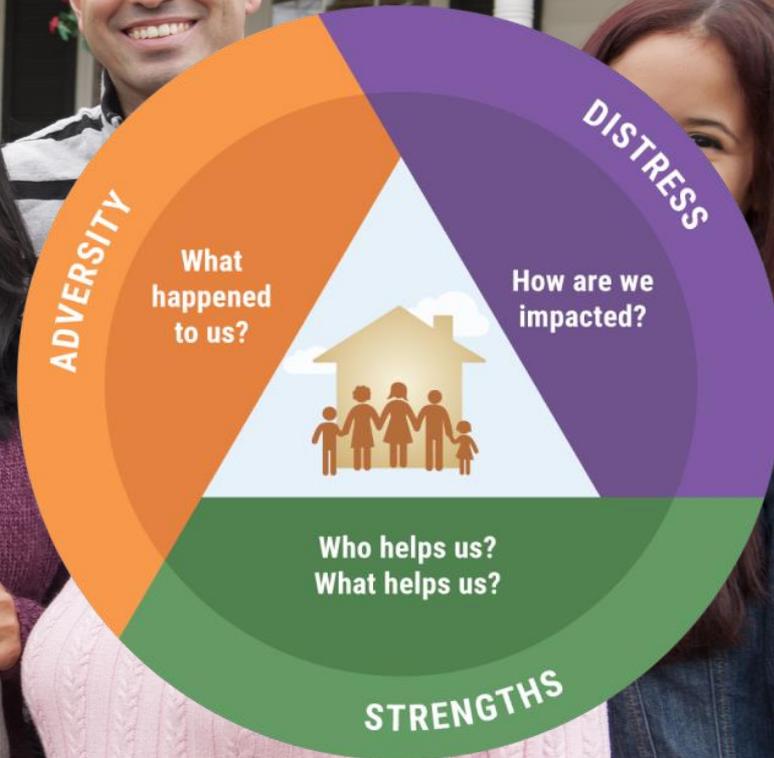
Community Partners (N=20)

- Frontline staff
- Leadership



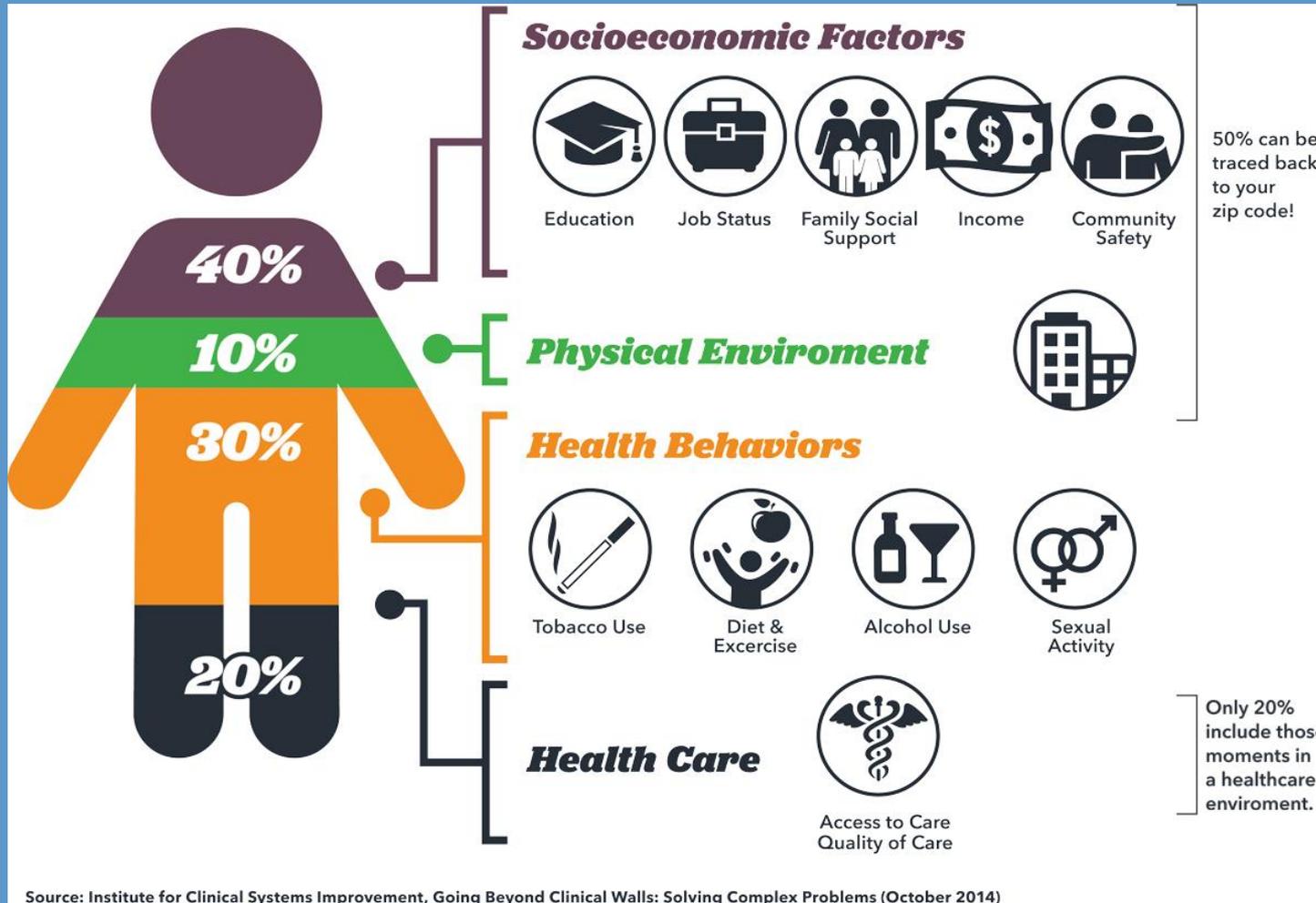
Clinics (N=50)

- Frontline staff
- Behavioral health
- Medical providers



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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)



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Can we change conditions,
not just individuals?

Yes!

We just have to face it.



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Social Determinants of Health

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

Health Outcomes

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