



***Rise*, a Community-Based Culturally Congruent Adherence Intervention for Black Americans Living with HIV**

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Background



- Discrimination from racism, sexual minority stigma, and HIV stigma is related to disparities
 - Nonadherence
 - Disease progression
 - Worse mental health
- Direct pathway to low adherence/poor health
 - Increases stress responses
- Indirect pathways
 - Maladaptive coping (e.g., substance use)
 - Medical mistrust

Background

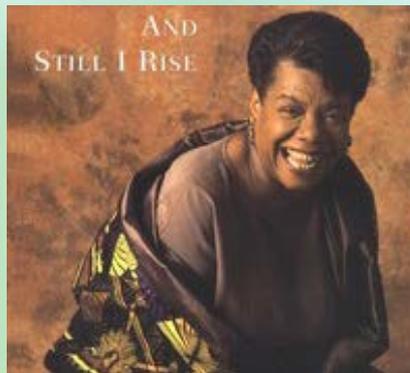


- Relatively few HIV adherence interventions have shown effects on adherence or viral suppression
- Adherence interventions have generally not been culturally tailored for Black Americans, yet many have large percentages of Black participants
 - Not customized to fit patients' values, beliefs, traditions, etc.

Purpose of Project Rise



- To develop and conduct a randomized controlled trial (RCT) of a culturally congruent HIV treatment adherence intervention for Black men and women living with HIV
 - Intervention named after Maya Angelou poem, *And Still I Rise*
 - Consistent with LAC HAS GOAL III: Increase the Proportion of Diagnosed PLWH who are Virally Suppressed to 90% by 2022



Rise Components



- **Client-centered counseling**
 - Motivational interviewing style
 - Non-confrontational, empathetic
 - Increases motivation for adherence
 - Builds adherence knowledge and skills
 - Addresses adherence barriers
- **Assistance with linkage to social services**
 - Referrals to services (mental health, substance use treatment, food assistance, transportation)
 - Follow-up on referrals and barriers to receiving services

How is Rise Culturally Congruent?



- Counselor acknowledges past and current racism that has led to HIV disparities and adherence issues
 - Psychosocial barriers, e.g., mistrust, stigma, discrimination, substance use, stress
 - Structural barriers, e.g., poverty
- Placement in a trusted community organization
- Trained lay peer counselors knowledgeable about (and from) clients' local community
 - Not viewed as part of medical system

How was Rise developed?



Pilot research at APLA Health

- Process evaluation of treatment education/advocacy program
 - Interviews with providers and clients: strong enthusiasm for program
 - Surveys with clients suggested effects on adherence
- Developed Rise with CAB and APLA Health staff
- Conducted a randomized controlled trial

Rise Structure



5-9 individual sessions over 24 weeks

- Three Core Sessions (first 4 weeks)
 - Goal: for counselor and client establish a plan and develop tools to help with adherence
- Maintenance Sessions (remaining 20 weeks)
 - Booster sessions at weeks 12 and 20
 - Up to 4 additional sessions depending on adherence level
 - Goal: for counselor to follow up on strategies and progress with adherence

Example:

Empathetic approach, acknowledging discrimination as reason for mistrust

Given the mistreatment that African Americans have faced in healthcare, it sometimes makes sense to believe that anything is possible. There are so many past examples of discrimination in the US, especially in healthcare settings, where we have heard about unethical medical experiments, like Tuskegee, and segregation in healthcare, when African Americans were forced to get lower quality and separate services. So it is understandable to be cautious about healthcare, and wonder if the medications really work.

Example:

Addressing Mistrust

It is true that drug companies, like all for-profit companies, want to make a profit, and companies have made a lot of money from antiretroviral drugs. However, if the government or drug companies had a cure, there would be no reason to withhold it. A cure would make more money for them than anything else. Also, many people have done very well on the new HIV medications. I have personally seen many clients dramatically improve their health after taking the medications.

Methods: Rise 1.0



- 215 participants (107 intervention, 108 control)
- Recruited via flyers and presentations to staff and clients at ~20 relevant organizations and clinics in LAC
- Eligibility
 - 18 years or older
 - Black American
 - On ART
 - Self-reported adherence problems (e.g., missed at least one dose in past month) AND/OR detectable viral load
 - Willing to use electronic adherence monitoring
 - Not in another adherence intervention

Methods: Rise 1.0



- Electronically monitored adherence using Medication Event Monitoring System (MEMS)
 - Data downloaded from bottle cap at 1.5, 3, 4.5, and 6 months post-baseline
 - Past 2-week adherence calculated at each time-point
 - Adjustment for use of cap (e.g., pocketed doses)



Methods: Rise 1.0



March 2018

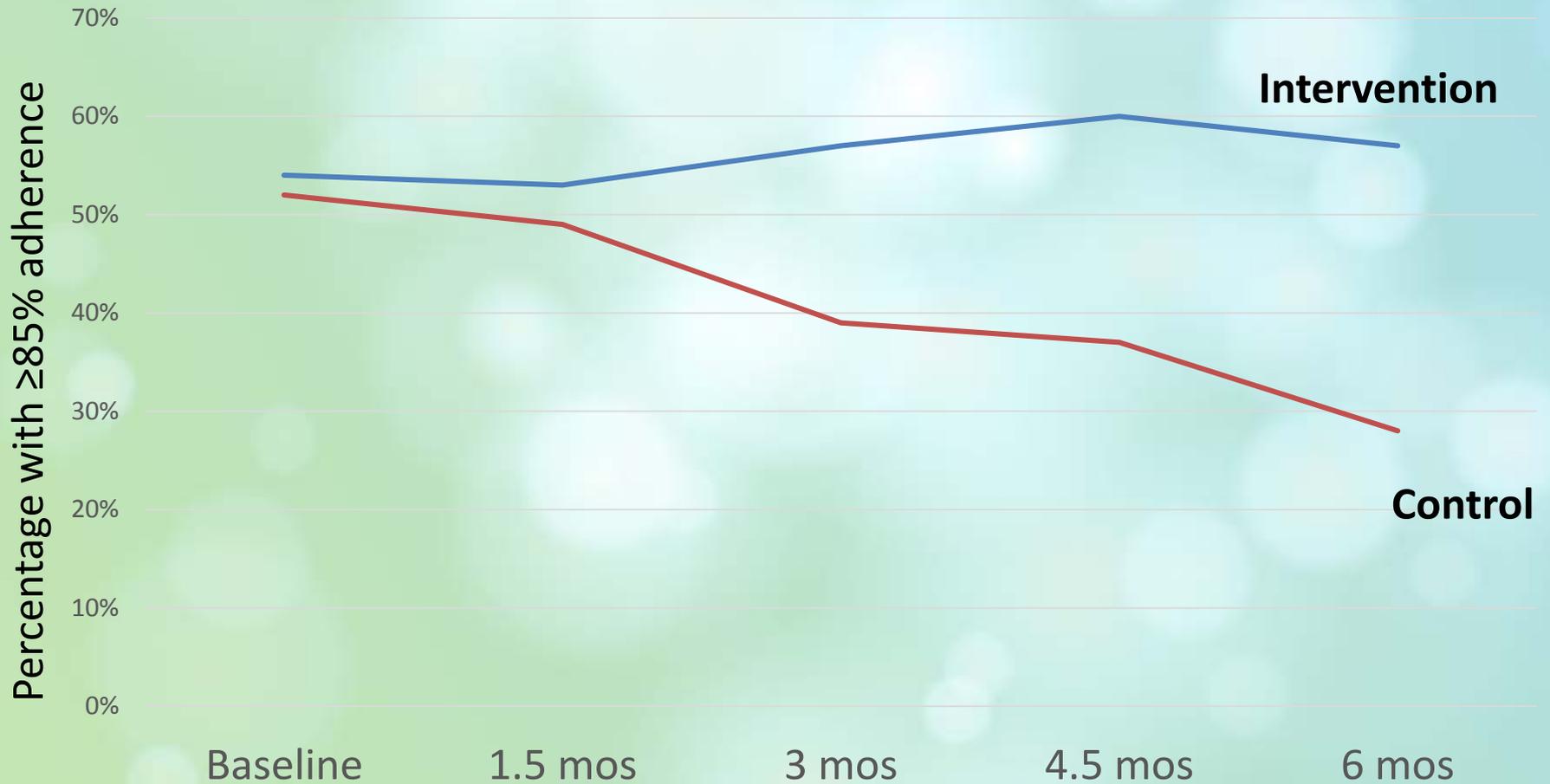
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Methods: Rise 1.0 Participants

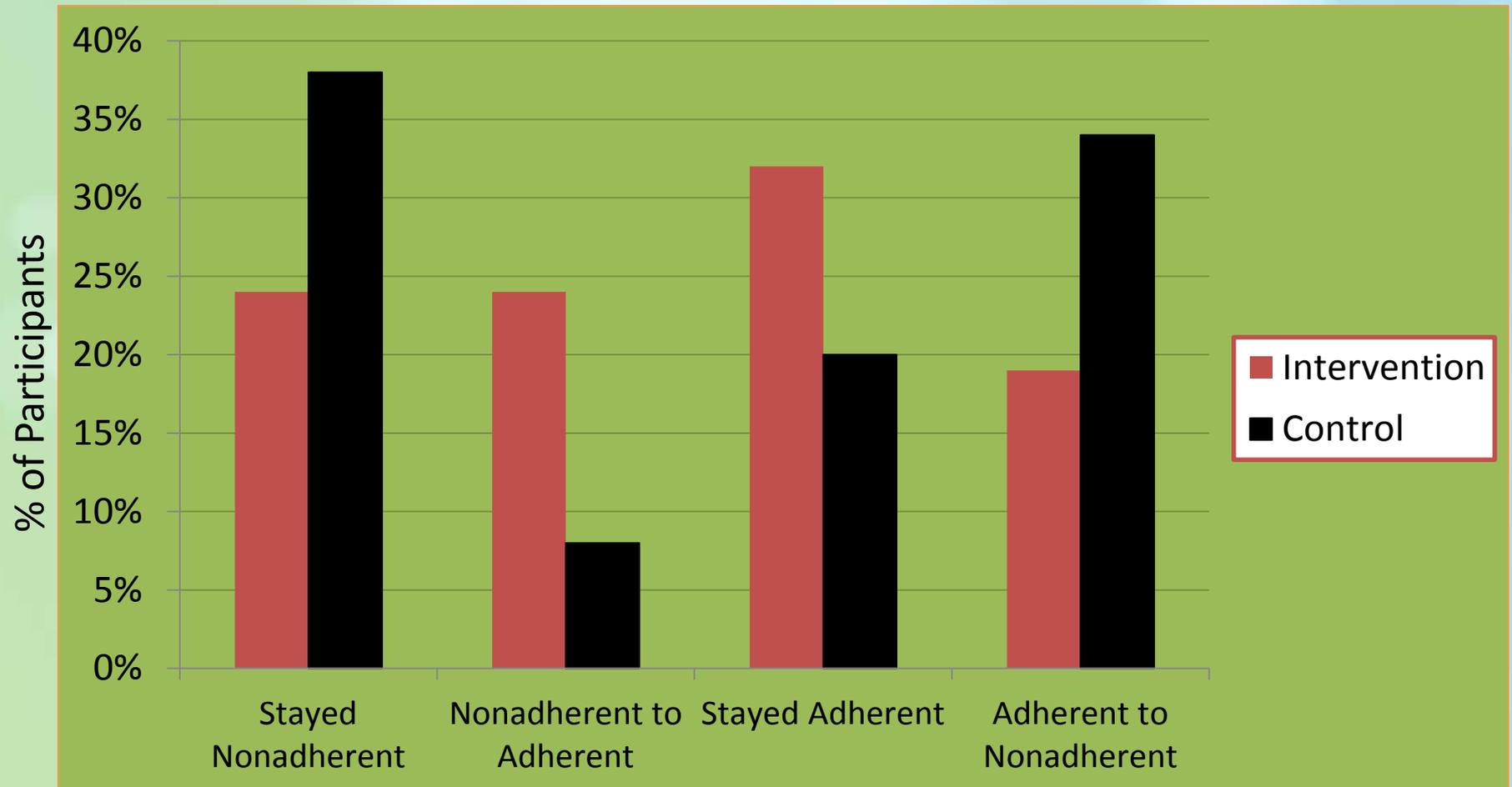


- Age M (SD) = 48.6 (10.2) years
- 73% male
- 64% sexual minority
- 19% <high school degree
- 65% <\$10,000 annual income
- 94% not working
- 30% not stably housed
- 55% ever incarcerated
- Diagnosed with HIV M (SD) = 15.5 (8.3) years
- Baseline self-reported adherence
 - M (SD) = 79% (22%);
53.1% adherent to $\geq 85\%$ of doses

Percentage of Adherent Participants (At Least 85% Adherence)



Non-Adherence Patterns from Baseline to 6-Month Follow-Up



Discussion: Rise 1.0



- *Rise* resulted in superior adherence for participants in the intervention group (relative to that of participants in the control group)
- *Rise* showed a large effect
 - Mainly due to decreased adherence in control group
- Viral suppression and long-term adherence not examined in Rise 1.0
 - Necessary to demonstrate for dissemination (CDC guidelines)

Next Steps: Rise 2.0!



- Rise 2.0: New RCT
 - Refined program manual to strengthen counseling strategies
 - Monitoring adherence for 13 months
 - Starting 1 month pre-intervention
 - Assessing viral load with blood draws
 - Analyzing cost effectiveness

Rise 2.0



Recruitment – 350 participants (175 intervention, 175 control)

Eligibility Requirements

- Identify as Black American (multiracial OK)
- 18 years-old or older
- HIV-positive
- Prescribed HIV medications at least 6 months ago
- Self-reported adherence issues and/or detectable viral load (>200 copies/microliter, based on lab results within last 6 mos)

Rise 2.0



Are you living with HIV?



Join us for Project Rise.

This study provides Black/African American individuals living with HIV a **confidential and safe** space to receive advice and support.

- Discuss topics such as taking your medications and how to talk to your doctor
- Complete interviews and blood draws over 13 months
- Receive up to 9 counseling sessions
- Receive up to \$320 in gift card



**Call or email
to participate:**
(213) 201-1324
ProjectRise@apla.org

Project Rise is being conducted by APLA Health and the RAND Corporation.

Rise 2.0: Remuneration



Control/Intervention – Up to \$230 for:

- Medication Adherence Assessment: Electronic cap on HIV medication bottle; records time and date bottle is opened
- Surveys: Baseline, immediately post-intervention (7 months post-baseline) and 13 months post-baseline
- Blood Draws: Immediately before the intervention, 7 months post-baseline, and 13 months post-baseline, to test viral load.
- Four check-ins for adherence and contact information updates

Intervention – Up to \$90 additional (\$10/intervention session)

Rise 2.0: Next Steps



- The new RCT will help to determine long-term intervention effects on adherence and health outcomes
 - If effective the next step would be to determine ways to disseminate and sustain Rise in community organizations
- Discussion Questions
 - How might Rise be best disseminated, if found to be effective?
 - What recruitment strategies do you suggest?
 - Other questions/feedback?

Acknowledgments



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