Boston College School of Social Work

Presents:

HIV/AIDS 2015

The Social Work Response
The Twenty-Seventh Annual National Conference on Social Work and HIV/AIDS

At

Hyatt Regency New Orleans
New Orleans, LA

Thursday, May 21st - Sunday, May 24th, 2015

Conference Theme:

“Staying Relevant in an Era of Great Change: Challenges and Opportunities for HIV/AIDS Social Work”

This year’s conference is made possible, in part, through the generosity of Gilead Sciences. Additional Support Provided by Avita Pharmacy, NOAIDS Task Force/CrescentCare and Merck and Co.
WELCOME!

Welcome to our 27th Annual National Conference on Social Work and HIV/AIDS and to the vibrant City of New Orleans. This is the sixth time we have held the conference in New Orleans! At this year’s conference we will be offering over 120 presentations in various formats, contributed by HIV-social workers from across the country and from several nations abroad. We also will be offering for the fifth year our very popular Medical Case Management Institute. Thank you for coming to this year’s conference. I sincerely hope it contributes to your professional knowledge base and to a renewed commitment to HIV-social work. Make sure you also set aside some time to experience the fantastic restaurants, arts and countless cultural attractions in this wonderful city.

Vincent J. Lynch, MSW, Ph.D.
Conference Founder and Chair
Please Note: There are three events where space is limited. One is our Friday lunch seminar. The second is our Friday tour and reception at NOAIDS Task Force/ Crescent Care. The third is a Saturday reception and speaker session hosted by Merck & Co. Stop by our registration desk in Strand Foyer for more details about each one.
ATTENTION

Important Information

Our registration desk is located in the Strand Foyer (Level Two)
Opens, Thursday, May 21st at 3 PM

Medical Case Management Institute will be conducted all day Friday and Saturday beginning on Friday at 10:15 AM (Strand 8).
Pre-registration required.

Light Breakfast: On Friday, Saturday and Sunday mornings we will provide a light breakfast in the Strand Foyer from 7:30-8:15. Please join us.

Exhibit Hall

Please take some time to visit our exhibits area. The exhibits are located in:

Strand Foyer (Level Two)

The exhibit hall will be opened during the following hours:

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<th>Date</th>
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<td>Thursday, May 21st</td>
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<td>Friday, May 22nd</td>
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<td>Saturday, May 23rd</td>
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Thursday, May 21\textsuperscript{st}  
Posters Session  
Strand Foyer (Level Two)  
5:30 PM – 7:00 PM

Poster:
Social Outreach Approach to HIV/AIDS Education for Tribal and Uneducated Populations

\textit{Shakin Kumar Vunnava, MSW}
Krushinagar, Bandlaguda
Telangana, India

Poster:
A Comparative Study of the Adolescent Initiative Multidisciplinary Team HIV Cascade of Care and the Philadelphia Department of Public Health Youth HIV Cascade of Care

\textit{Rosemary Thomas, BSW, MPH}
The Children’s Hospital of Philadelphia; Adolescent Initiative
Philadelphia, PA

Poster:
A Self-Management Framework to Assess the Need for Nutritional Supplementation in People Living with HIV/AIDS

\textit{Walter L. Ellis, Ph.D.}
Social Work Program
Livingstone College
Salisbury, NC
Poster:  
Cue the Lights! The Use of Theater and HIV/AIDS Voices to Improve Provider-Patient Communication

Mark Hillenbrand, MSW, LISW  
Authentic Freedom Counseling Center, PLLC  
Des Moines, IA

Michael Gregory, MSW (cand)  
University of Iowa  
Des Moines, IA

Poster:  
Removing Barriers to Prophylactic Treatment as Prevention (PrEP) for HIV Negative Clients in NYC

Zlatka Rothman, LCSW-R  
Anca Giurgiulescu, MPH  
Institute for Advanced Medicine  
Spencer Cox Center for Health  
New York, NY

Poster:  
Sick, Impoverished, and Criminal: How State Criminalization Laws Target Socially Marginalized Populations

Emma Sophia Kay, MSW  
School of Social Work  
University of Alabama  
Tuscaloosa, AL

Poster:  
Psychological Distress Experienced Post-HIV Diagnosis and Coping Strategies Used Among African American Women

Jill N. Peltzer, Ph.D., RN, APRN-CNS  
University of Kansas School of Nursing  
Kansas City, KS

Lisa F. Ogawa, Ph.D., RN, CNE  
University of Kansas School of Nursing  
Kansas City, KS

Susan Tusher, LMSW
Poster:
A Telephone Intervention to Reduce Depression in Older Adults with HIV
Liz Seidel, MSW, ACRIA
Fordham University
New York, NY

Mark Brennan-Ing, Ph.D., ACRIA
Stephen Karpiak, Ph.D., ACRIA
New York University College of Nursing
New York, NY

Poster:
Virginia AIDS Drug Assistance Program: A Systemic Change Agent

Steven S. Bailey, MSW, LCSW
Lenore Lombardi
Carrie Rhodes
HIV Care Services
Virginia Department of Health
Richmond, VA

Poster:
Is Your Organization Prepped for PrEP (pre-exposure prophylaxis)?

Deryk Sanchez Standring, MA
Julia Weise, LCSW
Michael McLeod, JD, MPH
Denver Prevention Training Center
Denver, CO

Poster:
African American Mothers: Maternal HIV Disclosure and HIV Stigma

Vickey Sultzman
Indiana University Northwest School of Social Work
Gary, IN

Sally Mason
University of Illinois at Chicago Dept. of Psychiatry, Chicago, IL
Poster:

Getting Upset with Someone You Have Loved Your Whole Life When They Find Out That They Have HIV/AIDS: Psychosocial Challenges of Young People Affected by HIV—Experiences from Tennessee

*Samson Chama, Ph.D., LMSW*
Oakwood University Department of Social Work, Huntsville, AL

Poster:

Community-level Factors Associated with Suboptimal Retention in HIV Primary Medical Care: An Exploratory Study

*D. S. Batey, Ph.D., MSW*
*D.E. Pollio, Ph.D., J.E. Schumacher, Ph.D.*
*M.J. Mugavero, MD, MHSc*
University of Alabama at Birmingham
Birmingham, AL

*C.S. Drolen, Ph.D.*
*B. Smith, Ph.D.*
The University of Alabama
Tuscaloosa, AL

Poster:

Online Outreach Services Delivered To Gay and Bisexual Men In Ontario, Canada

*Rusty Souleymanov, MSW, Ph.D. (cand.)*
Factor-Inwentash Faculty of Social Work
University of Toronto
Toronto, ON

*David J. Brennan, MSW, Ph.D.*
Ontario HIV Treatment Network
Factor-Inwentash Faculty of Social Work
University of Toronto
Toronto, ON

*Nathan Lachowsky, Ph.D.*
Univ. of British Columbia, Vancouver, British Columbia
University of British Columbia, Vancouver, British Columbia
Poster:
A Social Work Approach to Retention in Care for Patients with HIV/AIDS

Rebecca Green, LMSW
Felicity Tsikiwa, LPN
Institute for Family Health
New York, NY

Poster:
A Social Worker’s Role in Linkage to Care in an Emergency Dept. Setting

Gwen Hatfield, LMSW
Dawn Beasley, RN, BSN, ACRN
Our Lady of the Lake Hospital
Baton Rouge, LA

Poster:
Growth Groups: Blueprints of a Self-Sustaining Model for Support

Carrie Peterson, BA, Mary Hawk, BA and Matthew Campbell, MSW
Evergreen Wellness Advocates
Everett, WA

Poster:
‘Your Test Results Show That You May Have HIV’: Lessons Learned About HIV Test Result Disclosure

Adam Barnette, MSW
Ngoneh Gaye-Bullard, LMSW
Grady Memorial Hospital, Atlanta, GA

Heather Freiman, MSPH, MA
Natasha Travis, MD
Bijal Shah, MD
Hankin, MD, MPH,
Emory University, Atlanta, GA
**Poster:**

**Linkage to HIV Care Among Newly-Diagnosed HIV Patients in an Urban Hospital Setting**

*Adam Barnette, MSW and Ngoneh Gaye-Bullard, LMSW*
Grady Memorial Hospital, Atlanta, GA

*Heather Freiman, MSPH, MA*
*Natasha Travis, MD*
*Bijal Shah, MD*
*Hankin, MD, MPH*
Emory University
Atlanta, GA

**Poster:**

**Use of Motivational Interviewing Techniques to Improve Linkage to HIV Care: Benefits for Both Patients and Social Work Staff**

*Ngoneh Gaye-Bullard, LMSW*
*Adam Barnette, MSW*
Grady Memorial Hospital
Atlanta, GA

*Heather Freiman, MSPH, MA*
*Natasha Travis, MD*
*Bijal Shah, MD*
*Hankin, MD, MPH*
Emory University
Atlanta, GA

**Poster:**


*Esther Cloutier, MSW*
The Ottawa Hospital
Ottawa, Ontario, Canada

*Pierre Giguère, B.Pharm M.Sc, AAHIV P*
The Ottawa Hospital
Poster:

Pregnancy as an Opportunity for Improving Outcomes Among Women Living with HIV

*K González, MSW
A Mosquera, Ph.D.
C Mántaras, BS
CD Zorrilla, MD
UPR School of Medicine, Maternal-Infant Studies Center, San Juan, PR

Poster:

Child… Help Me Understand My HIV/AIDS Status…Please

*Debra Joseph Ph.D.*
The University of the West Indies, Cave Hill
St. James, Barbados

Poster:

Improving Quality of Life in HIV Positive Women

*Ratonia C. Runnels, MSW, Ph.D.*
Texas Woman’s University
Denton, TX

Poster:

Treating Hepatitis C in Low Income Neighborhoods

*Micahel Galvin*
EXCELth Inc.
New Orleans, LA

Poster:

“No Sir. No Ma’am,” Incorporating Ideas of Gender Fluidity within the Context of a Therapeutic Setting

*Gail Moore, MS, MFT
Melvin Molett
Cicely Richard, MSW*
AID Atlanta, Atlanta, GA

Poster:

HIV Risk Behaviors among African American Woman
Emory Perkins, DSW
Bowie State University, Department of Social Work, Bowie, MD

Poster:
Positive Transitions: Empowering Young People Living With HIV

Mary McLees-Lane, MSW, ACSW
Duke University Medical Center
Department of Pediatrics, Division of Pediatric Infectious Diseases
Wilson, NC

Poster:
The HIV Care Continuum: Mobilizing Federal Efforts

Regina Waits, B.S.
U.S. Dept. of Health and Human Services, Region VI
Dallas, TX

Poster:
Voices from Young Nigerian Women; Commercial Sex Workers
And National Service Corps Members Discuss HIV & Mentoring

Joshua Okundaye and Lee Cornelius
School of Social Work, University of Maryland, Baltimore, MD

Sam-Agudu- Institute Of Human Virology, University of MD, Baltimore, MD

Poster:
Building Leadership for Organizational Change and Sustainability

Robin T. Kelley, Ph.D.
National Minority AIDS Council
Washington, DC
OPENING RECEPTION

Thursday, May 21st

7:00 PM-8:00 PM

Location

8 Block Kitchen and Bar (Level Three)

All are invited
FRIDAY, MAY 22nd

Please join us for a *Light Breakfast*

7:30-8:15 AM

Strand Foyer

Attention: Those Who Have Pre-Registered for the Medical Case Management Institute--
Institute Starts at 10:15 AM on Friday and Runs All Day Friday and Saturday
Location: Strand 8
The Willis Green, Jr. Memorial
Opening General Session

8:30 AM – 9:45 AM, Friday May 22

Empire Ballroom (Sections C and D)

**Topic**

"Staying Relevant for HIV-Social Work
Practice Today and Tomorrow"

**Invited Speaker**

Russell L. Bennett, LGSW, Ph.D.

Executive Director, Collaborative Solutions, Inc.
Birmingham, AL
Friday May 22\textsuperscript{nd}
10:00AM -11:15AM

1. Session

\textbf{Prevention, Retention, Adherence: Serving HIV Clients along the Cascade of Care}

\textit{Marla A. Corwin, LCSW, CAC III}
Mountain Plains AIDS Education & Training Center
Denver, CO

2. Session

\textbf{Planning With HIV Programs: Creating a Community Forum to Strengthen Continuum of Care}

\textit{Christopher Garnett, MSS}
Social Worker, SI Family Care Clinic

\textit{Richard Smith, MSW}
HIV/AIDS Program
The Children's Hospital of Philadelphia
Philadelphia, PA

3. Session

\textbf{African Newcomers Views and Experiences: The HIV/AIDS Service Delivery System in an Urban Center in Western Canada}

\textit{David Este, Ph.D.}
\textit{Christa Sato, BA, BSW, MSW(C)}
University of Calgary, Faculty of Social Work
Calgary, Alberta, Canada

\textit{Catherine Worthington, Ph.D.}
School of Public Health and Social Policy, University of Victoria
Victoria, British Columbia, Canada
4. Session

Strand 4

Sex, Drugs and HIV/AIDS: The Interplay in the LGBT Community

Jeff Zacharias, LCSW, CSAT, CAADC
New Hope Recovery Center
Chicago, IL

5. Session

Strand 7

Unseen, Unheard, and Nearly Invisible: An Examination of Sexual Orientation and Spirituality’s Impact on Psychological Well-being Among Middle-Age and Older Black Men Living with HIV/AIDS: Implications for Caregiving

Terrell D. Brown, Ph.D., MSW, MA
Barry University School of Social Work
Miami Shores, FL

6. Session

Strand 9

"Taking Care of Ourselves: an Experiential Group"

Alan Rice, MSW, LCSW
Barnabas Health
West Orange, NJ

MEDICAL CASE MANAGEMENT INSTITUTE

This special program begins at 10:15 Friday and continues through Saturday. Pre-registration is required. If you have pre-registered please proceed to Strand 8.

Faculty: Melinda Marasch, LCSW, MSW
Aspire Training and Consulting, Denver, CO &
Jesse Yedinak, MPA – Consultant, Providence, RI
Friday May 22nd
11:30 AM – 12:45 PM

1. Session Strand 1

Transparency & Inclusion: The Gender Question in HIV Reporting

Elizabeth J. Fuchs, MSW
The BEACON Project

Ann Ritz, MSW, ACSW
St. Louis Effort for AIDS
St. Louis, MO

2. Session Strand 2

Social Determinants of Health, Youth, and HIV

Grissel Granados, MSW
Division of Adolescent and Young Adult Medicine
Children’s Hospital Los Angeles
Los Angeles, CA

John Thompson, MSW
Division of Adolescent and Young Adult Medicine
Children’s Hospital Los Angeles
Los Angeles, CA

3. Session Strand 3

Implications of ARTAS on Out-of-Care Clients When Used in Conjunction with Medical Case Management

Shannon L. McElroy, BA, MS
Cedar Crest College
Allentown, PA

Carrie Prowell, BS
Penn State University, York Campus,
York, PA
4. Session

Bisexual Women of African Ethnicity: Improving HIV Prevention and Services

Kristin M. Brown, MSW, MPA, Ph.D. (cand.)
Neil Abell, MSW, LCSW, Ph.D.
College of Social Work, Florida State University
Tallahassee, FL

5. Session

HIV Case Management Shifts in an Era of Healthcare Reform

Lisa Breland, LCSW
Lucy Cordts, LCSW
NO/AIDS Task Force
New Orleans, LA

6. Session

A Discussion Group for the over 10’s-That is 10 or More Years in the Field of HIV

Barbara Willinger, LCSW, BCD
AIDS Institute
New York State Department of Health
New York, NY

Jim Feinberg, LCSW CH.t
St. Luke’s Roosevelt Hospital Center
Addiction Institute of NY
New York, NY
LUNCH SEMINAR
FRIDAY MAY 22, 12:45-2:00

LOCATION: EMPIRE BALLROOM, SECTION B

Topic: “The Interplay of Identity, Health and HIV”

Speaker: Darrell P. Wheeler, PhD, MPH, Dean
Loyola University School of Social Work
Chicago, IL
And
President, National Association of Social Workers

The US response to HIV is undergoing a rapid transformation. New directions demand strategies that enable effective action across the HIV continuum. With increased focus on the interplay of social factors, structural issues and the complex identities of individuals, one thing is clear: social work theory and practice have never been more relevant than they are today.

Join Darrell P. Wheeler, PhD, MPH for a dynamic discussion about intersectionality and the role of social work in meeting the goals of the National HIV/AIDS Strategy.

This event is organized and sponsored by Gilead Sciences
Space is Limited For This Event
Friday, May 22\textsuperscript{nd}  
2:15 PM – 3:30 PM

1. Session  
   Strand 1  
   
   **Embracing the ACA in Theory and Practice: A Medical Social Work Experience**
   
   *Diana Ball, MSW, CSW,*  
   University of Kentucky  
   Lexington, KY

2. Session  
   Strand 2  
   
   **Big Pharma as Social Work Resource**
   
   *Lisa Manganello, BA*  
   Frannie Peabody Center  
   Portland, ME

3. Session  
   Strand 3  
   
   **Social Workers as Leaders in Clinical Care: Conversations about Sexual Health with Adolescents**
   
   *Erica Rand, LSW, MEd*  
   *Erin Titze, LSW, MEd*  
   The Children’s Hospital of Philadelphia  
   Philadelphia, PA

4. Session  
   Strand 4  
   
   **Addressing HIV/AIDS Related Stigma Within Clinical Settings**
   
   *Laura Roche, MSW*  
   *Saul Zepeda, BS*  
   Public Health Institute of Metropolitan Chicago, Chicago, IL
5. Session  

**Strand 7**

**Testing Together: Capacity Building for Successful Implementation of Couples HIV Testing and Counseling**

*Kristina Grabbe, MPH*  
Centers for Disease Control and Prevention  
Atlanta, GA

*Julia Weise, LCSW*  
*Michael McLeod, JD, MPH*  
Denver Prevention Training Center  
Denver, CO

*Deryk Sanchez Standring, MA*  
Denver Prevention Training Center  
Denver, CO

6. Session - Brief Reports  

**Strand 9**

a. **Black Women and HIV/AIDS: A Review of the Literature**

*Kayla D. Allison, MSW, LMSW*  
Louisiana State University  
Baton Rouge, LA
1. Session
   Strand 1

   **Isolated in History: Perinatally Infected Babies have Grown-up**
   *Sandra Gossart-Walker, LCSW*
   Yale Child Study Center
   New Haven, CT

   *Michelle St. Pierre, LCSW*
   Yale Child Study Center
   New Haven, CT

   *Lauren Ambrosini*
   Social Work Intern
   Smith College School for Social Work
   Northampton, MA

2. Session
   Strand 2

   **Primary Care Services and HIV/AIDS Among Older African American in the Rural South**

   *Dennis E. Corbin, MSW, PhD*
   Fayetteville State University
   Department of Social Work
   Fayetteville, NC

   *Jennifer Bushelle-Edghill, Ph.D.*
   Fayetteville State University
   School of Business & Economics
   Fayetteville, NC

3. Session
   Strand 3

   **The Intersection of Personality Disorder, Substance Use and HIV Diagnoses… and the Unexpected Behaviors**

   *Barbara Willinger, LCSW, BCD*
   AIDS Institute, New York State Department of Health
   New York, NY
4. Session

Strand 4

Housing is Healthcare: The Results of an Evaluation of a Housing Retention Program for Triply Diagnosed, HIV Infected Homeless Individuals from NYC

Danielle Strauss, MPH
Kevin Rente, MA
Sharon Brown Braddock, MPA
Harlem United
New York, NY

5. Session

Strand 7

Settlement, HIV/AIDS and African Newcomer Communities in Calgary, Alberta, Canada: A Qualitative Study

David Este, Ph.D.
Christa Sato, BA, BSW, MSW(C)
Faculty of Social Work
University of Calgary
Calgary, Alberta, Canada

Catherine Worthington, Ph.D.
School of Public Health and Social Policy
University of Victoria
Victoria, British Columbia, Canada
You Are Invited!

Tour and Reception of NOAIDS
(NO AIDS TASK FORCE/ CRESCENT CARE)

Friday, May 22nd

Attendees will meet at the front entrance of the hotel and will travel by bus to NOAIDS during three separate departure times. Our bus will also return attendees to the Hyatt.

Bus departures will be at: 5:30, 6:15, and 7:00 PM

NOTE: Space is limited. Please see our staff at the registration desk for more details.

This Event is Made Possible
Through the Generosity of
Avita Pharmacy
SATURDAY, MAY 23\textsuperscript{rd}

Please join us for a \textit{Light Breakfast}

7:30-8:15 AM

Strand Foyer
Saturday, May 23rd
8:30 AM – 9:45 AM

1. Session

Intimate Partner Violence in Same-Sex Relationships and HIV: Implications for Social Work Practice

Jim Feinberg, LCSW CHt
St. Luke’s Roosevelt Hospital Center
Addiction Institute of NY
New York, NY

2. Session

HIV PrEP: Implementation of a Pre-Exposure Prophylaxis Clinic and the Role of the Social Worker

Kyle Bonham, MSW, LSW
HIV Ambulatory Services
Indiana University Health LifeCare
Indianapolis, IN

3. Session

Changes in Integrating HIV Testing, Counseling and Linkages to Care with Mental Health Crisis Services

Alana B. Davenport, LGSW
No Wrong Door Program, Baltimore Crisis Response, Inc.
Baltimore, MD

Edgar K. Wiggins, MHS
Baltimore Crisis Response, Inc.
Baltimore, MD
4. Session  
Strand 3
Aging with HIV: A Workshop for Clinicians Working with Long-term Survivors

*Mallory Garrett, MFTT*
N. Hollywood, CA

5. Session  
Strand 4
The Housing Cascade: Provider Prospective on Using Data to Evaluate Health Outcomes

*Kenneth Rente*
Harlem United
New York, NY

6. Session  
Strand 7
HIV & Aging: Building a Peer-Based Psychosocial Support Program for the AIDS Generation and Addressing the Needs of Long-Term Survivors.

*Noah Briones, MFT*
*Vince Crisostromo*
50-Plus Network, San Francisco AIDS Foundation
San Francisco, CA
Saturday, May 23rd
10:00 AM – 11:15 AM

1. Session Empire C

“The Normal Heart”: A Film and Discussion- PART A

Scott A. Kramer, LCSW, ACSW
Private Practice Psychotherapist
New York, NY

Jeff Driskell, Ph.D., MSW
Salem State University
Salem, MA

2. Session Strand 1

Patient Navigation: Applying a Public Health Strategy in the Field of HIV Prevention and Care

Deryk Sanchez Standring, MA
Michael McLeod, JD, MPH
Julia Weise, LCSW
Denver Prevention Training Center
Denver, CO

3. Session Strand 2

Staying on the Road to Wellness: HIV/AIDS, Youth, and Adherence

Kayla Allison, MSW, LMSW, Ph.D. (cand.) - Lake Charles, LA
David Fawcett, Ph.D., MSW - Private Practice/Consultant, Ft. Lauderdale, FL
Larry S. Yurow, MSW, LCSW - Christianacare Health, Wilmington, DE
4. Session          Strand 3

Transitional Care Coordination for Homeless and Unstably-Housed PLWHA: The Design and Implementation of a Program Model Fidelity Assessment

*Mary Kay Diakite, LMSW*
*Gina Gambone, MPH*
*Graham Harriman, MA*
*Annika Shore, MPH*
*Michael Wong, MPH (cand.)*
*Wilbur Yen, MPH, LMSW*
NYC Department of Health/Mental Health
New York, NY

5. Session          Strand 4

Social Workers as Continuous Quality Improvement Leaders in Improving Viral Load Suppression

*Adele Panico, LMSW*
*Rebecca Green, LMSW*
Institute for Family Health
New York, NY

*Caitlin Murphy, LMSW*
Institute for Family Health
Bronx, NY

6. Session          Strand 7

Uganda's ABC to South Africa: Challenges and Opportunities

*Hugo Kamya, Ph.D.*
Simmons College
Boston, MA
1. Session

Empire C

“The Normal Heart”: A Film and Discussion- PART B

Scott A. Kramer, LCSW, ACSW
Private Practice Psychotherapist
New York, NY

Jeff Driskell, Ph.D., MSW
Salem State University
Salem, MA

2. Session

Strand 1

Cross-Cultural Care Fundamentals for Treatment of LGBT Clients

Gary Sullivan, LCSW
Fort Lauderdale, FL

3. Session

Strand 2

Self-Care is Quality Care: A Workshop for Case Managers and Consumers About How Health and Wellness Promote Positive Outcomes, Including Increased Adherence and Greater Rates of Viral Load Suppression Within a Caseload.

Theresa Fox, MSW
Donna Van Alst Ph.D., MBA, MSW
Dorothy Dowdell
Rutgers, the State University of New Jersey, School of Social Work
New Brunswick, NJ

Christine Lackey, MSW
Making it Possible to End Homelessness
Edison, NJ

Lucy Counts, BA
Middlesex County Office of Human Services
New Brunswick, NJ
4. Session

“We Make Health Work”: Social Work Strategies to Address Social Determinant Barriers Effecting HIV/AIDS Care

**Rusty Bennett, LGSW, Ph.D.**
Collaborative Solutions, Inc.
Birmingham, AL

**Randall Russell, PIP, LCSW**
Bayfront HERO
St. Petersburg, FL

5. Session


**Bernadette Hadden, MSW, Ph.D.**
**Fabienne Snowden, MSW, Ph.D. (cand)**
City University of New York, Hunter College, Silberman School of Social Work
New York, NY

6. Session

You[th] just don’t get it: Intensive HIV Case Management with African American 13-24 yr olds

**Johanna Squires, MSW (cand)**
Metro TeenAIDS
Washington, DC
7. **Session - Brief Reports**  

**Strand 9**

a. **Ready, Steady, Go: An Initiative to Bridge Engagement in Care Services**  

*Morrigan Phillips, MSW, LCSW*  
*Caitlin O’Gallagher, MSW, LCSW*  
Boston Living Center  
Boston, MA  

b. **HIV Prevention among Married Women**  

*Kamugisha Anifa*

c. **The Impact of Perceived Social Support on HIV Disclosure**  

*Ryann N. Freeman, MSW (cand.)*  
AIDS Community Research Initiative of America (ACRIA)  
Fordham University Graduate School of Social Service  
New York, NY

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**LUNCH BREAK (on Your Own)**

**12:45-2:00 PM**

*Ask the concierge for information and suggestions*

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*Please note: Scott Kramer invites Persons Living with HIV to attend a “meet and greet” meeting… today during 12:45-2:00. Bring Your Lunch…We’ll Meet in Strand 1.*

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*Please note: PASWHA will hold its annual membership meeting today during 12:45-2:00. Meeting will be in Strand 2.*
Saturday, May 23rd
2:15 - 3:30PM

1. Session
   Empire C

   Staying Relevant in an Era of Great Change: Challenges and Opportunities for HIV/AIDS Social Work

   Robert A Pompa, Jr. LCSW, MSW
   Lehigh Valley Health Network
   AIDS Activities Office
   Allentown, PA

2. Session
   Strand 1

   Finding the Clinical in HIV/AIDS Case Management: How to Incorporate Social Work Students into Your Organization’s Culture and Practice

   S.J. Dodd, MSW, PhD
   Silberman School of Social Work at Hunter College, CUNY
   New York, NY

   Andrea Calabrese, LCSW, CASAC
   Denise Arzola, LCSW
   Bailey House, Inc.
   New York, NY

3. Session
   Strand 2

   Tailored Alterations: A Family Service Model Providing Customized HIV Care to Women and Families

   Joanna Strait, LGSW
   Chandra Robinson, LGSW
   MetroTeen AIDS
   Washington, DC
4. Session

Strand 3

A Successful ACA Transition: How Washington State’s ADAP and its Clients Benefitted

Michelle Huntley, BSW
Beth Crutsinger-Perry, MSW
Washington State Department of Health
Olympia, WA

5. Session

Strand 4

Using the HIV Cascade as a Framework for Developing a SYSTEM of Care and Prevention Services

Karen Robinson, BS
David Heal, MSW
Lydia Guy-Ortiz, BA
Richard Aleshire, MSW
Office of Infectious Disease
Washington State Department of Health
Olympia, WA

6. Session

Strand 7

Integrating Health and Social Workers in Organizational Compliance and Sustainability

Fungisai Nota, Ph.D., MPH, CCEP
AIDS Care Group/Sharon Hill Medical
Sharon Hill, PA

7. Session

Strand 9

A Conversation About Clinical Supervision

Barbara Willinger, LCSW, BCD
AIDS Institute
New York State Department of Health
New York, NY

Marla A. Corwin, LCSW, CAC III
Mountain Plains AIDS Education & Training Center, Denver, CO
1. Session

Cue the Lights! The Use of Theater and HIV/AIDS Voices to Improve Provider-patient Communication

Mark Hillenbrand, MSW, LISW
Authentic Freedom Counseling Center, PLLC
Des Moines, IA

Michael Gregory, MSW (Cand.)
University of Iowa
Des Moines, IA

2. Session

Washington State’s - PrEP DAP (Pre-Exposure Prophylaxis Drug Assistance Program)

Richard Aleshire, MSW
Washington State Department of Health
HIV Client Services
Olympia, WA

Lori Delaney
Washington State Department of Health, Lead Trainer
Olympia, WA

3. Session

Messaging Matters: A Communications and Advocacy Training for Providers and Consumers

Ashley Kerr, LCSW MPH
Collaborative Solutions, Inc.
Birmingham, AL
4. Session

Local Public Health Response: Social Work Across the Continuum Of HIV in Los Angeles

Angela Boger
Wendy Garland, MPH
Carlos Vega-Matos, MPA
Sonali P. Kulkarni, MD, MPH
Los Angeles County Dept. of Public Health, Div. of HIV and STD Programs, Los Angeles, CA

5. Session

Dancing with the Age of Technology: On-line Peer Support for Couples That are Living with HIV

Patricia Miller RSW, MSW, MA Prov. Psychologist, Ph.D. (cand.)
Mount Royal University
Calgary, AB Canada

6. Session

Conversations with Partners: Integrating Service Delivery Networks

Robin Kelley, Ph.D.
National Minority AIDS Council
Washington, DC

7. Session

Twelve Step Meeting- Leaderless
Saturday, May 23rd

5:15 PM – 6:30 PM

1. Session

   Empire C

   Documentary: “You Are Not Alone”

   Antoine Craigwell
   DBGM, Inc
   New York, NY

2. Session

   Strand 1

   Meth, Men, and HIV: What Social Workers Need to Know

   David Fawcett PhD, LCSW
   South Florida Center for Counseling
   (and HIV Spectrum Trainer, NASW)
   Wilton Manors, FL

3. Session

   Strand 2

   AIMing for Success: How to Adapt Prevention and Adherence Programming to Meet Your Needs

   Rosemary Thomas, BSW, MPH
   The Children’s Hospital of Philadelphia; Adolescent Initiative
   Philadelphia, PA

   Tracy DiFonzo, LCSW
   The Children’s Hospital of Philadelphia; Adolescent Initiative
   Philadelphia, PA
4. Session

Strand 3

Trauma and Trauma-Informed Care: The Essential Role of the Social Worker in HIV Care, Prevention and Treatment

Michelle D. Hoersch, MS
Office on Women’s Health
Region V - U.S. Dept. Of Health and Human Services, Chicago, IL

Martha D. Bond, MPH
Office on Women’s Health
U.S. Dept. of Health and Human Services, Washington, DC

5. Session

Strand 4

What’s So Important About Mental Health?

Dianne Green-Smith, Ph.D., ACSW
Trainer, New Orleans, LA

Kayla Allison, MSW, LMSW, Ph.D. (cand.)
Lake Charles, LA

Evelyn P. Tomaszewski, MSW
National Association of Social Workers, Washington, DC

Barbara Willinger, LCSW
AIDS Institute, NYC Department of Health, New York, NY
6. Session- Brief Reports

Strand 9

a. Preparing African and Caribbean Communities in the US to Address HIV/AIDS

Helena Kwakwa, MD, MPH  
Sophia Bessias, MPH  
Natasha Mvula, MPH  
Donielle Sturgis, MPH  
Philadelphia Department of Public Health  
Philadelphia, PA

Rahab Wahome, MPH  
AIDS Care Group  
Sharon Hill, PA

b. Perspectives and Attitudes toward HIV/AIDS among Somali Immigrants

Gloria Namugaya  
Heller School of Social Policy and Management  
Brandeis University  
Waltham, MA

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PLEASE JOIN US FOR THE “MERCK MEDICAL FORUM”

Saturday, 6:30-7:30 PM…Doors open at 6:00 in Strand 10

Food and Beverage Provided… Space is Limited to the First 50 Attendees. You Must Wear Your Conference Badge to Enter.

Topic: “Informed Shared Decision Making”  
Speaker: Daizon Dixon Diallo, MPH

This Event is Funded and Supported by Merck and Co.
Sunday, May 24th

Please join us for a *Light Breakfast*

7:30-8:15 AM

Strand Foyer
Sunday, May 24th

Conversations on Best Practices

8:30 AM – 9:20 AM

1. Session
   Strand 1

   HIV Prevention in Liminal Spaces: Linkage to Care & Inter-Agency Collaboration in the Suburbs of Chicago

   Ayla Karamustafa, BA
   Public Health Institute of Metropolitan Chicago
   Chicago, IL

2. Session
   Strand 2

   Social Workers as Leaders in Clinical Care: A Case Review

   Erica Rand, LSW, MEd
   Erin Titze, LSW, MEd
   The Children’s Hospital of Philadelphia
   Philadelphia, PA

3. Session
   Strand 3

   Supporting Peer Advocates Through Supervisory Model

   Morrigan Phillips, MSW, LCSW
   Caitlin O’Gallagher, MSW, LCSW
   Boston Living Center
   Boston, MA

4. Session
   Strand 4

   Addressing HIV/AIDS Related Stigma within Clinical Settings

   Saul Zepeda, BS
   Laura Roche, MSW
   Public Health Institute of Metropolitan Chicago, Chicago, IL
Explain that to Me Again… You Want Me to Pay for Insurance When I Pay Nothing and I’m Just Fine? A Discussion About Best Practice Related to Answering Common and Provocative Enrollment Questions

*Theresa C. Fox, MSW*
*Donna Van Alst, PhD, MSW, MBA*

School of Social Work, Rutgers- the State University of New Jersey
New Brunswick, NJ
Sunday, May 24th

Conversations on Best Practices

9:30 AM – 10:20 AM

1. Session
   Strand 1

   Expansion and Implementation of HIV Prevention Better
   Ssessanga A. Mawedi, Kampala, Uganda

2. Session
   Strand 2

   A Balancing Act: Social Work Ethics on a Multidisciplinary Team

   Vanessa Pizarro, LMSW
   Rebecca Green, LMSW
   Institute for Family Health
   New York, NY

   Caitlin Murphy, LMSW
   Institute for Family Health
   Bronx, NY

3. Session
   Strand 3

   Finding Respect and Ending Stigma Around HIV (FRESH) in the Deep South

   L.C. McCormick, Ph.D.
   M. Durojaiye, MA
   B. Turan, Ph.D.
   M.C. Kempf, Ph.D.
   M. Mulla, MPH
   K. Stringer, MA
   C. Simpson, Ph.D.
   D. S. Batey, Ph.D., MSW
   J.M. Turan, Ph.D.
   University of Alabama at Birmingham
   Birmingham, AL

   B. Lichtenstein, PhD
4. Session

Friend or Foe: Exploring the Relationship between Text Messaging and Health Care for People Living with HIV

Joanna Pudil, LCSW
Iris Gutierrez, LCSW
New York Presbyterian Hospital Comprehensive Health Program
New York, NY

5. Session

Integrating Screening, Brief Intervention, and Referral to Treatment (SBIRT) in a Large HIV Practice: Lessons Learned and Impact of ACA on Delivery of Services

Lisa Lawrence, MSW
Colorado AIDS Education & Training Center
University of Colorado
Aurora, CO

6. Session

Main Essentials of Empowerment for Mid-Level Executives

Robin T. Kelley, Ph.D.
National Minority AIDS Council
Washington, DC
Sunday, May 24th

Conversations on Best Practices

10:30 AM – 11:20 AM

1. Session

Strand 1

Patient Navigation: A Promising Strategy for Engaging Hospitalized HIV-Infected Drug Users

D. S. Batey, Ph.D., MSW
H.L. Coley, MPH
M.J. Mugavero, MD, MHS
University of Alabama at Birmingham
Birmingham, AL

L. Haynes, MSW
K. Pressley, MA
Medical University of South Carolina
Columbia, SC

2. Session

Strand 2

Why Does ADAP Do That? Louisiana and Washington Respond

Elizabeth Crutsinger-Perry, MSW, MA
Washington State Department of Health
Olympia, WA

Heather Weaver, LCSW
STD/HIV Program
New Orleans, LA

3. Session

Strand 3

Income Generating Activities for the Empowerment of Women: A New Era of HIV/AIDS care
Atukunda Allan Andrew, Kampala, Uganda

4. Session                     Strand 4

HIV Care Continuum Initiative: Mobilizing Federal Efforts

Regina Waits, BS
U.S. Dept. of Health and Human Services, Region VI
Dallas, TX

5. Session                     Strand 7

Implementing, Sustaining & Growing HIV Biomedical Prevention Services: Lessons Learned in an HIV Primary Care Clinic in New York City

C. Ferraris
E. Gertz
T. Wilder
Z. Rothman
R. Legatt
T. Urbina
Mt. Sinai St Luke’s and Mt. Sinai Roosevelt Hospitals
New York, NY
Sunday, May 24th

Conversations on Best Practices

11:30 AM – 12:20 PM

1. Session                      Strand 1

   HIV and Me: In My Mind - Beyond the Pill and Condom

   Antoine Craigwell
   DBGM, Inc
   New York, NY

2. Session                      Strand 2

   Best Practices in Health System Navigation for HIV/AIDS

   Helena Kwakwa, MD, MPH
   Oumar Gaye, MD, MPH
   Natasha Myula, MPH
   Kathleen Brady, MD
   Philadelphia Department of Public Health
   Philadelphia, PA

   Susan Lehrman, Ph.D.
   Philadelphia University
   Philadelphia, PA

   Catherin Corson, MBA
   Raphiatou Noumbissi, MSW
   ActionAIDS
   Philadelphia, PA

3. Session                      Strand 3

   Working in an NGO as a Clinical Social Worker with HIV/AIDS
   Clients-Development of a Filing System and Organization of Files

   Debra Joseph, Ph.D.
   The University of the West Indies, Cave Hill St. James, Barbados
4. **Session** 
   **Strand 4**
   Choose Your Own Adventure: Working with Women 50 and Older– Sharing the Prevention Message
   
   *Jacki Gethner, Author and Speaker*

5. **Session** 
   **Strand 7**
   The Veil of Secrecy Removed – Practical Approaches to Dealing with Addictions and Silence Stigma from a Holistic Perspective
   
   *Zina Age, LMSW, MAC*
   Aniz Incorporated
   Atlanta, GA
CLOSING SESSION SUNDAY MAY 24th

12:30- 1:15 PM

Strand 1

Vincent J. Lynch, MSW, Ph.D.

Session Facilitator

THANKS FOR COMING THIS YEAR....

SEE YOU NEXT YEAR IN

MINNEAPOLIS

MAY 26-29th, 2016
ABSTRACTS OF PRESENTATIONS
**Presenter:**
Age, Z.

**Contact:**
Zina Age
deo@aniz.org

**Title:**
The Veil of Secrecy Removed-Practical Approaches to Dealing with Addictions and Silence Stigma from a Holistic Perspective

**Abstract:**
Life unleashed an era of addictions and disease among marginalized communities. A ‘veil of secrecy’ has cross-contaminated the lifestyles of those that are incarcerated, rural, youth, elderly, men, women, and the GLBTQ communities. Secrecy nurtures disease because it provides an environment conducive to the spread of infection. Over the last thirty years many of us have come to know about a virus with a cure that has so far eluded us. Some of us learned about this virus through news reports, others encounter the devastation of this virus on a more personal level. African American men and women account for a large number of new cases of those infected with HIV/AIDS. We could recite statistics, but that won’t save us. We are still often too silent in the places where we seek peace, cry and shout praises the most. We have to deal with the silent stigma that is ravaging our communities from a holistic perspective addressing secrecy, shame and guilt.

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**Presenters:**
Aleshire, R.
Delaney, L.

**Contact:**
Richard Aleshire
richard.aleshire@doh.wa.gov

**Title:**
Washington State’s – PrEP DAP (Pre-Exposure Prophylaxis Drug Assistance Program)

**Abstract:**
Two programs within the Washington State Department of Health (HIV Client Services & the Infectious Disease Prevention Section) worked collaboratively to develop the first in the nation State-run Pre-Exposure Prophylaxis Drug Assistance Program. Building upon HIV Client Services’ infrastructure to pay for medications for people living with HIV through its AIDS Drug Assistance Program (ADAP), we were able to implement a PrEP DAP program quickly.
Pre-Exposure Prophylaxis (PrEP) is an HIV prevention method in which HIV-negative people take a daily pill to reduce their risk of becoming infected. When used consistently, PrEP has been shown to reduce the risk of HIV-1 infection among adult men and women at very high risk for HIV infection through sex or injection drug use. TRUVADA has been approved by the Federal Drug Administration for use in PrEP.

PrEP DAP is a drug assistance program for HIV-negative people who have risk factors that expose them to HIV. PrEP DAP will pay for TRUVADA for people who want to be on PrEP. Please join us as we walk you through the development, implementation, successes and challenges since the program’s rollout in April 2014. We will also share statistics, trends and costs.

**Presenter:**
Allison, K.

**Contact:**
Kayla Allison
kallis3@lsu.edu

**Title:**
Black Women and HIV/AIDS: A Review of the Literature

**Abstract:**
The article is a review of current literature on the impact of the HIV/AIDS epidemic among Black women. The rate of new HIV infections among Black women was 20 times greater than those of their White and Latino counterparts in 2010. This compared to only a 15 fold comparison rate in 2006. Such an increase in new HIV rates forces HIV advocates to pose the following questions: Why are Black women contracting HIV at such alarming rates? What prevention strategies are being implemented? What challenges serve as barriers to prevention for Black women? Research posits that structural, systematic, and institutional inequalities have led to perpetual cycles of health-related disparities among Black women. Issues such as poverty, childhood sexual assault, substance abuse, intimate partner violence (IPV), and post-traumatic stress (PTSD) serve as barriers to HIV prevention with Black women. Future social work research should examine complex interrelationships of such barriers as well as implementation of cultural- and gender-specific behavioral interventions in practice with Black women.
**Presenters:**
Allison, K.
Fawcett, D.
Tomaszewski, E.P.
Yurow, L.S.

**Contact:**
Evelyn Tomaszewski
Etomaszewski@naswdc.org

**Title:**
Staying On The Road To Wellness: HIV/AIDS, Youth, and Adherence

**Abstract:**
Youth account for almost a quarter of new HIV infections, but over 60% of youth do not know they are living with a chronic yet treatable illness. The very challenges to identifying and engaging youth at-risk—homelessness, substance use, discrimination and isolation, and low rates of testing and perception of ‘low-risk’—are all challenges to engaging and maintaining youth in care and treatment. Using a case vignette, participants will identify strategies to address these challenges, the social work role in engaging youth in treatment and promoting adherence, and the benefits of harm reduction strategies. Participants will have the opportunity to share culturally competent assessment and intervention planning including both the micro and macro levels, as well as national and state resources.

**Presenter:**
Andrew, A.

**Contact:**
Atukunda A. Andrew
atukundaallan@gmail.com

**Title:**
Income Generating Activities for the Empowerment of Women: A New Era of HIV/AIDS care

**Abstract:**
Women in Uganda have been disproportionately affected by HIV/AIDS as elsewhere in the world. They suffer violence at the hands of their partners and many contract other diseases due to a compromised immune system. Building forms of support and empowerment has been key in holding a sense of hope for women. This 50 minute presentation will offer one example in an urban/rural setting where women have mobilized themselves using income generating activities.
Presenter:
Anifa, K.

Contact:
Kamugisha Anifa
kamuani28@outlook.com

Title:
HIV Prevention Among Married Women

Abstract:
African women face serious challenges in their married relationships. Often they struggle in negotiating sexual relationships with their husbands. The 20 minute presentation will document these challenges and discuss strategies urban and rural women are employing to protect themselves. Attention to cultural and religious concerns will be discussed.

Presenters:
Bailey, S.
Lombardi, L.
Rhodes, C.

Contact:
Steven Bailey
Steve.Bailey@vdh.virginia.gov

Title:
Virginia AIDS Drug Assistance Program: A Systemic Change Agent

Abstract:
Virginia AIDS Drug Assistance Program (ADAP) supported Affordable Care Act (ACA) insurance enrollment for over 2,200 ADAP clients during the inaugural open enrollment period, eliminating the risk of a Virginia ADAP wait list in 2014 and increasing access to health care for previously uninsured persons living with HIV/AIDS (PLWHA). ADAP mobilized VDH staff, HIV clinics, case managers and community organizations in a collaborative effort to overcome system challenges and client and provider hesitancy associated with the major health coverage paradigm change of the ACA. ADAP implemented Social Work practice at the macro level, facilitating systemic change by addressing federal and state policy implications, negotiating with stakeholders and service providers, and setting new state program policies to support insurance utilization while increasing cost savings to ADAP. ADAP now serves 60% of clients with insurance coverage (as opposed to purchasing high cost medications), compared to 17% one year ago.

Despite initial delays with the federal enrollment website, no additional funding provided by the federal or state governments to ADAPs supporting enrollment, and fears from providers and PLWHA of an untested system of insurance coverage, Virginia
ADAP succeeded in meeting enrollment goals. Virginia ADAP clients account for about 2% of all clients receiving ADAP services but represented over 17% of ADAP clients enrolled to ACA insurance plans nationwide and 58% of ADAP clients enrolled to ACA plans in southern states. Strategies implemented included weekly ADAP stakeholder emails, weekly calls with insurance enrollment sites, statewide stakeholder roundtables, client-level data exchange with medical provider sites supporting client insurance enrollment, strategically allocating Ryan White funds to support enrollment efforts by provider sites, and statewide debriefings to evaluate and plan for subsequent enrollment periods. Many strategies are being replicated, with the addition of case manage trainings focused on understanding and navigating insurance.

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**Presenter:**
Ball, D.

**Contact:**
Diana Ball
Dianaball@uky.edu

**Title:**
Embracing the ACA in Theory and Practice: A Medical Social Work Experience

**Abstract:**
On October 1, 2013, Open Enrollment for Affordable Care Act insurance plans began. For many uninsured people living with HIV/AIDS, the Affordable Care Act (ACA, or “ObamaCare”) was a chance to obtain insurance coverage that had been previously out of reach. Yet, as HIV/AIDS workers dependent on limited funding, successful implementation was essential to providing patients with medical coverage that could reduce their overall medical costs and cover non-Ryan White services.

The Bluegrass Care (BCC), located in Lexington, Kentucky, is a Ryan White funded HIV/AIDS clinic for a 63 county area in Central and Eastern Kentucky. BCC employs 10 full-time social workers to provide medical case management services.

In 2013, 453 BCC patients (44%) were uninsured. Through the concerted efforts of the medical social workers and support staff, 353 (92%) previously uninsured HIV positive patients enrolled in insurance between Oct 1 and March 31, 2013. 251 of these enrolled in Medicaid-expansion, 83 on insurance through the state-run marketplace, Kynect, and 19 received insurance through other options, such as employment.

In this session, we will provide an overview of ACA implementation process: Gathering administrative support, training assisters, implementing a strategic plan for screening and enrolling all eligible clients, and maintaining insurance through regular insurance premium payments and follow-up. This workshop will discuss the successes and challenges social workers at the BCC have experienced in the first 2 years of ACA implementation. We will also discuss the social worker’s role as advocates and educators in the medical and insurance settings.

This session will be geared toward individuals who have a basic understanding of the ACA and medical needs of HIV+ patients but are interested in learning about successful implementation strategies.
Presenters:
Barnette, A.
Gaye-Bullard, N.
Freiman, H.
Travis, N.
Shah, B.
Hankin

Contact:
Adam Barnette
abarnette@gmh.edu

Title:
“Your test results show that you may have HIV”: Lessons Learned about HIV Test Result Disclosure

Abstract:
As population-based HIV testing becomes a standard part of practice in a wide range of patient care settings, in accordance with Centers for Disease Control recommendations, the role of the medical social worker becomes an invaluable asset, from disclosure to linkage to care. This poster will deal specifically with tips for social work staff who will be performing or assisting in the process of disclosing positive HIV test results. The lessons learned from these experiences are relevant not only for HIV care providers, but for any professional working with patients who may be receiving unexpected or difficult clinical test results as part of their practice. The presenting social workers will engage participants in a discussion regarding the specific process that they utilize with the population they serve: low-income, underserved individuals at an urban safety-net hospital. While no two disclosures are the same, the presenting social workers will present common themes that they have observed since their program’s implementation. The impact of setting will also be discussed in this presentation, specifically how to create a safe and empathetic environment even in a chaotic clinical environment.
**Presenters:**
Barnette, A.
Gaye-Bullard, N.
Freiman, H.
Travis, N.
Shah, B.
Hankin

**Contact:**
Adam Barnette
abarnette@gmh.edu

**Title:**
Linkage to HIV care among newly-diagnosed HIV patients in an urban hospital setting

**Abstract:**
The advances in HIV-treatment have been profound over the past decade. Whereas patients were once bound by medication regimens that entailed handfuls of medications at precise intervals and equally onerous diets, many patients can now be treated with only a single pill once a day. To help our patients and communities take full advantage of the benefits of HIV treatment, social workers now face the challenge of assisting patients with new HIV diagnoses in the process of being linked to and retained in care with an HIV provider. This poster is intended to highlight observations made by medical social workers who have provided linkage to care services for over 250 patients diagnosed via an HIV-screening program in a large urban safety-net hospital. The populations served by this hospital frequently face many individual and systemic barriers to accessing regular healthcare, which complicate the process of linkage to care following a diagnosis of HIV. While HIV care in the United States is frequently subsidized by the State and Federal governments, the enrollment process often requires patient engagement in multiple procedural steps before linkage to care can occur. The multiple steps between diagnosis and linkage each can create barriers to successful linkage to care, a fact reflected in unique approaches to the linkage process that were developed in a low-income underserved urban setting, but may be applicable to social workers in various areas of practice.
**Presenters:**
Batey, D.S.
Coley, H.L.
Mugavero, M.J.
Haynes, L.
Pressley, K.

**Contact:**
D. Scott Batey
dsbatey@uab.edu

**Title:**
Patient Navigation: A Promising Strategy for Engaging Hospitalized HIV-Infected Drug Users

**Abstract:**
The spectrum of engagement in HIV treatment elucidates both challenges to maintaining retention in care (RiC) and opportunities for intervention. Studies indicate that approximately 40% of individuals with known HIV are retained in care, and retention can be particularly challenging for groups that experience greater barriers to care such as drug users and those who have multiple hospitalizations. However, enhanced personal contact with HIV patients has been shown to improve RiC.

Project HOPE (Hospital Visit as Opportunity for Prevention and Engagement for HIV-infected Drug Users), a clinical trial of that National Institute on Drug Abuse (NIDA), utilized patient navigation (PN) as one component in its three-arm study. Built on the premise that hospitalization may be ideal for implementing re-engagement interventions, Project HOPE sought to capitalize on teachable moments and pair individuals with patient navigators who utilized a strengths-based approach and motivational interviewing to encourage re-engagement with HIV care and substance abuse. The University of Alabama at Birmingham, with leadership from the Medical University of South Carolina, participated as one of the 11 sites in this trial.

In spite of challenges, the PN component of Project HOPE was generally easy to implement at a single site and was successful in engaging individuals to HIV and substance abuse care. This presentation will document case studies, site-specific protective and risk factors, and lessons learned during the trial. Participants will gain familiarity with the utility of a PN approach with this population. Additionally, the potential of social workers as patient navigators will be discussed.

**Presenters:**
Batey, D.S.
Pollio, D.E.
Schumacher, J.E.
Mugavero, M.J.
Drolen, C.S.
Smith, B.

Contact:
D. Scott Batey
dsbatey@uab.edu

Title:
Community-level Factors Associated with Suboptimal Retention in HIV Primary Medical Care: An Exploratory Study

Abstract:
The HIV Treatment Cascade has provided a framework for addressing gaps in prevention and treatment. With its introduction, the role of community-level influences on suboptimal retention in HIV medical care (RiC) has garnered considerable interest. While individual-level factors are known to be associated with these health outcomes, little research has explored the importance of broader, community-level associations.

A sample of 226 HIV-infected adults who received primary medical care at an academic-based HIV clinic between 7/1/09-6/30/11 was included. Principal outcomes included five common measures of retention. Secondary data available through a prospective cohort study provided individual-level information. Resident address at time of first clinic contact was matched to census tracts. Community variables were modeled individually with each principal outcome using bivariate logistic and Ordinary Least Squares (OLS) regression.

Participants were mostly non-white (66.4%), male (85%), uninsured/publicly insured (60.6%), single (67.7%), and without children in the home (93.8%). Mean age was 33.19 years. On average, 15.59% of census tract families lived below 100% FPL over the past 12 months. Communities were younger (Youth Dependency Ratio=35.10) and overall crime was low (Crime Rate=22.96). Community-level factors statistically associated with RiC included isolation, youth dependency, female-headed households, neighborhood crime, manufacturing and low-skills industry employment, households receiving public assistance, number of local businesses, renters: homeowners ratio, lacking telephone service, access to an automobile, and access to social and health services.

Findings highlight community-level influences on RiC. For HIV-infected persons residing in strained communities, interventions that consider the broader community may better utilize protective factors while providing added social support necessary to overcome community risks. Although limitations to this study exist and more research is needed, results suggest an opportunity for social workers to participate in the dialogue on the role of aggregate community conditions on health disparities among individuals with HIV.

Presenter:
Bennett, R.
Russell, R.
Contact: Rusty Bennett
rusty@collaborative-solutions.net

Title: “We Make Health Work”: Social Work Strategies to Address Social Determinant Barriers Effecting HIV/AIDS Care

Abstract: In the healthcare arena increasing attention is being played on understanding the importance of addressing the broader social determinants of health in order to improve care outcomes while reducing costs. Such social determinants as poverty, food and nutrition, housing, and employment are just some of the social conditions that directly impact an individual’s ability to access and maintain care and experience positive health outcomes. As HIV service systems change and as systems retool under implementation of the Affordable Care Act (ACA), ensuring that social work practices, which often focuses on addressing social barriers to accessing and maintaining healthcare, are not forgotten but rather seen as critical components of care completion. This presentation will discuss social work strategies-programmatic, organizational, policy, and advocacy efforts-used to better create systems of care completion that address the broader social determinants of health. Through case studies, promising practices, and discussion presenters will highlight the key successes and challenges faced by organizations and communities in better integrating social work practice into healthcare practice.

Presenters: Boger, A.
Garland, W.
Vega-Matos, C.
Kulkarni, S.

Contact: Wendy Garland
wgarland@ph.lacounty.gov

Title: Local Public Health Response: Social Work across the Continuum of HIV in Los Angeles County

Abstract: For over 20 years, social works have been a critical part of the service delivery for people living with, or at risk for contracting HIV and AIDS and remain a valuable resource within the community for addressing HIV/AIDS prevention and care services. During this presentation we will detail how the Los Angeles County Department of Public Health has utilized social workers in different capacities along the HIV care continuum to meet the National HIV/AIDS strategy’s goals to improving the health outcomes of its residents. This presentation is intended for a general audience.
In HIV prevention, social workers have provided clinical supervision for health education and risk reduction programs. With increasing focus on linkage and reengagement of out of care HIV populations has increased, LAC has used HIV prevention and care resources to develop innovative programming to find and engage these clients so that they return back to HIV medical care. Social workers play an integral role in such work, by working directly with clients as well as through clinical supervision of field staff who work with clients.

LAC supports long term retention in HIV medical care through an innovative program called Medical Care Coordination (MCC). Social workers, together with a nurse case manager, and bachelor’s level case worker, work with clients recently reengaging in care as well as those experiencing or at risk for poor health outcomes that may impact their engagement in care. These MCC teams provide brief interventions and facilitate clients’ access to HIV health and psychosocial services that improve health outcomes. In addition, as health care reform continues to evolve, social workers have an increasingly vital role to play in educating their clients about the best ways to obtain health insurance coverage that suits their needs and allows for continuity of care.

Presenter:
Bonham, K.

Contact:
Kyle Bonham
kbonham@iuhealth.org

Title:
HIV PrEP: Implementation of a Pre-Exposure Prophylaxis Clinic and the Role of the Social Worker

Abstract:
Indiana University Health LifeCare (Indiana’s largest provider of HIV medical services) is part of a major nonprofit hospital located in the urban center of Indianapolis. LifeCare provides medical and psychological care to 1,300 HIV-positive individuals using an interdisciplinary care team. In early 2014, LifeCare began a successful HIV PrEP Clinic. This presentation will provide a case study of the PrEP Clinic’s initial planning, program funding, design, implementation, data collection, and the vital role of the Social Worker in PrEP services.

The PrEP Clinic provides case management services, routine lab work, and HIV testing free of charge for individuals at high-risk for contracting HIV and who are interested in taking Truvada for HIV Pre-Exposure Prophylaxis. An initial overview of LifeCare agency information will be presented, as well as data specific to our PrEP Clinic (number of active clients, client demographics, insurance breakdown, etc.). The PrEP Clinic’s operating expenses will be reviewed, including how we obtained private grant funding to assist with some costs. How reduced pathology lab costs were obtained, etc. Costs per patient will also be broken down, in an effort to present a true cost of providing services.

The role of the social worker in the PrEP Clinic will be explained, in an effort to convey that PrEP is not solely the responsibility of medical providers—there is a valued
and needed role for HIV Social Workers in HIV Prevention. At the PrEP Clinic, Social Workers play a key role in the HIV risk assessment, insurance assessment (as well as assisting those who are uninsured access Truvada for PrEP), case management, and ongoing HIV prevention education. Program roadblocks, successes, and ongoing challenges will be shared. Currently unanswerable questions will also be discussed (future health insurance coverage of PrEP, future Ryan White funding of PrEP, long-term statistics on PrEP users’ condom use, etc.). Questions from attendees will be welcomed.

Recognizing that HIV Social Workers play a key role in HIV prevention is important, helping us to meet the theme of “STAYING RELEVANT IN AN ERA OF GREAT CHANGE—CHALLENGES AND OPPORTUNITIES FOR HIV/AIDS SOCIAL WORK.” Social Workers can stay relevant as the national focus continues to move towards HIV treatment as prevention, particularly as caseloads are growing and funding is decreasing. This presentation provides a forum for a review of a successful PrEP Clinic, how it was implemented, and open dialogue about how to make it happen in other jurisdictions, in light of challenges.

Presenters:
Breland, L.
Cordts, L.

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Title:
HIV Case Management Shifts in an era of Healthcare Reform

Abstract:
NO/AIDS Task Force, a 30-year old New Orleans-based AIDS Service Organization, has been providing HIV case management services for over 20 years. In November 2013, the organization received designation as a Federally Qualified Healthcare Center, and the ASO is now known as NO/AIDS Task Force, a division of CrescentCare. The organization has since been presented with numerous challenges as well as opportunities to examine matters related to service delivery, program structure, and sustainability—and to implement plans to improve program quality and expand services and programs to the entire New Orleans and surrounding community.

The sentiment that case management is a source of much needed support for individuals living with HIV remains constant, yet there are many factors that are variable as a result of a changing healthcare landscape in combination with HIV now being considered a chronic, manageable condition. These variables range from the types of services needed in light of funding issues, accreditation requirements, and sustainability planning. Further, with current literature demonstrating the efficacy of the “health home” model of delivering medical care, case management functions are increasingly looked upon as critical in uniting the interdisciplinary care team, ensuring consumer care coordination, and addressing the psychosocial issues that can often compromise treatment success. The undisputed recommendation is for case management programs to evaluate
their service delivery model and to make the changes needed to ensure proper positioning along the spectrum of integrated care and services.

Against the backdrop of healthcare reform, and using a number of real practice scenarios resulting from a shift from AIDS Service Organization to Federally Qualified Healthcare Center, the intended goals of this workshop are as follows: to provoke thought about the ways in which HIV case management programs can adapt to better address the needs of the persons served; to discuss the differences between coordinated, co-located, and integrated case management models; and to explore opportunities to translate the time-tested Ryan White models of delivering social work services to general healthcare settings.

**Presenters:**
Briones, N.
Crisostromo, V.

**Contact:**
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**Title:**
HIV & Aging: Building a Peer-Based Psychosocial Support Program for the AIDS Generation and Addressing the Needs of Long-Term Survivors

**Abstract:**
The CDC has projected that by 2015 the population of persons living with HIV who are aged 50 and over will surpass 50% of the total population of HIV-infected Americans. In San Francisco, that benchmark was surpassed in 2013, and current epidemiology shows that more than 54% of persons living with HIV in our city are age 50-plus. This population, at least by their own perception, has been invisible or ignored, as HIV program focus is directed at current hotspots of new HIV infections. This rapidly growing population presents with unique needs which are often greater than what most community providers can support.

There once was a belief early on in the epidemic that these long-term survivors, “the AIDS Generation” would not have ever survived reaching middle-age, let alone to be able to live a normal life span. As a result, there were many who, as they lost most of their community to the epidemic, spent their life savings or neglected to plan for retirement. Many were thinking they would not survive longer than just a few years. Across the USA, we are now seeing the emergence of an aging community who identify themselves as being fractured and disconnected, unprepared for the future, and struggling with isolation, anxiety, and depression.

There is little funding available to address the needs of long-term survivors, yet some organizations have begun to reach into their pockets to address these needs. Since 2010, when a local needs assessment highlighted this shortcoming, the San Francisco AIDS Foundation (SFAF) began strategizing on how to meet the needs of this underserved population, which in turn resulted in the development and implementation of the 50-Plus Network. This presentation will provide an overview of how the 50-Plus Network was conceived to support the psychosocial needs of aging long-term survivors,
and its success in a period of less than two years to emerge as one of the most responsive programs in San Francisco.

The 50-Plus Network is a hybrid model that is derived from clinical psychology, social work and peer contributions. Our presentation will cover how SFAF built the program through a focus group of 50+ men, meeting over many sessions and many months. We describe our initial program components that emerged from the extended focus group process; lessons learned as the group grew and program components matured; the impact of recent developments such as Pre-Exposure Prophylaxis Treatment (PrEP) and the Affordable Care Act on the needs of this population; and the resulting modifications to the program. We will then conclude with an overview of our launch of the second iteration of our program in January 2015, and prospects for growth in the future.

**Presenters:**
Brown, K.M.
Abell, N.

**Contact:**
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**Title:**
Bisexual Women of African Ethnicity: Improving HIV Prevention and Services

**Abstract:**
Bisexual women of African ethnicity are an underserved population in the context of HIV/AIDS prevention and services. More than 60% of HIV-positive women in the United States and United Kingdom are of African ethnicity or descent, though comprising only 13% or less of the general population. Bisexual women, as a sub-group of the ethnic group most impacted by HIV/AIDS, are rarely mentioned in education, research, practice, or policy.

This presentation details findings from the first cross-national research study focusing on bisexual women of African ethnicity, including Black American and British women. Individual interviews were conducted from July 2013 to March 2014 in the US and UK. The research topics and questions focus on resources and quality of health care and social support, related to disclosure of sexual orientation. Participants described the kind of information they have received about HIV/AIDS and other health issues. The women also shared about resources that sustain and support their mental health, resilience, and overall well-being.

The contrast of the international findings highlights similarities and differences in the experiences of the women with the US and UK health care systems. All UK participants indicated they had received HIV testing, while US participants had not all taken and HIV test or understood how the test is administered. Women in the US can lack adequate health care, with little hope for improved access under the Affordable Care Act without Medicaid expansion. The women in the US and UK, who have coverage and access to health care, usually still prefer not to disclose sexual orientation to providers, due to concerns of how they may be treated.
The women propose specific strategies for increasing inclusion in professional training, outreach, and service provision. Their recommendations are intended to improve diversity awareness and cultural competency in prevention efforts and service provision. This presentation will increase knowledge and understanding of this underserved population, for providers working in medical and mental health settings as well as for policy makers. HIV/AIDS social work remains relevant in striving to address the needs of currently underserved bisexual women of African ethnicity.

**Presenter:**
Brown, T.D.

**Contact:**
Terrell D. Brown

**Title:**
Unseen, Unheard, and Nearly Invisible: An Examination of Sexual Orientation and Spirituality’s Impact on Psychological Well-being Among Middle-Age and Older Black Men Living with HIV/AIDS: Implications for Caregiving

**Abstract:**
Middle age and older men with HIV infection/AIDS, having often lived with the condition longer, are more likely to confront the stress of managing more advanced HIV disease than their younger counterparts. Meanwhile, they also are more likely to have less social support and experience more distress than younger persons with HIV infection. Previous research has shown that spirituality has positive effects on both mental and physical health; however very few studies have examined the influence of spirituality and sexuality on mental-well-being in people with human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS). Further, no studies have examined these variables specifically among middle-age and older Black men who are HIV positive or have AIDS—with caregiving implications. This study seeks to address those gaps along with implications for caregiving. This research examines the relationship among spirituality, sexual orientation, and psychological well-being. Specifically, this research examines psychological well-being and the impact sexual orientation and spirituality have in predicting psychological well-being among 353 middle-age and older Black men living with HIV/AIDS, 49 years and over who are self-identified as homosexual/gay, bisexual, and heterosexual/straight. The theoretical framework utilized is the transactional model of stress and coping, which is a framework for evaluating coping with stressful life events. This research utilizes data from The Research on Older Adults with HIV (ROAH) study. The first comprehensive and in-depth study of this population, the ROAH study assessed a 1,000-person cohort in New York City, examining a comprehensive array of issues, including health status, stigma, depression, psychological well-being, sexual behavior, substance abuse, social networks, and spirituality. Bivariate tests along with multiple and hierarchical logistic regression was utilized to address research questions and hypotheses. The findings from this study imply that spirituality had a direct relationship with psychological well-being, and reveals the contribution of sexual orientation to psychological well-being and spirituality with middle-age and older adults living with HIV/AIDS. Implications for caregiving will also be addressed.
**Presenter:**
Chama, S.

**Contact:**
Samson Chama
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**Title:**
“Getting upset with someone you have lived with your whole life when they find out that they have HIV/AIDS.” Psychosocial Challenges of Young People Affected by HIV: Experiences from Hamilton County, Chattanooga, Tennessee

**Abstract:**
The number of young people affected by HIV and AIDS in Chattanooga, Tennessee has been increasing steadily in recent years. A close examination of the literature reveals a paucity of knowledge in this area. Using an emergent design I explored the emotional experiences of young people who are impacted by HIV and AIDS with a view to identifying emotional challenges that affect them daily. Fifteen (N=15) young people were recruited using convenient sampling. Two focus groups were held concurrently at an HIV and AIDS agency in Chattanooga. Focus group questions were asked using an interview protocol that had been developed prior to the start of data collection. Data was analyzed using thematic analysis. Results suggest that young people affected by HIV and AIDS experience emotional challenges that are manifested in a variety of ways. These challenges included the following: perceived sense of depression, experiencing stigma, self-blame and lack of communication and loneliness. Implications from the findings suggest a clear need for systematic and tailor made services that would specifically address emotional challenges experienced by young people affected by HIV and AIDS.

**Presenters:**
Cloutier, E.
Giguere, P.

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**Title:**
“OH my! How can I afford HIV meds? Or how to navigate the maze of Ontario (Canada) drug coverage: An example of a flowchart as part of an HIV patient guide”

**Abstract:**
Many people living with HIV/AIDS (PHAs) are overwhelmed when they are first diagnosed with HIV. Newly diagnosed PHAs are often relieved to find out that with new HIV treatments, they can achieve near normal life expectancies. However, before starting and benefitting from HIV medications, PHAs need to understand how they will pay for
expensive HIV medications. In Canada, our national health care coverage does not include prescription drug coverage. Each province has developed a different matrix involving various combinations of private and public funding. PHAs are often confused and anxious when faced with navigating the complex Drug Accessibility and Partial Reimbursement systems. Difficulties with “navigating the system” to obtain HIV medications is a significant barrier and stress for many PHAs. Many patients end up frustrated, fell overwhelmed by complex paper work, and many PHAs just “give up” and stop coming to their medical appointments. Delays in starting HIV medication can have significant negative long-term health consequences. To address this issue, we have created a new, easy to use, visual flow chart: “How to gain access to your HIV medications flowchart.” This example medication flowchart (addressing laws, regulations, programs and options including references to application process) could be adapted and tailored to other jurisdictions.

We hope that this flowchart can facilitate “unfettered access to high quality, life-extending care” for all (PHAs) including our “working poor” population. It could be used to help PHAs understand and navigate the HIV drug coverage/partial reimbursement system in a timely and efficient way. As well, this flowchart could be used to advocate for enhanced support options for PHAs with HIV medication related financial hardships. Forging new strategic partnerships is crucial given that our governments (even in Canada) are not allocating more public funding.

**Presenter:**
Coleman-Watkin, M.

**Contact:**
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**Title:**
Healing Through Hip Hop: Stories from New Orleans

**Abstract:**
This presentation, based on interviews with local hip hop artists and community members, will address using hip hop as a tool for coping with poverty and violence, music as a form of advocacy, and positive musical messages to facilitate belief in a brighter future for local youth. Institutionalized poverty, a risk factor for HIV, violence, and police brutality, can be challenged through this medium of communication, giving a voice to an often unheard population. Sustainable change, catalyzed at the community level, requires spokespeople who share messages through various channels, hip hop being one of them. The collection of interviews presented is intended to inspire fellow social workers to consider hip hop as an unorthodox intervention tool for clinical work and catalyzing community change. Additionally, the presentation will provide a glimpse at the uniquely resilient culture of New Orleans as a healing community.

**Presenters:**
Corbin, D.E.
Bushelle-Edghill, J.

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Title:
Primary Care Services and HIV/AIDS among Older African American in the Rural South

Abstract:
The Center for Disease Control (CDC) report that African Americans currently comprise about 12%-14% of the total U.S. population but they represent 44% of all HIV cases in the United States. Particularly over the last decade, there has been an increasing rate of STI and HIV infection reported among the African American population over the age of 50 (CDC, 2007; Monyham et al., 2010; Slinkard & Kazer, 2011). Within this specific group, the number of individuals that are being impacted by the HIV epidemic are the older African American rural populations in southern geographical areas of the United States (Berry, McKinney, & McClain, 1996; CDC, 2012c; Foundation., 2010; Pellowski, 2012). According to the CDC, rates within 46 states and US territories of adults age 50 and over living with HIV/AIDS was estimated to have increased to 32.7% in 2009 from 28.6% in 2007 (CDC, 2012d). A recent study by Lindau, Schumm, Laumann, & et al. (2007) reported that 73% of individuals 57-64 years, 53% of those aged 65-74, and 26% of those aged 75-85 years are sexually active.

Prior research on older adults and HIV/AIDS has focused on routes of transmission, epidemiologic patterns and survival rates and trends. Few studies have focused on perceptions of HIV/AIDS and service utilization within this population, particularly African Americans living in rural communities.

Moreover, individuals age 50 and older are often excluded from clinical trials involving STD risk-reduction and HIV prevention efforts and HIV-related stigma (Emlet, 2006; Levy, Ding, Lakra, Kosteas, & Niccolai, 2007). However, identification of perceptions and behaviors within this group can aid in the development of culturally sensitive programs and policies geared towards prevention and risk reduction of infection within this population.

This presentation will identify the level of HIV knowledge and how it impacts the perception of infection rates of HIV in older African Americans over the age of 50 years in urban and rural communities. It will give a better understanding of the dynamics between the utilization of primary health care and the communication between the primary care provider and the older patient about HIV and sexual health.

Presenter:
Corwin, M.

Contact:
Marla Corwin
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Title:
Prevention, Retention, Adherence: Serving HIV Clients along the Cascade of Care

Abstract:
Approximately 18% of people with HIV have not yet been diagnosed (CDC, 2013), and they are the population most likely to unwittingly transmit the virus to others. Although prevention efforts should be applied in all aspects of HIV, expanded testing efforts and consideration of Pre-Exposure Prophylaxis (PrEP) may be most useful at this top part of the Care Cascade. While studies have demonstrated the efficacy of PrEP for people at high risk for acquiring HIV (Lampe et al, 2011; CDC, 2011; Baeten et al, 2012), there are also several important arguments against it (Fernandez-Montero et al, 2012). The concept of “treatment as prevention” makes early intervention and referral to care, regular attendance at clinic appointments, and the ability to be adherent to prescribed antiretroviral medications critical to reducing HIV-related morbidity and mortality (Giordano et al, 2007; CDC, 2009; Mugavero et al, 2010, 2011, 2012; Chistopoulos et al, 2011; Gardner, 2013; Corwin & Bradley-Springer, 2014), and HIV transmission. Retaining patients in treatment, however, can be a challenging task for people dealing with poverty, homelessness, discrimination, mental illness, substance abuse, stigma, and other barriers to care (Gardner et al, 2007; Kulkarni, 2012). A warm, welcoming clinic environment (particularly to MSM and people of color), the use of Motivational Interviewing (Miller, Rollnick, Butler, 2008), skills-building, adherence tools, and other strengths-based interventions (Rapp et al, 2009) to build client motivation and self-efficacy have demonstrated effectiveness in enhancing retention of HIV-infected patients in care and promoting medication adherence (Marks, et al, 2010; Thompson, et al, 2012; Corwin & Bradley-Springer, 2013: CDC “Treatment Works” campaign, 2014). Tools and strategies will be included.

Presenter:
Craigwell, A.

Contact:
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Title:
HIV and Me: In My Mind – Beyond the Pill and Condom

Abstract:
Since HIV was realized, 30 years ago, approaches to addressing it have been to throw one toxic anti-retro-viral pill after another at those infected, with the hope of arresting the many deaths from AIDS and prolonging life with a manageable illness. Today, with the number of those infected, disproportionately affected are Black and Latino young “men who have sex with men” (MSM) between 13 and 25-years-old, according to the CDC in 2012, has plateaued at 50,000 new infections a year; it is becoming clearer that the treatment through pills, condoms, safer sex messages and “Get Tested” campaigns as a preventive modality is largely ineffective. For many young Black and Latino MSM, those messages have become “white noise.” It is telling that the CDC...
recently reported that the highest rates of HIV can be found in young Black and Latino MSM in the Southern regions of the United States (the locus of this conference). Yet, unspoken and unaddressed is the mental health aspect to HIV prevention, and with infection, treatment. Contemporary research demonstrates the effect of HIV on the mental health of the infected person, what the virus does to the person’s brain, and coupled with the stigma for being gay, as well as the stigma for being HIV, have combined to form a lethal and dangerous tri-partite sentence (especially in the infected person’s mind). This discussion will explore the three sides to an HIV infection, paying particular attention to the mental health component of HIV and its effects on a person.

**Presenter:**
Craigwell, A.

**Contact:**
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**Title:**
“You Are Not Alone”

**Abstract:**
“You Are Not Alone” is a 65-minute documentary that combines two film genres: a factual documentary and dramatic re-enactments. In the film, Black gay men of differing socioeconomic strata and along the age spectrum discuss the factors which contributed to their descent into depression, how they coped and survived their suicidal ideations and attempts. Interviewees speak about what happened in their lives that caused their descent into depression, their drug use and abuse, contracting and living with HIV, sexual abuse, and transition to the healing effects of acceptance by their respective families. The re-enactments, for which a script was written and directed, illustrate the stories told by Black gay men. The documentary contains interviews with mental health professionals and religious leaders (Christian and Islamic), and a heart wrenching interview with a Black mother whose only son, the victim of bullying, committed suicide.

**Presenters:**
Crutsinger-Perry, E.
Weaver, H.

**Contact:**
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**Title:**
Why Does ADAP Do That? Louisiana and Washington Respond
Abstract:
This conversation will provide a brief overview of the differences between Washington and Louisiana’s ADAPs and the types of services ADAPs provide. ADAPs are a vital resource to HIV positive individuals but from outside of the State office walls, can appear in opposition to social work values and client needs due to both federal and state policy requirements and the results of a service system that must also function in a large state bureaucracy. Louisiana and Washington will provide examples from their experience when conflicts have arisen and how these issues were resolved (or not) and the rationale for the decision. The ADAP programs will also ask participants to share examples from their experience when ADAP policies have caused client or social worker concerns. Both Washington and Louisiana ADAP staff have many years of experience with our programs as well as with our peers across the nation. We believe that this knowledge and experience can help mitigate some issues by providing a broader view of the context into which ADAP decisions are made. Facilitators also want to hear successful interactions from social workers with their ADAP when feedback from the field created a positive change at the ADAP level ultimately benefitting clients. Facilitators will end by providing insight into productive and useful ways social workers, community members and clients can provide needed input to ADAP program to affect positive change.

Presenters:
Davenport, A.B.
Wiggins, E.K.

Contact:
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Title:
Changes in Integrating HIV Testing, Counseling and Linkages to Care with Mental Health Crisis Services

Abstract:
Baltimore is known for having one of the highest rates of HIV in the country, and Baltimore Crisis Response, Inc. (BCRI) not only offers linkage to care for the 7% of clients in crisis who come in knowing that they are living with HIV/AIDS, but also offers risk reduction education and HIV testing to the clients of 11 different mental health service organizations all across the city. Designed to be part of the public mental health system, BCRI has been providing crisis services in a non-restrictive environment without consideration of the client’s ability to pay since 1992. BCRI has been recognized nationally as a model crisis program, integrating a 24-hour crisis hotline, mobile crisis team, case management, residential psychiatric crisis unit, and medically monitored detoxification services, all under one roof. With funding from the Maryland Department of Health and Mental Hygiene Prevention and Health Promotion Administration, the No Wrong Door program was implemented in 2012 to begin offering risk reduction education and HIV testing, counseling, and linkages to care for behavioral health
consumers in Baltimore city. Since its implementation, the No Wrong Door program at BCRI had made significant changes both in practices and policies that affect the entire organization.

After participating in a Sexual Health Learning Community, No Wrong Door staff changed the time, place, and method of screening for HIV risk, and also began changing client and staff perceptions about the services that No Wrong Door offers in order to reduce stigma. Staying current with the new Maryland law protecting transgender rights, the No Wrong Door program director researched and wrote a new policy for transgender residential clients and began education the staff on transgender issues. In addition, No Wrong Door staff has been engaged in community efforts such as the Transgender Response Team and Black Treatment Advocates Network in order to stay up to date on the interactions between HIV and high-risk populations, and to maintain cultural competency.

At the conclusion of this workshop, participants will be able to identify the essential components of comprehensive community crisis services and the benefits and limitations of the integration with HIV testing, counseling and linkages that No Wrong Door has introduced. Service delivery data will be presented, and we will also discuss issues of stigma and cultural competency that have led us to change our practices as the program has developed.

**Presenters:**
Diakite, M.
Gambone, G.
Harriman, G.
Shore, A.
Wong, M.
Yen, W.

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**Title:**
Transitional Care Coordination for Homeless and Unstably-Housed PLWHA: the Design and Implementation of a Program Model Fidelity Assessment

**Abstract:**
This workshop will summarize the development and implementation of a fidelity assessment of the Ryan White Part A Transitional Care Coordination (TCC) program model by the New York City Department of Health and Mental Hygiene (DOHMH). Adapted from the evidence-based Critical Time Intervention (CTI), TCC is a time-limited case management model developed to connect homeless and unstably-house PLWHA to HIV primary care, housing services, and long-term case management services to support clients’ continued engagement in care, with the ultimate goal of moving clients along the HIV Treatment Cascade towards viral suppression. TCC clients transition through five distinct phases, building self-sufficiency over time. A self-assessment tool, designed by DOHMH in collaboration with the developers of CTI, was completed by each of the five
TCC programs in NYC to measure fidelity to the original model during the first two years of program implementation. A chart review assessment tool including key indicators from the self-assessment was developed and implemented by DOHMH for the first time to measure fidelity in 2014; average fidelity to the phase timeline and the phase content of the TCC model among programs was 81%. Programmatic recommendations tailored to each provider were developed using the Harvey Balls model, which integrates quantitative and qualitative data analyses to produce a visual representation of how each program compares to the group average for specific fidelity measures. Recommendations include increasing community-based meetings with clients and improving documentation of phase transitions.

This multimedia workshop will provide information on a) the development of fidelity assessment tools; b) data analysis methods utilized to measure fidelity; and c) lessons learned and limitations of both assessment strategies. Changes to the TCC model made over time in response to self-assessment results, additional feedback from providers about the successes and challenges of implementing TCC programs with fidelity, and the implementation of the Affordable Care Act and introduction of Medicaid Health Homes will also be presented. Participants will have the opportunity to discuss the challenges and best practices involved in designing and implementing fidelity assessments of evidence-based interventions.

**Presenters:**
Dodd, S.
Calabrese, A.
Arzola, D.

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**Title:**
Finding the Clinical in HIV/AIDS Case Management: How to Incorporate Social Work Students into Your Organization’s Culture and Practice

**Abstract:**
Social work has a rich history both of providing services for clients with HIV/AIDS and of training students through the field placement apprenticeship model. In fact, in its 2008 educational policy and accreditation standards (EPAS), CSWE described field instruction as the profession’s “signature pedagogy” (p. 8). Given the changing landscape in HIV/AIDS care, field placement sites provide the perfect opportunity to shape the future of HIV/AIDS social work through dynamic, flexible, and varied placement experiences that allow students to make links between structural barriers and the potential for non-traditional clinical practice.

HIV/AIDS social work provides students with opportunities to be exposed to clients who have a host of co-occurring issues along with HIV/AIDS. For example, clients may also be homeless, mentally ill, substance using, or involved with domestic violence. Therefore, placements within HIV/AIDS organizations provide a fertile ground for exploring a range of issues on both a micro and macro level.
This presentation will explore how to develop an internship program that supports the learning needs of graduate students in the field of HIV/AIDS care, utilizing individual and group supervision, collaborative treatment planning, and an emphasis on the links between theory and practice (e.g. how to provide trauma-informed services). The focus is on preparing students for flexible practice within a dynamic field. The presentation will utilize an exemplar organization to illustrate these concepts in action.

Special attention will be paid to ways to incorporate clinical practice within case management work; utilization of motivational interviewing; how to help students use the treatment cascade as a critical tool for understanding points of intervention on structural and individual levels; the importance of a housing first model; harm reduction principles; and a strengths perspective.

**Presenter:**
Ellis, Walter L.

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**Title:**
A Self-Management Framework to Assess the Need for Nutritional Supplementation in People Living with HIV/AIDS

**Abstract:**
In that much of the care for HIV/AIDS disease is now managed in a home setting, people living with this disease are challenged to engage in disease-specific care that includes behaviors directed to symptom management and medication adherence, and generic care that involves health maintenance types of behaviors like managing any psychological distress that may arise and addressing the nutritional needs that are associated with this disease. Self-medicating with over-the-counter products, such as nutritional supplements, is one behavior that many people undertake to help manage this disease.

A self-management framework that can be used to help assess the critical need for nutritional supplementation in people living with the HIV/AIDS disease will be presented. This framework builds upon individual and family self-management theory (Ryan & Sawin, 2009), and recognizes that to manage a chronic disease like HIV/AIDS, contextual risk and protective factors must be considered; 1) condition-specific factors-CD4, t-cell, and viral load counts, 2) physical and social environment factors-physical stamina and workplace, and 3) social facilitation-receipt of functional social support. The contextual and process factors lead to both proximal and distal outcomes. The proximal outcomes include self-management behaviors that entail active involvement in symptom management activities and medication regimes, which often in HIV/AIDS patients lead to the urgent need to use recommended pharmacological therapies like nutritional supplements. The distal outcomes entail stability or any changes in health status; CD4, t-cell, and viral load counts. Viral load suppression is one of the main targets in treating people living with the HIV/AIDS disease.
**Presenters:**
Este, D.C.
Sato, C.
Worthington, C.

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**Title:**
African Newcomers Views and Experiences: The HIV/AIDS Service Delivery System in an Urban Center in Western Canada

**Abstract:**
In Canada, overwhelmingly, the majority of research conducted on HIV/AIDS and Black communities has been conducted in two of the country’s largest urban centers: Toronto and Montreal. These two cities have the largest concentration of people of African descent in Canada. In comparison, limited research exists with Black communities in western Canada. However, during the past decade this part of the country has received greater numbers of African immigrants and refugees. In this workshop, we will report on a qualitative, community-based research study that explored the issue of HIV/AIDS services through the perspectives and experiences of members of Calgary’s African immigrant and refugee communities. A total of 41 key informant participants (24 male, 17 female) from 14 sub-Saharan African countries participated in in-depth individual and semi-structured interviews. Thematic interview analysis produced the following directly related to service use and delivery including: cultural influences and help-seeking behavior; social stigma; discrimination and stigmas from health care professionals; lack of knowledge about available services and supports; and issues of confidentiality. We will share a series of recommendations based on these findings that were generated with input from community members who participated in a community roundtable. We will conclude the session with a discussion on the implications of the study’s results for social work education and practice.
Settlement, HIV/AIDS and African Newcomer Communities in Calgary, Alberta, Canada: A Qualitative Study

Abstract:
Since 200, the city of Calgary has attracted increasing numbers of African immigrants and refugees. During the five year period 2001-2006 approximately 6,035 individuals chose Calgary as their initial place of residency in Canada. There are numerous African communities such as the Sudanese, Ethiopian, Somalian, Ghanian, and Nigerian. As well, there are a number of community-based African organizations such as the African Community Association of Calgary, United Sudanese Canadian Enhancement Society and the Calgary Ethiopian Association that provide services for African newcomers who are settling in the city. However, to-date there is limited research that is focused on these African communities in relation to HIV and AIDS.

Based on in-depth qualitative research interviews with 41 participants from different parts of sub-Saharan Africa, this workshop will focus on 1) understanding the salient issues African community members encounter when settling in Canadian society in order to understand the context of HIV/AIDS and these particular communities; 2) describing the HIV/AIDS risk factors that individuals from these communities encounter; and 3) to discuss the implications of the results for social work education and practice.

Presenter:
Fawcett, D.

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Title:
Meth, Men, and HIV: What Social Workers Need to Know

Abstract:
Methamphetamine use among gay men is increasing at alarming levels. The current epidemic is fueled by Mexican-produced meth that is of higher purity and cheaper than ever before. Meth is used, along with GHB and other drugs, by many gay men to enhance sexual experience. It stimulates the limbic system, impulsivity and sexual desire while slowing down neural connections with the frontal cortex, thus reducing judgment, empathy, and the ability to predict negative outcomes. The drug disinhibits and emboldens the user, resulting in high-risk sexual behavior that is, in many communities, fueling the HIV epidemic.

Meth also represents a risk for persons living with HIV/AIDS. Over time, many such individuals begin to feel less attractive, less energetic, less sexual, and less connected to social supports. In the words of one client, they feel like “damaged goods.” Meth provides a type of cognitive escapism that many PLWHA find seductive, resulting in significant problems with medication adherence.

Meth quickly trains the reward center of the brain to rely on the drug for sexual desire and feeling “normal.” Attempts to stop using meth can result in prolonged depression as a result of its neurotoxic affects which destroy the dopamine transporter.
system. The recovering individual must deal with feelings of hopelessness and strong cravings over a period of months while the brain rewires its dopamine system.

This workshop will provide information on the drug’s epidemiology, its history, its role with MSM in cultural contexts, meth in the body and brain, meth and sexual behavior, best treatment practices, and prevention and outreach. Special attention will be given to its intricate relationship with HIV (and Hepatitis C). Social workers attending the workshop will have an understanding of the scope of meth use, its effects on the body and brain, its relationship with HIV, and what interventions can be incorporated into practice.

**Presenter:**
Feinberg, J.

**Contact:**
Jim Feinberg
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**Title:**
Intimate Partner Violence in Same-Sex Relationships and HIV: Implications for Social Work Practice

**Abstract:**
Intimate partner violence (IPV) in same-sex relationships is not a new problem; it’s a newly recognized issue. Same-sex partner violence is the third largest leading health problem facing the gay and lesbian community behind HIV/AIDS and substance abuse. Violence against gays and lesbians does not only come from outside the community, it is also directed inward. It is known that same-sex relationships are as much at risk for violence as heterosexual relationships. What is new is that abused gay men and lesbian women all over the United States are starting to come forward seeking help as victims of IPV and sometimes as batterers. As these battered men and women emerge from their “inner closets”, they face a gay community and a larger society that is unprepared to help them.

The intent of this discussion is to explore the issues of IPV in same-sex relationships and HIV and determine the implications for social work practice. During this discussion, we will explore the multiple forms of violence experience by gay men and lesbian women, how IPV is a barrier in accessing medical care, open closet doors, generate awareness about the phenomena of same-sex IPV and HIV, how HIV/AIDS is used as a weapon of control, how the current state of economy is playing a part in IPV, debunk myths and stereotypes of same-sex partner IPV and HIV, and compare and contrast same-sex IPV to that of heterosexual partner violence.

The roles of internalized and externalized homophobia, heterosexism, HIV/AIDS status, and oppression will be discussed. The presenter will define what IPV is, how it affects a gay man or lesbian woman, how to assess for IPV, what to do when someone presents in your setting that identifies IPV issues, and the role of a social worker working with this population.

The presenter will discuss resources (or lack thereof) and the barriers to seeking IPV services and medical/legal care. This presentation will be interactive in style, using a
teach back method by using case examples and if time permits, a short video clip comparing/contrasting same-sex IPV with heterosexual partner violence.

**Presenters:**
Ferraris, C.
Rothman, Z.

**Contact:**
Chris Ferraris
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**Title:**
Implementing, Sustaining, and Growing HIV Biomedical Prevention Services for HIV: Lessons Learned in an HIV Primary Care Clinic in New York City

**Abstract:**
With the advent of Post-Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP), two biomedical interventions proven to reduce HIV transmission, health-care settings have new resources and programs to offer individuals who are at high-risk of exposure and transmission.

This report would
- Provide an operational overview of the provision of PEP and PrEP services within the Institute for Advanced Medicine at Mt. Sinai St. Luke’s and Mt. Sinai Roosevelt Hospitals, a large HIV/AIDS provider in New York City. Special focus will be provided on the social worker’s role in the provision of these services.
- Explore how the use of data can support improved access and retention along the PEP/PrEP continuum in order to grow such programs.
- Describe the role that The Institute for Advanced Medicine at Mt. Sinai St. Luke’s and Mt. Sinai Roosevelt Hospitals has in increasing the capacity of other institutions in New York State to implement these services through a review of the common themes and challenges that other institutions face when trying to operationalize PEP and PrEP.
- Discuss the role of social workers to advocate, support, and increase access to these biomedical interventions and why these initiatives and developments are in line with social work values and ethics.

**Presenters:**
Fox, T.
Van Alst, D.

**Contact:**
Theresa Fox
fox@ssw.rutgers.edu
Title: Explain that to Me Again… You Want Me to Pay for Insurance When I Pay Nothing and I’m Just Fine? A Discussion About Best Practice Related to Answering Common and Provocative Enrollment Questions

Abstract: The Affordable Care Act (ACA) has expanded access to health insurance and treatment for thousands of people throughout the country. For those who currently receive Ryan White services, ACA has complicated access to healthcare. Copayments, preauthorization, more stringent eligibility requirements and changes in access to lab work are realities that many Ryan White consumers did not have to deal with prior to ACA. At the same time, social workers are required to ensure that their consumers are aware of the penalties for failure to enroll and make referrals to navigators and assisters so the will have trained help completing the applications and providing appropriate documentation. Many consumers do not see the value in having insurance, particularly because HIV needs are already met through the existing Ryan White system of care. Additionally, a number of consumers have signed up for the most affordable plans through the marketplace only to realize that the out of pocket expenses are not affordable upon receiving incredibly high medical bills. In addition to the financial burden, insurance companies are requiring some consumers to change medications and/or demonstrate that less expensive medications are not effective. This practice is counterproductive and delays the timeframes towards the goal of viral load suppression. This workshop will provide an opportunity to explore and discuss these dilemmas so social workers can address these issues and hard questions with confidence. The vignette will highlight common occurrences in the Ryan White community that will help identify best practices and solution focused problem solving techniques.

Presenters:
Fox, T.
Van Alst, D.
Dowdell, D.
Lackey, C.
Counts, L.

Contact:
Theresa Fox
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Title: Self-Care is Quality Care: A workshop for Case Managers and Consumers about how Health and Wellness promote positive outcomes, including adherence and greater rates of viral load suppression within a caseload.

Abstract: Burn out is particularly common in social work and case management. There are many factors that contribute to burn out. Case managers are required to keep abreast of
available resources and to ensure that consumers have access to medical treatments despite shifting access to benefits, Ryan White eligibility, and medications. Many people who qualify for Ryan White services have complex needs; they may be grappling with mental health issues, housing, food, transportation difficulties, lack of organizational skills and a need for additional social support. Consumers also experience the same kind of fatigue where competing priorities, side effects from medications, stigma and other social and medical factors impede ability and willingness to maintain a specific treatment regimen. Often, a case manager may also be someone who is living with HIV. Frequently, case managers and consumers believe that if they work hard, that is something good, even if it has a negative impact on their health and wellbeing. Unfortunately, when a case manager becomes so ill s/he cannot perform their work responsibilities effectively, the entire program can have a negative impact. Agencies do not typically replace case managers when they take medical leave and often expect a person with other responsibilities to fill in, which often leads to minimal case management practices. The negative impact on consumers is clear when viral load starts to increase, consumers develop resistance and it becomes more difficult to achieve viral load suppression. Consumers can also benefit from understanding the impact of focused relaxation, self-massage, yoga and other relaxation techniques. To address these needs, a New Jersey Part A program created a training program that promotes wellness for case managers and consumers. The program design includes both case managers and consumers in order to promote a shared understanding and facilitate an internal dialogue that clarify mutual understanding between the two roles. An Education Program Development Specialist was hired to help write curriculum and implement this workshop. It is designed to incorporate adult learning styles to facilitate learning and to engage the participants. The overall theme of the day is self-care is quality care.

**Presenter:**
Freeman, R.

**Contact:**
Ryann Freeman
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**Title:**
The Impact of Perceived Social Support on HIV Disclosure

**Abstract:**
The population of adults over the age of 50 living with HIV is projected to rise to half of the HIV-positive population in the United States by 2015. Today, HIV is a chronic yet manageable disease that is complicated by the early onset of comorbid illnesses associated with aging 10-20 years earlier than expected. Older adults with HIV are more often afraid to disclose their serostatus to others. That choice is driven by experiencing high levels of HIV-related stigma, which in turn contributes to their social isolation and associated high rates of depression. Facilitating HIV disclosure is important because it helps prevent the spread of HIV by informing at-risk individuals and increases the likelihood of receiving social support assistance. While stress, stigma, and depression are common factors that older adults living with HIV experience, social support has been
shown to play a mediating role between these negative factors and quality of life. The influence of perceived social support on serostatus disclosure in connection with stigma and depression is assessed in this paper. Utilizing data from one of the largest studies conducted on older adults living with HIV in New York City, conceptual models focusing on the relation of social support to disclosure are assessed. Relevant findings and recommendations will be discussed.

**Presenters:**
Fuchs, E.
Ritz, A.

**Contact:**
Elizabeth J. Fuchs
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**Title:**
Transparency & Inclusion: The Gender Question in HIV Reporting

**Abstract:**
Minority populations are at a greater risk for contracting HIV than those persons within the dominant culture. It is estimated that 3.8% of the U.S. population identifies as Lesbian, Gay, Bisexual, and/or Transgender (LGBT), of which .3% identify as transgender. Currently there is no national systemic method for capturing demographic data on the transgender population and its relationship to HIV.

According to The Foundation for AIDS Research, the transgender community experiences the most neglect, stigma and institutional discrimination of any other population. This population faces many barriers to HIV testing and medical care engagement such as low self-esteem or body image issues, injecting drug use, sexual risk behaviors, sex work, STDs, violence, poverty, and date reporting. It is estimated that 19.1% of transgender women are estimated to be living with HIV worldwide. HIV prevalence is more than three times higher among black male to female (MtF) transgender people than among white or Latina MtF transgender people. Emerging research indicates transgender men are also at risk, specifically transgender men who have sex with men.

There needs to be a systemic way of asking gender-based questions. If AIDS Service Organizations (ASO) are asking gender-specific questions to identify transgender people, the questions are not being linked to risk factor, nor are they likely to be the same question or asked the same way. Therefore, HIV prevalence rates among the transgender population are not being captured. Prevalence rates are tied to funding; funding follows need. Targeted outreach and prevention efforts are not being funded because the need has not been identified. This lack of data continues to put the transgender population at a disproportionately higher risk of contracting HIV, which is concerning.

The presentation will discuss current research on HIV prevalence rates among the transgender population, current data collection methods, and recommendations so this population is more accurately represented.
**Presenters:**
Fults, K.
Serowsky, C.

**Contact:**
Kristi Fults
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**Title:**
Taking it to the Streets!: Linking Lost-to-Care Patients

**Abstract:**
The HIV/AIDS Care Continuum shows a significant drop between linked to care individuals and retained in care individuals. Therefore, we saw the need to expand our Care Outreach services to re-engage lost-to-care (LTC) patients at the Dorothy Mann Center for Pediatric and Adolescent HIV. The expansion allowed for increased coordination of Care Outreach services, created internet social media outreach strategies for re-engagement in care, and increased linkages to Medicaid Case Management.

We focused not just on patients who were already LTC, but patients who we assessed to be at risk for becoming LTC and incorporated LTC procedures into our Care Linkage process. We incorporated LTC team members into existing multi-disciplinary rounds, assigned any new positive to the LTC team, and created better data processes to differentiate patients who were truly LTC and patients using community health workers to contact patients using social media, by phone, at home and at community venues.

It is worth mentioning that the population we serve has been historically underserved therefore it is likely that many of these individuals would have remained unlinked to care or ended up in the hospital in the absence of this initiative.

This initiative, while still in its infancy, has been successful in locating and re-engaging 183 patients back into care. We have successfully linked approximately 97% in for their first medical appointment and 49% in for their 3rd medical appointment. 60% of those patients that have been linked in for 3 visits have achieved an undetectable viral load. In addition, successfully linked patients are opened for medical case management services to further ensure their retention.

**Presenter:**
Galvin, M.

**Contact:**
Michael Galvin
mgalvin@excelth.com

**Title:**
Treating Hepatitis C in Low Income Neighborhoods
Abstract:
As the only clinic that is currently treating uninsured individuals with Hepatitis C in southeast Louisiana, EXCELth, Inc. has worked to implement an Opt-Out HCV screening program over the past year with the goals of identifying and treating HCV positive individuals in our low-income community. EXCELth’s intervention integrated routine screening for HCV into primary health care for patients in the Greater New Orleans area at our sites in Algiers and Gentilly. One of our greatest accomplishments has been the provision of HCV testing and services to some of the most underserved individuals and families in the metro area.

In addition to screening and testing services offered to all patients for HCV, EXCELth has developed a HCV treatment clinic in conjunction with a local hospital (Ochsner Health System) and pharmacy (Avita Drugs). Twice a month, Dr. Joshi, a hepatologist of Ochsner Health System, attends the HCV clinic at EXCELth’s Family Health Center-Algiers, to examine and treat patients for Hepatitis C. To present, over 20 patients have been treated for Hepatitis C, twelve of them completing treatment and being cured of the virus in the first year of the program. Medication for patients is currently being orchestrated through a partnership with Avita Drugs. Avita is a pharmacy that will facilitate prescriptions for HCV treatment for patients currently being treated through EXCELth’s HCV program. Patients also have access to an in-house medication assistance program via the Social Service Department. This program allows for patients to obtain medications for little to no cost.

In regards to outreach and collaborations, this program has allowed EXCELth to expand partnerships and networks with other HCV organizations throughout the city in order to more effectively coordinate efforts in New Orleans. Examples of some of the organizations with which EXCELth has recently reinforced ties with respect to HCV: Louisiana Office of Public Health, NOAIDS Task Force, The Brotherhood, The Movement, the HIV Outpatient Clinic, Priority Health, Odyssey House, etc.

In addition to implementing a program which succeeds in promoting public health by targeting specific infectious diseases present in the community, this program also promotes awareness not only in the community, but within the EXCELth community as well. This is done via providing services on site and as previously mentioned, patients having access to the in-house medication assistance program. In this way, the HCV screening and testing programs have allowed a streamlined integration of HCV programs into other services offered at the clinic, thereby de-stigmatizing the subject matter both in the neighborhoods and in the clinics themselves.

Presenters:
Garnett, C.
Smith, R.

Contact:
Christopher Garnett
garnett@jhf.org
Title:
Planning with HIV Programs: Creating a Community Forum to Strengthen Continuum

Abstract:
JHF is the fiscal agent for HIV/AIDS services in the Southwestern region of Pennsylvania. JHF oversees the 12 programs that provide these services and has made it a goal to continue conducting methods to help grow and strengthen the level of care that is provided to consumers in applying the goals set out by the National HIV/AIDS Strategy. The objective of this presentation is to demonstrate the planning process that JHF has created to promote the enhancement of provider participation and optimize the level of care for consumers through a series of collaborative meetings and groups, and utilization of program evaluation tools including process mapping.

This process was intended to develop a deeper understanding of the services that we were providing to our consumers and insuring that they were obtaining the appropriate services that can keep them engaged and linked into care. This was a way for JHF and the region to move towards a chronic disease management approach and broaden our network of stakeholders by reaching as much community involvement as possible.

Presenter:
Garrett, M.

Contact:
Mallory Garrett
MalloryG88@gmail.com

Title:
Aging with HIV: A workshop for clinicians working with long-term survivors

Abstract:
In 1996 the AIDS epidemic took a dramatic turn as new medications entered the market that showed high efficacy in reversing immune system depletion. Consequently, the panic and doom looming over the gay community dissipated. What was once a terminal illness became a chronic condition. Clinicians treating clients with HIV/AIDS also saw a change in how this condition needed to be addressed and treated. Mental health care workers now focused on assisting clients in living with a chronic condition, navigating relationships, coping with trauma, and managing the effects of long-term disability. The healing had begun, but for many this was not an easy road to travel. Activists in the field have referred to the 1980s and early 90s as a “holocaust for gay men” (Masten, 2010). By 1995, over 500,000 cases of HIV had been reported in the United States alone with gay men composing approximately 51% of cases reported (Centers for Disease Control, 1995). As a result of the trauma, politicization of disease, social and medical stigma, and facing mortality many long-term survivors have developed symptoms reminiscent of Post-Traumatic Stress Disorder often seen in survivors of war and genocide. This project hopes to examine the psychological needs of the aging HIV/AIDS population as they manage trauma and navigate through the aging
process while controlling a chronic medical condition. The goal of this project is to serve as a guide for mental health clinicians, healthcare workers, and geriatric personnel to address and empathize with the plight of long-term survivors. Participants will develop a sense of psychological issues faced by long-term survivors of HIV/AIDS, learn clinical interventions which target psychosocial issues within the community, and receive an overview of the physical and social implications of aging with a chronic condition.

**Presenters:**
Gaye-Bullard, N.
Barnette, A.
Freiman, H.
Travis, N.
Shah, B.
Hankins

**Contact:**
Adam Barnette
abarnette@gmh.edu

**Title:**
Use of Motivational Interviewing Techniques to Improve Linkage to HIV Care: Benefits for Both Patients and Social Work Staff

**Abstract:**
Motivational Interviewing (MI) has been utilized by social workers for over two decades to address health behavior change ranging from alcohol and substance use to obesity and asthma control. Not only is the efficacy of MI reflected by data in the biomedical literature, but MI practice is grounded in social work principles, namely meeting the patient where they are. A year after the implementation of the HIV screening program in a large urban safety-net hospital, the presenting social workers began to utilize Motivational Interviewing techniques during their patient process, beginning with disclosing positive test results and continuing throughout the process of linking the patient to ongoing HIV care. This poster is intended to present some of the observations made by the social workers following over 100-MI based patient interactions over 12 months. Specific lessons presented will include how Motivational Interviewing diverges from the medical model’s focus on pathology and instead seeks to engage an individual’s strengths and allows for collaboration to determine the process and timeline of reaching agreed upon goals.

**Presenter:**
Gethner, J.

**Contact:**
Jacki Gethner
jackigethner@gmail.com
Title:
Choose Your Own Adventure: Working With Women 50 and Older: Sharing the Prevention Message

Abstract:
I have been vigorously educating women about the importance of HIV, STI and HEP C awareness and testing since 2010. The lack of pertinent information that I have seen extends not only to women of this age, but also to professionals. Although I’ve received two national awards and two other state and county awards, funding is not considered “high priority for this population” as the long term effects are not yet being seen except in a rise of STI’s for this group and the CDC statistics. Of an estimated 47,500 new HIV infections in 2010, 5% (2,500) were among Americans aged 55 and older. Of these new infections in older Americans,
- 36% (900) were in white men, and 4% (110) in white women;
- 24% (590) were in black men, and 15% (370) in black women;
- 12% (310) were in Hispanic/Latino men, and 4% (100) in Hispanic/Latino women.

I have initiated many outreach events but low attendance has decreased my effectiveness due to stigma. Behind Door #3: Choose With Your Eyes Wide Open is a workbook based on the format of the popular “choose your own adventure” books, allowing readers to use independently or as discussion topics in various group settings. This workshop will explore our own values regarding this topic and how to share information effectively to empower wiser choices.

Presenters:
Gonzalez, K.
Mosquera, A.
Mantaras, C.
Zorrilla, C.D.

Contact:
Karolyn Gonzalez
karolyn.gonzalez@upr.edu

Title:
Pregnancy as an opportunity for improving outcomes among women living with HIV

Abstract:
Pregnancy, childbearing, and other aspects of reproductive health are issues that need to be addressed according to each person’s life situation especially for women living with HIV. Pregnancy presents both a challenge and an opportunity to engage more fully into care and to improve adherence to HAART and care.

We analyzed data from 47 pregnant women living with HIV newly enrolled in care. Demographic characteristics, social needs, HAART use, HIV RNA viral load, CD4 counts and other data were obtained from the clinical charts of patients and from the social work initial interview. Descriptive analyses were performed in order to portray a general profile of pregnant women living with HIV.
The mean age was 28.05 (SD=6.30) and the gestational age (GA) at first visit was 13.66 weeks (59.6% came during their first trimester). The majority (72.3%) were diagnosed with HIV previous to pregnancy. The following needs were reported: transportation, housing, medications, legal advice, health insurance, and adherence counseling. An improvement in viral suppression was noted between the initial and the last visit: from 34% to 71.1% and improvement in CD4 was also noted: from 31.9% to 45.5% with CD4 counts (> 500 cells/mm).

More women are presenting for prenatal care with prior knowledge of their HIV infection. This fact might be related to perceived improvements in care and outcomes. Nevertheless there are multiple other needs expressed by the patients such as transportation, legal advice and others. Integration of services may alleviate some of the challenges to women’s living with HIV ability to exercise their sexual and reproductive health and rights. Addressing needs and providing adherence counseling to pregnant women living with HIV seems to facilitate virologic and immunologic control.

**Presenters:**
Gossart-Walker, S.
St. Pierre, M.

**Contact:**
Sandra Gossart-Walker
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**Title:**
Isolated in History: Perinatally Infected Babies Have Grown Up

**Abstract:**
In the 1980’s and early 1990’s, infants born with HIV were not expected to live past infancy or early childhood, but some did. As these babies grew up, some lost their mothers and other family members to HIV/AIDS and some had multiple placements. For many, HIV was kept secret and these children were told not to tell anyone. Some only learned about the HIV diagnosis as they entered puberty or adolescence. Many confronted unknown futures. Having handled a lifetime of HIV, these older teenagers and young adults face new challenges. These young people have understood isolation and stigma but now we are recognizing that they are also isolated in history. There was no one before them, and here in the United States there are few behind them. In this workshop, we will present a history of perinatal infection in the United States, outline the psycho-social challenges faced by perinatally infected children as they grow up, then begin a discussion on how to give voice to these young people and help them as they continue to face an uncertain future. We will encourage participants to share their experiences as we begin to understand this unique group of young people. This workshop is suitable for all levels of people interested in the lives of young people living with HIV/AIDS.
Presenters: 
Grabbe, K.  
Weise, J.  
McLeod, M.  
Standring, D. 

Contact:  
Julia Weise  
julia.weise@dhha.org

Title:  
Testing Together: Capacity Building for Successful Implementation of Couples HIV Testing and Counseling

Abstract:  
Couples HIV Testing and Counseling (CHTC) is a novel approach to HIV testing in the United States that brings together two or more persons who are in- or are planning to be in- a sexual relationship to learn their HIV status together. Drawing upon experience and research from sub-Saharan Africa demonstrating that CHTC is an effective HIV prevention tool, as well as domestic evidence that CHTC is feasible, acceptable, and effective among men who have sex with men in the U.S., the U.S. Centers for Disease Control and Prevention is taking this innovative approach to scale nationwide. This session outlines programmatic and technical assistance efforts that have been used to roll out CHTC, and highlights challenges and successes with implementation of CHTC. The presentation is geared for an intermediate to advanced audience. 

Social workers implementing a CHTC program must consider both structural and clinical best practices. Apropos to social work practice, there are logistical as well as counseling capacity considerations. CHTC can be successfully integrated into any existing HIV testing program. Participants will learn about social work-led CHTC implementation processes at Denver Public Health’s busy, urban, STD clinic. Additionally, the workshop will explore technical assistance opportunities pivotal to successful implementation of CHTC.

This interactive workshop will utilize lecture, discussion, and an experiential activity to give attendees the opportunity to consider lessons learned, best practices, financial and staffing capacity needed to optimize the implementation of CHTC in their HIV testing settings. In conclusion, attendees will understand the relevance of this evidence-based, client-centered testing service and be able to identify opportunities for social workers and other practitioners to effectively implement CHTC within their agencies.

Presenters: 
Granados, G.  
Thompson, J. 

Contact:  
John Thompson
Title: Social Determinants of Health, Youth, and HIV

Abstract: According to the CDC, one in four new cases of HIV in the United States occurs among young people ages 13-24, and 60% of all youth with HIV do not know they are living with the virus. In 2011, the groundbreaking “treatment cascade” depicted how people were engaged in different points along the HIV continuum of care. The estimates were daunting for the general population of people living with HIV. However, a youth-specific continuum is even more alarming with lower rates of engagement throughout the continuum. One of the ways in which this has impacted the national response to HIV/AIDS is by emphasizing the importance of addressing the social determinants of health in addition to behavioral risk and resiliency factors. The World Health Organization defines social determinants health as the “conditions and circumstances into which people are born, grow, live, work, socialize, and form relationships and the systems that are in place to deal with health and wellness.” There are unique social determinants that affect the lives of young people, particularly in relation to HIV.

The workshop will focus on how to address social determinants of health through macro-level social work interventions that target programs, policies, and practices that can have a sustainable impact on how youth access services throughout the continuum of care. The objectives of the workshop are to: define social determinants of health; identify social determinants that impact youth along the continuum of care; and identify at least one intervention to use at the macro level.

The workshop will consist of both didactic and interactive components through the use of a Powerpoint presentation, case study vignettes, and break-out groups. In the interactive portion, participants will be tasked with distinguishing between behavioral and structural challenges in a particular case study, identify the social determinants that are affecting the situation, and identify an appropriate macro-level intervention. This workshop will give participants a greater understanding of the relationship between the micro and the macro, and give participants tools to use in their everyday practice. This is an intermediate-level workshop.

Presenters:
Green-Smith, D.
Tomaszewski, E.P.
Willinger, B.

Contact:
Evelyn Tomaszewski
Etomaszewski@naswdc.org

Title: What’s so Important About HIV Mental Health?

Abstract:
HIV Mental Health and social work practice approach HIV/AIDS from within a bio-psycho-social-spiritual perspective. Understanding the bio-medical interventions (including adherence), psycho-social issues of HIV disease progression, and structural barriers to care and treatment are critical to providing mental health services.

Participants will increase their skills in identifying and distinguishing client/consumer’s common psychological reactions to living with HIV/AIDS from those that warrant a mental health diagnosis; discuss dual and multiple diagnoses; and be able to differentiate mental health disorders from neuro-psychiatric complications.

Presenters will also call upon you to define the emerging critical issues in HIV mental health and social work practice, and provide an update on the newly created HIV Mental Health Training and Resource Center, a collaboration of the National Association of Social Workers, the American Psychiatric Association, the American Psychological Association, and the Educational Development Center, Inc.

Presenters:
Green, R.
Tsikiwa, F.

Contact:
Rebecca Green
Rgreen@institute.org

Title:
A Social Work Approach to Retention in Care for Patients with HIV/AIDS

Abstract:
Retention in care is crucial to improving the health of persons with HIV and reducing the number of new HIV infections. The National HIV/AIDS Strategy as well as national, state, and local treatment cascades/care continuums highlight retention activities as critical in our fight against HIV/AIDS. The greatest care gap in the national care continuum is between those patients who are initially linked to HIV care and those who remain engaged in care. Of the 66% of Americans with HIV who are ever linked to HIV care, only 37% are considered retained. Social workers in HIV/AIDS practice settings play an important role in addressing the complex reasons why patients have difficulties remaining engaged in consistent HIV care.

This poster will describe the retention efforts of the Family Health Center of Harlem, a clinic of the Institute for Family Health, a federally qualified health care center in New York City that serves over 350 patients living with HIV/AIDS annually. Supported by our participation in NY Links, a HRSA HIV/AIDS Bureau-sponsored Special Projects of National Significance designed to support the development of innovative models of HIV care that respond to the needs of Ryan White HIV/AIDS Program clients, we have developed innovative Continuous Quality Improvement projects that have been successful at improving retention in care.

The poster will illustrate how the HIV behavioral health team has taken the lead in retention activities, which has resulted in an improvement in patient retention from 80% in 2012 to 88% in 2014. By facilitating a patient centered and collaborative trans-disciplinary team based approach to patient retention, behavioral health staff has
positively impacted patient retention. The poster will highlight a 2014 intervention, a “loving outreach” card, which was created in response to feedback from our Consumer Advisory Board.

Presenters:
Gregory, M.
Hillenbrand, M.

Contact:
Michael Gregory
michael-gregory@uiowa.edu

Title:
*Cue the lights!* The use of theater and HIV/AIDS voices to improve provider-patient communication.

Abstract:
This poster presents the results of a research project assessing the effectiveness of authentic theater in fostering patient-provider understanding and communication. Communication between health care providers and people living with HIV/AIDS (PLWH) has been identified as a key factor in establishing a relationship and keeping patients in long term care (Flinkenger, Saha, & Moore, 2013).

Mark Hillenbrand, LISW, has facilitated chronic illness support groups for the past nine years. One consistent theme regularly mentioned is a recognition of a communication gap between PLWH and their health care providers. A review of research literature on health care communications indicates that patient ratings of the quality of care received in a health care facility is highly dependent upon the perceived quality of communication between the patient and the health care provider (Institute for Health Care Communication, 2011). The communication between patients and their health care providers is also a key component in the provision of effective care and the activation of self-management within those diagnosed with chronic illness (Thorne et al., 2003; Michie, Miles & Weinman, 2002). Thorne et al. found that effective health care communication was comprised of courtesy, respect and engagement (2003).

Mark Hillenbrand, LISW and Michael Gregory, MSW Candidate conducted research to examine the communication gap between PLWH and health care providers. The research project used theatrical monologues, developed with the assistance of support group participants, as a tool to bridge the communication gap. The monologues depicted experiences told by PLWH. A performance of the monologues by professional actors was presented to an audience of health care professionals. The aim of the study was to examine the communication process between PLWH and their health care providers. The study also examined potential emotional and relational benefits of telling one’s story of living with HIV/AIDS to inform and educate others.
Presenters:
Hadden, B.
Snowden, F.

Contact:
Bernadette Hadden
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Title:

Abstract:
This workshop will examine the transformations in HIV prevention strategies with a specific focus on Pre-Exposure Prophylaxis (PrEP). HIV prevention has shifted from behavioral modification to the use of pharmacological interventions such as PrEP, with most advocates of the biomedicalization of HIV prevention having concluded that behavioral interventions have failed to bring about sexual behavior change. Although PrEP prevents the adverse consequences of sex-risk behaviors-HIV infection, it does not reduce or suppress HIV risk exposure and risk behaviors. Advocates of PrEP are also largely silent on the issue of "condom migration", a situation in which individuals who may have been using condoms correctly and consistently, no longer see the need for such practices in an era of the biomedicalization of HIV prevention.

The question of the relevance of social workers in HIV prevention and AIDS care dates back to AIDS being transformed to a chronic manageable disease. This relevance is now being further questioned with the shift towards the use of drugs for HIV prevention as well. HIV continues to disproportionately affect underserved and marginalized communities, and communities of color that continue to have poorer access to HIV prevention and treatment services. Social workers utilizing a social justice framework, play a critical role in the reduction of HIV risk exposure in these communities, and their role within an era of the biomedicalization of HIV prevention need not be relegated to that of primarily facilitating the referrals of persons deemed “at risk” for HIV infection to agencies providing PrEP.

Presenters:
Hatfield, G.
Beasley, D.

Contact:
Gwendolyn Hatfield
gwendolyn.Hatfield@ololrmc.com

Title:
A Social Worker’s Role in Linkage to care in Emergency Department Setting

Abstract:
Early linkage to care provides opportunities for intervention to prevent HIV transmission. The goal of Our Lady of the Lake Hospital (OLOL)’s mission into action plan, known as HIV Focus Initiative, is to screen 36,900 patients, increase HIV testing in the community, link 90% of those who test positive to care at one of the four area community clinics, reduce the number of people with HIV in an effort to decrease HIV viral load in the community and improve access to medical care.

HIV is an epidemic in Louisiana. Baton Rouge metropolitan area ranked second in estimated AIDS case rates and fourth in HIV case rates among the nation’s largest metropolitan areas in 2012. The importance of HIV testing is: 1) routine OPT-Out HIV screening is important to help identify new infection and turn the tide on this epidemic; 2) 25% of people living with HIV are unaware of their status and account for over half (54%) of all new infections; and 3) approximately 26% of people living with HIV in Baton Rouge are not in medical care.

As an integral component to the HIV FOCUS initiative, OLOL developed a linkage to care process to ensure patients have timely access to medical care. As we recognize that early initiation of HIV treatment and long-term adherence lead to better health outcomes and reduces transmission of infection, we wanted to ensure this linkage. Upon a positive result or HIV diagnosis, a Linkage to Care Social Worker is contacted. This staff is responsible for the counseling, education and coordination of medical care prior to patient discharge. The process also includes follow up interventions to confirm attendance to medical appointments as well as addressing barriers to care such as transportation.

Presenters:
Hillenbrand, M.
Gregory, M.

Contact:
Mark Hillenbrand
markh@authfreedom.com

Title:
Cue the lights! The use of theater and HIV/AIDS Voices to Improve Provider-patient Communication.

Abstract:
This workshop will review the results of a research project assessing the effectiveness of authentic theater in fostering patient-provider understanding and communication. Communication between health care providers and people living with HIV/AIDS (PLWH) has been identified as a key factor in establishing a relationship and keeping patients in long term care (Flinkenger, Saha, & Moore, 2013).

Mark Hillenbrand, LISW, has facilitated chronic illness support groups in a Midwestern city for the past nine years. One consistent theme regularly mentioned in support group sessions is a recognition of a communication gap between PLWH and their health care providers. A review of research literature on health care communications indicates that patient ratings of the quality of care received in a health care facility is highly dependent upon the perceived quality of communication between the patient and
the health care provider (Institute for Health Care Communication, 2011). The communication between patients and their health care providers is also a key component in the provision of effective care and the activation of self-management within those diagnosed with chronic illness (Thorne et al., 2003; Michie, Miles & Weinman, 2002). Thorne et al. found that effective health care communication was comprised of courtesy, respect, and engagement (2003).

Mark Hillenbrand, LISW and Michael Gregory MSW Candidate conducted research to examine the communication gap between PLWH and their health care providers. The research project used theatrical monologues, developed with the assistance of support group participants, as a tool to bridge the communication gap. The monologues depicted experiences as told by PLWH. A performance of the monologues by professional actors was presented to an audience of health care professionals. The aim of the study was to examine the communication process between PLWH and their health care providers. The study also examined potential emotional and relational benefits of telling one’s story of living with HIV/AIDS to inform and educate others.

**Presenters:**
Hoersch, M.
Bond, M.

**Contact:**
Michelle Hoersch
Michelle.Hoersch@hhs.gov

**Title:**
Trauma and Trauma-Informed Care: The Essential Role of the Social Worker in HIV Prevention, Care and Treatment

**Abstract:**
Trauma, defined as an event that overcomes one’s ability to cope, is incredibly common in the U.S., and poses an enormous threat to public health. Exposure to traumatic events in the lives of women, including but not limited to, Intimate Partner Violence (IPV), Military Sexual Trauma (MST), rape and other forms of sexual assault, child abuse and neglect, terrorism, natural disasters and street violence, all predispose affected individuals to poor health outcomes, in part, through the use of high-risk behaviors and the trauma itself, survivors are at dramatically increased risk of poor physical and mental health outcomes. The impact of trauma cuts across all domains of an individual’s life. Trauma has been described by Anda, et al., as a major hidden “engine” underlying preventable risk factors for the transmission of HIV. With the growing recognition of this incontrovertible relationship among traumatic exposure and increased risk for HIV-infection, now more than ever, social workers, who understand this relationship, are critical to HIV prevention efforts as well as providing care and services to those living with HIV.

The presentation will begin with a brief overview of the prevalence of common traumatic exposure in the U.S.; the research articulating the relationship among traumatic events, high-risk behavior and rates of chronic and acute disease, including HIV infection; and the necessity of providing trauma-informed care. The essential role of
social workers in health and social services will then be illustrated through three brief scenarios of interrelationship of HIV and trauma in women in various life stages: 1) Relationship among traumatic exposure and risk for HIV-infection; 2) IPV, Trauma and HIV, care and treatment issues; 3) the graying of the epidemic, implications for care. The sessions will also include a brief overview of relevant initiatives and resources provided by the Office on Women’s Health and other federal agencies in the U.S. Department of Health and Human Services. This will be an interactive presentation, engaging the expertise of the audience to illustrate key points and meet the objectives of the session.

**Presenters:**
Huntley, M.
Crutsinger-Perry, B.

**Contact:**
Michelle Huntley
Michelle.huntley@doh.wa.gov

**Title:**

**Abstract:**
The Washington State Department of Health (DOH) started preparing for implementation of the Affordable Care Act (ACA) early in 2013. Of benefit, Washington’s Medicaid program decided to expand. The ACA has been very successful for Washington, however; this success doesn’t come without challenges.

Washington’s AIDS Drug Assistance Program (ADAP) transitioned 1283 clients to Expanded Medicaid and enrolled 581 clients into a qualified health plan (QHP). The transition to ACA saved DOH ADAP over $6M so far. The majority of the saving is found in the cost of insurance premiums. Medical, lab and dental expenses decreased as well. Not only has ACA saved Washington millions of dollars, it also provides our clients with full comprehensive insurance. Clients that previously didn’t have any insurance were able to get comprehensive coverage through a QHP. Having comprehensive coverage is a great benefit for any person but for our vulnerable population it is a huge benefit.

Our clients were given options on which plans they could select based on the plan reviews we had done. The plans were selected based on their pharmacy formulary, the range of providers that were contracted and covered services. We allowed clients to enroll in any silver or gold plan. The challenges we have had with implementation of ACA are concerning and undocumented people, clients getting stuck in the application process and clients churning from Medicaid to a QHP and vice versa. We also were hit with a major problem of our Exchange not applying premium payments made by ADAP to our client’s accounts. This caused some of our clients to lose their insurance and forced us to pay for medication at full cost. After the issue was resolved the QHP’s plans’ pharmacy benefit managers began issuing our clients large checks. We have been working vigorously to recoup this money from our clients.

The $6M dollar savings allowed Washington State to increase its income limit to 400% of the Federal Poverty Level along with increasing our payable deductible limit.
from $2000 per year to $3000 for 2014. This workshop will discuss the preparation, processes, successes and challenges of full implementation of the ACA for the state of Washington.

**Presenter:**
Joseph, D.

**Contact:**
Debra Joseph
debra.joseph@cavehill.uwi.edu

**Title:**
Child-“Help me Understand my HIV/AIDS Status…Please”

**Abstract:**
This is a case study research focusing on four case studies that looked at the psychosocial issues and support for children who acquired HIV in Trinidad and Tobago. Each case is conceptualized of a family support system which comprises individual systems: a mother who is HIV positive, a child/children of the family who is/are HIV positive (they know their status) and a support system (family member or work, identified by the mothers).

In-depth interviews were conducted with each part of this triad. The chosen research methodology was a theoretical inquiry via a grounded theory approach which utilized a case study method. The following themes emerged from the interaction with the children:

- Associate being HIV positive with death & dying.
- Do not think that HIV makes them different from other children.
- Urge to help mother in the home.
- Worry about mother who is also HIV positive.
- Sad-main emotion expressed and they do not know what to do with this emotion.
- Sometimes experience hunger.
- Have hope for the future. Emerged from drawings and activities done.
- Never speak about HIV in the home-covert rule.

All the children in this research articulated feelings of sadness with respect to being HIV positive. They looked away, did not make eye contact and their body language was congruent with that expression of sadness. As a practicing social worker or health worker in direct contact with these children, it is important to know the feelings of children and how they perceive HIV/AIDS. In this study, there is a totally negative connotation to HIV/AIDS and this can stem from not having adequate information on living with the virus.
Presenter:
Joseph, D.

Contact:
Debra Joseph
debrajoseph2@gmail.com

Title:
Working in an NGO as a Clinical Social Worker with HIV/AIDS Clients – Development of a Filing System and Organization of Files

Abstract:
As a practicum student in the Masters of Social Work Program (clinical concentration) I had the task of developing a filing system and organizing files for HIV/AIDS clients.

A Non-Governmental Organization (NGO) was considering hiring a permanent social worker to assist with counseling of clients, assessment and intervention. I was assigned clients to interview and embarked upon the helping process. This had to be documented and the case files written up to reflect work done. It may seem simple but recording is a key aspect of social work practice and this was introduced to the NGO for the first time.

This was done on an ongoing basis over the course of three months. When I left after my practicum was over, a new filing system was handed over for use and convenience. It is important that work done with clients be documented and it gave credence to this and also helped one to see the progress or non-progress of clients. It also assisted in improving the professional standard of the NGO for its clients and also for grant proposals present and future.

Presenter:
Kamya, H.

Contact:
Hugo Kamya
hugo.kamya@simmons.edu

Title:
Uganda’s ABC to South Africa: Challenges and Opportunities

Abstract:
African nations have responded in disparate ways to the HIV/AIDS epidemic. Of these responses, Uganda’s efforts are recognized as having the most dramatic results. This multi-pronged program, which advocates abstinence, marital fidelity and condoms, is credited with this success. Since the initiation of the “ABC,” Abstinence, Be faithful, and Condoms approach, in the late 1980s the percent of infected individuals in Uganda declined from approximately 30% in the early 1990s to 6% in 2004 (Weisberg, 2005).
Writing about Uganda’s ABC prevention approach to HIV/AIDS, Weisberg (2005) points out that although the ABC program has decreased Uganda’s overall HIV infection, it has several limitations and targets male behaviors while failing to protect women, especially married women. One limitation of the ABC program is that it does no offer enough to young girls who are forced into prostitution for survival. The ABC program also focuses on prevention and does not provide treatment options or resources for those already infected with HIV. South Africa has embraced the ABC approach and is a promising illustration of best practices. This presentation will examine South Africa’s approach to address HIV/AIDS in the face of cultural and political challenges. Policy, practice and research implications will be discussed.

**Presenter:**
Karamustafa, A.

**Contact:**
Ayla Karamustafa
Ayla.Karamustafa@phimc.org

**Title:**
HIV Prevention in Liminal Spaces: Linkage to Care & Inter-Agency Collaboration in the Suburbs of Chicago

**Abstract:**
The Public Health Institute of Metropolitan Chicago (PHIMC) will facilitate a conversation on best practices surrounding the delivery of targeted high impact HIV prevention interventions to the high risk populations. PHIMC serves as the Lead Agency for the Suburban Cook County Regional Implementation Group grant, overseeing the HIV prevention activities of sixteen funded agencies in the Suburbs of Chicago.

Second only to Chicago, Suburban Cook County historically contains the highest incidence of HIV/AIDS cases in all of Illinois, with 1,371 HIV-infection diagnoses from 2008-2012 and a total of 4,063 people living with HIV as of 2012. The sixteen agencies funded to provide HIV prevention services in Suburban Cook face the distinctive challenge of providing services in a space that is simultaneously urban and rural, well-to-do and resource-poor.

The conversation in this group will focus on three things. First, the specific challenges of working with limited resources on the outskirts of an urban center. Second, a discussion on the linkage to care process, and the unique challenges that HIV prevention agencies face when transitioning underserved clients into care with limited funding and resources. Third, addressing how rivalry among local HIV prevention agencies can inhibit inter-agency collaboration, potentially deterring the implementation of new prevention strategies. The facilitator will lead a conversation on the idea and solutions implemented in other local HIV prevention communities that have led to successful high impact prevention, linkage to care, and agency collaboration.
**Presenter:**
Karamustafa, A.

**Contact:**
Ayla Karamustafa
Ayla.Karamustafa@phimc.org

**Title:**
HIV Prevention in Liminal Spaces: Linkage to Care & Inter-Agency Collaboration in the Suburbs of Chicago

**Abstract:**
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**Presenter:**
Kay, E.S.

**Contact:**
Emma Sophia Kay
ekdean1@crimson.ua.edu

**Title:**
Sick, Impoverished, and Criminal: How State Criminalization Laws Target Socially Marginalized Populations
Abstract:
Thirty-three U.S. states currently have statutes that criminalize potential HIV transmission through means such as spitting (Lehman et al., 2014; CDC 2014). None of the statutes allow for defense based on preventative measures (e.g., condom use) or even medical knowledge (e.g., HIV is not transmissible through saliva). Using Schneider and Ingram’s (1993) social constructionist framework that places people living with HIV (PLWH) in the intersection of both minimal power and negative social construction, this study investigates whether HIV criminalization laws are more likely to be present in states that already have a larger percentage of socially marginalized populations. A database was assembled of state-level variables related to HIV criminalization laws and indicators of social marginalization. Analyses show that states with HIV criminalization laws have higher HIV incidence and mortality rates, less affordable medical care, higher poverty rates, and higher African American populations. Findings suggest that HIV criminalization laws function primarily at a symbolic level that punishes those whom society considers deviant while masquerading behind the façade of public health. It is vital that social workers work with legislators in the reframing of PLWH populations as individuals who need medical care, not punitive measures.

Presenter:
Kelley, Robin

Contact:
Robin Kelley
rkelley@nmac.org

Title:
Building Leadership for Organizational Change and Sustainability

Abstract:
In an environment with constant organizational upheaval due to new policies and funding streams, change is the only constant. More and more, non-profit administrators, social workers and health care providers are being called upon to increase productivity with decreasing resources. In these changing times, premiums will be placed on organizations that can react and move quickly in response to changing conditions and pressures. Particularly in the arena of public health, specifically regarding HIV/AIDS Prevention and Treatment services, the impact of Health Care Reform will cause community-based organizations (CBO) and AIDS Service Organizations (ASO), to face a new reality. In order to remain sustainable, these organizations must systematically and efficiently address, implement, and institutionalize change.

The driver behind this change is the organizations leadership and its ability to lead transformation successfully. NMAC believes an effective change leadership plan will address the areas of organizational leadership, adaptability, and program capacity, which can lead to organizational sustainability. Our poster session will:
- Identify various leadership styles that can be used to lead change;
- Demonstrate how the ability to use change leadership techniques to navigate change can improve outcomes;
- Define two strategies for achieving sustainable outcomes for their determined change effort in their environments.

**Presenter:**
Kelley, R.

**Contact:**
Robin Kelley  
[link to email](rkelley@nmac.org)

**Title:**
Conversations with Partners

**Abstract:**
Given the changes in healthcare, we are seeing more serious discussions of partnerships between community-based organizations (CBOs) and the healthcare sector than ever before. We’re not referring here to short-term arrangements between a clinical provider and a social service nonprofit to collaboratively offer a program in response to a specially funded initiative, but rather to healthcare providers formally integrating networks of CBOs into their care delivery systems, and payers viewing CBOs as reimbursable providers of services that were previously the sole purview of clinicians. For partnerships between CBOs and healthcare providers or payers to be successful over the long term, both parties must be clear about their own interests, their assessment of what the other party brings to the table, and why working together is better than going it alone.

NMAC will present our findings from our consultations for CBOs and healthcare providers, i.e., collaboration and partnership options and strategies. While the initial impetus for many of these discussions was the big environmental shifts noted earlier, the best of the partnerships that ultimately form will be much less about a path to survival for the partnering organizations and more about a way for them to better serve their target beneficiaries.

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**Presenter:**
Kelley, R.

**Contact:**
Robin Kelley  
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**Title:**
Main Essentials for Mid-Level Executives

**Abstract:**
In the new healthcare environment policies such as the Patient Protection Affordable Care Act present new opportunities for leadership development in HIV organizations. Most importantly, it affords organizations the chance to develop strategies to navigate change at all levels of the organization. Through a view of the ways in which
our trainings and capacity building assistance work have bolstered leadership so that those who implement change feel empowered and equipped to do so. This session will describe the origins of this type of transformational leadership change for mid-level executives. It will review the challenges that many face daily, such as implementation tasks without the bigger picture of the needed change. Vignettes from various sectors, will be presented and discussed.

This presentation will address how to empower and equip staff at the midlevel to be drivers and implementers of change. Also during the presentation, we will discuss the human dynamics of change and address the concept of mindset, and how it impacts behavior, especially within an organization. We will look at self-awareness tools and a framework for transformational change. We will further discuss what transformational change means. Finally, we will discuss why and how this form of change can spark innovation.

**Presenter:**
Kerr, A.

**Contact:**
Ashley Kerr
ashley@collaborative-solutions.net

**Title:**
Messaging Matters: A Communications and Advocacy Training for Providers and Consumers

**Abstract:**
At the core of each individual is a set of values; these are principles that are important to that individual’s relationship with themselves, other people, and the world around them. We use these values in our actions and our decision-making; they shape how we react to our world. Many of us share values and are able to connect with our friends and colleagues through shared values. What many of us as service providers and advocates need to learn is to use these values as we work towards policy change.

All too often advocates use the wrong words to convey their message to individuals or organizations they want to influence. We lead with numbers and statistics and lose or audience before we’ve had time to make our case. Advocates must understand the importance of values and the benefits of using messages that correspond with shared values with the general population. Advocates must also learn how to develop media skills that can compete effectively with adversaries in public debate. Given our work to create positive policy changes across the nation for people living with HIV and AIDS, it’s time we use the right messages to advocate more effectively with elected officials.

This workshop will 1) provide an overview of what values-based messaging is and how our brains use values and value frames to interpret information, 2) provide a real-life example of housing advocacy in Alabama, and 3) provide participants with the opportunity to practice using values-based messaging with peers.
**Presenters:**
Kramer, S. A.
Driskell, J.

**Contact:**
Scott Kramer
scott@scottakramer.com

**Title:**
The Normal Heart: A Film and Discussion

**Abstract:**
The Normal Heart is “the story of the onset of the HIV-AIDS crisis in New York City in the early 1980s, taking and unflinching look at the nation’s sexual politics as gay activists and their allies in the medical community fight to expose the truth about the burgeoning epidemic to a city and nation in denial.” – From Home Box Office

As the theme of this year’s conference is Staying Relevant in an Era of Great Change-Challenges and Opportunities for HIV/AIDS Social Work, we wanted to dive into the past. In the face of a new era of PrEP and more effective treatment options, we would like to explore feelings, reactions, and thoughts about this extremely difficult time of the epidemic where there were few options available. Let’s see what we can take from that time and apply to social work today. Please join us for this special screening and discussion.

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**Presenters:**
Kwakwa, H.
Bessias, S.
Mvula, N.
Sturgis, D.
Wahome, R.

**Contact:**
Helena Kwakwa
hkwakwa@aol.com

**Title:**
PrEParing African and Caribbean communities in the US to address HIV/AIDS

**Abstract:**
The African Diaspora Health Initiative is a series of Clinics Without Walls that targets African and Caribbean immigrant communities in Philadelphia by seeking out, testing and linking to care. Its goal is to normalize HIV testing among this population by integrating health education and screenings for hypertension and diabetes into community events. Testing events have also been used to promote awareness of and gauge interest in PrEP. PrEP is available in Philadelphia’s Public Health Clinics at no out-of-pocket cost, but remains inaccessible to many potential users. Despite the high impact of HIV on this population (2.7% positive among 2,313 tested), prevention with PrEP is rare. A brief
questionnaire administered at the time of screening sheds light on reasons for low uptake. Fewer than half (43.1%) of those tested stated that they would or might consider taking PrEP. High/moderate perceived risk was identified as a strong predictor of openness. This pattern was explored further in a qualitative analysis of clients’ explanations for attitudes toward PrEP. Five overarching themes were identified: precaution, marriage/monogamy, trust, perceived risk, and perceived barriers. In order to increase PrEP accessibility and openness in Philadelphia’s African and Caribbean immigrant communities, a strategy is needed to improve risk education.

**Presenters:**
Kwakwa, H.
Gaye, O.
Mvula, N.
Brady, K.
Lehrman, S.
Corson, C.
Noumbissi, R.

**Contact:**
Helena Kwakwa
hkwakwa@aol.com

**Title:**
Best Practices in Health System Navigation for HIV/AIDS

**Abstract:**
National data show that the HIV care cascade is characterized by substantial reductions at each step of the continuum, with the steepest drop-off at retention, and the second steepest at linkage. Data for the city of Philadelphia show similar findings. In 2012, the Philadelphia Department of Public Health initiated a privately-funded project geared at improving linkage and retention rates for HIV positive patients receiving care at the Federally Qualified Health Center look-alike city health centers operated by the Department. This population is primarily minority by race and ethnicity, living in poverty, with a high co-morbidity burden. This project was implemented through the use of Health System Navigators. The Navigators assist patients who are new to the health centers, lost to care or sporadic users of care, teaching them to navigate the health care system. One year pre and one year post navigation data show a statistically significant rise in viral load suppression rates (33% pre-navigation, 68% post-navigation, p<0.001) and retention in care rates (pre-navigation 15%, post-navigation 90%, p<0.001) for the cohort navigated between March and September 2013 (n=77). Best practices include clear delineation of Navigator roles with careful consideration of existing roles to avoid overlap, anticipation of staff turnover and implementation of protocols to avoid service disruption and transition patients, clear definition of eligibility criteria for navigation services, and limitation of the intervention to 90 days. Our experience shows that with some consideration of such practices, the use of Navigators is effective in improving the care cascade for patients facing barriers.
**Presenter:**
Lawrence, L.

**Contact:**
Lisa Lawrence
Lisa.Lawrence@ucdenver.edu

**Title:**
Integrating Screening, Brief Intervention, and Referral to Treatment (SBIRT) in a Large HIV Practice: Lessons Learned and Impact of ACA on Delivery of Services

**Abstract:**
The infectious disease clinic at the University of Colorado Hospital has provided universal substance use screening to all patients through a Ryan White Part B grant since 2009. SBIRT is an evidence-based model that screens for risky substance use and intervenes with appropriate interventions when needed. In this presentation, I will share lessons learned over the years as we have integrated SBIRT services in a large HIV setting: integration into clinic flow and the primary care visit, patient acceptance of screening, data collection issues in the electronic medical record, impact of legalized medical and recreational marijuana in the state of Colorado on patient use, and maintaining referral networks/linking patients to care. Does SBIRT screening make a difference? I will share brief outcomes data. What is the future of SBIRT screening in HIV care? With the passage of the Affordable Care Act and confront with Ryan White payer of last resort issues, the ID clinic is once again adapting how it provides care in this new era; with a transition away from SBIRT as a standalone service to its integration into a broader retention in care strategy.

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**Presenter:**
Manganello, L.

**Contact:**
Lisa Manganello
lmanganello@peabodycenter.org

**Title:**
Big Pharma as Social Work Resource

**Abstract:**
As resources for HIV treatment and prevention decrease, to remain relevant, social workers must utilize all available resources. Yet some agencies and individuals turn away from the assets available to them through pharmaceutical companies. As someone who has worked closely with big pharma for many years in order to provide education and procure materials that support adherence for clients and staff of the agencies that I have worked for I wonder why some do not tap into this entity as a
resource due to opinions and controversial issues such as corporate greed. This discussion will include how the integration of drug companies who provide medication, “yes at a high cost,” to the people that we serve as well as how the incorporation of pharmacy into the medical social work framework will promote better outcomes for the future. This will include facts on research and development, the NIH and what the average out of pocket costs are to consumers and taxpayers. The goal is to inform and discuss the perception of what is wrong with getting this help in order to demonstrate the reality that we need this free stuff and explain how and why this is a great way to get some of our money back for our consumers while creating and maintaining relationships that can help us because it has more money than us.

**Presenter:**
Mawedi, S.

**Contact:**
Ssessanga Mawedi
Mawedisisco@gmail.com

**Title:**
Expansion and Implementation of HIV Prevention

**Abstract:**
The proposal seeks to expand and implement HIV prevention better through identifying a combination of HIV prevention strategies comprising behavioral, biomedical, and structural interventions. There are multiple reasons why, despite 25 years of implementing various HIV prevention interventions in Uganda, new HIV infections remain high. First, most interventions are still on a scale that is insufficient to make a significant public health impact. Second, most HIV prevention interventions are not aligned with sources of new infections. Third, as a result of complacency, there is now a return to widespread risky sexual behavior and low comprehensive knowledge of HIV prevention in the population as was at the very beginning of the epidemic.

This proposal seeks to examine the current challenges and then presents a unique opportunity to build on and refocus our efforts to deliver better results for our people. The proposal also calls for development organizations to build unprecedented levels of partnerships to support referral linkages so that individuals and communities are provided with a minimum set of complementary services. The proposal seeks to establish how we can increase adoption of safer sexual behaviors and reduce risk taking behaviors, how to expand a critical coverage and utilization of biomedical prevention interventions and how to create a sustainable enabling environment that mitigates underlying socio-cultural and other structural drivers of the epidemic in Uganda and sub Saharan Africa at large.

**Presenters:**
McCormick, L.C.
Durojaiye, M.
Turan, B.
Kempf, M.C.
Mulla, M.
Stringer, K.
Simpson, C.
Lichtenstein, B.
Batey, D.S.
Turan, J.M.
Lichtenstein, B.

**Contact:**
D. Scott Batey
dsbatey@uab.edu

**Title:**
Finding Respect and Ending Stigma around HIV (FRESH) in the Deep South

**Abstract:**
The FRESH Study aims to determine levels and effects of HIV-related stigma and to develop culturally relevant interventions for healthcare settings. The burdens of new HIV infections, AIDS diagnoses, and stigma are significant in the Deep South. Stigma and discrimination can discourage HIV testing and linkage/adherence to care.

HIV-negative persons in at-risk populations in Alabama responded to questionnaire items about anticipated stigma (n=141). Additionally, public health and primary healthcare providers participated in a web-based survey to determine attitudes, values, and practices related to HIV (n=703). Finally, focus groups with people living with HIV (PLWH) explored their experiences with stigma in healthcare settings (n=18).

Among at-risk persons, 81% reported some type of anticipated stigma: 71% anticipated a relationship ending if they tested HIV-positive; 55% feared becoming an outcast; 22% anticipated stigma from healthcare workers. Among healthcare providers 62% felt that HIV-related stigma is an important barrier to use of health services. Although only 2% said that PLWH should feel ashamed, 41% would be ashamed if they tested HIV-positive themselves. Focus groups revealed that stigma, discrimination, and lack of confidentiality occur in healthcare settings. Participants believed that interventions should include healthcare workers and PLWH working together to break down stereotypes associated with HIV-infection.

HIV-related stigma continues to be a problem in healthcare settings in the Deep South. Findings were used to adapt and pilot an intervention that brings together healthcare workers and PLWH to learn about stigma and its effects and work jointly to develop stigma-reduction activities.

**Presenters:**
McElroy, S.
Prowell, C.

**Contact:**
Shannon McElroy
smcelroy@familyfirsthealth.org
**Title:**
Implications of ARTAS on Out-of-Care Clients When Used in Conjunction with Medical Case Management

**Abstract:**
An adapted form of Anti-Retroviral Treatment and Access to Services (ARTAS) for clients, who have not been retained in care, will be presented. For the purpose of this presentation, clients who have not been retained in care are described as those who have historically not met the In+Care campaign measure of having at least one medical visit with a provider with prescribing privileges in each six month period with a minimum of 60 days between medical visits, a client who has not had a medical visit in over a year, or a newly diagnosed client who has had a medical intake but has not yet been seen in medical care within 60 days of their diagnosis. A brief introduction to ARTAS will be discussed along with interventions utilized to adapt the program specific to this subset of clients. Initial development of the program will be presented as well as the role of the linkage to care coordinator, recruitment of clients, barriers encountered, and data collection. An examination of medical case manager integration in the process including a post-ARTAS warm hand-off to case management, a distinct integration period between ARTAS and case management, and continued linkage with case management post-ARTAS will also be explored.

In addition to program development, the presentation will explore quantitative outcomes related to both the Health Resources and Services Administration’s (HRSA) HIV/AIDS Bureau (HAB) and the In+Care campaign retention performance measures. Qualitative outcomes connected to patient experience throughout the process will be discussed and compared to more traditional outreach and linkage to care methods. Client and case management feedback are integral to the success of the program long-term and are discussed along with a review of semi-structured interviews with clients and medical case manager’s post-ARTAS. Finally, authors will report overall compliance with those clients keeping ARTAS appointments, their involvement in sessions and paperwork, their follow through with tasks, and their readiness for transition to long-term medical and case management care.

**Presenter:**
McLees-Lane, M.

**Contact:**
Mary McLees-Lane
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**Title:**
Positive Transitions: Empowering Young People Living With HIV

**Abstract:**
Social workers practicing in the field of Pediatric and Adolescent HIV/AIDS have opportunities as well as challenges, since congenitally infected clients are growing up and newly diagnosed adolescents are becoming older. These young people living with a
chronic illness need to be prepared to transition to both the Adult ID clinic as well as the adult world. There are an array of educational curriculums to support adults who are HIV positive, but very few exist that are developmentally appropriate and relevant for the adolescent population.

I assisted in developing a curriculum that would help HIV positive young people prepare for life as adults. Sessions are structured to be highly interactive. The idea of living fully with HIV is a common theme that is woven into all of the sessions. This program allows adolescents to develop a skill set that will optimize their overall health throughout their life. The youth created body maps, a tool to help them integrate all of their experiences and emotions with their physicality. To date, five groups have been completed, with a sixth in process.

This poster will provide an overview of the curriculum development process, outline the concepts and curriculum and discuss the first five groups’ experience utilizing the curriculum. A sampling of the youth’s body maps will be included.

**Presenter:**  
Miller, P.

**Contact:**  
Patricia Miller  
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**Title:**  
Dancing with the Age of Technology: On-line Peer Support for Couples That are Living with HIV

**Abstract:**  
Our audience is advanced clinicians that would like to understand some of the themes that have presented themselves through our couples, peer support program within the dyadic world of living with HIV and navigating support on-line. This PhD Research project has its origins from 4 years of gathering sero-discordant couples together, to learn about their experiences, specific to living with HIV, when one is positive and one is negative. It was an idea that generated itself from conversations had with sero-discordant couples living with that experience, through my work as a PhD student and Social Worker at the Southern Alberta HIV clinic (SAC) in Calgary, Alberta. The participatory action part of the project has given light, to the need for an on-line component of support that brings our peer support volunteers into the world of gay and transgendered person’s relationships as they live with HIV, not just sero-discordant couples. This presentation will explore the themes that are arising as the couples are engaged on-line, and as well as themes that are coming from the couple gatherings in the larger community with our sero-discordant couple, peer-support team. Currently, some of the themes that couples have sought help with are: loneliness/isolation, meeting people, disclosure, stigma, and medications.

There is a focus on living well with HIV so our peer-support couples are there to support other couples but not to do therapy, as couples seek understanding and support around living with HIV. This will be a power point presentation that has a lot of
interactive discussion and potentially, one of our peer-support couple volunteers will be presenting with the main facilitator.

**Presenters:**
Moore, G.
Molett, M.
Richard, C.

**Contact:**
Gail Moore
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**Title:**
“No Sir. No Ma’am,” Incorporating Ideas of Gender Fluidity within the Context of a Therapeutic Setting

**Abstract:**
The days of having a Binary system of gender identification are fading. Gender activists’ hope to rid themselves (and the larger system) of definitive labels assigning gender. Most of the predominant culture asks for identification of (M) male, (F) female. The current movement is to eschew labels indicative of the binary gender system. Monikers such as Genderqueer, Agender, Bigender, Two-Spirit, Genderfluid and more are replacing traditional identifiers.

There are places where concepts of gender fluidity are quietly becoming business as usual. “Genderqueer was one of 56 gender identity options added to Facebook in February 2014 (http://en.wikipedia.org/wiki/Genderqueer).” Many progressive companies such as Google, AT&T and Wells Fargo have specific language against gender identity discrimination (http://www.diversityinc.com/top-10-companies-lgbt-employees/). In 2003, Australia began allowing the use of “X” for gender and in 2011 issued passports including “X.”

Unfortunately, most medical and social service offices demand their clients return to the binary code. When serving HIV+ clients, sensitivity to circumstances is important. If you cannot refer to me appropriately, how can I trust that you will meet the needs of my treatment? Making assumptions based on dress or pre conceived notions can further isolation. Speaking directly to the client and asking about preferred pronouns and taking history with respect to their narrative can aid in connecting client to provider and to care.

The larger system is often frustrating to gender non-conforming clients. Agencies must make every effort to offer the alternative. This includes: inclusivity in language in documentation, gender sensitivity training for staff and whenever possible hiring policies that actively engage the employment of gender non-conforming individuals. The inception of a wider based gender identity system helps to reaffirm the importance of individual expression and may aid in progressing attitudes of total gender equality. When seeking treatment for HIV, confidence in the provider and feeling respected as an individual assists in client engagement and long-term adherence to care.
Presenter:
Namugaya, G.

Contact:
Gloria Namugaya
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Title:
Perspectives and attitudes toward HIV/AIDS among Somali immigrants

Abstract:
Immigrant populations are faced with several challenges and opportunities related to HIV/AIDS. They include immigrant cultural practices and barriers that affect them in addressing HIV/AIDS. The knowledge and attitudes are also affected by cultural issues and their adjusting to a new culture in the United States. Stigma associated with discussing these issues continues to affect them as immigrants. Language barriers and access to information are major problems. To combat HIV/AIDS, stigma mitigation, addressing issues of empathy, understanding, compassion, vigilance, education and political will in the immigrant community. Attention to community efforts, negotiating power relationships and capacity building will provide opportunities for attitude change.

Presenter:
Nota, F.

Contact:
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Title:
Integrating Health and Social Workers in Organizational Compliance and Sustainability

Abstract:
The complexity of the human condition has never been more challenging. Social workers worldwide are rising to the challenge to create sustainable support systems for a growing number of vulnerable populations. While social workers are personally devoting time and effort to work directly with their clients, the institutions and organizations they work are increasingly getting vulnerable. These organizational and institutional vulnerabilities are emanating from poor system-wide adherence to required compliance and ethical standards as well as organizational mishaps or complete neglect of conceptualizing and implementing robust sustainability initiatives. To this end, this research presents the fundamental core elements of an organizational compliance framework through the lenses of direct health and social workers especially in HIV/AIDS programming. In addition, this research articulates the paramount role that social workers can play in developing and implementing successful organizational sustainability initiatives. It is the author’s view that until and unless social workers understand and foster organizational compliance and sustainability-they will increasingly be considered a budget overhead that can easily be done without.
**Title:**
Voices From Young Nigerian Women: Commercial Sex Workers And National Youth Service Corps Members Discuss HIV, PMTCT And Mentor Mothers

**Abstract:**
Given Nigeria’s high fertility rates, young women of childbearing age are a key target intervention group for HIV prevention and elimination of mother-to-child transmission (PMTCT and eMTCT). As part of a study to evaluate the acceptability of PMTCT and Mentor Mother services in HIV, the MoMent study interviewed and explored the viewpoints of eleven (11) female members of the National Youth Service Corps (NYSC) and seven (7) Commercial Sex Workers (CSWs) in North-Central Nigeria.

One focus group discussion (FGD) was held for each young female group, as part of 11 FGDs and 31 Key Informant Interviews (KIIIs) in the MoMent study. Focus Group Discussions (FGDs) were transcribed and analyzed (content and thematically) using two sets of analysts, and separately peer reviewed by a panel. Finally, Nvivo 10 software was used for data management and for triangulation purposes.

FGD analyses indicate that these young women face a variety of risks for HIV infection and potential barriers to seeking PMTCT services, including needing financing for higher education, pressure to find partners, stigma, lack of power in sex negotiations, and poor attitude of healthcare workers. Young females should be a target population for both HIV prevention and PMTCT service education. Traditional sociocultural factors continue to affect progress, but peer group interventions like Mentor Mothers appear to be highly acceptable to both well-educated and poorly educated women.
**Title:**
Social Workers as Continuous Quality Improvement Leaders in Improving Viral Load Suppression

**Abstract:**
Continuous Quality Improvement (CQI) is about improving processes to get better outcomes. Given our skill sets and patient expertise, social workers are well poised to take the lead in CQI efforts. In the current landscape of outcome driven programs, it is clear that we must prioritize quality improvement and social workers can use our unique knowledge to guide efforts to improve patient outcomes. This is especially true of HIV/AIDS social workers, with the development of the National HIV/AIDS Strategy, as well as local, state and national treatment cascades, which provide a clear focus for improvements in the identification of new diagnoses as well as linkage, retention and viral suppression efforts.

This workshop will make the case for the role of HIV/AIDS social workers as leaders in CQI efforts; assist social workers who are not currently involved in CQI efforts with the tools needed to launch projects and provide a venue to discuss best practices and effective strategies for those social workers already leading CQI efforts in their practice settings. The presenters will share our experiences as CQI leaders at the Institute for Family Health, a federally qualified healthcare center in New York. We will walk attendees through the implementation of an evolving 3 year, multi-site CQI effort which has improved viral load suppression rates in our patients living with HIV/AIDS by over 10% since its inception. In particular, we will help attendees uncover the ways in which social work expertise can inform and refine CQI projects.

Social workers in the field of HIV/AIDS are especially valuable as CQI leaders, as we have expertise in behavioral interventions and are focused on important gaps in the treatment cascade. Our training and focus allow us to think critically about the many psychosocial stressors that might impact treatment gaps as well as the most effective behavioral interventions to address them. Using approaches such as motivational interviewing and harm reduction, social workers create a safe space for patients to discuss the real barriers to improved health and this space creates the environment for change to happen. As CQI leaders, we can promote this approach among diverse disciplines, to extend our reach and influence, and help our patients live longer, healthier lives.

**Presenter:**
Pavao, C.

**Contact:**
Carlos Pavao
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**Title:**
Can Jesus be Gay today? Experiences and lessons learned from an Urban Faith Based Organization’s sexual health program, including Queer youth.
Abstract:
This presentation highlights some of the “natural tensions” and lessons gained from a Houston Faith Based Organization’s work with a teen pregnancy prevention and HIV program, which included Queer youth. The theoretical and practical underpinnings that inform this study are positive youth development model augmented by the minority stress theory, which through program implementation are destabilized by Queer theory and generational concepts of sexual norms and sexual identity constructions. Through semi-structured interviews new information revealed how Queer youth can be integrated into a teen pregnancy and HIV prevention program. In addition, unexpected and expected “natural tensions” emerged of how a Christian organization had to address, form their ideological frameworks that drove their work to changing norms of sexual identity and orientation and what does it mean for STI prevention messaging. The discussion will include the role of Queer youth in teen pregnancy prevention programming, the challenges of inclusion, and strategies in how a Faith Based Organization can become more Queer affirmative.

Presenter:
Pavao, C.

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Title:
Please Push the Stop Button: Examination and Conversations of Sexual Identity and Orientation of Youth of Color

Abstract:
A total of four focus groups (n=47 participants) and 10 semi-structured interviews were conducted to understand identity formation of LGBTQ within Atlanta. Grounded in Minority Stress Theory, there were five central themes that emerged from two rounds of traditional qualitative unitization methods. The first area addressed what HIV preventions need to be improved when medical providers ask sexual health questions of LGBTQ youth. A second theme on how LGBTQ youth of color value themselves and utilize nontraditional social networks for social support. A fourth theme examined how LGBTQ youth of color identify and negotiate the “ideology of the closet” amidst familial relationships and religious contradictions. By the end of this oral presentation, participants will gain a deeper understanding that the LGBTQ label might not be applicable to youth who sexually attracted to the same sex or are in the process of changing identities or consider themselves “equal opportunists”.
Stepping out of the shadows: LGBTQ youth, a high-risk population for teen pregnancy & HIV

Abstract:
Teen pregnancy prevention efforts have traditionally targeted heterosexual and gender conforming youth; however, emerging research strongly suggests educators should address the pregnancy and HIV risk reduction needs and interests of all youth, regardless of their sexual orientation or gender identity. LGBTQ youth are more likely than their heterosexual peers to experience pregnancy as a teenager and are at greater risk for HIV. Several common pregnancy factors exist for youth regardless of sexual orientation or gender identity; however, certain risk factors and underlying motivations to engage in pregnancy and HIV risk-related behaviors are unique to LGBTQ youth. Despite the overall declining rate of teen pregnancies within the United States, certain populations disproportionately experience pregnancy during their teen years. Findings from this study support the need for continued research regarding rates and contributing factors associated with LGBTQ teen pregnancy, as well as the need for teen pregnancy prevention efforts to target all youth regardless of sexual orientation or gender identity.

Psychological Distress Experienced Post-HIV Diagnosis and Coping Strategies Used Among African American Women

Abstract:
HIV infection remains a significant health concern for African American women. Despite successes in anti-retroviral medications to halt the disease trajectory of HIV/AIDS, this preventable disease was the 4th leading cause of death in 2009 among African American women, ages 25-44. Negatively influencing the disease trajectory of HIV infections is psychological distress. HIV-positive females have a significantly higher prevalence of psychological distress and are more likely to engage in risky behaviors and
not adhere to treatment regimens. Psychological distress is also an obstacle to achieving other health-promoting behaviors. Reducing psychological distress is crucial in empowering African American HIV-positive women to develop life-long health-promoting strategies. The purpose of this workshop is to describe the experiences of psychological distress and explore coping strategies. The sample includes a purposive sample of 22 HIV-positive African American women who reported psychological distress. A qualitative descriptive method guided data collection and analysis. Data were collected via one-on-one in person interviews. Inductive content analysis is currently being completed with the researchers independently coding the transcripts and meeting to compare codes and develop initial themes. Final themes will be reported at the conference.

**Presenter:**
Perkins, Emory

**Contact:**
Emory Perkins
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**Title:**
HIV Risk Behaviors Among African American Women

**Abstract:**
This quantitative explanatory study was designed to explain the relationship between HIV/AIDS risk-taking behaviors among African American women and their knowledge surrounding HIV/AIDS. More specifically, the research considers whether knowledge alone was sufficient to alter African-American women’s risk-taking behaviors regarding HIV/AIDS.

Participants in this study were African-American women who ranged in age between 24 and 44 years. This sample of African-American women was divided into two groups according to their HIV status: 53 women who were HIV positive and 62 women who were HIV negative. Social Cognitive theory served as the underpinning theoretical model for the study and the data for this investigation were obtained through self-administered questionnaires. The T-test was used to analyze the data through the use of the Windows Version of the *Statistical Package for Social Sciences* (17.0).

Findings suggest that knowledge of HIV was not found to be significantly different for the HIV positive and negative groups, and thus, suggest that knowing about the consequences of risk-taking behaviors is not sufficient to alter one’s behavior among African American women. The findings from this investigation will contribute new empirical knowledge to the existing social work database on HIV/AIDS and knowledge specifically relative to African-American women.

It was anticipated that knowledge of HIV would be significantly higher in the HIV negative group than in the HIV positive group. However, the hypothesis was not supported by the data. The HIV positive women and negative women were equally knowledgeable about HIV/AIDS.
**Presenters:**
Peterson, C.
Hawk, M.
Campbell, M.

**Contact:**
Carrie Peterson
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**Title:**
Growth Groups: Blueprints of a Self-Sustaining Model for Support

**Abstract:**
As individuals with HIV clients look toward living forward with a manageable disease, peer and peer-community support can be leveraged to improve HIV health and psychosocial outcomes. While community-based AIDS service organizations have transitioned into an era of severely limited funding, peer support models have become a low-cost, innovative and collaborative resource. As much as ever, clients have shown a desire to have an active, engaged role in their proactive, healthy living. We are living in an era where chronic conditions and HIV are not mutually exclusive, so both populations are integrated within this program.

Growth Groups was a pilot program created to leverage peer interactions that enhance the services clients receive. In the course of social work visits, one-on-one and group interactions, this program gave individuals the opportunity to create their own thriving avenues of support. The agency-side of programs like these requires minimal resources and consists of training select peers to become positive-opinion and social-group leaders, as well as often offering the space and time for these leaders to conduct group activities. As a grassroots program, some groups naturally flourish, while others naturally subside, based on the varying group dynamics. Nonetheless, Growth Groups consistently provided deliberate, relationship-building experiences and can be modeled by any agency to create their own, unique programs with similar outcomes.

That data of this pilot program demonstrates that HIV+ and chronic conditions clients can create tangible, positive changes in their psychosocial well-being through peer group interaction with other HIV+ and chronically ill individuals. Growth Groups nurtures a sense of belonging within a community which intrinsically enhances self-esteem and self-advocacy to create the opportunity for individuals to be actively engaged in their own health outcomes.

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**Presenters:**
Phillips, M.
O’Gallagher, C.

**Contact:**
Caitlin O’Gallagher
Cogallagher@vpi.org
Title:
Ready, Steady, Go: An Initiative to Bridge Engagement in Care Services

Abstract:
The Boston Living Center, a drop-in community center for people living with HIV located in Boston, MA, would like to announce an initiative to bridge medical and community-based organization services for individuals with HIV attempting to engage in care. This program was created in response to the recent CDC directive to create such a bridge between service providers. Ready, Steady, Go is a three to five session group level intervention for 8-10 individuals living with HIV who are struggling to engage in care. The program is broken down into three phases- Ready, Steady, and Go- which correspond to stages of engagement in treatment. As participants move through the phases, they learn knowledge and tools necessary for engagement in care, gain self-awareness of their barriers to engaging in care and build tools to help them overcome these barriers, and lastly build health action plans for staying in care. Participants will engage in monthly support groups as well as individual follow up with a peer advocate as they progress in engagement and retention in care. This report will detail the structure and content of the initiative, as well as showcase samples of methods, slide decks, and the workbook used in the program.

Presenters:
Phillips, M.
O’Gallagher, C.

Contact:
Caitlin O’Gallagher
Cogallagher@vpi.org

Title:
Supporting Peer Advocates Through Supervisory Models

Abstract:
The Boston Living Center (BLC) is a drop-in community center for people living with HIV located in Boston, MA serving approximately 1,400 members each year. Central to the BLC’s programming is a Peer Advocate program. Peer Advocates have been a crucial part of HIV services since the beginning of the epidemic. The BLC employs six Peer Advocates to provide emotional, adherence, benefits, and general support to members. As Peer Advocates, these individuals occupy dual roles of program staff as well as members. This unique straddling of identities creates complicated issues with transference and identification of clear boundaries. Peer Advocates are expected to practice self-disclosure judiciously and exercise use of self when working with members. Deciding the “what” and “to whom” aspects of disclosure to members, as well as how and in what way to exercise the use of self can be very tricky decisions for Peer Advocates to navigate. This creates a complicated supervisory picture for the staff that provides both clinical and administrative supervision to the Peer Advocates as both supervisor and Peer Advocates have to negotiate non-traditional boundaries. We will bring these three questions to the workshop participants: give the prominent role of Peer
Advocates in HIV services and care, how can BLC staff support Peer Advocates in managing the transference and self-disclosure aspects of the work? What training and supervisory models have other agencies utilizing Peer Advocates used? What tools have others successfully used in offering clinical supervision to non-clinical staff in para-professional roles?

**Presenters:**
Pizarro, V.
Green, R.
Murphy, C.

**Contact:**
Rebecca Green
RGreen@institute.org

**Title:**
A Balancing Act: Social Work Ethics on a Multidisciplinary Team

**Abstract:**
Social workers who work with clients with HIV/AIDS often have to wear several different hats; managing psychosocial stressors and mental health concerns, while also addressing their medical issues. At the Institute for Family Health (IFH), we have integrated teams that include medical providers, registered nurses, licensed social workers, case managers and field-based patient navigators. We find that while there are tremendous benefits from working on an integrated team, there are also challenges; differing views on partner notification, harm reduction approaches to risk behaviors, and patient’s untreated behavioral health diagnoses. These situations call for social workers to rely on their Code of Ethics in order to navigate these differences between professional disciplines.

In this 50 minute conversation on best practices, we will discuss a vignette about the challenges of working with a patient who is triply diagnosed (HIV, mental illness, and substance use), referencing our Code of Ethics, so that this patient is able to maintain good health by remaining engaged with their medical team. The discussion as well as the questions for consideration will highlight how our ethics, Commitment to Clients (1.01), Self Determination (1.02), Interdisciplinary Collaboration (2.03), Disputes Involving Colleagues (2.04) and Consultation (2.05), all play an important role in our decision making with our patient and our colleagues. Participants will leave the session with new skills to better facilitate these difficult conversations with colleagues while maintaining the ethical stance consistent with being a social worker.

**Presenter:**
Pompa, R.A.

**Contact:**
Robert A. Pompa, Jr.
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Title:
Staying Relevant in an Era of Great Change-Challenges and Opportunities for HIV/AIDS
Social Work: HIV/AIDS Stigma in the MSM Community

Abstract:
Stigma continues to impact HIV/AIDS in regards to all aspects of the National
HIV Strategy and the HIV treatment cascade: Prevent Test, Link, and Treat (and
retention). This presentation focuses on how stigma is realized within the MSM
community through thought, word, and deed. This presentation will define stigma and
give real life scenarios voiced by patients in a clinical setting. In addition, it will show
video segments that express PLWHA opinion’s on how stigma impacts their lives. This
presentation will discuss stigma’s impact on access to prevention, testing, treatment, and
retention in care. It will also give the opportunity for discussion on how to address and
combat stigma in order to combat its impact on the implementation of the national
strategy.

Presenters:
Pudil, J.
Gutierrez, I.

Contact:
Joanna Pudil
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Title:
Friend or Foe: Exploring the Relationship between Text Messaging and Health Care for
People Living with HIV

Abstract:
Technology is playing a more significant role in healthcare, specifically how we,
as health care providers, interact with our patients. Text messaging is one such
technological method. In the world of HIV health care, text messaging has been proven to
be a useful tool for promoting adherence to treatment in HIV positive patients, but we
believe that this technology can be used across a wider range of practices and chronic
illnesses. In the presentation we will discuss the many ways to use text messaging, as
well as the benefits and the possible pit falls for this technology method.

We will discuss using text messaging as an engagement tool for promoting
adherence, retention in care, increase patients’ medical knowledge and education, and
improving patient flow within our practice/clinic. We believe by using text messaging,
patients’ appointment show rates will increase, thus improving their overall engagement
in care, leading to better health outcomes. Furthermore, in patients with HIV, this can
lead to a decreased transmission rate. We will be using two clinic populations, adolescent
to adults, to illustrate the use of text messaging and whether this engagement tool works
better for one population over the other, exploring differences in utilization of texting
technology between generational gaps. We believe that text messaging is a valuable
engagement tool that is under-utilized and not discussed enough within our health care
system, especially among the HIV positive population as these individuals need to engage in medical care at a higher level due to having a chronic illness with many psychosocial complexities.

**Presenters:**
Rand, E.
Titze, E.

**Contact:**
Erica Rand
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**Title:**
Social Workers as Leaders in Clinical Care: Conversations about Sexual Health with Adolescents

**Abstract:**
Social workers are leaders in our patient’s clinic care. Patients have an opportunity to have a productive relationship with their social worker, perhaps different than they do with their medical provider. Social workers in this setting have the ability to create the largest impact for their HIV positive patients. This includes talking with patients about having healthy relationships, positive sexual health and risk reduction as it relates to the adolescent population.

CDC estimates that youth 15-24 account for just over one quarter of people who are sexually active, however, they make up about half of the 20 million new sexually transmitted infections diagnosed each year in the United States. It’s estimated that there are 50,000 new HIV infections every year. African American males and young adults aged 20-24 account for the highest rates of infections. Social workers have the ability to impact these statistics as we are at the forefront of these vital conversations with our youth. We have the opportunity to create change in our patient’s lives. Talking about healthy, safer sex can be difficult for many people due to stigma and adolescent development which includes risk taking behaviors. Let’s talk about why that is, and how our ability as social workers to feel comfortable with this topic can impact our patients. Let’s teach our adolescents what a healthy relationship looks like, so they can advocate for themselves now and into adulthood. Let’s talk about how to negotiate risk reduction techniques and to open up dialog on how to talk to patient’s healthcare providers.

This workshop will aim to talk about youth as this population relates to current STI rates, co-infections, healthy relationships and facilitating conversations about disclosure and risk reduction. You will also learn how to comfortably have these conversations with adolescents and gear the topic to appropriately reflect their developmental stage. The presentation will show the various models used to help present these topics. For example, the harm reduction model or the power and control wheel which shows the difference between healthy and unhealthy behaviors in a relationship. We are geared to a beginner audience.
**Presenters:**
Rand, E.
Titze, E.

**Contact:**
Erica Rand
rande@email.chop.edu

**Title:**
Social Workers as Leaders in Clinical Care: A Case Review

**Abstract:**
The Adolescent Initiative at Children’s Hospital of Philadelphia sees HIV positive youth from ages 12 through 24 and works as an interdisciplinary model with the social worker being the first and primary point of contact with the patient. Our team is guided by the knowledge, expertise and through the relationships that social work builds with the youth.

Sarah is a youth who started with our program in 2011 at the age of 14. She presented with cognitive impairments and a lack of family/social support. The Department of Human Services became involved when Sarah became pregnant in hopes to obtain extra support and services. She gave birth in 2013 to a medically compromised baby who continues to need extensive medical care. Legal and ethical complications arose when Sarah asked for NICU staff to not disclose her status to her then partner. Social work met several times with NICU staff and brought in the legal team. Sarah is currently living at a mother/baby residential program run through Children and Youth. Social work has been at the forefront of Sarah’s care in helping coordinate all HIV and other medical appointments including kidney and dietary needs, offering support and resources on employment and medication adherence.

We would like to gather feedback from the group on Sarah’s future as an adult, best practices around disclosure and how to help support her when she not only transitions out of her residential program, but also when she transitions out of Adolescent Initiative.

**Presenter:**
Rente, K.

**Contact:**
K. Rente
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**Title:**
The Housing Cascade Provider: Prospective on Using Data to Evaluate Health Outcomes

**Abstract:**
Since the inception of supportive housing programs for persons living with HIV/AIDS (PLWH/A), Harlem United has been at the forefront of addressing health disparities by recognizing the need for harm reduction services for clients with substance
abuse and mental health issues. Homeless and unstably housed PLWHA, many whom have additional co-morbid and substance abuse issues are less likely to receive appropriate health care and experience higher rates of opportunistic infection. Supportive housing and early engagement in medical care is critical to helping these clients stabilize their health and achieve and maintain viral suppression.

Within our supportive housing programs individuals are provided harm reduction services with a full continuum of medical, mental health and social support services to stabilize health. This presentation geared toward new and intermediate providers and evaluators will discuss our housing first model and evaluation strategies to show examples of housing stability and movement through the care continuum.

For this presentation, the HIV Care Cascade was adopted to create a Housing Cascade for clients enrolled in our supportive housing program. Data will be presented to provide examples of client progress through the continuum of care following placement in supportive housing. Strategies for incorporating program level data to inform and help identify gaps in the care continuum will be discussed. Outcomes will show that supportive housing, which adopts a harm reduction approach and incorporates evaluation strategies are shown to help clients remain housed, increase access to health care, stabilize health, and mitigate the staggering death rates among PLWH/A.

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**Presenter:**
Rice, A.

**Contact:**
Alan Rice
arice@chpnet.org

**Title:**
Caring for Ourselves: An Experiential Group Meeting

**Abstract:**
Come and join us as we informally think about the stresses, strains and rewards of AIDS social work practice. We will share strategies for coping and burnout and also ways we can take better care of ourselves as we continue to do this important work. The group will be facilitated by a highly experienced AIDS social worker who will provide his own story and invite others to do the same. Hope to see you there.

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**Presenters:**
Robinson, K.
Heal, D.
Guy-Ortiz, L.
Aleshire, R.

**Contact:**
Richard Aleshire
richard.aleshire@doh.wa.gov
Title: Using the HIV Cascade as a Framework for Developing a SYSTEM of Care and Prevention Services

Abstract: This presentation will show how the HIV cascade provides a framework for developing a comprehensive system of HIV prevention and care services. An effective system must be strategic, designed to flexibly meet the needs of people with HIV, and limit the transmission of the virus. Before the advent of the National HIV/AIDS Strategy (NHAS), efforts to end the epidemic focused on pieces of the puzzle rather than an overall design, resulting in poorly coordinated responses at federal and state levels. Working together in the context of NHAS we can do better.

We will explain how Washington State Department of Health used the HIV Cascade to develop a comprehensive system of care and prevention services. Our existing HIV prevention and care programs overcame technical, regulatory and organizational obstacles. To make this possible, the department adopted a policy of integrating its HIV prevention and care services. To carry out the policy we needed to forge new working relationships and change our office culture. This led to a decision to jointly fund “HIV Continuum Services” geared to achieve individual and population level outcome objectives.

HIV funding now flows into three program areas: 1) primary prevention and case identification, 2) engagement and retention in HIV medical care, and 3) HIV-related medical care and treatment. The engagement and retention in care components required the most development and change. Community service providers formerly provided only medical case management services that reached only about half of people living with HIV (PLWH) in Washington. To become part of the new system, these agencies had to start providing non-medical case management, client navigation, treatment adherence services, and outreach to reengage out-of-care PLWH in addition to medical case management. The new environment engendered by these changes offers possibilities to provide flexible services that will meet the needs of PLWH in all stages of the HIV continuum, while establishing an unprecedented level of standards and quality for HIV services throughout our state.

Presenter: Rothman, Z.

Contact: Zlatka Rothman
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Title: Removing Barriers to Prophylactic Treatment as Prevention (PrEP) for HIV Negative Clients in NYC
Abstract:
The Spencer Cox Center for Health at the Mt. Sinai Institute for Advanced Medicine is one of the leading medical institutions in NYC with a major focus on providing education, assessment and treatment for Pre-Exposure Prophylaxis (PrEP), as a biomedical HIV prevention measure for residents from diverse socio-economic and ethnic backgrounds, who are HIV negative and considered at high-risk for HIV acquisition.

PrEP is a new HIV prevention approach where HIV negative individuals use Truvada on a daily basis to prevent HIV transmission for as long as they are high risk for HIV exposure. PrEP is an additional tool, alongside condom use and behavior change, for people to consider in their HIV prevention toolbox.

The Spencer Cox Center PrEP program started in April 2014. All referrals are made through a variety of networks: NYC Department of Health and Mental Hygiene, internal clinician referrals, local community organizations, private physicians, the internet, and they NYS PrEP Hotline.

Social workers at Spencer Cox Center for Health work closely with the providers on educating and assisting patients with removing barriers to treatment such as: lack of information or misinformation, social biases and perceptions, adherence issues related to substance use or mental health, insurance coverage, etc.

This poster will provide an overview of the critical role Spencer Cox Center for Health plays in offering PrEP education and services to providers and individual clients in NYC. Presented data will demonstrate disparities in PrEP awareness and accessibility, and imply a need for public health efforts to expand education and to facilitate access to PrEP in high-risk communities in NYC.

Presenter:
Runnels, R.

Contact:
Ratonia Runnels
rrunnels1@mail.twu.edu

Title:
Improving Quality of Life in HIV Positive Women

Abstract:
Psychological stress has been associated with lower quality of life and HIV disease progression. Many African American women have psychological difficulties that are compounded by an HIV diagnosis and comorbid mental health status. The purpose of this study was to test the effectiveness of a cognitive behavioral group level intervention designed to increase quality of life and decrease anxiety in HIV positive African American women. Cognitive behavioral therapy (CBT) assumes that cognitions, emotions, and behavior interact, and that cognitions influence our emotions and behavior. It is believed that improved thinking will lead to fewer distressing emotions and less maladaptive behavior, which may in turn, decrease the stress response and improve
health behaviors, resulting in better physical health outcomes. Several studies support the efficacy of group CBT models in decreasing anxiety in individuals.

Components of the intervention studied include a description of the physical manifestation of anxiety, discussion of both rational and irrational fears, confrontational exercises, countering irrational thoughts, self-assessment, and relaxation techniques. Group facilitators help participants explore stressors identified since receiving an HIV diagnosis. The goal is for participants to recognize what triggers increase anxiety in their own lives and then be able to apply the information and techniques learned in the group sessions to actively reduce their anxiety levels. Five of the six sessions include homework assignments for the participants. This cognitive behavioral intervention was developed to address the specific HIV related anxiety experienced by African American women who very often have little support coping with the illness. Findings from this study will be used to inform the development of applicable theoretical frameworks and culturally appropriate interventions that address the multifaceted impact of HIV and AIDS on individuals, families, and communities.

**Presenters:**
Seidel, L.
Brennan-Ing, M.
Karpiak, S.

**Contact:**
Liz Seidel
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**Title:**
A Telephone Intervention to Reduce Depression in Older Adults with HIV

**Abstract:**
Depression is the most commonly observed mental health disorder among HIV-positive individuals, with estimates of significant clinical depressive symptoms in this population ranging from 40-55%. Depression is associated with stigma and loneliness. Depression is the most consistent predictor of non-adherence to Antiretroviral Therapy (ART) and other medication. Adherence to ART is a key part of the CDC High Impact Prevention as viral suppression limits means of transmitting HIV. Adherence is also critical to achieving the goals of the National HIV/AIDS Strategy through improving health outcomes. While some resources are allocated to address behavioral health issues for patients with HIV, the continued high prevalence of unmanaged depression in older adults with HIV is indicative of the limitations of these services. The RESPECT (Re-Engineering Systems for the Primary Care Treatment of Depression) telephone support intervention, was adapted to People Living with HIV (PLWH) 45 and older with a positive screen for depression, and piloted using two independent samples. RESPECT is not therapy over the phone but rather a social support intervention comprised of brief weekly 15 minute telephone calls from a Health Manager over a 6-month period, consisting of listening and engaging the patient and identifying resources the patient might need. In Sample One, mean Center for Epidemiological Studies Depression Scale (CES-D) scores decreased from 32.8 to 19.0. In Sample Two, mean CES-D scores
decreased from 37.8 to 19. Qualitative analysis of case notes revealed that participants’ perceived benefits of the RESPECT intervention including feeling affirmed/valued, improved optimism and positive affect, and feeling better able to cope with their situations. The opportunity to adapt the RESPECT model to older PLWH has educational and practice implications as a low-cost solution for addressing depression in the HIV/AIDS service system.

**Presenters:**
Souleymanov, R.
Brennan, D. J.
Lachowsky, N.

**Contact:**
Rusty Souleymanov
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**Title:**
Online Outreach Services Delivered to Gay and Bisexual Men in Ontario, Canada

**Abstract:**
This is the first outline outreach study on gay and bisexual men (GBM) in Canada which investigated: 1) the differences in information seeking behaviors between GBM who exclusively seek sex online and those who also access physical venues; 2) the experiences of online outreach services delivered to GBM through socio-sexual internet sites/mobile applications.

Data is drawn from the community-based Cruising Counts study conducted across Ontario (Dec/2013-Jan/2014). Participants were asked questions about their experiences and use of the internet/aps for sexual health information, sexual behaviors, and demographics.

Analysis included 1830 GBM. Only 8.2% of survey participants encountered online outreach services. As a result of their last online outreach encounter, GBM reported better understanding of (59.9%) and comfort with their sexual risk (51.0%); increased knowledge (48.3%); feeling less anxious (34.7%), better connected (31.3%) and more empowered (27.2%); using condoms more frequently (32.7%) and effectively (23.8%); getting tested for HIV (29.3%) or STIs (28.6%); asking their partners’ HIV statuses (25.2%); and sero-sorting (17.7%). GBM who sought both online and physical venues (n=978) compared to GBM who sought sex exclusively online (n=484) were less likely to seek information on HIV/STI testing and PEP, but more likely to seek information on mental health issues.

Social workers must attend to the experiences of GBM in order to engage them in sexual health education and HIV prevention online. Social work practitioners should also pay attention to the relationship between HIV/STI risk, information seeking, and access to and uptake of these health services.
**Presenter:**
Squires, J.

**Contact:**
Johanna Squires
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**Title:**
You[th] just don’t get it: Intensive HIV Case Management with African American 13-24 yr olds

**Abstract:**
As the Care Continuum gains greater national attention, inequalities among various populations are becoming increasingly apparent. Youth have some of the worst Care Continuum outcomes of any population. Years before the Care Continuum was being conceptualized, Care Advocacy was established to serve youth, ages 13-24, living with HIV. Shifting organically over time in response to such factors as funding changes and desires for programmatic improvement, Care Advocacy has historically developed as a youth-specialized program, customized to youth culture and special needs. It is becoming increasingly apparent that Care Advocacy shows promise in correlating with improved Care Continuum outcomes.

This interactive session will include a succinct history of Care Advocacy’s development, highlighting and sharing how the program has identified and integrated best practices for work with youth living with HIV. Unique sociocultural considerations of the population(s) served will also be covered.

Participants will be invited to reflect on and share their own client-informed practices and evaluate their successes. Ideas for future clinical or programmatic directions that incorporate client-informed knowledge will also be exchanged. The discussion will deliberately encourage all present to examine how/if staying true to our clients and their unique needs will lead to making strides along the Care Continuum. Those who have some experience serving clients, population-specific specialties, and/or basic familiarity with the Care Continuum will benefit most from this workshop, though all are welcome.

**Presenters:**
Standring, D.
McLeod, M.
Weise, J.

**Contact:**
Deryk Standring
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**Title:**
Patient Navigation: Applying a Public Health Strategy in the Field of HIV Prevention and Care
Abstract:
Patient Navigation was initially developed and researched by Dr. Harold Freeman to address cancer disparities with women of color. Since then, navigation models have been used successfully to support clients living with varying chronic disease states. There are multiple studies illustrating the successes of navigators facilitating clients’ access to care and treatment and support for other health-related matters.

In this workshop, we will review a navigator model specific to the field of HIV/AIDS and how navigation services can support people at high-risk for HIV as well as those living with HIV. Participants will learn about how navigation fits within the field of HIV, key considerations for a successful program, and skills needed for navigation staff. Additionally, the workshop will explore technical assistance opportunities to support your efforts in employing navigation services.

Social workers implementing a navigator services must consider both structural components needed for programmatic success, as well as the skills of a competent navigator. The strong systems thinking and theoretical orientation of person-in-environment provide the foundation for social workers to lead the charge in the development and operation of a navigation program for high-risk HIV negative individuals and people living with HIV.

This interactive workshop will include presentation, discussion, and an experiential activity. Participants will increase comprehension of the relevancy of navigation services in the field of HIV prevention and be able to identify opportunities for social workers and other practitioners to effectively implement navigation within their agencies.

Presenters:
Standring, D.
Weise, J.
McLeod, M.

Contact:
Deryk Standring
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Title:
Is Your Organization Prepped for PrEP (pre-exposure prophylaxis)?

Abstract:
Pre-exposure prophylaxis (PrEP) is a biomedical intervention designed to inhibit the spread of HIV. PrEP is one of the primary strategies in the Center for Disease Control and Prevention’s High Impact Prevention initiative to reduce HIV transmission. PrEP is a pill taken daily to prevent at-risk HIV negative people from contracting HIV. Denver Public Health (DPH) recently implemented a PrEP program within our Infectious Disease clinic. Additionally, DPH implemented protocols in our STD clinic to link at-risk individuals to the PrEP clinic.

This poster presentation will provide an overview of the structural changes DPH made to launch PrEP services. The poster will highlight how DPH social workers were involved in the implementation and how they are integral with the maintenance of the
PrEP clinic and services. Additionally, the poster will highlight social worker skills necessary for successful implementation of PrEP services at other clinics or institutions.

During the opening exhibition of the poster, DPH staff will answer questions about implementing PrEP and increase awareness of resources to increase capacity to implement and manage PrEP programs. In addition, staff will discuss how people might initiate PrEP services at their own agencies. Lastly, staff will provide technical assistance resources to support people and organizations in implementing or managing PrEP programs.

**Presenters:**
Strait, J.
Robinson, C.

**Contact:**
Joanna Strait
jstrait@metroteenaids.org

**Title:**
Tailored Alterations: A Family Service Model Providing Customized HIV Care to Women and Families

**Abstract:**
Within the last decade, remarkable improvements have been made within the HIV care continuum. Despite these advances and a growing medical understanding of HIV, service providers still struggle with client engagement and retention in care. A host of complicating factors make it difficult for our clients to access traditional services, ultimately leading to poor medical and emotional outcomes.

STABLE Families was developed in response to these ever present challenges. Our program is a community-based collaborative model that works across the systems to ensure high quality, coordinated service provision to families affected by HIV. STABLE Families works to ensure that families affected by HIV are experiencing seamless service delivery to increase family stability, child safety, and well-being regardless of the number and type of services being delivered. Our program is unique in that we customize services based on a true appreciation for client experiences. Clients are empowered by the rare ability to design their own comprehensive HIV care package.

In this interactive workshop, participants will learn about our innovative approach to working with HIV positive clients, their families, and exploring how the STABLE Families model can meaningfully inform their own work. Through program exploration and case conferencing, participants will be able to discuss their professional experiences and contribute their own innovative approaches to meeting the service needs of this unique population. Join us for a candid conversation on HIV informed topics to include disclosure, drug use, responsible sex, mental health challenges, discrimination, grief and trauma.
Presenters:
Strauss, D.
Rente, K.
Braddock, S.

Contact:
Danielle Strauss
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Title:
Housing is Healthcare: The results of an evaluation of a housing retention program for triply diagnosed, HIV infected homeless individuals from NYC

Abstract:
In 2012, Harlem United received funding from NYS DOH, AIDS Institute, for the Housing Retention Program, a demonstration project using MRT (Medicaid Redesign Team) funds. MRT funds are allocated by the state from cost-savings from Medicaid. The goal of MRT is to improve overall health system quality and efficiency, streamline and focus healthcare administrative and financial structures, and reduce Medicaid costs while emphasizing the delivery of well-managed, cost effective quality health services. The Housing Retention program assists 50 unstably housed HIV positive, triply diagnosed individuals per year in obtaining and retaining stable housing. The aim of the program is to reduce Medicaid utilization by housing high Medicaid utilizers, thus assisting them with medical treatment adherence and reducing hospitalization and ER visits.

A program evaluation was designed to measure Housing Retention participants’ reduction in housing instability risk over the course of their time in the program. The risk assessment survey covers housing status, adherence to medical and mental health treatment, substance abuse, criminal justice involvement, domestic violence, and positive social supports. Response choices are scored based on severity of risk; higher risk behaviors receive higher scores and positive behaviors suggesting lower risk receive negative scores. Assessments are administered at baseline and at a six month follow up.

Preliminary results of the evaluation suggest that participants’ risk of housing instability lowered over time as a result of their engagement in the Housing Retention program, from an average baseline score of 5.48 to an average score of 2.16 at 12 month follow up. While enrolled in the program, participants transitioned from unstable housing to a permanent housing situation. By 12-month follow up, over 60% of the participants were living in independent housing or a permanent supportive housing program. Once placed, participants received a minimum monthly intervention to address their barriers to housing retention and care coordination services related to their medical, mental health and substance abuse needs. Interestingly, we found that the number of ER visits and hospital visits increased over time for the cohort that completed the 12 month survey. More research is needed to understand the implications of this finding.
**Presenter:**
Sullivan, G.

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Gary Sullivan
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**Title:**
Cross-Cultural Care Fundamentals for Treatment of LGBT Clients

**Abstract:**
Talk about “Staying Relevant in an era of great change” (this year’s Conference theme), there are new cultural standards hot-off-the-press! The National Culturally Linguistic and Appropriate Standards (CLAS) published by the office of Minority Health at the US Department of Health and Human Services has just been revised after 12 years. The enhanced CLAS standards are intended to advance health equity, improve quality, and help eliminate health care disparities.

This workshop will suggest how service providers can apply these standards, specifically in serving the LGBT community with awareness, sensitivity and respect. This workshop will also present suggestions for LGBT persons who can inform, advocate, and educate leadership, and workforce on best practice ways in which they can apply these standards with thoughtful and inclusive policies and actions. This workshop will help participants understand how the enhanced National CLAS Standards evolved, what they are, and how they can provide equitable and respectful quality care and services that are responsive to the diverse cultural health beliefs, practices, preferred languages, health literacy, and other communications needs. It will identify specific ways to inform, educate or influence governance, leadership, workforce and service providers in ways to honor and respect LGBT brothers and sisters.

**Presenters:**
Sultzman, V.
Mason, S.

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**Title:**
African American Mothers: Maternal HIV Disclosure and HIV Stigma

**Abstract:**
The intextricable link between HIV disclosure and stigma makes HIV disclosure to uninfected children a major challenge for African American mothers. Utilizing data from interviews with twenty-seven African American mothers who disclosed their HIV diagnosis to one of their uninfected adolescent children, this mixed-method analysis
examined 1) mothers’ experience of HIV related stigma and 2) mothers’ perceptions of the initial disclosure event and their perceptions of HIV related communication with the adolescent after the initial disclosure. HIV stigma, as measure by an HIV Stigma Scale, was relatively high among participants in this study. Mothers described the initial disclosure even as an affective and concrete process comprised of: (a) mothers’ concerns and feelings prior to disclosure; (b) motivation for disclosure; (c) disclosure information; (d) mother’s perception of teens’ reaction to disclosure, and (e) mothers’ experience after disclosure. HIV communication with their adolescent following the initial disclosure event was positively associated with mothers’ experience of HIV stigma. Post study interviews conducted with forty percent of the same participants examined mothers’ perceptions of the disclosure event retrospectively with regard to how they perceived the process of disclosure and subsequent HIV communication as evolving over time. The process of HIV disclosure with adolescents (now young adults) was described as an evolving process with increased communication about mothers’ health, the role of the young adult as caregiver, concerns about secrecy associated with anticipated HIV stigma, and the need for social support for mothers and children. These results underscore the enduring need for social work interventions to assist mothers and children with managing HIV stigma and the disclosure process.

**Presenter:**
Thomas, R.

**Contact:**
Rosemary Thomas
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**Title:**
A Comparative Study of the Adolescent Initiative Multidisciplinary Team HIV Cascade of Care and the Philadelphia Department of Public Health Youth HIV Cascade of Care

**Abstract:**
To determine clinical outcomes for HIV+ 18-24 year old patients of the Adolescent Initiative (AI) Clinic at the Children’s Hospital of Philadelphia using the HIV Cascade. To compare these outcomes to the general Philadelphia population of HIV+ 18-24 year olds using Philadelphia Department of Public Health (PDPH) Data and to determine trends over time within the AI Clinic.

Data routinely collected in the Ryan White CAREWare database was used in aggregate to construct the AI Cascade. Encrypted data was collected for the years 2009-2010 and 2012-2013. Data includes all new HIV diagnoses for the years 2009 and 2012, dates of medical visits for each new diagnosis for one calendar year after diagnosis, prescription of Highly Active Anti-Retroviral Treatment (HAART) during that year and viral load(s) during that year. PDPH data was provided already compiled into a HIV Cascade. Categories include: HIV diagnosed, Linked to HIV Medical Care, Retained in HIV Medical Care, Prescribed HAART Medication and Virally Suppressed. Each successive category was found using a total count. Comparisons were made using percentages for each category between the 2009 and 2012 AI Cascade. Percentages were also successive.
The AI Cascade is dissimilar to national models. Deficits occur around retention in care in national models while the AI cascade’s largest deficit is patients prescribed to HAART. Between 2009 and 2012, the AI clinic improved slightly across categories except prescribed HAART. This difference cannot be explained without further research. The general population of HIV+ 18-24 year olds in Philadelphia is performing marginally better than those in the AI Cascade. This may be due to differences in data collection and definition. Despite using best practices, the AI clinic has outcomes lower than the general Philadelphia population of HIV+ 18-24 year olds. Areas for further research include elucidating specific characteristics of each patient population to further explain differences in outcomes and design measures to improve care.

**Presenters:**
Thomas, R.
DiFonzo, T.

**Contact:**
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**Title:**
AIMing for Success: How to Adapt Prevention and Adherence Programming to Meet Your Needs

**Abstract:**
As the National HIV/AIDS Strategy has outlined goals for HIV care and prevention, the CDC has rolled out funding for high impact prevention programs and many service providers are now choosing from a more restrictive menu of intervention options. The Adolescent Initiative Clinic at The Children’s Hospital of Philadelphia received funding to provide the CDC approved prevention intervention “CLEAR: Choosing Life: Empowerment! Action! Results!” to their HIV+ patient population. However, in the course of learning CLEAR and trying to implement CLEAR, several critical flaws in how the intervention fit in a clinical setting emerged. The Adolescent Initiative worked to adapt CLEAR into the Adolescent Initiative Model: AIM. AIM takes into account the unique developmental stages of adolescents and young adults, the team approach of the AI clinic and responds to the goals of the NHAS.

While CLEAR contains strong concepts and has demonstrated effectiveness, the scripted nature of the intervention and the delay in providing health information was not a fit for the AI model of practice. The AI Program Manager and the Wellness Counselor worked with the Philadelphia AIDS Activities Coordinating Office to revise and adapt CLEAR into an intervention more suited to the AI clinic where social workers often take the lead in clinical practice. The adaptation process went through several stages where that AI team negotiated goals, core sessions and concepts with funders in order to meet CDC recommendations as well as maintain relevancy to real life application. AIM is implemented by the AI clinic Wellness Counselor who in a planned series of sessions engages with all new HIV+ patients to discuss medication initiation and sexual health, as well as existing HIV+ patients not on medications, those engaging in risky sexual behavior or diagnosed with an STI.
This presentation aims to describe the process of adapting a canned intervention into tailored programming to a specific program. It will also discuss the AIM intervention in detail and the evolution of the clinics prevention and adherence program. This presentation is geared toward an intermediate audience.

**Presenter:**
Vunnava, S.K.

**Contact:**
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**Title:**
Social Outreach Approach to HIV/AIDS Education for Tribal and Uneducated Populations

**Abstract:**
My team and I have been working in educating the Tribal Community people in the thick forest region of Eturunagaram, Warangal District in the state of Andhra Pradesh, India. The geographical location of these tribal villages is very prone to easily getting infected with communicable diseases, especially sexually transmitted diseases. The transport facilities to these villages and thandas are very weak as the villages are located in deep interior forests.

The main reasons for the widespread infection of HIV/AIDS in these areas are lack of education, lack of awareness, and lack of income. The local government has constructed educational buildings, primary health care centers, counseling centers, computer institutes, and skill development centers around the region. Still, the tribal people are not sending their children to school for education or skill development. The main reason for this is that they do not have any awareness or knowledge of the importance or impact of health and education on their lives. They still feel that health and education are a waste of time and that sending their children out to daily labor to earn money is a better use of time.

Poverty is another reason that directly or indirectly causes the spread of HIV/AIDS among these communities. There are two important errors affecting the sustainability of these uneducated people. One is the inclusion error, which means that rich people get access to poverty eradication programs. The other is the exclusion error, meaning that poor people lack access to poverty eradication programs.

Although there are some HIV/AIDS counseling centers run by government and non-government agencies in some areas, there is a high percentage of absence due to multiple reasons. For one, tribes have poor financial backgrounds and cannot afford a visit to the counseling centers. Another reason is that tribes have to work daily in order to earn a living. They cannot afford to spare time visiting the counseling centers. The final reason is that tribes believe that attending a counseling session is a waste of time and energy.
HIV Care Continuum Initiative: Mobilizing Federal Efforts

Abstract:

The HIV care continuum (also known as the HIV treatment cascade) is a model that outlines the sequential stages of medical care that people living with HIV go through, from initial diagnosis to viral suppression (having a very low level of HIV in the body), and shows the proportion of individuals living with HIV at each stage. The model was developed as a result of the research and work of Dr. Edward Gardner and his colleagues in 2011. In 2013, President Obama established the HIV Care Continuum Initiative, directing Federal departments to prioritize addressing the HIV care continuum as they continue to implement the National HIV/AIDS Strategy.

Since then, many Federal, State, and local professionals have used or adapted this HIV treatment cascade to better identify gaps in HIV-related services, develop strategies to improve engagement in HIV care, and improve health outcomes for people living with HIV. The U.S. Department of Health and Human Services’ ten Regional Resource Consultants have contacted State and local health departments to determine: 1) if they have created a treatment cascade; 2) if they need technical assistance to develop one; and 3) if they need Federal resources to develop one. So far, 29 states and 1 local health department have developed a treatment cascade; 4 states are in the process of doing so; and the remaining either have not developed one or have not reported back to HHS. Ms. Waits will facilitate a conversation about mobilizing efforts to implement the HIV Care Continuum.

The Intersection of Personality Disorder, Substance Use and HIV Diagnosis------and the Unexpected Behaviors

Abstract:

Many of our HIV infected clients have long histories of substance use and other mental health issues. These co-occurring dysfunctions often result in verbally difficult interactions between client and provider---loud, disruptive, demanding, entitled. These behaviors can call out the best or “worst/not helpful” in us.
This presentation will focus on identifying and dealing with clients’ escalating, potentially disruptive behaviors and will present strategies on how to manage client behaviors as well as our own internal reactions. We will briefly touch on more common client chronic behaviors such as lack of follow up to referrals.

**Presenters:**
Willinger, B.
Corwin, M.

**Contact:**
Barbara Willinger
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**Title:**
A Conversation About Clinical Supervision

**Abstract:**
Why is this an important conversation? At one time in the history of Social Work, supervision was part and parcel of what jobs offered. In many areas of the country the notion of consistent regular clinical supervision has become a dinosaur, replaced by administrative supervision or as needed consultation.

Like other specialties within social work, providing assistance to clients/families with HIV/AIDS presents many challenges, some of which we are not prepared to handle. Co-occurring struggles with substance use and mental health frequently fuel client-provider interactions that result in client non-adherence to medical care and/or medications. In response, agencies often fall back on sending or providing trainings on specialized topics. While trainings of any type provide a basis for expansion of knowledge, they do not necessarily result in internalized mastery. This is one way clinical supervision plays a vital role. This session will be an informal interactive discussion identifying the differences between administrative and clinical supervision.

Experience social work clinicians with a variety of expertise and longevity in the field and in supervising will be available for feedback and brainstorming. Vignettes from the panel will illustrate how clinical supervision can move client and families forward.
Presenters:
Willinger, B.
Feinberg, J.

Contact:
Jim Feinberg
JAFCSW98@aol.com

Title:
A Discussion Group for the over 10’s-That is 10 or More Years in the Field of HIV

Abstract:
Picture this: 1996, HAART was introduced and became available to assist people living with HIV/AIDS. The work with clients then shifted dramatically due to adherence to HAART. Suddenly people were living, becoming healthier and saying to themselves and their treatment providers, “now what?” These advances in the treatment of HIV/AIDS resulted in and introduced a new set of challenges to clinicians: clients living with hope and certainty now needing to adjust to a chronic illness complicated by the development of medical and psychological symptoms related to aging. As clinicians we had to go from helping clients to prepare for death and dying to teaching them to live. Despite this, sadly new infections occur daily, people still die, and stigma continues to rear its ugly head and trauma ever present.

This discussion group will explore what challenges exist for clinicians who have been in the field of HIV/AIDS for more than 10 years. What keeps us engaged? How do we revitalize ourselves? What are our educational and clinical needs and are they being met?

For anyone in the “trenches” more than 10 years, this workshop will offer the opportunity to come together and share our struggles in a safe, supportive environment, share our best practices and discuss strategies for keeping the work alive, vital and meaningful.

Presenter:
Zacharias, J.

Contact:
Jeff Zacharias
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Title:
Sex, Drugs and HIV/AIDS: The Interplay in the LGBT Community

Abstract:
The LGBT community has been impacted by HIV/AIDS for many years and nowhere has this been felt more than in the social work field. Social workers are often the front line of defense when working with those most chronically impacted by HIV/AIDS. Addiction, while always present in the LGBT community even prior to the advent of
HIV/AIDS, has been steadily on the rise for many years particularly in the LGBT community. What is becoming more evident with addiction is that it’s not only substances or alcohol but process addictions such as sexual compulsivity, which are acting in tandem with each other. Trauma and co-occurring mental health issues, if left unchecked, will only serve to exacerbate the complications that arise from addiction and sexual compulsivity. This fusion of sex and drugs, along with treatment protocols such as PrEP, are resulting in an uptick of the occurrence of HIV/AIDS. This presentation will look at the interplay of sex, drugs and HIV/AIDS as well as examine best treatment protocols to address best success with our clients.

**Presenters:**
Roche, L.
Zepeda, S.

**Contact:**
Laura Roche
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**Title:**
Addressing HIV/AIDS Related Stigma Within Clinical Settings

**Abstract:**
The Care and Prevention in the United States (CAPUS) Demonstration Project is focused on reducing HIV/AIDS-related morbidity and mortality among racial and ethnic minorities in the United States. Through CAPUS, the Public Health Institute of Metropolitan Chicago (PHIMC) leads and initiative implementing routine opt-out HIV testing in a variety of health care settings in Illinois including FQHC’s, hospitals, and correctional facilities. Through their participation in the project, agencies will develop, expand, or improve their capacity to:

- Integrate routine HIV testing into their practice, for everyone ages 13-64
- Increase the proportion of racial and ethnic minorities with HIV who have been diagnosed by expanding and improving HIV testing capacity
- Optimize linkage to, retention in, and re-engagement with care and prevention services for newly and previously diagnosed racial and ethnic minorities living with HIV/AIDS.
Sadly, stigma and discrimination towards those perceived to be at risk or living with HIV/AIDS exists in many health care settings. The impact of stigma not only results in patients feeling unable to address their need for HIV screening or services, but also deters providers from offering HIV screening to patients. Even in health care setting where administration has adopted routine HIV testing as a standard of care, stigma and reluctance to test among medical providers has shown to be a major barrier to the successful implementation of the project. PHIMC will use the challenges and barriers identified through the CAPUS project to facilitate a discussion in which participants will brainstorm and develop strategies to address the following issues:

- What role can social workers play in the integration of HIV testing within clinical settings
- What step would they take to address stigma and discrimination towards HIV/AIDS among providers
- How to create systems change and create an environment fit for routine HIV testing
- How to increase provider accountability.
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ATTN ALL
Interested in Social Work and Support Services in HIV & AIDS

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Visit our table in the exhibit area; meet some of our way cool members and see what we have for you!

WWW.PASWHA.ORG
Our Commitment to Combating HIV

For more than 30 years, Merck has been at the forefront of the effort to respond to the HIV pandemic through a 3-pronged approach:

- Working to discover, develop, and deliver breakthrough medicines
- Participating in public–private collaborations designed to build capacity in underserved communities
- Increasing access to treatment and care

Merck is proud to support the empowerment of people with HIV

To learn about our commitment to combating HIV, visit merck.com/responsibility

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