BACKGROUND

- At the end of 2013, an estimated 1.2 million persons aged 13 and older were living with HIV infection in the United States (US), including an estimated 161,200 (13%) persons whose infections had not been diagnosed.
- Southern states account for 44% of all people living with HIV in the US today, despite the South only having 37% of the US population.
- People living with HIV (PLWH) are more likely than those in the general population to experience depression and anxiety and to have a history of substance abuse, yet they are less likely to access treatment, especially in the rural South.
- In 2013, 12,025 (diagnosed) PLWH in Alabama; HIV diagnosis rate was 297 (per 100,000); 72% men and 28% women; 65% Black, 28% White, and 3% Latino; Number of deaths was 288; Rate of deaths was 7 (per 100,000).
- One study examined the use of telemedicine in PLWH and showed 85% satisfaction rates, improved care, and improved HIV viral load, CD4 cell counts and ART adherence rates.

SAMPLE AND METHODS

- Participants are being recruited from West Alabama AIDS Outreach and Maude Whatley Health Systems using a recruitment flier.
- Eligible participants include those who are HIV+, 19-85 years of age, English speaking, willing to participate in study procedures, diagnosed with either depression, anxiety, and/or substance abuse, and currently on antiretroviral therapy (ART).
- Participants engage in group therapy sessions with a licensed professional counselor, in person or via telemedicine.
- Sessions include motivational interviewing exercises & are co-facilitated by peer leaders.
- Data is collected at four time periods, during screening, pre-intervention, post-intervention, and 3 months post-intervention.
- Data include computerized surveys on demographics, mental health, substance use, coping, HIV medication adherence, and self-efficacy.
- Lab reports of data on CD4 count and HIV viral load are obtained and clinic appointment attendance from medical records.
- Computerized surveys will be analyzed using SPSS statistical software version 23 and NVivo 11 software (QSR international) was used to analyze qualitative data.
- Analysis will be considered exploratory and alpha will be set at .05.
- Study outcomes will be examined using repeated measures analysis of covariance (ANOVA) and mixed ANOVA models will examine the effect of the intervention.

PHASE 1 RESULTS

- 16 PLWH participated in two focus groups (1 in Tuscaloosa and 1 in Sumter); 5 females, 11 males; All participants were HIV+ and Black; mean age was 51.
- 12 PLWH reported public support as their main source of income; 12 reported income <$20,000/year; and 12 reported health insurance through medicare/medicaid.
- The majority of PLWH were not familiar with telemedicine; Seeing a live demonstration improved PLWH’s understanding of telemedicine.
- Most common mental health issues discussed among PLWH included depression and anxiety.
- The most common substances used include alcohol, marijuana and nicotine.
- Participants believed that telemedicine could be a major benefit in rural settings.
- Many FG participants identified transportation as a barrier to HIV care.
- FG participants discussed the importance of privacy and data security during telemedicine.
- Participants believed a Co-Ed group would be the most beneficial, as well as a smaller group.
- All participants were receptive to peer leaders as co-facilitators of group therapy.
- Most participants discussed the negative effects of substance abuse and mental issues on HIV treatment adherence; some participants adhered to their medicines even while using substances.
- Participants discussed the poly-stigma of being Black, gay, HIV+, and living in the rural south (6 participants were gay/lesbian or bisexual).
- Common themes included:
  - barriers to medication adherence;
  - benefits of peer leadership, benefits of telemedicine, benefits of group therapy;
  - protective and resilience factors (social support, health behaviors, religion/spirituality).

PURPOSE

The purpose of this longitudinal study is to develop/pilot test a multilevel program, using group counseling via telemedicine and peer support, to improve mental health, substance abuse and HIV outcomes, including HIV treatment adherence and retention, among PLWH in Alabama.

PEER LEADER TRAINING

- HIV Peer Leader and Advocacy Manual developed by Dr. Foster, with help from student research assistants.
- 4 HIV+ peer leaders selected and trained.
- The PIs, Co-Investigators, 3 student research assistants and the LPC attended the training.