

DYADIC HIV CARE ACROSS THE CONTINUUM FOR SAME-SEX MALE COUPLES

Rob Stephenson, PhD

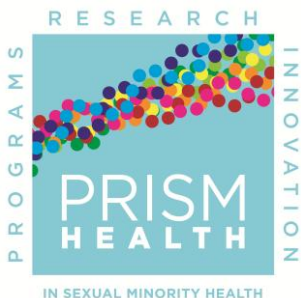
Hubert Dept. of Global Health
Rollins School of Public Health
Investigator, Emory Center for AIDS Research
Emory University

Tamar Goldenberg, MPH

Hubert Dept. of Global Health
Rollins School of Public Health
Emory University

Donato Clarke, MPA

Georgia Department of Public Health
Office of HIV Prevention



BACKGROUND

- **Approximately 1/3 to 2/3 of new HIV infections among MSM attributable to main partnerships**
- **Sero-discordant male couples represent a crucial target group for HIV prevention**
- **Couples HIV Testing and Counseling**
 - **Couples receive all elements of the CTR process together**
 - **Prevention plans are built on joint results and relationships**
 - **A prospective focused counseling intervention**

Couples HIV Testing and Counseling (CHTC)

- Sullivan and Stephenson adapted CHTC for male-male couples since 2009
- Safe – no increases in IPV or relationship dissolution
- Very high levels of satisfaction
- Over 300 counselors among over 70 organizations in 25 cities



The screenshot shows the Effective Interventions website. The header includes the logo "Effective Interventions" with the tagline "HIV PREVENTION THAT WORKS" and navigation links for "Home" and "More". Below the header is a navigation bar with tabs for "High Impact Prevention", "Related Resources", "What's New", and "Training Calendar & Registration". A sidebar on the left lists various intervention categories: "Biomedical Interventions", "Public Health Strategies", "Behavioral Interventions", "Structural Interventions", and "Social Marketing". The "Public Health Strategies" category is expanded, showing sub-items like "ARTAS", "Counseling, Testing and Referral (CTR)", "Comprehensive Risk Counseling and Services (CRCS)", "Partner Services", "Couples HIV Testing and Counseling", and "Social Network Strategy (SNS) for Counseling, Testing, and Referral (CTR)". The main content area is titled "Couples HIV Testing and Counseling" and contains a detailed description of the CHTC program, its history, and its impact. A red ribbon icon is visible in the background of the text.

Effective Interventions
HIV PREVENTION THAT WORKS

Home More

High Impact Prevention Related Resources What's New Training Calendar & Registration

Biomedical Interventions

Public Health Strategies

- ARTAS
- Counseling, Testing and Referral (CTR)
- Comprehensive Risk Counseling and Services (CRCS)
- Partner Services
- Couples HIV Testing and Counseling
- Social Network Strategy (SNS) for Counseling, Testing, and Referral (CTR)

Behavioral Interventions

Structural Interventions

Social Marketing

Couples HIV Testing and Counseling

Couples HIV Testing and Counseling

Couples HIV Testing and Counseling (CHTC) occurs when two or more persons who are in—or are planning to be in—a sexual relationship receive all elements of HIV testing and counseling together. This includes HIV prevention counseling, receipt of test results, and linkage to follow-up services.

CHTC has been used as an HIV testing strategy in Africa for more than 20 years and has improved HIV prevention outcomes on the continent (1-3). This approach is aligned with the goals of the National HIV/AIDS Strategy (4) and High Impact Prevention (5), and has the potential to contribute to reduced HIV incidence in the United States (3,6).

OBJECTIVE

- But what happens after the 45 minute CHTC session?
- Examine gay and bisexual men's perceptions of a **dyadic** approach to the continuum of care
- Can we improve care by seeing couples together?



Five focus group discussions with:

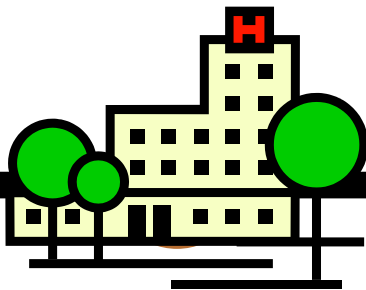
- **Self-identified gay and bisexual men**
- **Live in the Atlanta, GA**
- **≥18 years**
- **In a main partnership lasting ≥ 3 months**
 - **As in CHTC, “main partnership” is self-defined**
- **35 participants (57% African American, 95% gay)**

DATA COLLECTION

- Discussion of dyadic care would look like at each stage of the continuum



Paul receives a positive test for HIV



Paul goes to his first HIV-related doctor appointment



Paul continues seeing his doctor. He goes back every 3-6 months for a visit.



The doctor prescribes Paul with medication for HIV. Paul starts taking the drugs.



Paul takes his drugs regularly, every day, and on schedule.

DATA ANALYSIS

- Thematic analysis using MAXqda (version 10)
- Analysis stratified by
 - Sero-discordant
 - Sero-concordant positive

The screenshot displays the MAXqda software interface. The top-left pane shows the 'Document System' with a list of documents and sets. The top-right pane shows the 'Document Browser' for 'STEP FGD 1', displaying text segments with line numbers. The bottom-left pane shows the 'Code System' with a list of codes and their counts. The bottom-right pane shows 'Retrieved Segments' with a list of segments and their counts.

Document System	Count
Documents	1130
STEP FGD 1	196
STEP FGD 2	235
STEP FGD 3	205
STEP FGD 4	228
Step FGD 5	266
Sets	0

Code System	Count
Acceptance	10
Health Status	29
Medication	125
Logistics	33
Appointment Attend...	38
Accountability	40
Money	35
Privacy	29
Relationship Dynamics	169
Partner Support	134
Emotional Support	70
Other Resources	59
Doctor Rapport	85
Risk Behaviors/Red...	40
Holistic Care	32
Personal Responsibility	35
Mental Health	60

Document Browser: STEP FGD 1

291 Butch. And, of course, and like the education

292 Facilitator. Receiving information together.

293 Butch. Uh huh. Uh huh.

294 Sushi. Support. Emotional support.

295 Facilitator. Emotional support for?

296 Sushi. Just the whole situation. I mean, if Pa
different feeling when you're going together t

297 Cocoa. Well, if one, if one partner goes, you
empathy where would the one who is, you kn
actually understand rather than like, oh yeah,
2 and so that it will help strengthen the bonds

298 Facilitator. Thank you for that. Fred?

Retrieved Segments

Cocoa. Emotional support, definitely, is important, especial
through one's mind, right, it's the fear of uncertainty. So you
same mentality then I think that's going to put a really big risk

Butch. Mental support.

Facilitator. Mental support?

Butch. Uh huh.

Facilitator. When you say mental support, what do you mea

What is comprehensive dyadic?

- **Both partners present at appointments—starting from linkage to care and throughout the continuum**
- **Positive relationship dynamics allow the couple to benefit from dyadic care**
- **Allows space and time to address both dyadic and individual needs**

What is comprehensive dyadic?

- Should include more than just “*a lab coat*”
- A strong emphasis on mental health and counseling
- The creation of a “*sex plan*”
- In sero-discordant relationships, it should include a focus on how to keep the HIV negative partner negative

Emotional support

- **Reduces stress**

- *“I think if you go separately it puts more stress on each individual. If you go together, you got a better support system from the initial onset....because you’re there alone...it’s a very stressful situation, a very depressing situation. Yeah. The more support you have the better.”*

- **Provides comfort**

- *“Just the comfort of another person being there, in this case, this is your partner, this is someone you love, this is someone that loves you and that [would] provide a lot of comfort for you going through this”*

- **Establishes empathy**

- *“It creates a level of empathy. You’re both able to emotionally support each other through the particular hardship of the side effects and things like that. A layer of understanding.”*

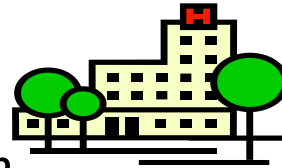
Informational support

- **Increases understanding of information received from the doctor**
 - *“If you go individually, the information you’re given will be overwhelming, but if you have your partner there, you’ve got someone to support you, somebody else who is listening, they catch something you may not catch.”*
- **Allows for additional questions to be answered**
 - *“It kind of helps fill in the blanks. I know frequently when I go to the doctor and then I come home and my partner is asking me XYZ and I’m like ‘OK, you should have been there I guess because I didn’t think to ask that question.’”*
- **Increases honesty and transparency in the information shared**
- **BUT - concerns regarding confidentiality and privacy**

Instrumental support

- **Enables partners to establish a financial plan**

- *They can find out together about will they be able to afford the medicine or how to get the medicine through insurance; they can take care of that together.”*



- **Accompaniment increases accountability**

- *“Normally a single person, they can miss doctor’s appointments. So if you’re going as partners, one can motivate the other. If you don’t feel like going, drag them along and vice versa”*



- **Accountability through facilitation of reminders**

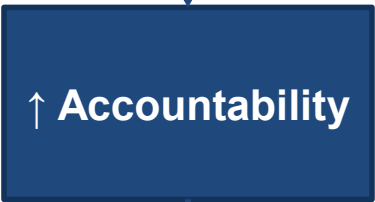
- *“One of the benefits of [the partners] going through this together is they have a... better chance of taking their medications on time because they can remind each other and constantly ask, ‘did you remember to take your medicine?’”*



Accountability and adherence

- **Adherence was perceived as an act of commitment and investing in each others health**
 - **Sero-discordant Partners:** *“By [the positive partner] taking his drugs, he is showing the [negative partner] that he is there for him. He’s invested”*
 - **Sero-concordant Positive Partners:** *“The objective is for us to both get treatment and for us both to be happy... If you’re my partner, I am invested in your long term health and longevity and vice versa.”*
- **Challenges of Dyadic Care:**
 - **Sero-discordant Partners:** Dependency
 - **Sero-concordant Positive:** Could bring each other down

Dyadic Care Throughout the Continuum



RECOMMENDATIONS

- **Space and time to address both dyadic and individual needs at each stage of the continuum**
- **Comprehensive Care: more than just “*a lab coat*”**
- **Create tools that promote improved relationship dynamics within dyadic care**
- **Increased access and advertising about dyadic care**
- **Dyadic care is optional for those who feel they would benefit from it**

DISCUSSION

- **Dyadic care may increase retention throughout the continuum of care and improve HAART adherence**
- **NICHD R01: Project Linc (Atlanta, Boston and Chicago)**
- **Cohort study of sero-discordant male couples**
- **Does testing a couple together and allowing them to attend all visits (and receive counseling) together lead to greater gains in engagement in care and ARV adherence?**
- **Enrollment starting Feb, 2014**