



IMPLEMENTATION OF A READINESS ASSESSMENT TOOL TO SUPPORT THE ADOLESCENT TRANSITION TO ADULT CARE FOR ADOLESCENTS LIVING WITH HIV IN



Authors: Nyawira Gitahi¹, Irene Njuguna², Caren Mburu³, Cyrus Mugo⁴, Dalton Wamalwa⁵, Grace John-Stewart⁶, Kristin Beima-Sofie⁷

Affiliations:

Departments of Global Health, Epidemiology, Medicine, and Pediatrics, University of Washington, Box 359909, Seattle, WA 98104, USA

Kenyatta National Hospital, P.O. Box 20723-00202, Nairobi, Kenya

Department of Pediatrics and Child Health, University of Nairobi P.O. Box 19676 - 00202, Nairobi, Kenya

INTRODUCTION

Tools that provide a structured transition from child-centered to adult care can improve outcomes among youth living with HIV (YLH). Within an ongoing clinical trial (Adolescent Transition to Adult Care for HIV-infected Adolescents in Kenya – ATTACH) focusing on the use of an Adolescent Transition Package (ATP), we evaluated the experiences of frontline study staff who administered a transition readiness assessment.

METHODS

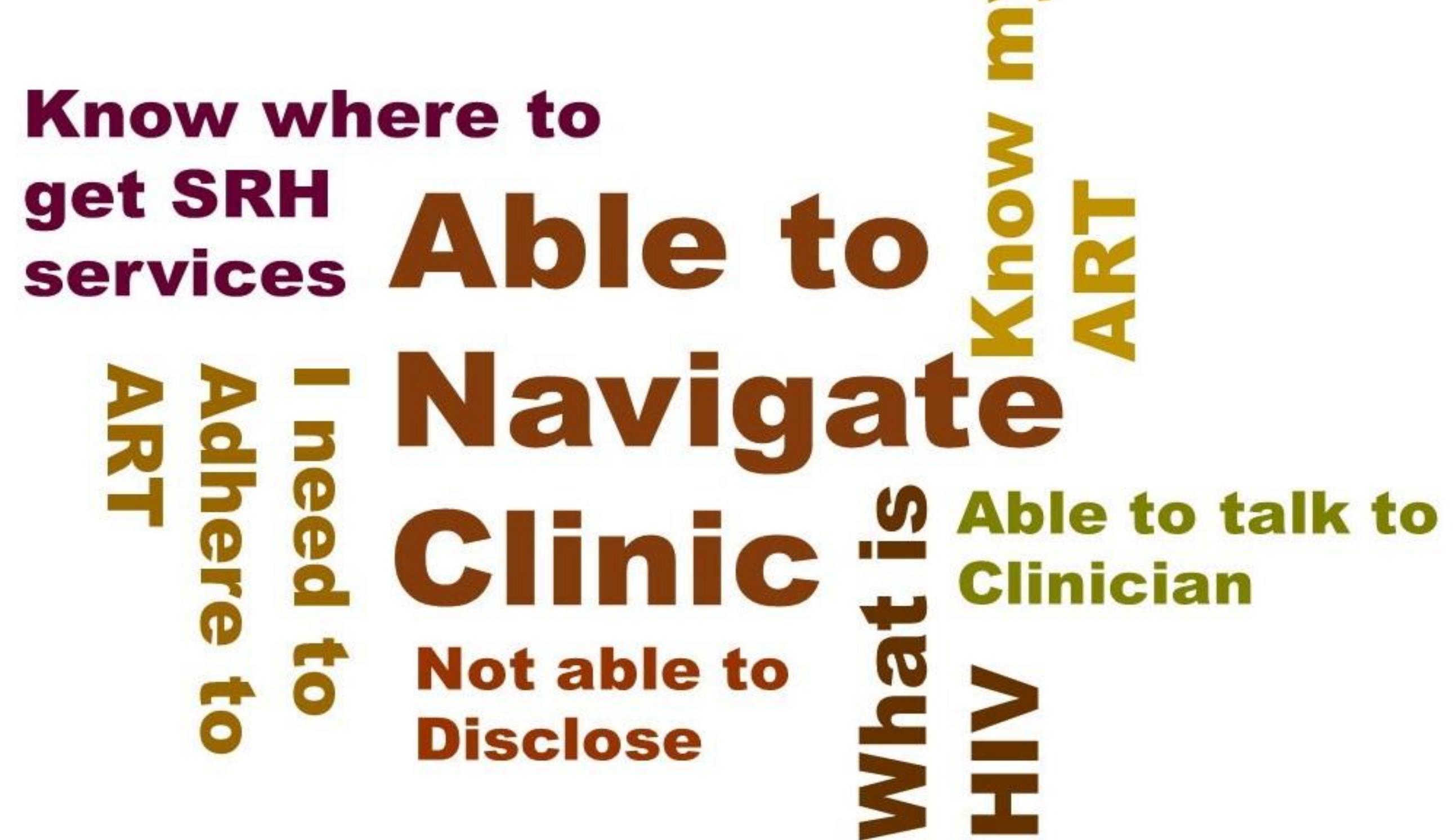
Between December 2020 and March 2021, we conducted semi-structured interviews with ten research staff who administered a 22-item transition readiness assessment tool to 1066 YLH (ages 14-24) enrolled in the ATTACH study. The assessment was the only tool administered by study staff rather than clinic-based providers during the study. Interviews were audio-recorded, transcribed, and used to generate structured debrief reports. Thematic analysis of debriefing reports, grounded in the RE-AIM (reach, effectiveness, adoption, implementation maintenance) framework, was used to identify attributes impeding or facilitating the assessment of transition readiness.



RESULTS

Participants described rapport building with YWH, access to private spaces, and supportive facility staff as critical in optimizing reach. Shifting to phone delivery of the assessment during COVID-19 negatively affected reach, limiting access to

YLH and lacking consistent phone access. Overall, the tool was perceived to be effective in assessing readiness. Participants perceived that YLH who engaged in facility support groups had family social support and had received early disclosure performed better. Males often had not disclosed to partners and had little knowledge of sexual and reproductive health. Most YLH struggled with remembering antiretroviral names and understanding viral load cut-off measures. Questions about sensitive topics, such as disclosure and sexual and reproductive health topics, were most challenging to ask. Participants recommended the provision of standardized rubrics for grading responses on HIV literacy and strategies for asking sensitive questions. Participants believed the adoption of the tool by clinic-based providers can be facilitated by the inclusion of the tool in current patient encounter forms and the utilization of peer educators to address overwhelmed clinic staff.



CONCLUSIONS

Although the transition readiness was believed to be effective, integration into routine clinic settings will require optimizing the tool to include rubrics for grading open-ended responses and adoption into routine clinic tools.

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