Women’s Narratives: The Role of Support Group Interventions in Primary Care Settings for HIV Positive Women

Vanessa Pizarro, LMSW
Assoc. Program Director
COMPASS Programs
Background

- IFH COMPASS Dept. consists of several programs supporting HIV positive clients in various ways
- Ryan White funded grant expanded scope of services to include support groups
- The benefits of support group interventions for people living with HIV/AIDS are well established

**social benefits** - related to coping with and adjusting to stigma, discrimination, and disclosure.

**clinical benefits** - linked to reduced mortality, morbidity, and retention in care.
Our Positive Patients

- 1100 served annually (Approx. 450 served at Harlem clinic)
- Predominately Black & Latinx
- Medicaid eligible, lower income
- Approx. 60% Male, 40% Female (5% transwomen)
- Heterosexual transmission risk – most commonly identified risk
- Co-occurring disorders – Mental health, substance use
Objective

This project set out to explore the effectiveness of peer-led groups as a form of social support among women living with HIV receiving primary care and supportive services at Harlem Clinic.
Design

• Groups (2-5 ppl), Health Promotion Curriculum
• Meeting monthly (now bi-monthly) @ FPCH
• Organic, informal and peer-led group space
• Minimal-to-no facilitator involvement
• Flexible start/end times
• Group norms, dates/times, topics – participant driven
Setting

• Family medicine, FQHC, in East Harlem
• Joint Commission accredited, PCMH Level 3
• Not typical space for groups, peer-led groups
Participants

• 5 self identified women of color
• Living with HIV since at least 2000
• Having less than 2 people aware of HIV status
• Shared experiences re: disclosure
• Shared life experiences
• Not accessing group services (internally or externally)
Intervention

Group Norms
- “what we want (from the group)
- “what we expect (from each other)
- Privacy
- Peer Support
- Respect
- Participation

Date/year
- Foundational
- Normalization
- Sameness

Group Topic
- Members “pitch” topic, group agrees/disagrees
- Topics evolve, themes emerge
- No more than 2 per group

Sharing Diagnosis

Sharing the Room
- Members take turns speaking
- Facilitator keeps rotation/flow

Ties to Health Promotion
- “Ask” method from curriculum used to foster discussion
- Several “Ask”s pulled from HIV & Me and Building Social Supports

Group status
- Open group
- 2-4 members per group
- Regular participants welcomed/oriented new attendees
COMPASS Women’s Group
Oct 14th and 28th
Fridays

2:30-4pm
Family Health Center of Harlem
1824 Madison
2nd Floor Conf. Room, SIDE B

Vanessa Pizarro, LMSW
212-423-4500
Ext 4573

YOU ARE YOUR BEST THING.  
TONI MORRISON

COMPASS Women’s Group
Nov 10 & 29th
Thurs & Tues

3:30-5pm
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"A wall is just a wall and nothing more at all. It can be broken down."

~Assata Shakur~
Results

• 5 unique participants (more than 3 groups for 1 yr)
• Surveys collected, interviews conducted (overwhelmingly positive responses)
• Specific responses to “why they attend this group at their medical office rather than other groups”
  “I like the women in the group”
  “With my peers, right here at my doctors office”
  “The group has more privacy”
  “We get to the bottom of things”
  “We all have the same situation”
Results

• Chart reviews of 5 unique participants, prior to group start to present

• 4 of 5 women needing, but not in formal mental health therapy, attend group as alternative

• No correlation with viral suppression and retention, all retained/suppressed prior
Conclusions

• Richer and more animated discussions
• Expressed a found “sameness”, sense of ownership
• Expressed want to not be “othered”
• Stigma, fear, past neg. disclosure experience sole barrier to including negative women in group
• Expressed normalcy for group over individual therapy
Resources

