

Improving Health Outcomes Moving Patients Along the HIV Care Continuum

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Target Audience: RWHAP and Other HIV Service Providers

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Culturally Appropriate Interventions of Outreach, Access and Retention among Latino(a) Populations Proyecto Vida

Bienestar Human Services, Inc. April 18, 2019

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Disclaimer

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Presentation Outline

- Overview
- Capacity
- Implementation
- Lessons Learned
- Sustainability
- Recommendations
- Resources



BIENESTAR Human Services, Inc. Overview

- A grassroots, non-profit community service organization established in 1989
- Created due to a lack of and non-existent HIV/AIDS services for the Latino community
- 6 service site in Los Angeles
- Current services provided:
 - HIV/STI screening
 - o mental health treatment
 - o out-patient substance abuse treatment
 - linkage to care
 - o support groups
 - HOPWA case management

- o food bank
- o syringe exchange
- HIV prevention programming and research





HIV in Los Angeles

- Los Angeles County:
 - over 4,000 square miles
 - 88 cities & 26 health districts
 - population: 10.2 million
- As of 2016 Los Angeles County estimates:
 - 60,946 PLWH
 - 8,654 unaware of infection
 - 43% of PLWH are Latino
 - 1,881 newly diagnosed
 - 84% of newly diagnosed MSM
 - 60.1% viral suppression for Latino's in LAC





Proyecto Vida

Proyecto Vida: A comprehensive and innovative program to improve the timely entry, engagement and retention in quality HIV care for Mexican and Mexican-American MSM in Los Angeles County

Based on two theoretical foundations:

- Transtheoretical model
- Strength-based perspective

Key components:

- Transnationalism
- Mobile Testing
- Motivational interviewing
- Peer Navigation
- Linkage to Care





Goals and Objectives

- Proyecto Vida Eligibility
 - Mexican or Mexican American MSM
 - Newly diagnosed with HIV
 - Aware of their HIV
 diagnosis but have refused
 care or dropped out of
 care
 - 18+ years of age
 - Lives In Los AngelesCounty

- Goals and Objectives
 - o Enrollment 100 enrollees
 - Timely Linkage to Care 85% linkage rate
 - HIV screening conduct 2,328
 HIV tests

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Capacity

- Physical locations to provide the initiative across Los Angeles
- Medical Provider
 - BIENESTAR partnered with 7 Federally Qualified Health Centers (FQHC)
- Staffing
 - Linkage Coordinator/Peer Navigator
 - HIV Testing Counselor
 - Program Manager
- Community Trust
- Wraparound services
- Evaluation



Implementation Successes

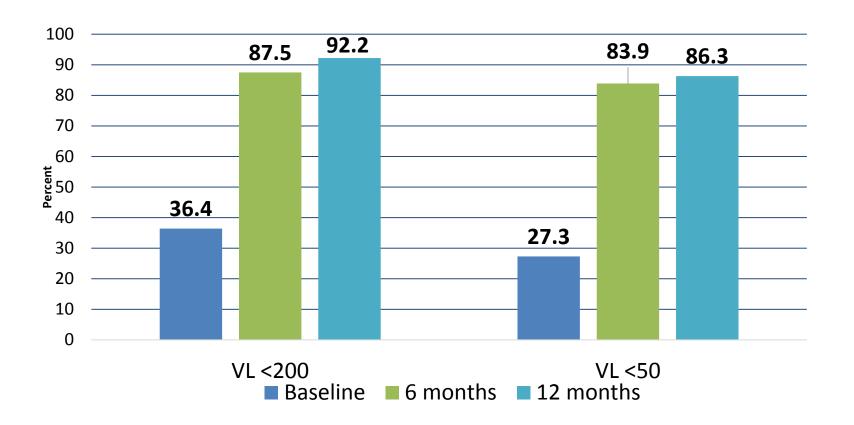
- Program enrollment timeline: October 14, 2014-August 30, 2017
- Program Enrollment : 104 enrollees
- Timely Linkage to Medical Care: 95% linkage rate
- HIV tests: 3,710 tests with a 3.0 positivity rate

| HIV Care Continuum | Number of Clients |
|--------------------|-------------------|
| Newly Diagnosed | 64 |
| Re-Engaged in Care | 40 |



Successes: Viral suppression

| | Baseline | 6 months | 12 months |
|------------------|------------------|-----------------|---------------|
| | (n=66) | (n=56) | (n=51) |
| VL: Mean [SD] | 73,149 [145,246] | 16,712 [90,742] | 1,905 [9,561] |





Successes: Paired Comparisons

| VL Baseline to 6 months (N=50) | | | | | | |
|--------------------------------|------------|------------|------------|----------------------|--|--|
| | Baseline | 6 month | Difference | McNemar Test p-value | | |
| VL <50 | 16 (32.0%) | 41 (82.0%) | 25 (50.0%) | < 0.001 | | |
| VL <200 | 20 (40.0%) | 43 (86.0%) | 23 (46.0%) | < 0.001 | | |

| VL Baseline to 12 months (N=44) | | | | | | |
|---------------------------------|------------|------------|------------|----------------------|--|--|
| | Baseline | 12 month | Difference | McNemar Test p-value | | |
| VL <50 | 15 (34.1%) | 39 (88.6%) | 24 (54.5%) | <0.001 | | |
| VL <200 | 17 (38.6%) | 41 (93.2%) | 24 (54.5%) | <0.001 | | |



Implementation Challenges

- Self-reported barriers at intake:
 - 46.2% housing instability
 - 28.8% substance use
 - 39.4% transportation needs
 - 66.7% below the federal poverty level (FPL)
 - 25.0% (ever) or 8.7% (last 6 months) incarceration
 - o 69.9% uninsured
 - Only 69.5% had relatives they could talk to about their worries
- Provider related barriers:
 - Clinical partners unable to share data of those fallen out of care
 - Three clients passed away



Adjusting to Challenges

- Expanding support services
 - Creating MOUs with new clinical partners
 - Developing agreements with other agencies
- Incorporating transnationalism
 - o Transnationalism can be defined as "those [activities] that take place on a recurrent basis across national borders and that require a regular and significant commitment of time by participants. Such activities may be conducted by relatively powerful actors, such as representatives of national governments and multinational corporations or may be initiated by more modest individuals, such as immigrants and their home country kin and relations.
- Developing retention events



Sustainability

Successes

- Acquired CDC funding to continue linkage to care work with Latino MSM
- Continuation of linkage activities and other recruitment activities
- Opportunities for publication and dissemination

Barriers

- Reduced program staff for linkage
- Cannot provide same duration of follow-up
- Decreased communication with FQHC partners

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Recommendations

- Identify what is most important for clients (Employment/Economics)
- Community trust
- Don't be afraid to modify something if it isn't working
- Participants will have many needs
 - Find internal and external supports
- Staff retention



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