FINDINGS & RECOMMENDATIONS FROM ACCESS TO CARE (A2C)

Cathy Maulsby, MPH, PhD
cmaulsb1@jhu.edu

with thanks to AIDS United and the A2C Grantees
Access to Care (A2C)

• Brief overview of Access to Care
• Key findings
• Recommendations and next steps for implementation of retention in care programs
ACCESS TO CARE (A2C)

Population served: People living with HIV (PLWH) who know their HIV status but are not in care (2011-2016)

Grantee program model: linkage and retention in HIV care interventions that share common elements
   - Evidence-based
     - Health navigation
     - Motivational interviewing
     - Care co-ordination
   - Focus on reduction of needs and barriers to care

Lead agency and at least one implementing partner
Grantees

A2C Access to Care Initiative

Montgomery, AL
New York, NY
Washington, DC
Boston, MA
Los Angeles, CA
St. Louis, MO
Chicago, IL
San Diego, CA
New Orleans, LA
Birmingham, AL
Philadelphia, PA
Indianapolis, IN
National Evaluation of A2C

1. Monitoring viral load at baseline, six and twelve months
2. Assessment of interagency networks
3. Economic analysis
4. Qualitative exploration of barriers and facilitators of program implementation
## Participant Characteristics

*(n=4,704)*

<table>
<thead>
<tr>
<th>Demographic Characteristics</th>
<th>% (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race: Non-Hispanic Black</td>
<td>68% (3,214)</td>
</tr>
<tr>
<td>Gender: Male</td>
<td>61% (2,878)</td>
</tr>
<tr>
<td>Age: 40+</td>
<td>58% (2,748)</td>
</tr>
<tr>
<td>Education: High school or less*</td>
<td>66% (2,942)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Engagement Characteristics at Enrollment</th>
<th>% (n)/Median (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retention in Care</td>
<td></td>
</tr>
<tr>
<td>Not retained (HRSA-HAB)</td>
<td>52% (2,445)</td>
</tr>
<tr>
<td>Sub-optimal retention</td>
<td>48% (2,259)</td>
</tr>
<tr>
<td>Median CD4</td>
<td>414 cells/ul (3,529)</td>
</tr>
<tr>
<td>Median Viral Load</td>
<td>3,125 RNA copies/mL (3,580)</td>
</tr>
</tbody>
</table>

*Data from one site, MAO, not available and thus excluded from the denominator (n=240).*
HIV Treatment Cascade

Linked to Care=HIV medical visit after enrollment; Retained in Care=HRSA HAB; Viral Suppression=<200 RNA copies/mL
Recommendations and next steps for implementation of retention in care programs
Recommendation # 1

- Recognize and plan for a complex constellation of client needs
  - >50% participants with unmet basic needs at enrollment
  - Single most urgent need prioritized
    1. Housing
    2. HIV medical services
    3. Employment services
  - Develop and test models that integrate housing and employment services into retention in care programs
  - Expand policies that reimburse for provision of support services
Recommendation # 2

• Flexible multi-pronged strategy for participant recruitment and retention
  – Finding OOC individuals challenging and time consuming
  – Use multiple strategies, referrals from partner agencies, participant referrals, out of care lists, etc.
  – Shorter OOC windows (6 months) or missed visits
Recommendation #3

• Nurture and cultivate inter-organizational partnerships
  – Recruitment
  – Meeting participant needs
  – Program retention

  – Implementation studies to further explore the role of inter-organizational networks in delivery of retention in care programs
THANK YOU!

Special thanks to A2C grantees, AIDS United and the Social Innovations Fund