

Learning, Engaging and Advocating with Peers (LEAP)

Improving the Health and Economic Stability of People Living with HIV

FOR THOSE WITH A DETECTABLE VIRAL LOAD AT ENROLLMENT INTO THE PROGRAM, 81% HAD A REDUCTION IN THEIR VIRAL LOAD AFTER A SIX-MONTH FOLLOW-UP



Background

The stages of HIV care, also known as the HIV care continuum, demonstrate significant gaps in HIV services, and efforts are underway at the federal, state, and local levels to develop and implement strategies to improve health outcomes for people living with HIV (PLWH). The HIV care continuum can be described by the following sequential steps: (1) diagnosis of HIV infection, (2) linkage to care, (3) retention in care, (4) receipt of antiretroviral therapy (ART), and (5) achievement of viral suppression (a very low level of HIV in the body). In the United States, there are 1.2 million people living with HIV, and according to the Centers for Disease Control and Prevention (CDC), 66% have been linked to HIV-specific medical care.¹ Engagement in care is a critical step in ensuring access to highly effective HIV treatment, which can ultimately lead to viral suppression. Viral suppression results in significantly improved health outcomes as well as dramatically decreased likelihood of HIV transmission (96% reduced risk of transmission).² According to the CDC, 30% of people living with HIV had achieved viral suppression, which means that only 3 out of 10 people living with HIV had the virus under control. Barriers to engagement in care include lack of stable housing, poverty, mental health and substance use issues, lack of access to culturally competent care, transportation, and other competing needs; interventions to engage people in HIV care must address these needs at the point of engagement in care as well as in subsequent support for retention in care. Improvements along the HIV continuum of care hold great promise for both treatment as well as prevention.



What Are We Doing?

Learning Engaging and Advocating with Peers (LEAP), a program of AIDS Action Committee (AAC), is an integrated team approach consisting of peer advocates living with HIV, medical case managers, and non-traditional mental health clinicians. The program has developed a successful model to provide wraparound services for people living with HIV who are newly diagnosed or not regularly engaged in care. Members of the team work closely with HIV clinical sites in greater Boston to receive direct referrals, conduct health navigation, and collect health-related indicators. This program has improved engagement in HIV care and has led to viral load suppression, meaning a very low level of HIV virus in the body, for some of the most disenfranchised residents in the state of Massachusetts. This includes those experiencing homelessness, substance use and mental health disorders and immigrants facing cultural and linguistic challenges. By lowering the amount of the HIV virus in the body, individuals can live healthier lives, and this greatly reduces the likelihood of transmitting HIV to others.

UNIQUE FEATURES OF LEAP

- ▶ LEAP explicitly targets and effectively engages those who are lost to traditional care settings and require **more intensive services** than those available in a clinical environment.
- ▶ LEAP has built **strong collaborations** with a variety of HIV clinical sites. This has provided an avenue for clinical providers who value efficient connection to accessible support services to directly link newly diagnosed patients into the program.
- ▶ The program employs peer advocates and medical case managers who come from a **variety of cultural and linguistic** backgrounds, which has been effective in engaging new immigrants in HIV care. Over 35% of the population served through the program is non-U.S. born.
- ▶ Non-traditional mental health clinicians work as part of the team to offer low threshold mental health services, including drop-in hours, where clients can 'try out' mental health services prior to making an ongoing commitment. The mental health clinicians are trained in trauma-informed care and provide **integrated mental health and substance use** treatment through a harm reduction lens. This approach has been helpful in assisting clients in their engagement in HIV care and treatment adherence.

¹"HIV/AIDS Care Continuum." AIDS.gov. U.S. Department of Health & Human Services, 6 Mar. 2015. Web. 11 May 2015.

²"Prevention Benefits of HIV Treatment." Centers for Disease Control & Prevention, 2013. Web. 11 May 2015.

Initial Trends of Learning, Engaging and Advocating with Peers (LEAP)

Our initial findings have helped us show the value of community-based work in helping link and retain clients in HIV care and achieve viral suppression. Moreover, we have started to show a correlation between stable housing and improved retention in care, quantifying the importance of AAC's HIV housing related work.

From initial to most recent assessment data, these are some of LEAP's preliminary trends:

- ▶ For those with a detectable viral load at enrollment into the program, 81% had a reduction in their viral load after a six-month follow-up.
- ▶ Fifty percent of those who were not connected to HIV medical care at baseline enrollment in the program were successfully linked to care within 60 days.
- ▶ Twenty-seven percent of clients self-reported a positive change in their housing status after

CLIENT STORY

"Louise" is a 78-year old woman who immigrated to the U.S. from Haiti in 2013 to live with her family. She only speaks Haitian-Creole and is illiterate. Six weeks after arrival, she was hospitalized and concurrently diagnosed with AIDS and tuberculosis. Due to the diagnosis and the stigma around it, her family would not let her return to their home, and she became homeless. The hospital social worker contacted AAC who connected Louise to a Haitian medical case manager (MCM) and peer advocate. Because of the coordinated, intensive, and culturally competent services she received from her MCM and peer advocate, Louise learned how to get to her medical appointments on public transportation, began taking HIV medications, linked to a network of HIV-positive Haitians which helped curb her social isolation, and, importantly, secured permanent housing. As of February 2015, Louise's CD4 increased from 32 to 403 and her viral load is undetectable, meaning her health had vastly improved and she is effectively managing her HIV disease.*

**Louise is a pseudonym for a client at AIDS Action Committee.*

enrollment into the program. Individuals considered housed were more likely to be retained in care than those who are homeless or living in transitional housing.

Intervention Costs

During the initial year, the intervention costs averaged \$2,900 per participant. This is based on supporting staffing of an integrated team of medical case managers, peer advocates, and mental health clinicians to provide comprehensive wraparound services and support to a client who is newly diagnosed with HIV or not regularly engaged in HIV care. This figure includes transportation assistance to medical appointments as well as other incentives that support the connection to care. On average, a client in LEAP receives about 68 hours of direct services from the integrated team annually.

Agency Overview

AIDS Action Committee of Massachusetts (AAC), founded in 1983, is New England's largest and oldest AIDS service organization. AAC's mission is to stop the AIDS epidemic by eliminating new infections, maximizing healthier outcomes for those infected and at risk, and attacking the root causes of HIV/AIDS. AAC offers a number of services for people living with or at risk for HIV. This includes medical case management, peer support, nontraditional mental health, housing assistance, integrated HIV, Hepatitis C and STI screening, needle exchange and naloxone distribution. Through its prevention programs, AAC targets a number of specific populations including gay and bisexual men, youth, transgender women and injection drug users to reduce HIV and hepatitis C related risks.



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