

# Living Well

## Peer Support Specialists Play a Critical Role in Helping People Overcome Barriers to Health

**OVER 92% OF LIVING WELL PARTICIPANTS REPORT TRANSPORTATION AS AN URGENT SERVICE NEEDED IN ORDER FOR THEM TO RECEIVE HIV CARE SERVICES**



### 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), 30% had achieved viral suppression, which means that only 3 out of 10 people living with HIV had the virus under control. Viral suppression results in significantly improved health outcomes as well as dramatically decreased likelihood of HIV transmission (96% reduced risk of sexual transmission). The challenge of linking and retaining people living with HIV in care and treatment can be demonstrated by CDC data, which reveals that 14% of PLWH remain undiagnosed, and of those diagnosed, only 40% receive and stay in regular HIV medical care.<sup>1</sup> Successful retention in medical care is defined as one medical visit during each six month period of a 24-month interval, spaced more than 60 days apart, and this medical visit frequency improves survival, and allows people to be as healthy as possible.<sup>2</sup> Thus, the need to improve along the HIV care continuum plays a critical role in both care and prevention.



### What Are We Doing?

The Living Well Program addresses the holistic wellness of adults living with HIV/AIDS in Greater Birmingham. The program provides an individualized assessment that focuses on a person's perceived barriers to health services, and empowers participants to take control of their health and remain engaged in HIV care. Prior to the creation of the Living Well Program, there was no community-based retention program in the Greater Birmingham community. Living Well provides case management services, transportation, medication adherence support, peer accompaniment to medical appointments, and linkage to social services. Services in the program are provided by Peer Support Specialists, staff who are openly living with HIV/AIDS, and are themselves successfully retained in HIV medical care. Since the program's inception in 2013, countless Alabamians have benefited from this peer-model of support.

### Initial Trends of Living Well

During Living Well's third year of implementation, preliminary data has identified transportation as a key barrier in Greater Birmingham for people living with HIV/AIDS (PLWHA). Over 92% of participants reported that transportation was an urgent

#### UNIQUE FEATURES OF LIVING WELL

- ▶ *Individualized Approach to Service Provision:* participants identify the challenges that they perceive are threatening their ability to remain in **HIV medical care**, and a **treatment plan** is designed to address those barriers
- ▶ *Patient Empowerment:* participants are given the **tools** to set and **achieve** their own short-and long-term health outcome goals
- ▶ *Peer Navigators:* given the rampant HIV-related stigma in the South, a **strong peer network** is critical and provides a sense of community
- ▶ *Culturally Competent Services:* Living Well serves participants who are often lost to care due to a lack of **cultural sensitivity** within the medical system, including Spanish-speaking individuals and undocumented persons living with HIV/AIDS

service they need and/or that the lack of transportation in the last six months has made it difficult to receive HIV care services. Living Well has poured resources into providing transportation alternatives to its participants and continues

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

<sup>2</sup>"HAB HIV Performance Measures." Health Resources and Services Administration. U.S. Department of Health & Human Services, Nov. 2013. Web. 11 May 2015.

to work to identify collaborative opportunities to address the gaps in the local public transportation system that are impacting PLWHA.

## What We Want You to Know

Due to a large municipal bankruptcy, Jefferson County (Greater Birmingham) forced the closing of St. George's Clinic at Cooper Green Mercy Hospital in January 2013. As the county indigent care hospital, Cooper Green Mercy provided health-care services to all Jefferson County residents using a fee-based system, grounded on family size and income. As a result of closing of St. George's Clinic, more than 800 of its patients that were people living with HIV were transferred to the University of Alabama at Birmingham (UAB) 1917 Clinic.

### CLIENT STORY

*"Darryl"\* is a young man living with HIV, and he was facing challenges due to his fear of disclosing to his family. His medical social worker was concerned about his missed medical appointments, so she contacted AIDS Alabama's Living Well Program for assistance. Upon being contacted by an AIDS Alabama Peer Navigator, Darryl shared his challenges with unstable housing, unemployment, lack of transportation, and family dynamics that had prevented him from disclosing his sexual orientation and HIV-status. All of these challenges were overwhelming, and he "didn't have room for HIV" on top of it all. The Peer Navigator transported Darryl to his next medical appointment, provided coaching in medication adherence, and linked him to an AIDS Alabama housing social worker. The Peer then linked Darryl to Birmingham AIDS Outreach, a partner organization, for food and clothing, and helped him to update his resume, and drove him to several job interviews. On top of linking him to services, the Peer shared his own story with Darryl, and after building trust, encouraged Darryl to rebuild his relationship with his family in an effort to create a support system.*

*Today, Darryl is back in regular medical care, medically adherent, working a full-time job, stably housed, and he even recently purchased a vehicle. He credits his success to the help he received from community organizations — and most of all the support of his Peer Navigator, who provided openness, encouragement, and support during a time of need.*

*\*Darryl is a pseudonym for a client at AIDS Alabama.*

Aside from private infectious disease clinicians, the UAB 1917 Clinic and the Family Clinic at Children's Hospital of Alabama are the only options for people to receive HIV care and treatment services. This barrier, along with the fractured health system and other challenges in the Deep South, demonstrate why programs like Living Well are so valuable for the people it's designed to serve.

Though there are 67 counties in the state of Alabama, Jefferson County accounts for nearly 30% of newly diagnosed HIV infections every year, and consistently reports the highest frequency of new cases compared to other counties within the state. Jefferson County consistently ranks among the highest in the state for HIV incidence. In the state of Alabama, 82% of people living with HIV are aware of their status, a statistic that is parallel with national-level data.<sup>3</sup> However, the same cannot be said for linkage to care rates. Once a person is diagnosed with HIV, linkage to primary medical care is critical, and Jefferson County experiences substantially lower linkage to care rates compared to the rest of the state. Living Well works to address these barriers by providing wrap-around support to people living with HIV/AIDS, and merging the resources of both community-based organizations and medical providers. As a result, Living Well participants are empowered to manage their health and comprehensive well-being.

## Agency Overview

Founded in 1986, AIDS Alabama devotes energy and resources statewide to helping people with HIV/AIDS live healthy, independent lives and works to prevent the spread of HIV. AIDS Alabama is the only organization in Alabama that focuses on providing housing to low-income, HIV-positive persons and their families. In addition to housing, the agency provides residential mental health and substance abuse treatment, and rural supportive housing. Through its various prevention programs, AIDS Alabama provides peer-support and educational programs for those living with HIV/AIDS.



### PROGRAM CONTACT

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<sup>3</sup>"State of Alabama 2012 HIV Surveillance Annual Report." Alabama Department of Public Health. Division of HIV/AIDS Prevention and Control, HIV Surveillance Branch, 4 Mar. 2013. Web. 12 May 2015.