

Birmingham Access to Care (BA₂C)

Supporting People Living with HIV in Identifying Their Own Strengths and Path to Improved Health

BA₂C LEVERAGES THE STRENGTHS OF A RESEARCH UNIVERSITY AND A LONG-STANDING AIDS SERVICE ORGANIZATION WORKING IN PARTNERSHIP



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?

Birmingham Access to Care (BA₂C) is a randomized controlled trial (RCT) that modifies an evidence-based model for linkage to HIV primary care by applying it to individuals living with HIV who have fallen out of care. Through intensive case management activities, BA₂C investigates personal and structural challenges to retention in care and identifies barriers that may prevent re-engagement in care. Our approach is innovative in that it tailors and adapts Anti-Retroviral Treatment and Access to Services (ARTAS), a successful approach for linking newly diagnosed HIV positive patients into care. Those who are randomly assigned to the intervention receive a community social worker who provides intensive case management and motivational interviewing for six months. All participants are offered the intervention during study follow-up.

Initial Trends of BA₂C

Both the intervention and control groups reported similar barriers. For the single most important barrier to care, the

UNIQUE FEATURES OF BA₂C

The drop on the HIV care continuum between initial linkage to care and subsequent retention in care is remarkable. Clearly, the **challenge of retention** among people living with HIV is substantial, especially for individuals residing in the Deep South. This is where Birmingham Access to Care (BA₂C) focuses its attention:

- ▶ BA₂C characterizes those who have **fallen out of care**
- ▶ The project uses a modified ARTAS model to **determine barriers** that prevent re-engagement and retention
- ▶ Once ascertained, the project **empowers** and **motivates** participants to return to care and attain optimal retention beyond the life of the project

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.

CLIENT STORY

"James" was particularly panicky and worried about being involved in the study. He had very unstable living arrangements and had been "couch surfing" each night. He had not been able to qualify for homeless assistance programs, finding their requirements confusing and frustrating. With assistance and guidance from the BA2C Community Social Worker, who used strengths-based case management and motivational interviewing, the participant gained the knowledge and skills necessary to navigate the available assistance programs and secured stable housing and employment. More importantly, once James enrolled into BA2C, his health-related outcomes improved immediately. His CD4 increased by 35%, and his viral load is undetectable. The lessons he learned and the help he received from this project are evident as, even though he has completed his six-month social work intensive, he is still routinely making his clinic appointments.*

Strengths-based case management involves using a patient's existing skill sets and strengths to help assist him/her through difficult challenges; getting back into care is one example. In James' case, he possessed a passion for music, technology, and a strong organizational ethic. Our Community Social Worker helped James to channel that dedication into other positive avenues, such as keeping clinic appointments and connecting with community resources. By connecting with community resources, James was able to get back into care.

Motivational interviewing is a counseling approach that takes into account that people are at different stages with regard to changing negative behavior. This method uses cognitive dissonance to help affect change. Cognitive dissonance is the belief that a person cannot have two conflicting ideas at the same time. The counselor or social worker helps to illuminate the existence of a cognitive dissonance in order to motivate a patient to make changes themselves. An example of cognitive dissonance in James' case was that, when he was employed, he put all his time and effort into work but neglected his health and missed clinic appointments. His social worker showed him that without his health, he would not be able to do the work he enjoyed. James was able to see that those two ideas conflicted, and he made the decision to re-engage in health care.

**James is a pseudonym for a client at Birmingham AIDS Outreach.*

intervention and control arms reported transportation as the most frequently encountered barrier followed by lack of money. However, preliminary analysis suggests individuals enrolled in the intervention have better outcomes in linkage to care, retention in care, and adherence to antiretroviral medication versus those in the control arm.

Additional Information

There is tremendous potential for a university institution and community based organization to collaborate on projects such as BA₂C. Leveraging the respective strengths of both a research university and a long-standing AIDS service organization broadens the impact of such partnerships on local public health.

Agency Overview

The mission of Birmingham AIDS Outreach (BAO) is to enhance the quality of life for people living with HIV/AIDS, at-risk, affected individuals, and the LGBTQ community through outreach, age-appropriate prevention education, and supportive services. BAO provides free services to over 800 people living with HIV through community events, HIV testing, and prevention outreach. BAO has recently opened the Magic City Acceptance Center (MCAC), a center that provides a safe, supportive, and affirming space for Lesbian, Gay, Bi, Transgender, and Queer or Questioning youth in Birmingham. Other services offered by BAO include: Legal services provided by funding from AIDS United, food and personal supplies, counseling, case management, HIV testing, GED classes, pet food, medication and medical items assistance, and support groups.



PROGRAM CONTACT

Birmingham AIDS Outreach, 205 32nd St #101, Birmingham, AL 35233 – birminghamaidsoutreach.org
University of Alabama at Birmingham, 1720 2nd Ave S, Birmingham, AL 35233 – uab.edu/home