Total Health Partners

Investing in the Critical Role of Community Health Workers

IPHI IS WORKING WITH PARTNERS TO IMPROVE THE HIV CARE CONTINUUM IN PRINCE GEORGE'S COUNTY, MD

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.[1] 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.[2] Thus, the need to improve along the HIV care continuum plays a critical role in both care and prevention.

What Are We Doing?

Linkage and retention in HIV medical care in Prince George's County, Maryland, has been hindered by housing and financial instability, and deficiencies in HIV service infrastructure. The Institute for Public Health Innovation's (IPHI) Total Health Partners program is an innovative retention-in-HIV-care system in Prince George's County which uses a peer workforce and includes a strategic focus on social determinants of health. The centerpiece of this is the use of highly trained and supported Community Health Workers (CHWs) — individuals with life and health experiences that are similar to those of IPHI's priority populations — who provide personalized assistance to people living with HIV/AIDS who have dropped out of care or are sub-optimally engaged in care, and assist them in participating and remaining in medical care. In their unique role, CHWs aim to address barriers to care that can present challenges for other medical professionals. CHWs engage in outreach, community education, informal counseling, social support, and advocacy.

UNIQUE FEATURES OF TOTAL HEALTH PARTNERS

- Community Health Workers (CHWs) are at the core of the Total Health Partners program model. **Peer CHWs** utilize their unique position to facilitate access to and utilization of HIV medical care and social services for people living with HIV/AIDS.
- CHWs are placed at the community-based organization (CBO) Heart to Hand (H2H), but work closely with clients receiving care at clinics in Prince George's County. CHWs and staff at H2H work with case managers at the clinic sites to coordinate **retention in care**.
- IPHI worked with partners, including Housing Counseling Services and Capital Area Asset Builders, to provide **specialized training of CHWs** on supporting retention in care in the context of financial or housing instability.
- IPHI piloted a training series for clients on **wellness and financial capability** as a means to improve health outcomes and financial security, which included three one-on-one sessions with a financial planning coach.

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

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

Initial Trends of Total Health Partners

CHWs are armed with the resources needed to flourish in their roles, and IPHI provides extensive trainings in several areas, including *My Health, My Life, My Future*. When IPHI was building the program, our partners in Prince George's County identified mental health, finances, and housing as the most frequent barriers for people living with HIV to stay in medical care. This group training series covered a variety of topics, including overall health, mental health, housing education (facilitated by Housing Counseling Services), and financial literacy (facilitated by Capital Area Asset Builders [CAAB]). CHWs also had the opportunity to receive several one-on-one financial coaching sessions from CAAB. These trainings were designed to help persons recognize and take steps to overcome these barriers so that they would be more likely to stay in care.

What We Want You to Know

Prince George's County is home to approximately one-fifth of all people living with HIV in Maryland, second only to the city of Baltimore. According to the Maryland Department of Health and Mental Hygiene, only 65% of people living with HIV in Prince George's County were linked to care in 2010, and just over one-third (37%) of people living with HIV were retained in care. Alarmingly, only 27% were on antiretroviral therapy, and just 19% achieved viral suppression. These percentages are below statewide and nationwide rates. A low viral suppression rate in the county means that a large number of people with HIV are not taking medications regularly and therefore are not in regular care. Viral suppression is a critical step for people living with HIV to live healthier lives, and can reduce the likelihood of virus transmission in the county. Prince George's County has limited infrastructure for HIV care. Existing infrastructure includes one HIV-focused social service CBO, H2H, a few Federally Qualified Health Centers (FQHCs), and clinics with specialized HIV care and primary Ryan White care facilitated out of the Prince George's County Health Department. IPHI responds by placing CHWs at these key entry points for engagement, linkage, and retention in HIV care, and works tirelessly to better coordinate care for clients.

CLIENT STORY

"Benton" enrolled in the Total Health Partners program in December 2013. After several attempts to engage Benton, we were able to get him connected to a CHW who matched his needs. It was at this time that we established the client had not been in care for six months to one year. He was not adherent to his antiretroviral therapy and he demonstrated signs of depression. Twelve months later, Benton has been re-engaged in HIV medical care and reports being adherent to his medications. When the CHW started working with him, the CHW immediately helped him schedule appointments, communicated with him weekly, and provided transportation to his appointments. The CHW reports that Benton is optimistic, has a bright outlook on his life, and is in the process of looking for housing in order to become self-reliant.*

**Benton is a pseudonym for a client at IPHI.*

Agency Overview

Founded in 2009, IPHI is a unique non-profit resource that builds partnerships across sectors and cultivates innovative solutions to improve health and well-being for all people and communities throughout the District of Columbia, Maryland, and Virginia. IPHI's work strengthens health service systems and public policy; enhances the environments and conditions in which people live, age, work, learn, and play; and builds organizational and community capacity to sustain progress. IPHI is the official public health institute serving the District of Columbia, Maryland, and Virginia, and has quickly grown into an important partner at the state and local levels across the region. IPHI offers both technical expertise in the HIV/AIDS field, as well as a critical perspective on how HIV/AIDS interventions fit into broader public health and health care systems. The effort is a partnership with other local institutions, including Washington AIDS Partnership, Heart to Hand Inc., Greater Baden Medical Services, University of Maryland Prevention Research Center, and Prince George's Hospital – Glenridge Clinic (Dimensions Health System).

PROGRAM CONTACT

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