

Positive Pathways

Utilizing Community Health Workers to Provide Personalized Support and Assistance

73% OF POSITIVE PATHWAYS CLIENTS ARE TAKING THEIR HIV MEDICATIONS



WASHINGTON
AIDS
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?

Recent data has shown that Washington, D.C. has made tremendous progress in combating this region's HIV/AIDS epidemic. New HIV cases have decreased by 42% from 2008 to 2012, and the number of deaths among people living with HIV has decreased by 36% during the same period, indicating better access to care and treatment.³ But new HIV infections continue to occur: in 2012, over 600 individuals were newly diagnosed with HIV in the District of Columbia.⁴ In fact, nearly 3% of D.C. residents (16,072) are living with HIV, surpassing the World Health Organization's 1% threshold for a generalized epidemic.⁵ D.C.'s HIV/AIDS epidemic is disproportionately affecting communities of color. African Americans accounted for 75% of newly diagnosed HIV cases while only accounting for 49% of the D.C. population.⁶

Only 63% of D.C. residents living with HIV/AIDS are fully engaged in care, and only 46% have achieved HIV viral

UNIQUE FEATURES OF POSITIVE PATHWAYS

Peer CHWs utilize their unique position to address barriers to care that can present challenges for other medical professionals, such as:

- ▶ Providing **trust-based information** and education, overcoming denial and stigma
- ▶ Conducting **outreach** and **support** deep in the community
- ▶ Taking the time to **walk clients through** the health care system
- ▶ Helping clients strategize to **manage the logistics** of caring for themselves in the context of a complicated life.

CHWs themselves are strengthening their own health and quality of life by **building professional skills** and gaining a livable income.

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.

³District of Columbia Annual Epidemiology & Surveillance Report 2013: 6. Released 2014.

⁴District of Columbia Annual Epidemiology & Surveillance Report 2013: 15. Released 2014.

⁵District of Columbia Annual Epidemiology & Surveillance Report 2013: 9. Released 2014.

⁶District of Columbia Annual Epidemiology & Surveillance Report 2013: 10,15. Released 2014.

suppression, making them less likely to transmit the disease.⁷ Addressing this unmet care need is essential to improving health and quality of life and extending life years among PLWH. In addition, with research showing that reduced viral loads can help prevent the spread of HIV, addressing this high level of unmet need may be one of the most important HIV prevention interventions for turning back the D.C. epidemic.

Positive Pathways, an initiative of WAP, in collaboration with the Institute for Public Health Innovation, assists out-of-care, low-income African Americans living in Washington, D.C. and Prince George's County, MD, to access HIV medical care. The initiative focuses on women and their sexual partners.

Positive Pathways has established a network of trained peer Community Health Workers (CHWs) who are placed in community, managed care, and primary care settings

⁷ District of Columbia Annual Epidemiology & Surveillance Report 2013, Suppl.: Clinical & Care Dynamics. Released 2014.

CLIENT STORY

The two Positive Pathways CHWs, Ronnette and Vernita, recently came across a client, "Anna," with no phone number. Luckily, they had an address, and were able to conduct a home visit. After explaining Positive Pathways, Anna said that she had not been to the doctor or taken a pill for approximately 10 years. Her self-identified reason for this was because of her drug use, and experiences with physical abuse from her partner. Anna said that she was tired of living like that. Vernita explained the importance of taking care of oneself. Anna understood, but did not know how to get out of the situation. After conducting an initial assessment, Anna wanted to enter an in-patient drug program which would get her away from her abuser. Vernita and Ronnette were able to get Anna into a local drug treatment program, connect her to a clinic, and she started taking her HIV medications. After six months, her CD4 count increased and she is now virally suppressed. She is also living in transitional housing and working. Anna told Ronnette and Vernita that all she needed was to know that someone cared because she had previously felt so alone and helpless.*

**Anna is a pseudonym for a client at Washington AIDS Partnership.*

with the goal of identifying people living with HIV/AIDS who are not in medical care. CHWs focus on building peer-based trust and informing individuals about living with HIV, providing personalized assistance to help them enter and navigate service systems, and supporting them throughout the early part of their medical care until they become fully engaged.

Initial Trends of Positive Pathways

Since the initiative's inception in 2011, Positive Pathways has reached approximately 1,400 individuals and provided access to care services, as well as linked almost 1,100 individuals to HIV medical care. A review of project data for a six month period in 2014 showed that of Positive Pathways clients who completed at least one assessment with a CHW, 87% attended at least one medical visit with an HIV provider, 73% are taking their HIV medications, and 50% are virally suppressed. Viral suppression is the ultimate positive health outcome for someone living with HIV/AIDS, as it results in a longer, healthier life and ensures that they are less likely to transmit the disease.

Agency Overview

The Washington AIDS Partnership (WAP) is a collaboration of grantmaking organizations that leads an effective private-sector response to HIV/AIDS in the Greater Washington region through public-private partnerships, grantmaking, technical assistance, policy initiatives, and youth development. As an initiative of the Washington Regional Association of Grantmakers, WAP invests more than \$1 million annually in local organizations to improve HIV/AIDS and health-related services. WAP also provides technical assistance to local nonprofits to increase capacity and expertise, facilitates public policy initiatives to improve the regional HIV/AIDS service system, and each year, recruits and mentors a team of young people who provide direct volunteer service in the community.



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