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Access, linkage and retention in care: Implementation models

Terrence
Community Education Group, USA

Abstract

Title
A comprehensive, multilevel approach to engaging and retaining marginalized heterosexual Black males in Wards 6, 7, and 8 of the District of Columbia in HIV care

Objective
The Community Education Group's HIV testing and linkage program are designed to increase the proportion of individuals in high HIV prevalence neighborhoods who know their status; identify seropositive individuals who are not in care; and engage and retain seropositive individuals in HIV care.

Methods
The model incorporates tasks associated identified as needed for successful implementation of the National HIV/AIDS Strategy (NHAS) – early identification; linking and retaining individuals in HIV care; and assessing the impact of multilevel interventions (Morin, S. 2011). Multiple partnerships are formed with agencies and organizations that serve the community. Individuals indigenous to the target communities are recruited and trained as community health workers. Behavioral theory based target outreach is used to encourage HIV testing. Social network testing using mobile units is utilized to identify individuals of greatest risk. Individuals with preliminary reactive results to rapid testing are immediately escorted by trained linkage workers to medical partner organizations for confirmatory testing and enrollment in primary medical care. Through collaborative partnerships, linkage workers receive notification of confirmed reactive results along with individuals. upon receipt of confirmed reactive results, linkage workers provide follow-up and support that includes appointment reminders and transportation to medical appointments, assistance securing necessary documents, adherence counseling, and referrals and/or linkages to other support services. Additionally, linkage workers enroll individuals in substance abuse treatment services through a partnership with the city's Addiction Prevention and Recovery Agency to improve treatment retention.Quantitative and qualitative data were collected from collaborating medical and core service providers, testing sites, worker logs, and clients over a three year period (2008-2011). Comparative analysis of counseling and testing data, linages, positivity rates, level of effort[1], medical appointments kept, CD4 and viral load, and retention in HIV care to determine increases in the proportion of people with HIV identified, linked to, and retained in HIV care.

Results
Incremental increases were noted in testing, linkage, and retention. Group changes noted in health indicators