Building a Successful Linkage to Continuum of Care Program for Latinos

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Disclosures

Presenter(s) has no financial interest to disclose.

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Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Explain how community health clinics, hospitals and correctional facilities can help link those identified as HIV-positive into HIV care services.
2. Discuss 3 strategies for engaging and growing community partnerships that strengthen its ability to identify target populations.
3. Design strategies to overcome barriers to engagement in HIV care.

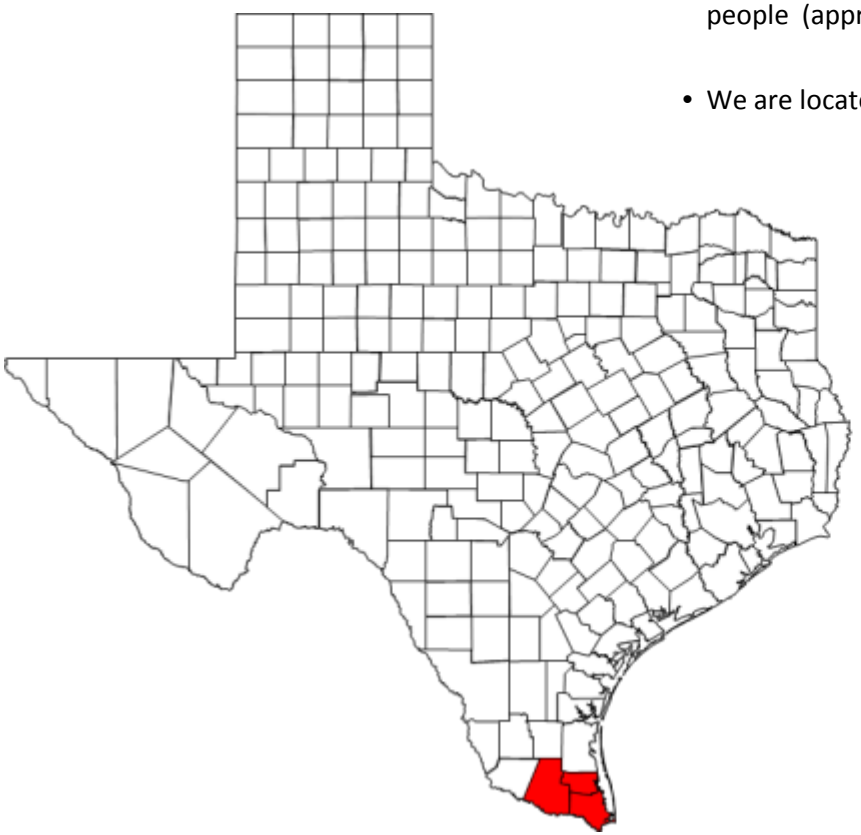
Valley AIDS Council-Westbrook Clinic

- Medical Department
  - HIV Medical Care
  - Pharmacy
  - Dental Services
- Education and Prevention
  - Outreach
  - Community mobilization
  - Condom saturation
  - High Risk Prevention (CLEAR)
  - Voces de la Frontera-HIV Youth Empowerment Project
- Client Services
  - Medical Case Management
  - Medical Transportation
  - HEI Case Management
  - Counselling Services
- Linkage to Continuum of Care
  - Intake
  - Transportation
  - Support groups
  - Peer Mentors
  - South Central AIDS Education and Training Center

Locations: Brownsville, Harlingen, and McAllen, Texas

Valley AIDS Council Service Area

- We cover a 3-county area from the lower Rio Grande Valley up the Texas Gulf Coast.
- It covers the Brownsville Health Service Delivery Areas.
- It covers a 3,052-square-mile-area (roughly the size of Delaware) and is home to 1,286,363 people (approximately the same population as Wyoming and Vermont combined).
- We are located along the US/Mexican border.

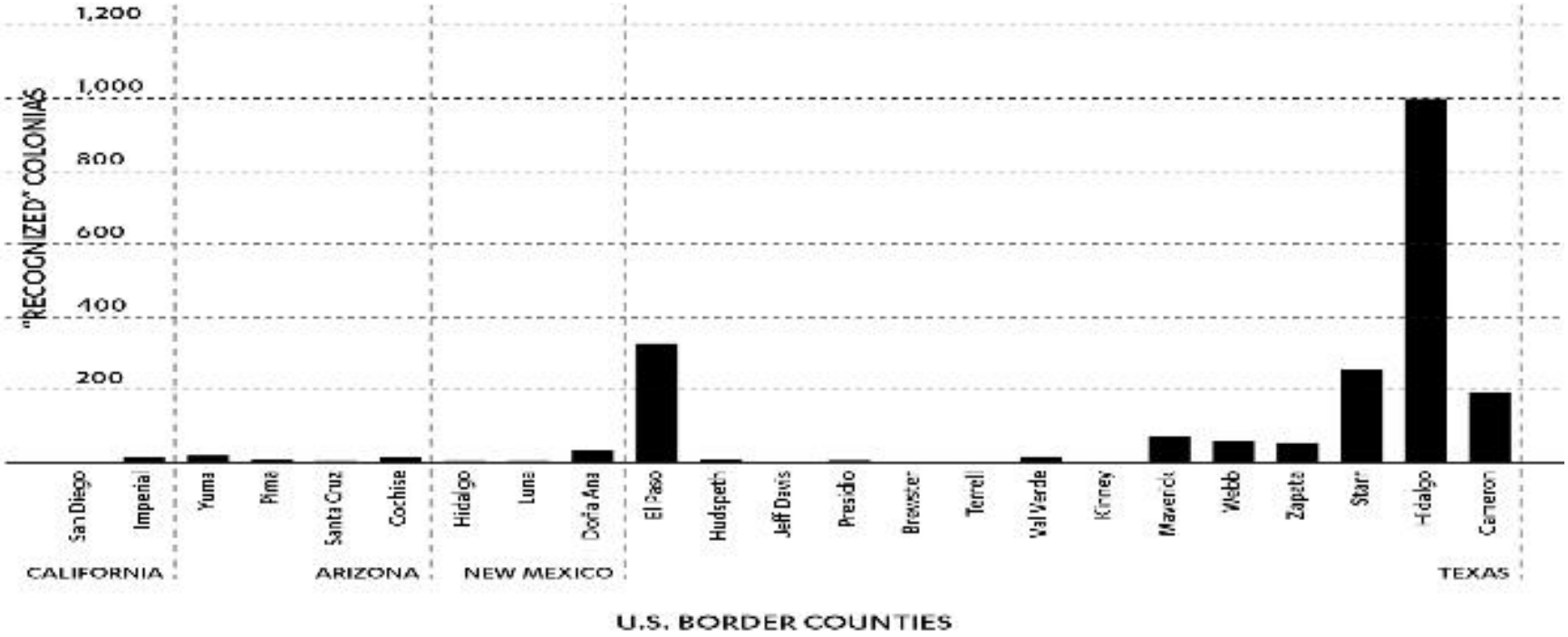


Understanding your target population's culture…

- Mother always there for support
- Religion
- Homophobia
- Stigma in a small community
- Sex is not a hot topic in traditional Latino homes
- Socioeconomic status ($31,430.00)
- Colonias

Colonias

990 colonias are located in Hidalgo County, Texas (CHIPS, 2007), but local organizations have identified over 1,200. The restrictiveness of the Cranston-Gonzalez Act definition consequently affects federal data collection.



1. Source: Michigan Journal of Sustainability

Colonias continued

2. Source: equalvoiceforfamilies.org / Photo Courtesy of: Proyecto Azteca

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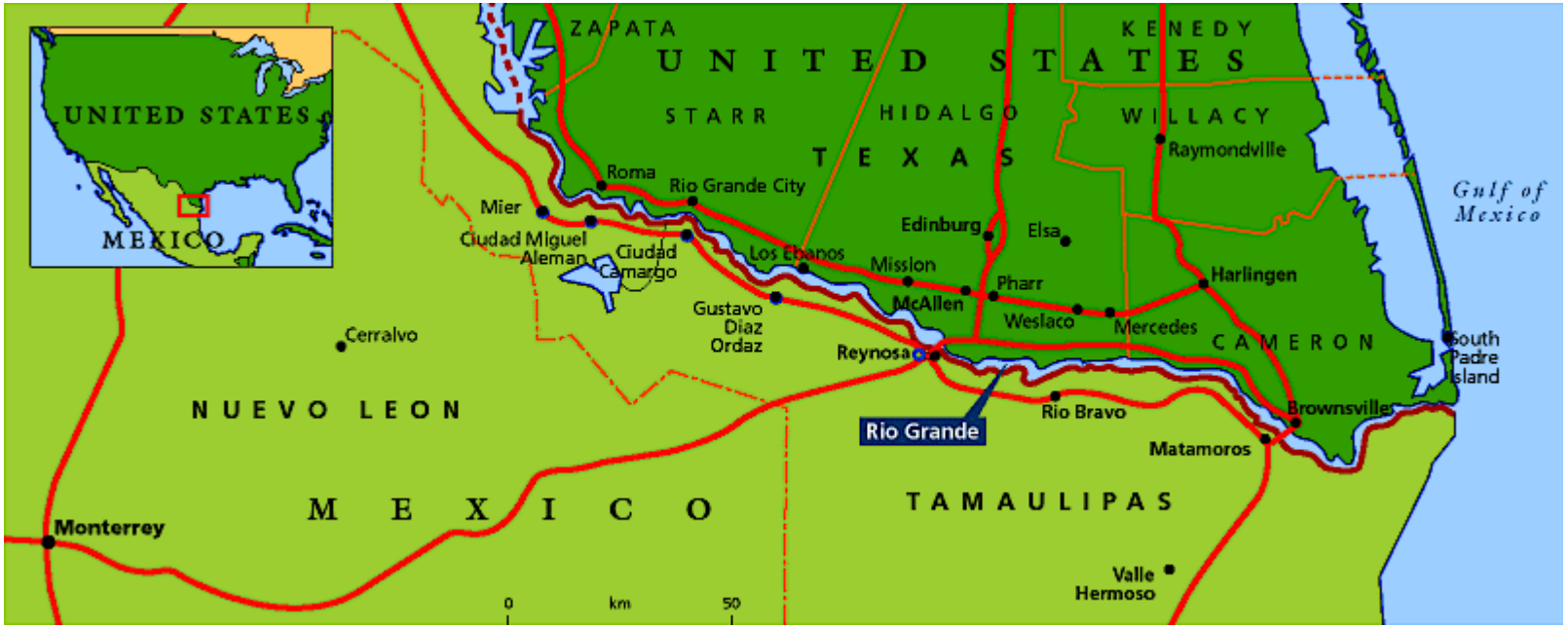
- Easy access to Rx medications across the border

Easy Access to Rx Medication…



3. http://people.uwec.edu/ivogeler/w188/articles/txmx.htm

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Machismo

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- Machismo
- Marianismo

Marianismo


Guía de la buena esposa
11 reglas para mantener a tu marido feliz


1
Ten lista la cena
Planea con tiempo una deliciosa cena para su llegada.
Esta es una forma de dejarle saber que has estado pensando en él y que te preocupan sus necesidades. La mayoría de los hombres están hambrientos cuando llegan a casa.
Prepara su plato favorito


2
¡Luce hermosa!
Descansa 5 minutos antes de su llegada para que te encuentre fresca y reluciente.


3
Se dulce e interesante
Una de tus obligaciones es distraerlo.


Arregla tu casa
Debe lucir impecable


Hazlo sentir en el paraíso

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- Machismo
- Marianismo
- Curanderismo

Curanderismo is not Brujería…

curandero (Spanish: [kuranˈdero], f. curandera) is a traditional Native healer, shaman or Witch doctor found in the United States and Latin America.

*4. https://en.wikipedia.org/wiki/**Curandero***

Growing up with Curanderismo

Many Latinos grew up seeing a curandero first before seeing a medical doctor.

If that doesn't work there's always Walter Mercado

How Linkage to Care is Key in the National HIV/AIDS Strategy

- Executive Summary in the National HIV/AIDS Strategy
  - Major Strides in collaboration across Federal government… (see handouts)
- Goal 2 in the National HIV/AIDS Strategy
  - Increasing access to care and improving health outcomes for people living with HIV. (see handouts)

5. Source: https://www.aids.gov/federal-resources/national-hiv-aids-strategy/overview/

The Need for a Linkage to Care Program

- Referral process lost in translation
- Ryan White Part D – Case Finder – Limited program
- Intake Specialist restrained to job duties
- Lost to care not addressed aggressively
- Clients being rescheduled due to lack of eligibility documentation
- Access to medical care was being delayed risking the deterioration of the clients health

Barriers to care

- Low income (median household income 30K-32K)
- Immigration issues
- Stigma
- Close knit community
- Transportation
- Large rural areas
- Border Violence
- Lack of Education, literacy and language barriers
- Unemployment
- Denial of status
- Housing
- Missing eligibility documentation
- No medical insurance
- I felt better so I stopped coming…

Out with the old in with the new

- Collectively the agency looks at how the clients access medical care with our clinic
- How are we facilitating the process from getting the client to access medical care
- Find out the needs to achieve everyone's goal
- Solutions to overcome barriers
- Retain in care: Integrate Lost to Care with Linkage to Care
- Strategies to combat stigma educating the infected and affected

Guidelines

Annals of Internal Medicine
www.annals.org

First published March 5, 2012 on annals.org.

Clinical Guidelines

Guidelines for Improving Entry Into and Retention in Care and Antiretroviral Adherence for Persons With HIV: Evidence-Based Recommendations From an International Association of Physicians in AIDS Care Panel

Melanie A. Thompson, MD; Michael J. Mugavero, MD, MHSc; K. Rivet Amico, PhD; Victoria A. Cargill, MD, MSCE; Larry W. Chang, MD, MPH; Robert Gross, MD, MSCE; Catherine Orrell, MBChB, MSc, MMed; Frederick L. Altice, MD; David R. Bangsberg, MD, MPH; John G. Bartlett, MD; Curt G. Beckwith, MD; Nadia Dowshen, MD; Christopher M. Gordon, PhD; Tim Horn, MS; Princy Kumar, MD; James D. Scott, PharmD, MEd; Michael J. Stirratt, PhD; Robert H. Remien, PhD; Jane M. Simoni, PhD; and Jean B. Nachega, MD, PhD, MPH

6. Source: www.annals.org; Emory Center for AIDS Research

Recommendations for entry into and retention in HIV care

- Systematic monitoring of successful entry into HIV care is recommended for all individuals diagnosed with HIV (II A).
- Brief, strengths-based case management for individuals with a new HIV diagnosis is recommended (II B).
- Intensive outreach for individuals not engaged in medical care within 6 months of a new HIV diagnosis may be considered (III C).
- Use of peer or paraprofessional patient navigators may be considered (III C).

6. Source: www.annals.org; Emory Center for AIDS Research

Help from the community…

City, State, and Federal Correctional Facilities

- Collaboration with TDCJ (Texas Department of Criminal Justice)
  - Reentry and Integration Division
  - Assist with ADAP
  - Set up medical appointments for inmates weeks before they are released
  - Knowledge of walk in basis
- Collaborations with local detention centers (County Jails)
  - Nursing Department
- ICE Detention Centers
  - CAPASITS (Centro Ambulatorio de Prevención y Atención en SIDA e ITS)
  - Nursing Department
- Unaccompanied minor detention centers:
  - International Educational Services, BCFS, Southwest Keys
  - Work with their team of Clinicians and Case Managers until reunification is complete

La Bestia and The Rio Grande

Hospitals, Community Health Centers, CBO's and Private Clinics

- Nurture those relationships by becoming available ASAP when client is diagnosed at the facility.
- Make our rounds periodically to remain relevant in the hospital community.
- Provide Intakes onsite.
- Provide guidance for what is needed in order to facilitate the clients continuity of care

Department of Health (Disease Intervention Specialist)

- Have instant communication with DIS when they are providing a positive HIV result.
- Monthly meetings to ensure that newly diagnosed individuals have been engaged into medical care.
- Share workspace to ensure both entities can provide their service to the client.
- Assist each other when it comes to those hard to reach clients.

Strategies to Engage and Strengthen Community Collaborations

- Invitation to our annual National Latino HIV and Hepatitis C Conference
- Regional summit after the conference
- Provide tailored educational presentations through South Central AETC Program
- Engage the entire care team in every step of the process. Provide follow-up information for example if client successfully accessed medical care and started on HAART.
- Be involved in various coalitions even if they seem out of the realm of our target population.

Overcoming Barriers

Transportation

- 3 Linkage to Continuum of Care Vehicles
- Not limited to medical transportation

Cell phones/tablets/iPads

- Access outlook
- Set up appointments
- Look up resources

Outlook Email/Calendar

- Share Calendars
- View Appointments
- Share events

Database based on your needs

- Re-Opened, New clients, Risk behavior, gender, age, sex ethnicity, county, sexual orientation, referred by, partial intake, transport, insurance

Training

- Case manager, HIV educator, group facilitator, recommended and mandatory trainings (cultural comp, stages of change, etc…)

Overcoming Barriers

- Support Groups
  - Voces de la Frontera
  - HEI
  - Women
  - General
- Notary Public
- Flexible schedules
- Peer Mentor Program
- Don’t wait for them, step onto their turf.
- Hand hold them through the process although teach them throughout the way.
- Hybrid of MCM and Patient Navigators
- ACA
- Who links? Who engages? Who retains? Who re-engages? Too many hands in the soup.
- Take care of your LTC team.

Hybrid

The Linkage to Continuum of Care Specialist is a hybrid between a medical case manager, a patient navigator, lost to follow-up, retention to care, and re-engagement to care program individual who is at every level of the patients current state of medical care.

- ADAP
- PAP's
- HOPWA
- Intakes-Assessments-Care Plans
- Health Literacy
- Educator
- Adherence coach
- Transportation
- and anything else that we can assist with

Demographics – *total clients served*

What keeps HIV-infected individuals from engaging in care?

Patients infected with HIV face a complex array of medical, psychological, and social challenges to engaged in care.

An unstable provider-patient relationship, a fragmented care team, and infrequent office visits contribute to poor engagement and retention in care.

Inaccurate information about HIV can heighten anxiety, sabotage treatment adherence, and interfere with prevention behaviors.

Stigma associated with HIV/AIDS place a major psychosocial burden on patients.

Why is it important to increase the number of clients engaged in care?

Increasing the number of clients engaged in care will

- Increase the # of HIV-infected individuals that are able to adhere to their treatment and
- Increase the # of clients that can sustain an undetectable viral load.

That means that more HIV-infected individuals will be healthier longer and will be less likely to transmit the virus to others.

How are we doing?

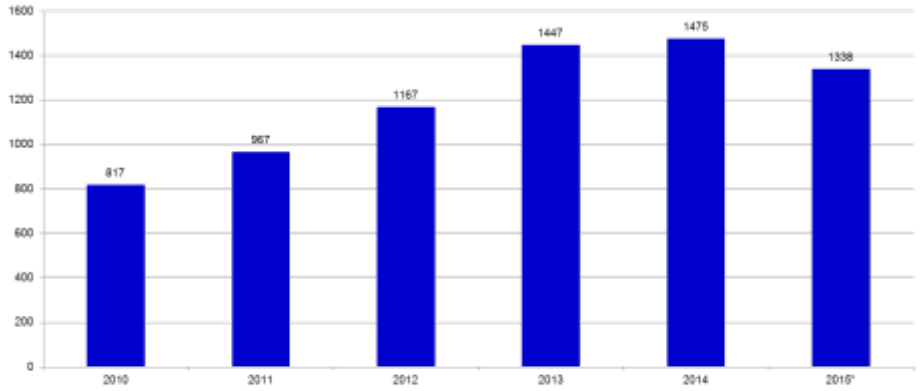
The Westbrook Clinic provides a comprehensive one-stop, multidisciplinary care team (i.e., clinical, pharmacy, case managers, care link specialists, and outreach & education) approach to engage and treat our clients.

The Westbrook Clinic saw steady trend averaging 150 new clients engaged in care each year from 2010 to 2014. In 2015, the Westbrook Clinic in Corpus was closed. Some patients transitioned to Coastal Bend Wellness Foundation and some continue to access services at the Westbrook Clinic. In 2015, the Westbrook Clinic had 195 new clients.

This means

- More new clients are being treated at the Westbrook Clinic by our HIV medical provider, more are starting treatment, and more will stay healthier longer.

Number of Clients Served by Year

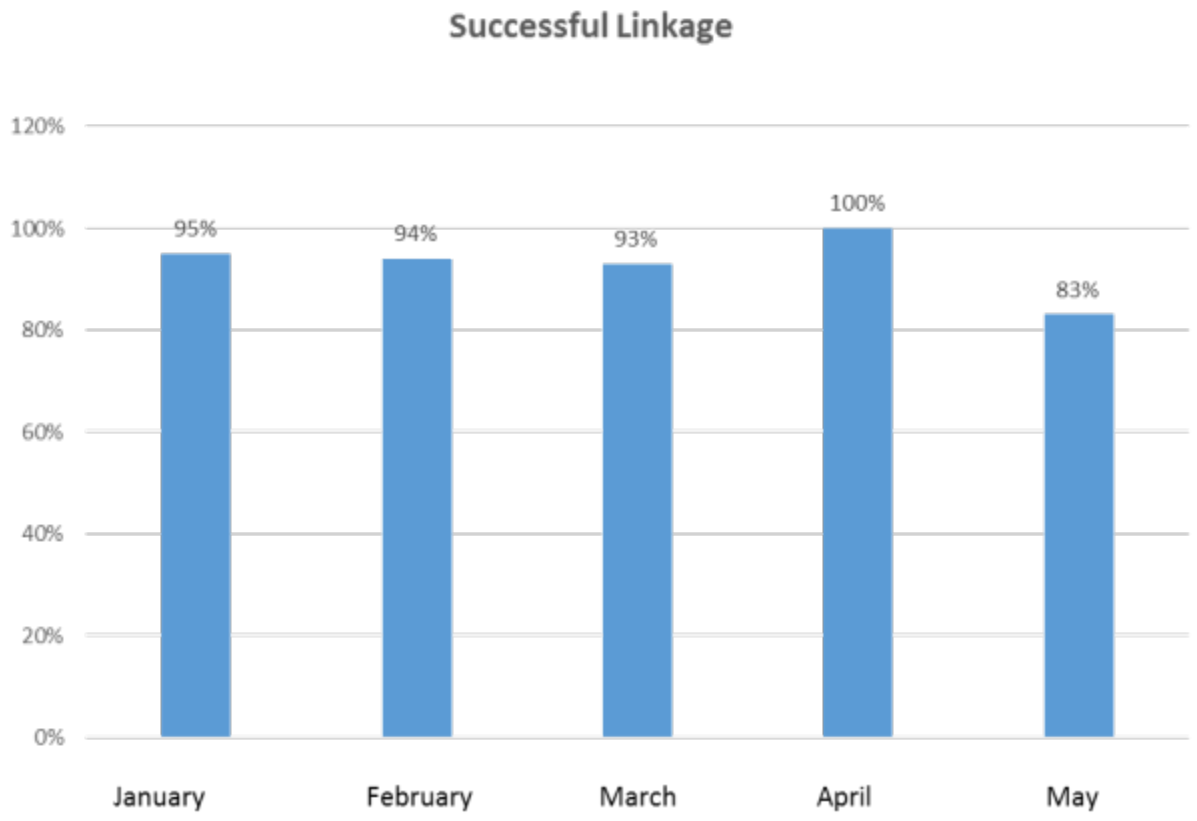


* CC clinic closed 3/31/2015 & McAllen clinic opened 5/04/2015

* 195 new clients at Clinic in 2015

8. Source: Valley AIDS Council-Wesbrook Clinic

Successful Linkage from January 2016 to May 2016



8. Source: Valley AIDS Council-Wesbrook Clinic

What we have learned along the way

- The program changes as new barriers arise or if our goals change.
- Gather as much data.
- Its okay if we don't get every person into care immediately. Some people need time to go through the process.
- Challenge we continue to see is getting our youth to access medical care after intake.
- The more time that passes by for a client to access care the longer and more difficult it may become to get them into care.
- Continue to teach back.
- Be accessible even if your done with your part

References

1. Source: Michigan Journal of Sustainability
2. Source: equalvoiceforfamilies.org / Photo Courtesy of: Proyecto Azteca
3. http://people.uwec.edu/ivogeler/w188/articles/txmx.htm
4. *https://en.wikipedia.org/wiki/**Curandero***
5. Source: https://www.aids.gov/federal-resources/national-hiv-aids-strategy/overview/
6. Source: www.annals.org; Emory Center for AIDS Research
7. US Customs and Border Protection
8. Valley AIDS Council-Westbrook Clinic