

A Participatory Learning and Action (PLA) Approach to Enhancing Linkage to HIV Care Among Youth

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Background

- HIV linkage to care is the initiation and receipt of HIV-related medical, psychological and social services by a newly diagnosed HIV-positive individual.
- Early linkage to care is critical for viral suppression and transmission prevention; however, adolescents are more likely to delay linkage to care than adults, and up to 60% of HIV-positive youth ages 13-24 are undiagnosed.
- Studies estimate between 66% and 75% of newly diagnosed HIV-positive individuals are linked to care.
- Only one in every four HIV-positive individuals has achieved viral suppression (low or undetectable viral load levels).
- Delayed linkage and worse retention rates are associated with younger age, higher baseline CD4 count and substance abuse.
- Issues related to HIV linkage to care among youth include individual client barriers, provider barriers and social barriers.

Purpose

To determine the efficacy of a Participatory Learning Action (PLA) approach as a community engagement process to identify barriers to HIV linkage to care and plan solutions.



Methods

Participants

- Community stakeholders representing various organizations were invited to engage in a Participatory Learning and Action (PLA) approach to address HIV linkage to care.
- Objectives of the PLA approach were as follows:
 - Identify barriers to linkage to HIV care among youth and young adults.
 - Identify causes contributing to barriers.
 - Identify solutions for overcoming barriers to linkage to HIV care.
 - Generate a work plan for solutions and a timeline.

Procedure

Individuals participated in five meetings and completed one survey per meeting. Brainstorming sessions were used to identify barriers, generate solutions, and a work plan.

Results

- Over 50 individuals representing various community organizations participated in the brainstorming sessions.

Barriers to HIV linkage to care

Identified were related to the following categories:

- **Health Care System**
- **Lack of Collaboration**
- **Social Factors**
- **Risk Populations**

Identified possible barriers:

Disclosing HIV status
Stigma
Lack of Knowledge about HIV/AIDS resources
Personal Barriers
Risky Behaviors
Lack of Support
Clinic Access Barriers

Engagement in Care Continuum

Not in
HIV Care



Engaged in
HIV Care

Unaware of
HIV infection

Aware of
HIV infection
(not in care)

Receiving some
medical care but
not HIV care

Entered HIV
care but lost to
follow-up

Cyclical or
intermittent user
of HIV care

Fully engaged
in HIV care

Identified possible solutions:

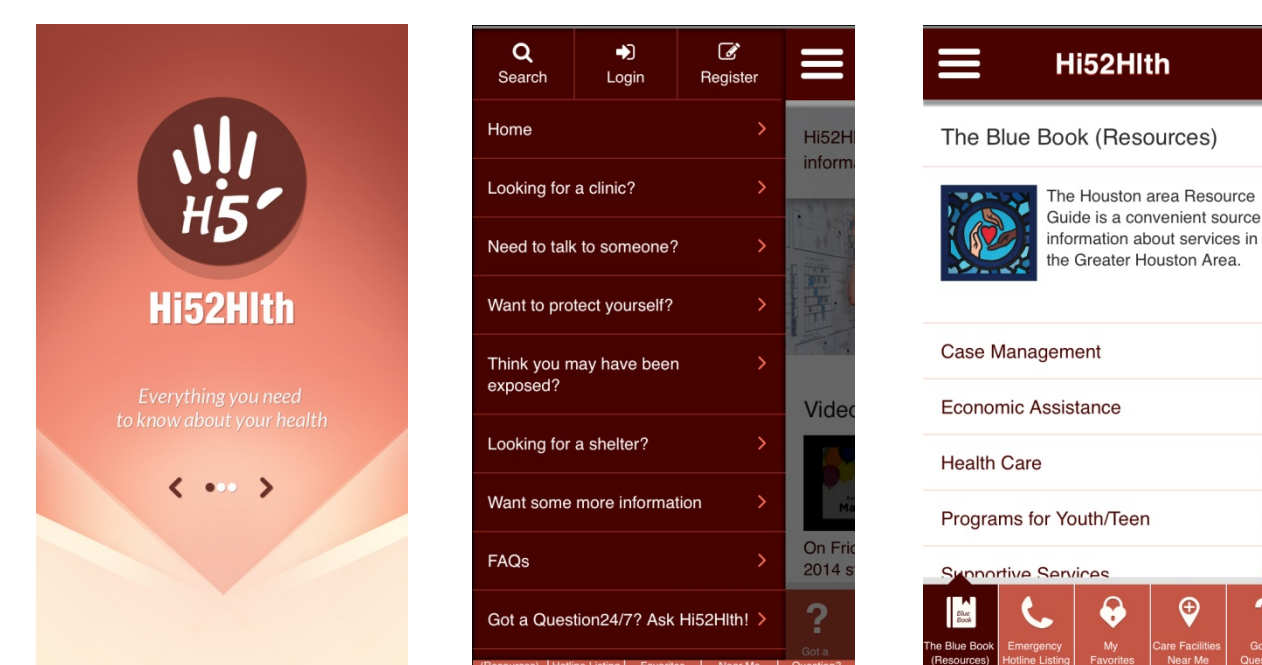
- Reevaluate and simplify eligibility process.
- Simplify linkage process and navigate clients through the process of receiving care.
- Continue networking and establish points of contact at different agencies.
- Policy changes, retention activities, changes in RFP process, minimum standards of training and competencies (disclosure), case consultation between agencies.
- Use of Smart Phone Application to help in accessing resources and care.

Work plan implementation:

Smart Phone App:

The features of Phase I of the app includes:

- The Blue Book searchability- community resources
- Location of clinics/testing sites with directions
- Up-to-date articles and videos on HIV/AIDS and other health topics
- Ability to ask questions directly to "Tiff/Ty" (health avatars)
- PEP/PrEP information
- Log-in capabilities to access "favorite clinics"
- FAQs section



Next Steps

- Assess the usability and effectiveness of the mobile application to engage individuals in accessing resources and care.
- Launch Phase II of mobile application: reminders for appointments and medicine, open discussion forum for clients and agency personnel, contact information for specific service linkage workers in clinics.
- Continue community efforts to address/identify barriers.
- Cultivate relationships between HIV testing and clinical care sites to enhance client information exchange and client sensitivity.
- Train site personnel to provide youth-friendly HIV testing and linkage services.
- Engage outreach workers earlier in the HIV linkage to care process.
- Continue flexible yet persistent contact (i.e. texting) with adolescents regardless if they are ready to begin treatment. Provide non-HIV-related services in the meantime.

Conclusions

- Individual-, community- and societal-level factors affect linkage to care.
- HIV linkage to care is a major public health concern. Engaging community stakeholders through a PLA approach can be an effective way to learn about a community problem and to improve engagement of HIV-positive persons in care.

Source of Support:

Study was supported by Focus, Gilead Sciences, Inc.