Los Angeles County Project Engage and Navigation Program: Link, Engage and Re-engage HIV+ Persons Not in Care

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CHIPTS HIV Behavioral Research Forum
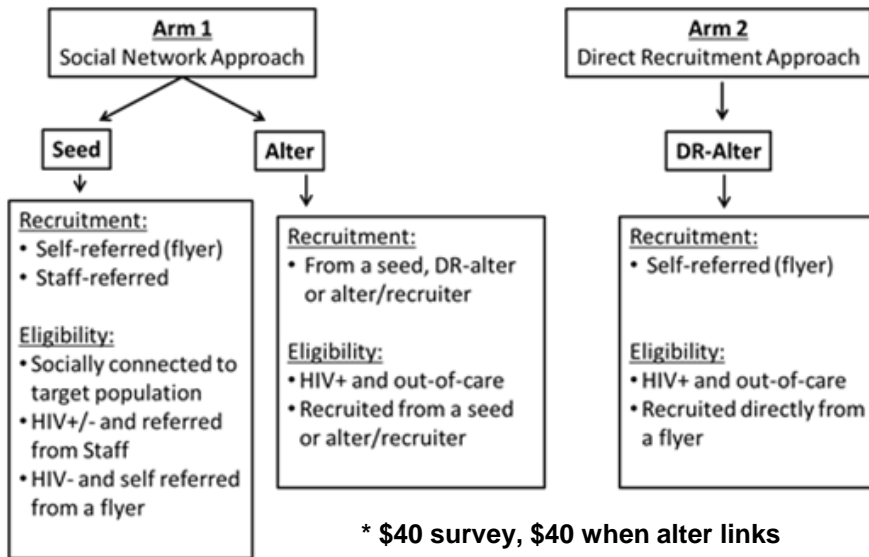**June 24, 2014**

Background

- **Poor HIV linkage (66%), retention (47%) and viral load suppression (45%) in LAC in 2011**

- **Need for novel approaches for identifying, engaging, re-engaging and retaining HIV-infected persons in care:**

    - **Project Engage (PE) uses respondent-driven sampling, direct recruitment and incentives to identify and link to care marginalized HIV+ out of care (OOC) persons**

    - **The Navigation Program uses enhanced public health investigation (PHI) methods and modified ARTAS to re-engage OOC clinic patients**
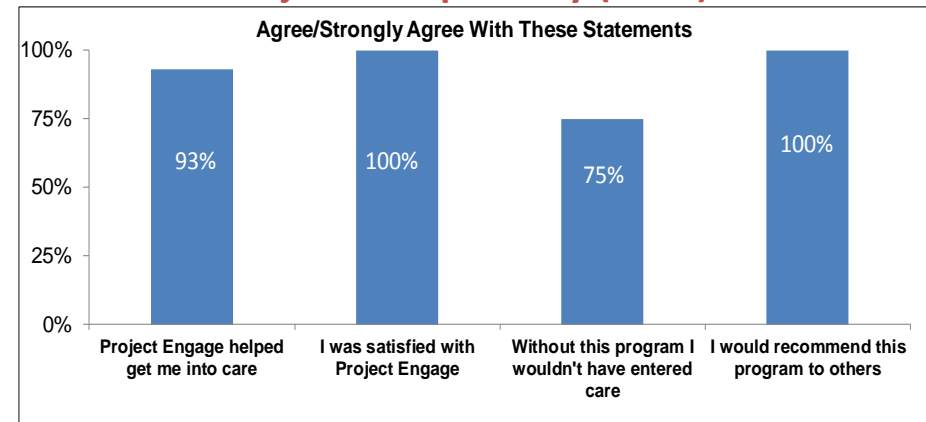
Project Engage

Recruitment*

Arm 1
Social Network Approach

Seed → Alter

Seed

Recruitment:
- Self-referred (flyer)
- Staff-referred

Eligibility:
- Socially connected to target population
- HIV+/- and referred from Staff
- HIV- and self referred from a flyer

Alter

Recruitment:
- From a seed, DR-alter or alter/recruiter

Eligibility:
- HIV+ and out-of-care
- Recruited from a seed or alter/recruiter

Arm 2
Direct Recruitment Approach

DR-Alter

Recruitment:
- Self-referred (flyer)

Eligibility:
- HIV+ and out-of-care
- Recruited directly from a flyer

* $40 survey, $40 when alter links

Enrollment

- **Seeds: 59 (50%)**
- **Alters: 58 (50%)***
  - **12 (21%) enrolled as recruiters**
  - **41 (71%) linked to care**
  - **31.3 avg days to link to care**
  - **6.0 hrs: avg staff time link to care**

* Majority of ineligible alters were either HIV-negative or in consistent care as verified by surveillance

Project Acceptability (n=28)

Agree/Strongly Agree With These Statements

Statement	%
Project Engage helped get me into care	93%
I was satisfied with Project Engage	100%
Without this program I wouldn't have entered care	75%
I would recommend this program to others	100%

Characteristics of Out of Care Alters (n=58)

Baseline	n (%)
Homeless*	42 (72%)
Engaged in Sex Work $^\omega$	14 (24%)
Recent Incarceration $^\omega$	27 (55%)
Baseline Care History	**mean (SD)**
Months out of Care	13.6 (22.6)
Last reported viral load $^\phi$	49,601 (141,627)

*past 6 months $^\phi$ copies/ml
$^\Omega$ past 12 months

Conclusions/Lessons Learned

- **Both incentivized snowball sampling and direct recruitment are effective at locating hard-to-reach, marginalized HIV+ out of care persons for linkage to care**

- **A large proportion (75%) who completed the program reported that they would not have entered care without Project Engage;**

- **Recruitment is most effective in a non-medical agency setting or at public parks/outdoor settings**

DHSP/APLA Navigation Program

Out of Care Patients Identified via Medical Records from 7 HIV Clinics (N=1,010)

Eligible[1] based on VL and Length of Time Out of Care per Surveillance (n=702)

Locator Outcomes	%
In Care Elsewhere	28
Returned to Clinic Independently*	23
Not Available/Left Message/Wrong Number	27
Located/Interested in NAV; appointment scheduled	11
Deceased	5
No Longer LAC Resident	4
Declined Enrollment	2

75 enrolled in Modified ARTAS Intervention
*Note: +56 (8%) patients linked to care by phone call only

ARTAS Intervention Outcomes

- **Average number of NAV visits = 7 (range 3-10)**
- **Average number of hours spent with NAV = 15 (range 2-44)**
- **98% linked to HIV medical care**
- **48% retained in care at 6 months (among those enrolled >6 months; n=34)**
- **NAV patient referrals include housing, substance abuse treatment, mental health services, nutritional services, transportation, assistance with health insurance and ADAP enrollment**

Conclusions/Lessons Learned

- **A one size fits all intervention strategy is inefficient and not client-centered: need for 3-tiered intervention**
- **Time-consuming to locate and re-engage patients**
- **Efficiency identified matching surveillance and clinic records**
- **Need for increased retention efforts identified**

[1] Eligibility includes HIV+ patients who have not had a primary care visit in the past 6 months and last VL >200 copies/ml; or no HIV primary care visits in 12 months; or newly-dx'd and never in care

Lessons Learned and Next Steps

- **Lessons Learned**
  - **Hard-to-reach, marginalized HIV-infected individuals were successfully located using incentivized snowball sampling and direct recruitment methods in PE**
  - **Expanded linkage/retention efforts in PE may assist these clients**
  - **Supplementing clinic information with surveillance is most effective method for obtaining useful contact information for NAV OOC clinic patients**
  - **A one-size-fits-all intervention strategy is inefficient and not client-centered**
- **Next Steps**
  - **Take key lessons and integrate them into county-based LTC and other LTC programs**