COMMUNITY HEALTH WORKER INTEGRATION PROGRAM

Evidence-Informed Structural Intervention
Evidence-Informed for Engagement in HIV Care

INTERVENTION DESCRIPTION

Goals of Intervention

- Improve HIV clinical outcomes
  - Viral load suppression
  - Active ART prescription
  - Appointment attendance

Intended Population

- Priority clients of HIV community health workers (CHWs)

Brief Description

The Community Health Worker (CHW) program is a structural intervention that builds capacity of Ryan White HIV/AIDS Programs (RWHAP) to implement a CHW program in their HIV care settings and work toward integrating CHWs into their multidisciplinary HIV clinical care team. The program is part of a Health Services Resources Administration (HRSA) initiative conducted in RWHAP locations across the United States. To support CHW implementation, organizations receive training, technical assistance, and coaching while participating in collaborative learning sessions. The CHW program at each site is guided by the training curriculum and implementation guide tailored to HIV care and services based on the core constructs and common roles of CHWs from the Community Health Worker Core Consensus (C3) project. CHWs perform a variety of tasks depending on client needs, such as home visits, health education, treatment support, and provision of referrals to support services and assistance with transportation. CHW training consists of standard curricula that includes 16 hours of HIV core competency training on topics such as: education around the viral life cycle, treatment adherence support, addressing stigma and disclosure, harm reduction, and motivational interviewing techniques; and up to 64 hours of CHW core competency training related to working as part of a multidisciplinary team, professional roles and boundaries, communication skills, outreach, and navigation activities. Activities with clients include coaching, giving emotional support, making appointment referrals, accompanying clients to appointments, offering concrete services such as phones or bus passes, providing health care appointment reminders, arranging health care transportation, and updating care plans and medical records. Sites could tailor their approach to HIV services, specific activities, and integration strategies in ways that worked for their individual organization, within the framework of CHW Roles from the C3 Project.

Theoretical Basis
- Community Health Worker Core Consensus (C3) Project's core constructs and common roles

Intervention Duration
- 3-12 months (depending on organization)

Intervention Settings
For CHWs: Ryan White HIV/AIDS Programs in 3 federally qualified health centers (FQHCs), 2 AIDS Service Organizations (ASOs), a 1 city public health department, and 4 HIV clinics in academic medical centers

For clients: Program site; medical or social service organization; other community settings that are not service settings, such as streets, parks, or open spaces; client's residence; and correctional settings

Deliverers
- Trained CHWs

Delivery Methods
- Appointment accompaniment
- Coaching
- Counseling for emotional support
- Patient navigation

Structural Components
- Access – HIV medical care
  - Improved access to HIV care by connecting PWH to primary HIV appointments and ART prescriptions
  - CHW outreach encounters taking place in healthcare and non-healthcare settings (e.g., parks, client's residence, correctional setting)
- Capacity Building—Hiring staff
  - CHW staff received HIV and CHW core competency training
- Policy/Procedure—Institutional policy/procedure
  - CHWs were trained on curriculum based on core competencies from the Community Health Worker Core Consensus (C3) project
  - HRSA initiative conducted in RWHAP locations to support and implement a CHW program
  - Integrated CHWs in the multidisciplinary team
- Social Determinants of Health – Survival
  - CHWs assisted clients with concrete services (e.g., phones, bus passes, assistance with transportation and housing services) and provision of emotional support

INTERVENTION PACKAGE INFORMATION

All intervention project materials are available at the following:

TargetHIV: **https://targethiv.org/chw**
Center for Innovation in Social Work and Health: **https://ciswh.org/project/chw**

Email: allysonb@bu.edu for details on intervention materials.

EVALUATION STUDY AND RESULTS

Study Location Information
The study was conducted in 10 sites in urban and rural areas in eight states across the United States: Alabama, Florida, Louisiana, Maryland, Nevada, New Jersey, North Carolina, and Texas from 2016 to 2019.

Key Intervention Effects
- Improved engagement in HIV care
- Increased ART prescription activation
- Increased viral load suppression

Recruitment Settings
- FQHCs, ASOs, city public health department, HIV clinics in academic medical centers

Eligibility Criteria
Ryan White HIV/AIDS Program clients who were PWH from racial/ethnic minority groups, MSM, PWH with substance abuse disorders, and youth aged 18-25 years.

Study Sample
The analytic study sample of CHWs (n = 397) is characterized by the following:
- *76% Black or African American persons, 12% White persons, 4.5% persons who identify as another race or ethnicity*
- *8% Hispanic, Latino or Latina persons*
- *69% male persons, 30% female persons, 3% transgender persons, 1% persons with unknown gender or who identify as another gender*
- *30% persons currently employed*
- *85% persons currently housed*
- *26% persons with no unmet needs within the past 6 months**
- *32% persons with 1-2 unmet needs within the past 6 months**
- *42% persons with 3 or more unmet needs within the past 6 months**
- *Mean age of 41 years, min-max: 18-70 years*

Note: Percentages may not add up to 100% due to rounding.

*Unmet needs were based on client's self-report from a structured interview at baseline and included both medical and non-medical unmet needs, such as food, housing, assistance with prescriptions, and assistance with dental care.

Comparison
The study is a one-group pre-post design. Study participants' viral load and engagement in HIV care were compared from enrollment to 6-month post-enrollment in the CHW program.

Relevant Outcomes Measured
- Engagement in HIV care was measured by having at least one visit with a prescribing HIV care provider in the past 6 months.
- Viral suppression was measured based on the laboratory's lower limit for undetectable viral load.

Participant Retention

- Participant retention in the CHW program evaluation at six months was 98%.
  Because participant retention is not a criterion for the Structural Intervention (SI) chapter, the Prevention Research Synthesis project does not evaluate that information.

Significant Findings on Relevant Outcomes

- HIV care visit attendance in the past 6 months (engagement in HIV care) increased from baseline to 6-months, post-enrollment (50% vs. 85%; $p < 0.000$).
- Viral suppression increased from baseline to 6-months, post-enrollment (22% vs. 44%; $p < 0.000$).

Considerations

Additional significant positive findings on non-relevant outcomes

- Being on ART increased from baseline to 6-month, post-enrollment, (67% vs. 91%; $p < 0.000$).

Non-significant findings on relevant outcomes

- None reported

Negative findings

- None reported

Other related findings

- The number of encounter days was associated with higher odds of engaging in HIV care (Odds Ratio [OR = 1.16; 95% Confidence Interval [CI] 0.88-1.52), being prescribed ART (OR = 1.11; 95% CI 0.87-1.42), and viral suppression (OR = 1.07; 95% CI: 0.70-1.63), but these associations were not statistically significant.*
- CHW clients with 3 or more unmet needs (e.g., food, housing, assistance with prescriptions, and assistance with dental care) at baseline had higher odds of having a prescription for ART (OR = 3.20; 95% CI: 2.01–5.10) compared to CHW with no unmet needs.*
- CHW clients without a mental health diagnosis in the EHR had higher odds of engaging in HIV care in the past 6 months (OR = 1.71; 95% CI: 1.09–2.66) and having a prescription for ART (OR = 2.21; 95% CI: 1.52–3.22).*

*Odds Ratios were adjusted for age, gender, race, primary language, housing status, mental health diagnosis, substance use diagnosis, hepatitis C diagnosis, employment status, and unmet needs.

Implementation research-related findings

- None reported

Process/study execution findings

- None reported

Adverse events

- None reported

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REFERENCES AND CONTACT INFORMATION

Primary Study

Drainoni, M. L., Baughman, A. L., Bachman, S. S., Bowers-Sword, R., Davoust, M., Fortu, K., Ni, P., Rajabiun, S., Campos Rojo, M., Wolfe, H., & Sprague Martinez, L. (2020). Integrating community health workers into HIV care teams: Impact on HIV care outcomes. *Journal of HIV/AIDS & Social Services, 19*(3), 204-219. doi.org/10.1080/15381501.2020.1785364

Additional Studies

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Wolfe, H. L., Baughman, A., Davoust, M., Sprague Martinez, L. S., Rajabiun, S., & Drainoni, M. (2021). Client satisfaction with community health workers in HIV care teams. *Journal of Community Health, 46*(5), 951-959. doi:10.1007/s10900-021-00978-1

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