

A vibrant, multi-colored suspension bridge spans across a river in a desert canyon. The bridge's structure is painted in a rainbow gradient, with the top beams transitioning from yellow to red, and the railings from blue to orange. The river below is a clear, turquoise color. The surrounding landscape features reddish-brown rock formations and sparse green vegetation under a bright blue sky with scattered white clouds.

BRIDGING THE GAP

Effective Linkage to Care for New HIV Providers

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OBJECTIVES



To enhance understanding of HIV linkage to care within the HIV care continuum.

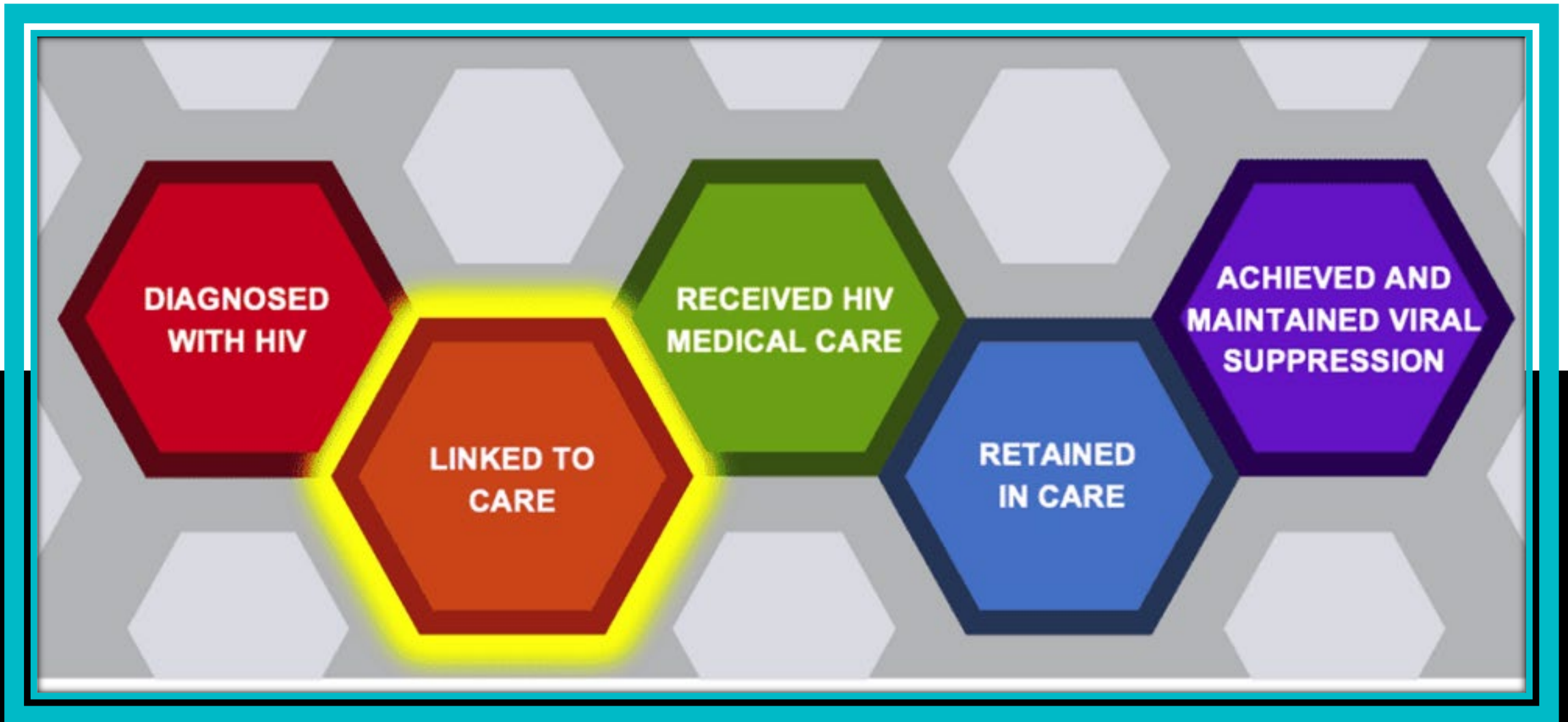


To identify barriers and solutions to improve linkage.



To empower participants with strategies to strengthen linkage systems.

HIV Continuum of Care

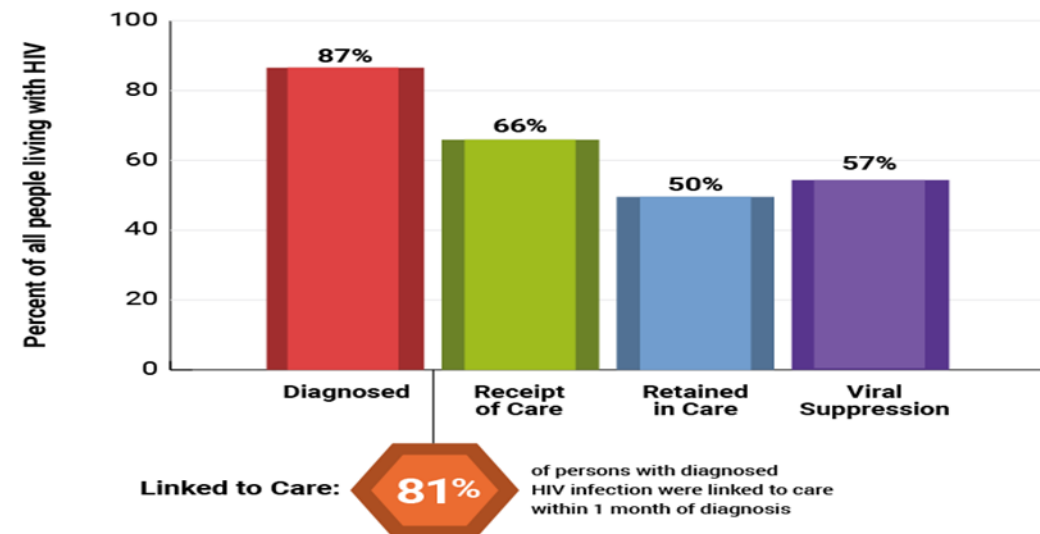


PREVALENCE-BASED MONITORING

Assesses the effectiveness of HIV testing efforts in the U.S. by:

- Monitoring testing efforts in the U.S. and demonstrating the importance of diagnosing HIV infections to achieve viral suppression
- Monitoring how the U.S. is doing among all persons living with HIV
- Comparing U.S. data to other countries who monitor the continuum among all persons living with HIV

Prevalence-based HIV Care Continuum, U.S. and 6 Dependent Areas, 2019

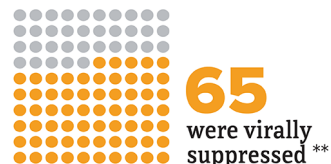
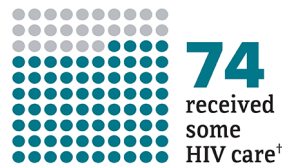


Note: Receipt of medical care was defined as ≥ 1 test (CD4 or VL) in 2019. Retained in medical care was defined as ≥ 2 tests (CD4 or VL) ≥ 3 months apart in 2019. Viral suppression was defined as < 200 copies/mL on the most recent test in 2019. Linkage to care is defined as having ≥ 1 CD4 or VL test within 30 days (1 month) of diagnosis. (Linkage is calculated differently from the other steps in the continuum, and cannot be directly compared to other steps.)

DIAGNOSIS-BASED MONITORING

HIV Care Among People with Diagnosed HIV in 45 States and the District of Columbia*

For every 100 people overall with diagnosed HIV:



Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic. For more information, view the report commentary section.
Data from 45 states and the District of Columbia with complete reporting of laboratory data to CDC.

* Among people aged 13 and older.

† At least 1 viral load or CD4 test.

‡ Had 2 viral load or CD4 tests at least 3 months apart in a year.

** Based on most recent viral load test.

Source: CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2020.
HIV Surveillance Supplemental Report, 2022; 27(3).



Assesses progress of HIV care in the US by:

- Monitoring U.S. progress in comparison to national 2020 goals
- Monitoring U.S. progress in comparison to the UNAIDS 90-90-90 goals
- Monitoring disparities by examining data among sub-groups of the population
- Monitoring data at a local level to understand local progress and identify additional action steps to meet national level goals

HIV.gov. (n.d.). *HIV/AIDS care continuum*. Retrieved September 30, 2024, from <https://www.hiv.gov/federal-response/policies-issues/hiv-aids-care-continuum>

THE NATIONAL HIV/AIDS STRATEGY

Strategy aim:

- reduce new HIV infections
- improve health outcomes for people living with HIV
- address health disparities.

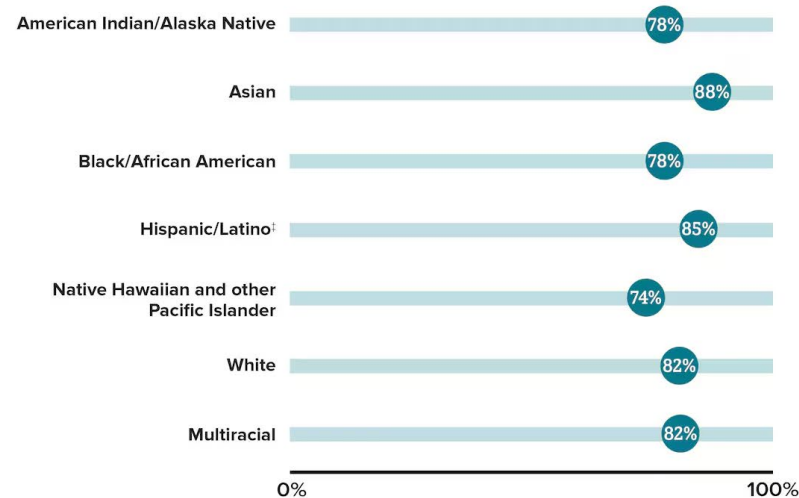
Strategy targets:

- 95% of people with HIV know their status
- 95% linked to care
- 95% achieving viral suppression
- The broader goal is to end the HIV epidemic in the U.S.

Source: HIV.gov

Where We Stand

More than 80% of people overall with HIV diagnosed in 2022 were linked to care within one month of diagnosis.



Ending
the
HIV
Epidemic

Overall Goal: Increase percentage of people with diagnosed HIV who are linked to HIV medical care to at least 95% by 2025 and remain at 95% by 2030.



ENACTING THE STAGES

Stage 1: Delivering an HIV diagnosis:

- Create a Supportive Environment
- Use Clear, Compassionate Communication
- Offer Emotional Support
- Frame HIV as a Chronic but Manageable Condition
- Address Immediate Concerns
- Offer Peer or Social Support

Stage 2: Linkage to Care:

- Timely Connection with HIV Treatment Specialist (The Golden Window-within 30 days of diagnosis)
- Warm Hand-Off
- Provide a Clear Plan to Next Steps
- Assist with Logistical Barriers
- Does not end with initial connection to provider

Stage 3: Received Care

- At least one CD4 or viral load test run in a given year
- Initiating ART

Stages 4: Retaining Patients in Care:

- Build Trust and a Strong Relationship
- Tailored, Patient-Centered Care
- Ongoing Engagement and Follow-Up
- Peer Navigators and Support Networks
- Flexible Care Options

Stage 5: Assisting Patients in Achieving Viral Suppression:

- Consistent Monitoring
- Address Barriers to Adherence
- Promote Health Literacy
- Motivate with Positive Reinforcement



SHARING OUR EXPERIENCES

slido

Please download and install the
Slido app on all computers you use



**What are some of the biggest
barriers you have encountered in
linking individuals to care?**

① Start presenting to display the poll results on this slide.

slido

Please download and install the
Slido app on all computers you use



**How do you think these
challenges can be addressed in
your community?**

① Start presenting to display the poll results on this slide.

SUCCESSFUL LINKAGE STRATEGIES

Building Bridges to Care

Warm hand-off can alleviate drop-off



Personalized Care Pathways

Build a person-centered care plan



Strength in Community

Collaborate with community resource providers to build a care team

ENGAGING HARD-TO-REACH POPULATIONS



**INNOVATIVE
WAYS TO
ALLEVIATE
BARRIERS**

Possible Service Delivery Options

Telemedicine

Virtual Consultations

Mobile Health Clinics

**Appointment
Reminder Systems**

SUCCESS STORY

Diagnosis

Meeting people where they are
Providing tools for testing/diagnosis
Keeping a trusted open line of communication

Linkage to Care

Provided support, empathy, and comfort
Provided options to be connected with provider for treatment
Facilitated a warm hand-off
Offered peer support

Ensured medical care was accessed

Established a care team with provider
Followed up with patient and provider to ensure patient received care
Established support network for patient

Retained in care

Follow-up with patient
Discuss their treatment and how it was going
Assisted with alleviating barriers expressed

Viral suppression

Patient adhered to treatment
Achieved viral suppression within 4 months

**UNTIL
THERE
IS A
CURE...**

Diagnose

- All persons living with HIV as early as possible

Treat

- Persons newly diagnosed rapidly and effectively to reach sustained viral suppression

Prevent

- Utilizing TasP (Treatment as Prevention), PrEP (Pre-exposure Prophylaxis), SSPs (Syringe Service Programs)

Respond

- Respond quickly to potential outbreaks to provide treatment and prevention services

LINKAGE SUCCESS REQUIRES COMMUNITY ENGAGEMENT

- **Assess Community Needs**
 - Conduct a needs assessment
 - Engage stakeholders
- **Tailor Program Design**
 - Culturally Competent Services
 - Offer inclusive services
- **Leverage Technology**
 - Telemedicine
 - Mobile Health Clinics
 - Appointment Reminders
- **Partner with Local Organizations**
 - Collaborate
 - Build partnerships
- **Offer Flexible Access to Care**
 - Walk-in Clinics
 - Extended Hours
- **Monitor and Evaluate**
 - Track your success
- **Focus on Retention**
 - Peer Navigation
 - Case Management
- **Secure Sustainable Funding**
 - Apply for grants

LINKAGE IN ACTION THROUGHOUT GEORGIA

Project RED Paint, Inc (Zero Borders)
(Remote)

Atlanta, GA 30349
(404)390-9825
(414)204-5935

THRIVE SS, Inc. (Fulton Community-Based)

2038 Stanton Rd
Atlanta, GA 30344
(404) 267-1519
www.thrivess.org

Positive Impact Health Centers (DeKalb/Gwinnett Community Clinic)

523 Church St
Decatur, GA 30030
(404) 589-9040
www.positiveimpacthealthcenters.org

Primary Care (Augusta-Multiple Locations)

2467 Golden Camp Rd
Augusta, GA 30906

(706)790-4440

Here's to Life (Fulton Community-Based)

1115 Ralph David Abernathy Blvd SW
Atlanta, GA 30310
(404) 500-3726
herestolifeatl.org

N.O.M.O. Organization (Macon Trans-Led)

n.o.m.o.nonprofit@gmail.com
4782276097

To Our Shores (Gwinnett Community-Based)

250 Langley Dr, Suite 1101
Lawrenceville, GA 30046
(770) 954-5997
www.toourshores.org

Columbus Health Department (Columbus)

501 Veterans Pkwy
Columbus, GA 31904
(706)321-6300



CONTACT ME