

# COMMUNITY HEALTH WORKER INTEGRATION PROGRAM

Evidence-Informed for Engagement in HIV Care

Evidence-Informed Structural Intervention

## 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 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 – Provider training
  - 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](mailto: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
- Improved viral load suppression

### 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.

### 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.

### 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-months, 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 Linkage to, Retention in, and Re-engagement in HIV Care (LRC) 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%;  $p < 0.000$ ).

## Strengths

- Comparable clinic samples across multiple time points
- Sample size is greater than 100

## 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

## Funding

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number, title, and for grant amount (U69HA30462. Improving Access to Care: Using Community Health Workers to Improve Linkage and Retention in HIV Care, \$2,000,000 of federal funding). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

## 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

Davoust, M., Drainoni, M. L., Baughman, A., Campos Rojo, M., Estes, T., Rajabiun, S., Ross-Davis, K., McCann, K., Sullivan, M., Todd, L., Wolfe, H. L., & Sprague Martinez, L. (2021). [“He gave me spirit and hope”: Client experiences with the implementation of community health worker programs in HIV care](#). *AIDS Patient Care and STDs*, 35(8), 318-326. doi: 10.1089/apc.2021.0085

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

Sprague Martinez, L., Davoust, M., Rajabiun, S., Baughman, A., Bachman, S. S., Bowers-Sword, R., Campos Rojo, M., Sullivan, M., & Drainoni, M. (2021). [“Part of getting to where we are is because we have been open to change” integrating community health workers on care teams at ten Ryan White HIV/AIDS Program recipient sites](#). *BMC Public Health*, 21(1):922. doi: 10.1186/s12889-021-10943-1

Rajabiun, S., Baughman, A., Sullivan, M., Poteet, B., Downes, A., Davich, J., Phillips, S., Jackson, P., Miles, L., Drainoni, M., Bachman, S. S., & Sprague Martinez, L. (2021). [A participatory training curricula for CHWs and supervisors to increase HIV health outcomes](#). *Frontiers in Public Health*, 9, 689798. doi: 10.3389/fpubh.2021.689798

### Researcher: Allyson Baughman, PhD, MPH

Boston University School of Social Work  
Centers for Innovation in Social Work and Health  
801 Massachusetts Avenue, room 240B  
Boston, MA 02118

Email: [allysonb@bu.edu](mailto:allysonb@bu.edu)

