

CENTRALIZED HIV SERVICES

Evidence-Informed for Retention in HIV Care

INTERVENTION DESCRIPTION

Goal of Intervention

- Improve retention in HIV care

Target Population

Young black or African American and Hispanic/Latino HIV clinic patients aged 13-23 years

Brief Description

Centralized HIV Services is an intervention in which youth receive care from a multi-disciplinary youth clinic that is staffed by adolescent care providers, youth-focused social workers, and case managers. Case managers and social workers are trained to use motivational interviewing to improve self-efficacy, teach healthcare navigation skills, and encourage HIV disease management.

Intervention Duration

- On-going

Intervention Setting

- HIV clinic

Deliverer

- Adolescent care provider, youth focused social worker, case manager

INTERVENTION PACKAGE INFORMATION

For intervention materials, please contact Jessica Davila, Baylor College of Medicine, Department of Medicine, 2002 Holcombe Blvd – (152), Houston, TX, 77030.

Email: jdavila@bcm.edu

EVALUATION STUDY AND RESULTS

Study Location Information

The original evaluation was conducted in Houston, Texas.

Recruitment Settings

- HIV clinic

Eligibility Criteria

Youth were eligible if they were black or African American or Hispanic/Latino, between the ages of 13 and 23, and had entered into HIV care at the Thomas Street Health Center (TSHC).

Study Sample

The Centralized HIV Services participants (n = 90) are characterized by the following:

- 73% black or African American; 27% Hispanic/Latino
- 62% Male; 38% Female
- 13% <18 years old; 40% 18-20 years old; 47% 21-23 years old
- 11% participants with undetectable HIV-1 RNA viral load (≤ 400 copies/mL); 89% participants with detectable HIV-1 RNA viral load (> 400 copies/mL)
- 29% previously not in HIV care

Comparison

Data from the Centralized HIV Services period (n = 90) between March 1, 2004 and March 31, 2007 were compared to data from black or African American and Hispanic/Latino men aged 13-24 who attended TSHC during the decentralized HIV services period (n = 36) between January 2002 to February 28, 2004.

Relevant Outcomes Measured

- Retention in HIV care was defined as:
 - Adequate visit constancy: had 3 or more quarters (3-month blocks) with at least one HIV primary care visit in the 12 months following entry to care
 - Gaps in care: had ≥ 180 days between any two consecutive HIV primary care visits in the 12 months following entry to care

Significant Findings on Relevant Outcomes

- A significantly greater percentage of the participants receiving care during the Centralized HIV Services period had adequate visit constancy compared to the participants from the decentralized HIV services period (56.7% vs. 30.6%, $p < 0.01$; unadjusted OR = 2.94, 95% CI = 1.30, 6.67).

Strengths

- The study used a serial cross-sectional design with comparable clinic samples.
- The retention outcome was assessed over a 12-month period.

Considerations

- No significant finding on the gaps in care outcome when comparing the Centralized HIV Services period with the decentralized HIV services period.

REFERENCES AND CONTACT INFORMATION

Davila, J. A., Miertschin, N., Sansgiry, S., Schwarzwald, H., Henley, C., & Giordano, T. P. (2013). [Centralization of HIV services in HIV-positive African American and Hispanic youth improves retention in care](#). *AIDS Care*, 25, 202-206.

Researcher: **Jessica Davila, PhD**
Baylor College of Medicine
Department of Medicine
2002 Holcombe Blvd – (152)
Houston, TX 77030
Email: jdavila@bcm.edu

