

LA LINKS (LOUISIANA LINKS)

Evidence-Informed Structural Intervention

Evidence-Informed for Engagement in HIV Care

Evidence-Informed for Re-engagement in HIV Care

INTERVENTION DESCRIPTION

Goals of Intervention

- Improve engagement in HIV care
- Improve re-engagement in HIV care

Intended Population

- Persons with HIV (PWH) who:
 - received a new HIV diagnosis (6-12 months after diagnosis and have no CD4 T-cell or viral load test) and not in care (NIC);
 - previously received a diagnosis (no CD4 T-cell or viral load test recorded in 12-36 months) and NIC; or
 - experiencing viral suppression (VS) failure.

Brief Description

LA Links is a combined data-to-care and patient navigation program. The intervention uses routinely collected HIV surveillance data, cross-referenced with other secondary data sources (e.g., vital records, incarceration records, and driver's license records), to identify and contact PWH who are not in care (NIC). The HIV surveillance data and other data sources are used to generate weekly lists of PWH who received a new HIV diagnosis and NIC or had previously received a HIV diagnosis and NIC. The lists of eligible individuals are shared with linkage-to-care coordinators (LCCs), who assist in navigating PWH to HIV care services and social services to address any barriers to care. LCCs have backgrounds in nursing or social work and are trained in medication management, medical case management, and HIV treatment adherence counseling. LCCs attempt to contact individuals on their lists, explain the purpose of LA Links, and enroll PWH in the program. Once enrolled, LCCs work with individuals for 90 days on average, guiding them through the process of linking to or reengaging in care, offering treatment adherence counseling, and referring them to critical support (e.g., transportation) and prevention services. Care-as-usual services, partner services, and short-term pilot linkage and retention programs were also available throughout the study period.

Theoretical Basis

- None reported

Intervention Duration

- 90 days on average

Intervention Settings

- Clients' homes, community sites (e.g., coffee shops, libraries, restaurants), and community-based HIV and other healthcare organizations

Deliverer

- Trained Linkage to care coordinators (LCCs) with backgrounds in nursing or social work.

Delivery Methods

- Appointment accompaniment
- Case management
- Counseling
- Navigation services
- Outreach
- Referrals

Structural Components

- Access – HIV medical care
 - Improved access to HIV care by connecting PWH to LCCs, who provided HIV health and social services that addressed barriers to HIV care
- Capacity Building – Technology
 - Combined state HIV surveillance databases with additional data sources (e.g., HIV surveillance data)
- Social Determinants of Health – Survival
 - LCCs provide HIV health and social services that addressed barriers to HIV care, such as transportation, health insurance, and behavioral health

INTERVENTION PACKAGE INFORMATION

The intervention package is not available at this time. Please contact **Samuel Burgess**, with the Louisiana Department of Health STD/HIV/Hepatitis Program for copies of intervention materials.

Email: samuel.burgess@la.gov for details on intervention materials.

EVALUATION STUDY AND RESULTS

Study Location Information

The original evaluation study was conducted in three cities in the state of Louisiana: New Orleans, Baton Rouge, and Shreveport, between September 2011 and October 2015.

Key Intervention Effects

- Improved engagement in HIV care
- Improved re-engagement in HIV care

Recruitment Settings

- Louisiana State Department of Health identified eligible participants through surveillance data from the Louisiana Office of Public Health STD/HIV/Hepatitis Program (OPH SHP)

Eligibility Criteria

Individuals were eligible for LA Links if they were diagnosed with HIV and included in the surveillance database, living in one of the three regions (New Orleans, Baton Rouge, or Shreveport), and had an HIV diagnosis date or a CD4⁺ T-cell or VL test during the study period.

Study Sample

The study sample consisted of two groups: persons with newly and previously diagnosed HIV.

The baseline study sample of 843 PWH with newly diagnosed HIV is characterized by the following:

Comparison (Pre-implementation) Group (n=482)

- 76% African American persons, 17% White persons, 6% other persons
- 5% Hispanic/Latino persons
- 80% male, 18% female, 2% transgender persons
- Mean age of 34 years

Intervention (Post-implementation) Group (n=361)

- 78% African American, 15% White, 7% other persons
- 5% Hispanic/Latino persons
- 80% male, 20% female, 1% transgender persons
- Mean age of 34 years

The baseline study sample of 5,714 PWH with previously diagnosed HIV is characterized by the following:

Comparison (Pre-implementation) Group (n=2,676)

- 73% African American, 23% White, 4% other persons
- 3% Hispanic/Latino persons
- 68% male, 31% female, 1% transgender persons
- Mean age of 43 years

Intervention (Post-implementation) Group (n=3,038)

- 71% African American, 24% White, 4% other persons
- 3% Hispanic/Latino persons
- 68% male, 30% female, 1% transgender persons
- Mean age of 43 years

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

Assignment Method

The initiation of LA Links was used as an assignment mechanism to allocate PWH to either the comparison or intervention group. Individuals who met eligibility criteria during the two-year period when LA Links was initially operational were assigned to the intervention (post-implementation) group, and those who met the eligibility criteria during the two-year period before LA Links implementation were assigned to the comparison (pre-implementation) group.

Comparison

The study used a quasi-experimental research design. The natural experiment used in the evaluation compared outcomes for persons who either had newly diagnosed HIV and NIC or had previously diagnosed HIV and NIC during the time of LA Links program implementation with outcomes for persons who entered in either of those statuses in the 2 years before program implementation. Participants in the comparison group received (a) care-as-usual services through community-based HIV organizations; (b) the OPH SHP Partner Services program, in which disease intervention specialists identified and counseled PWH with newly diagnosed HIV and encouraged them to link to health care; or (c) several short-term, pilot linkage and retention programs. Care-as-usual services varied in each region, depending on the funding available and

identified needs of each area, but generally included case management, dental care, direct emergency financial assistance, housing assistance, medication assistance, mental health therapy and counseling, nutrition services, outreach, substance abuse treatment and counseling, and transportation assistance.

Relevant Outcomes Measured

- Engagement in HIV care (labeled in the manuscript as linkage to HIV care) was defined as having a CD4+ T-cell or VL test in the study period after being categorized as PWH with newly diagnosed HIV and NIC in the same study period.
- Re-engagement to HIV care was defined as receiving a CD4+ T-cell or VL test in the study period after being categorized as PWH with previously diagnosed HIV and NIC in that same study period.

Participant Retention

Because participant retention is not a criterion for the Structural Interventions chapter, the Prevention Research Synthesis project does not evaluate that information.

Significant Findings on Relevant Outcomes

- Persons with newly diagnosed HIV who were NIC were more likely to be engaged in care during the two-year intervention (post-implementation) period than persons with newly diagnosed HIV who were NIC during the two-year comparison (pre-implementation) period (43% vs. 33%, adjusted Hazard Ratio [aHR] = 1.56, 95% Confidence Interval [CI]: 1.24 –1.96, $p < 0.001$), and they engaged in care more quickly (156 vs. 184 days).
- Persons with previously diagnosed HIV who were NIC were more likely to reengage in care during the two-year intervention (post-implementation) period than persons with previously diagnosed HIV who were NIC during the two-year comparison (pre-implementation) period (44% vs. 40%, aHR = 1.17, 95% CI: 1.08-1.27, $p < 0.001$) and in fewer days (133 vs. 141 days).

Note: Hazard ratios were adjusted for sex.

Considerations

Additional significant positive findings on non-relevant outcomes

- None reported

Non-significant findings on relevant outcomes

- None reported

Negative findings

- None reported

Other related findings

- This intervention is also determined to be evidence-informed for the Linking to, Retention in, and Re-engagement in HIV Care (LRC) chapter.
- For PWH with newly diagnosed HIV, there was nearly a 12% probability of engaging in care in the first month during the two-year intervention (post-implementation) period compared to a 7.5% probability during the two-year comparison (pre-implementation) period.
- For PWH with previously diagnosed HIV, there was almost a 14% probability of re-engaging in care in the first month during the two-year intervention (post-implementation) period compared to a 12% probability of re-engaging in care during the two-year (pre-implementation) comparison period.

- After two years, PWH with newly diagnosed HIV in the intervention group had a greater than a 60% probability of engaging in care, whereas comparison participants only had a 45% probability.
- After two years, PWH with previously diagnosed HIV in the intervention group had a 60% probability of re-engaging in care compared with a 54% probability for those in the comparison group.
- The impact of LA Links on individuals experiencing viral suppression failure was also assessed; however, findings suggest LA Links had no noticeable impact on this particular outcome and were not included in the peer-reviewed and published evaluation of the program.

Implementation research-related findings

- None reported

Process/study execution findings

- Staff delivering the intervention were trained to provide information about accessing HIV care and guiding individuals through the process of identifying providers and making appointments. Staff were also trained on institutional racism, homophobia, and transphobia to ensure cultural appropriateness and humility during client interactions.

Adverse events

- None reported

Funding

U.S. Department of Health and Human Services Secretary's Minority AIDS Initiative Funding for Care and Prevention in the United States (CAPUS) Demonstration Project (CDC-RFA-PS12-1210)

REFERENCES AND CONTACT INFORMATION

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