

INTENSIVE CLIENT-CENTERED INTERVENTION

Evidence-Informed Structural Intervention

INTERVENTION DESCRIPTION

Goal of Intervention

- Reduce perceived external stigma related to HIV, mental health disorders, substance use disorders, and homelessness

Target Population

- People with HIV (PWH) who are homeless or unstably housed, and diagnosed with mental health or substance use disorders

Brief Description

The Intensive Client-Centered Intervention is part of a national multisite intervention project in six geographically diverse U.S. sites designed to decrease perceived external stigma among people with HIV (PWH) who are homeless or unstably housed and diagnosed with mental health or substance use disorders. This structural-level intervention utilizes care coordinators and navigators to reduce barriers to care and build a medical home to engage and retain PWH in HIV medical care. Core components of the intervention include: (1) having navigators or care coordinators provide client-centered care, (2) offering expedited access and linkage to comprehensive HIV care and services, (3) providing behavioral health and primary HIV medical care, and (4) establishing or strengthening partnerships with housing providers (e.g., property managers) to enable access to stable housing. In addition, each site develops components to address its local needs based on health care, housing availability, and support services.

Theoretical Basis

- Patient-centered medical home framework

Intervention Duration

- Ongoing

Intervention Setting

- Health care delivery systems
- Public health departments with clinical affiliations

Deliverer

- Care coordinators
- HIV care providers
- Housing providers
- Navigators

Delivery Methods

- Counseling
- Motivational Interviewing
- Patient navigation

Structural Components

- Access
 - Increased access and linkage to HIV care and services
 - Enabled access to stable housing through partnerships with housing providers (e.g., property managers)
- Physical Structure – Integration of Services
 - Integrated behavioral health services into HIV medical care
 - Established or strengthened partnerships between HIV care providers and housing providers
- Social determinants of health—Survival
 - Enabled access to stable housing through partnerships with housing providers (e.g., property managers)

INTERVENTION PACKAGE INFORMATION

Intervention materials are available at <https://targethiv.org/library/implementation-manuals-building-medical-homes-multiply-diagnosed-hiv-positive-homeless>

Please contact **Manisha Maskay** for details on interventions materials.

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EVALUATION STUDY AND RESULTS

Study Location Information

The original evaluation study was conducted in Dallas, Texas; Dunn, North Carolina; Houston, Texas; Portland, Oregon; San Francisco, California; and New Haven, Connecticut between 2013 and 2017.

Key Intervention Effects

- Reduced perceived external HIV stigma

Recruitment Settings

- Health care delivery systems
- Public health departments with clinical affiliations

Eligibility Criteria

Participants were eligible if they were 18 years or older; confirmed HIV positive; currently homeless or unstably housed as defined by the U.S. Department of Housing and Urban Development; and had previous or current substance use disorders or mental illness. Participants also met one or more of the following criteria: were newly diagnosed with HIV; were out of care for at least 6 months and had not been seen by a prescribing health care provider; had missed previous medical appointments without rescheduling; had a detectable viral load at the time of enrollment; or were recently released from jail or prison.

Study Sample

The baseline study sample of 548 PWH is characterized by the following:

- 47% non-Hispanic Black, 30% non-Hispanic white, 15% Hispanic, 8% other
- 76% male, 21% female, 2% transgender, 1% other
- 53% heterosexual, 47% other sexual identity
- Mean age of 42 years
- 82% had a history of incarceration
- 72% were homeless for ≥ 1 year
- Moderate to high risk for substance use: 51% cocaine, 41% alcohol, 33% amphetamines, 24% opiates
- 39% had a history of injection drug use
- 50% had a detectable viral load prior to enrollment

Comparison

The study used a pre-post research design. Cohort study participants' pre-intervention (baseline) survey responses were compared to their post-intervention responses at 6 and 12 months after enrollment.

Relevant Outcomes Measured

- Perceived HIV external stigma was measured at 6- and 12-months enrollment, and assessed as a summary score based on the following six items:
 - People I know would treat someone with HIV as an outcast
 - People I know would be uncomfortable around someone with HIV
 - People I know believe that a person with HIV is dirty
 - People I know would reject someone with HIV
 - People I know would not want someone with HIV around their children
 - People I know think that a person with HIV is disgusting

Participant Retention

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

Significant Findings on Relevant Outcomes

- There was a significant decrease in the percentage of participants who reported perceived external HIV stigma from baseline to 6 months (81.0% vs 61.4%; $p < 0.001$), and from baseline to 12 months (81.0% vs 57.8%; $p < 0.001$). Perceived external HIV stigma was also significantly lower over time at 6 months ($b = -0.81$, 95% CI = -1.33, -0.29, $p < 0.001$) and at 12 months ($b = -1.09$, 95% CI = -1.63, -0.55, $p < 0.001$), compared to baseline.
 - This finding was also reported as a significant decrease in the mean scores of perceived external HIV stigma from baseline to 6 months (16.5 vs 15.1, $p < 0.001$) and from baseline to 12 months (16.5 vs 14.7, $p < 0.001$)

Strengths

- None identified

Considerations

Additional significant positive findings on non-relevant outcomes

- There was a significant decrease in the percentage of participants who reported perceived external stigma related to homelessness, substance use disorders, and mental health disorders from baseline to 6 months

(38.9% vs 20.5%; $b = -0.24$, 95% CI = -0.41, -0.08, $p < 0.001$), and from baseline to 12 months (38.9% vs 13.7%; $b = -0.35$, 95% CI = -0.52, -0.18, $p < 0.001$).

Non-significant findings on relevant outcomes

- None reported

Negative findings

- None reported

Other related findings

- None reported

Implementation-related findings

- None reported

Adverse events

- None reported

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REFERENCES AND CONTACT INFORMATION

Maskay, M. H., Cabral, H., Davila, J. A., Davich, J. W., Marcus, R., Quinn, E. K., & Rajabiun, S. (2018). [Longitudinal stigma reduction in people living with HIV experiencing homelessness or unstable housing diagnosed with mental health or substance use disorders: An intervention study](#). *American Journal of Public Health, 108*, 546-551.

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