

LINK LA (LINKING INMATES TO CARE IN LOS ANGELES)

Evidence-Based for Linkage to HIV Care

Evidence-Based for Retention in HIV Care

Evidence-Based for Viral Suppression

INTERVENTION DESCRIPTION

Goal of Intervention

- Improve HIV viral suppression

Target Population

- Men and transgender women with HIV who are released from jail

Brief Description

LINK LA (Linking Inmates to Care in Los Angeles) is a 12-session, 24-week peer-navigation intervention for people with HIV who are scheduled to be released from jail. LINK LA addresses individual factors by emphasizing the importance of retention in care and antiretroviral therapy (ART) adherence; behavioral factors related to HIV care and adherence by promoting self-efficacy, goal setting, and problem solving; and social-environmental factors by promoting social support and trusting relationships with peer navigators and clinicians. The intervention also teaches skills to overcome social stigma and discrimination, and facilitates access to care through appointment scheduling, reminders, transportation assistance, and meeting competing subsistence needs. Lay peer navigators are trained to act as role models to assist participants through each stage of the HIV continuum of care (e.g., linkage or re-engagement, retention, and antiretroviral adherence). Prior to the participants' release from jail, peer navigators meet with participants in a private conference room for 1-2 hours to deliver intervention content. After release, navigators meet with participants in private community settings and provide counseling on retention and adherence behaviors while accompanying participants to 2 HIV care appointments up to 24 weeks after release.

Theoretical Basis

- Social Cognitive Theory

Intervention Duration

- Twelve sessions: first 1-2 hour session was held prior to jail release; subsequent sessions were delivered up to 24 weeks after jail release

Intervention Settings

- Los Angeles County Jail
- Community settings

Deliverer

- Trained lay peer navigators

Delivery Methods

- Accompaniment to medical appointments
- Counseling
- Discussion/personal conversation
- Goal setting
- Patient education
- Problem-solving demonstration
- Skills building

Structural Components

There are no reported structural components for this study.

INTERVENTION PACKAGE INFORMATION

An intervention package is not available at this time. Please contact **William E. Cunningham**, University of California—Los Angeles, 1100 Glendon Avenue, Suite 850, Los Angeles, CA 90024.

Email: wcunningham@mednet.ucla.edu for details on intervention materials.

EVALUATION STUDY AND RESULTS

Study Location

The original evaluation study was conducted in Los Angeles (LA) County, California between 2012 and 2016.

Key Intervention Effects

- Improved linkage to HIV care
- Improved retention in HIV care
- Improved viral suppression

Recruitment Settings

- Los Angeles County Jail system

Eligibility Criteria

Inmates scheduled for release from jail were eligible if they were 18 years or older; either men or transgender women diagnosed with HIV; English speaking; selected for the transitional case management program prior to enrollment; resided in LA County; and eligible for ART or on ART while incarcerated.

Study Sample

The baseline study sample of 356 men and transgender women is characterized by the following:

- 42% Black, non-Hispanic; 31% Hispanic; 27% white, non-Hispanic
- 42% 35-39 years old, 39% 18-34 years old, 19% ≥50 years old
- 57% Men who have sex with men (MSM); 17% Heterosexual males; 15% Male to female transgender
- 12% Persons who inject drugs
- 52% Virally suppressed
- 56% No health insurance

Assignment Method

Participants (N = 356) were randomized to 1 of 2 study arms: the LINK LA Intervention (n = 180) or transitional case management control condition (n = 176).

Comparison

Standard of care participants received transitional case management that included needs assessments, referrals for post-release housing, substance abuse treatment, and HIV care from case managers.

Relevant Outcomes Measured

- Linkage to HIV care was defined as the probability of HIV primary care visits after release from jail and was measured from baseline to 3 months, 6 months, and 12 months after jail release.
- Retention in HIV care was defined as the number of HIV primary care visits and was measured at 3, 6, and 12 months after jail release.
- Viral suppression was defined as having an undetectable viral load (< 75 copies/mL) and was measured at 3- and 12-months post-intervention after jail release.

Participant Retention

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

- LINK LA intervention participants were significantly more likely to be linked to HIV care from baseline to 6 months after jail release than transitional care management participants (89% vs 77%, difference = 12%, 95% CI = 4%—22%, p = 0.01)
- LINK LA intervention participants were significantly more likely to be retained in HIV care at 12 months after jail release than transitional care management participants (probability difference = 0.71 visits 95%CI = 0.01-1.40, p = 0.047).
- LINK LA intervention participants were significantly more likely to be virally suppressed at 12 months after jail release than transitional care management participants (49% vs 30%, probability difference = 19%, 95% CI = 2-40%, p = 0.03).
 - Significant positive intervention effects were also seen for participants who were homeless (p = 0.004) and those who were virally suppressed at baseline (p < 0.001).
- There was a significant difference-in-difference of viral suppression probability over 12 months between LINK LA intervention participants and transitional care management participants (difference-in-difference = 22%, 95% CI = 3%-41%, p = 0.02).

Strengths

- None identified

Considerations*Non-significant findings on relevant outcomes*

- There were no significant intervention effects on linkage to HIV care from baseline to 3 months (p = 0.81) or from baseline to 12 months after jail release. There were also no significant intervention effects on retention in HIV care at 3 months (p = 0.11) or at 6 months after jail release (p = 0.08)

Other related findings

- The study also meets good-evidence criteria for the Medication Adherence (MA) Chapter.

Implementation-related findings

- Fidelity
 - Navigators received daily monitoring, weekly supervision, and periodic auditing of records.
 - Navigators also completed a checklist documenting delivery of each session.
 - Study staff conducted announced field visits to observe select intervention sessions and measured fidelity on a 3-point scale (1 = high; 2 = low). The overall mean fidelity rating was 1.6 (SD = 0.8).

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REFERENCES AND CONTACT INFORMATION

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