

# 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](mailto:jdavila@bcm.edu) for details on intervention materials.

## 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 ( $\leq 400$  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  $\geq 180$  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 A. Davila, PhD**

Baylor College of Medicine  
Department of Medicine  
2002 Holcombe Blvd – (152)  
Houston, TX 77030

**Email:** [jdavila@bcm.edu](mailto:jdavila@bcm.edu)

