

Social, public health services crucial in fight against HIV/AIDS

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Patients at risk for HIV need to be linked to services—such as mental health and syringe exchange programs—that will help them stay in care, adhere to medication and avoid reinfection, a new University of Michigan study suggests.

The study highlights the crucial role of providers of social and [public health services](#) in helping [patients](#) to access lifesaving HIV services, said Rogério Meireles Pinto, associate professor and associate dean for research in the School of Social Work and the study's lead author.

Before 2012, providers had been encouraged and trained to link patients to [behavioral interventions](#) to help patients modify their behaviors and protect themselves against HIV transmission and infection. A shift in policy (from targeting anyone at risk to those at highest risk, called "High Impact Prevention") made these interventions less available (they were discontinued).

The new policy dictated that providers should get as many people to access HIV testing as possible and to link them to HIV primary care in order to receive antiretroviral medication that can keep patients alive and thriving.

"It took some time for providers to make the switch in priorities and also to begin to trust that making referrals to other providers in other service agencies would not lead to loss of patients," Pinto said.

Pinto and colleagues used data from nearly 380 providers—which include social workers, health educators and patient navigators—from 36 agencies in New York City in 2013-2014. The agencies provided medical services such as HIV testing and care, and/or psychosocial assistance, including HIV counseling, substance misuse treatment and housing services.

The study's key finding is that providers whose organizations offer HIV prevention behavioral interventions are more likely to link patients to HIV testing and HIV primary care.

It's important that providers "guide clients through the health care system to increase retention in care by using intensive contact in the first six months of care," said Pinto, who is an expert at the U-M Institute for Healthcare Policy & Innovation.

The study also factored the race of the providers, which consisted of many who identified as Hispanic or African-American. Nonwhite [providers](#) were less likely to link clients to certain services, perhaps due to racial disparities in levels of trust in how these high-impact services were launched without strong community participation, Pinto said.

The findings appear in *Health Education & Behavior*.

Provided by University of Michigan

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