



LINKAGE TO AND RETENTION IN CARE FOR PEOPLE LIVING WITH HIV/AIDS

WHAT DOES “LINKAGE TO AND RETENTION IN CARE” MEAN?

Linkage to and retention in care means people living with HIV are connected to and receiving the medical attention and support they need to remain healthy. Advances in antiretroviral treatments (ART's) have allowed HIV to become a chronic, manageable condition.ⁱ Proper care and consistent treatment for people living with HIV can prolong and improve their quality of life and greatly reduce the transmission of HIV.

HOW DOES THIS BENEFIT PEOPLE LIVING WITH HIV?

Currently, about 60 percent of people with HIV have been tested and have had at least one HIV care visit. However, only about 50 percent of individuals diagnosed with HIV receive regular HIV care and one-quarter of individuals who receive an HIV diagnosis will not receive any care at all.ⁱⁱ Of those retained in care, 89 percent are prescribed antiretroviral therapy and 77 percent achieve viral suppression. Thus, only about 28 percent of all persons with HIV in the United States have suppressed viral loads.ⁱⁱⁱ

The earlier an individual with HIV starts receiving medical care the sooner they are able to reduce their viral load and the risk of transmitting the disease. As they retain care, their viral load can be drastically reduced, improving their life expectancy and health.

If someone is receiving medical care and then stops, this can put their health in jeopardy and may also require them to find alternate medications. Once someone stops using a medication to manage HIV, the medicine may no longer work or may not be as effective if they were to restart.

BARRIERS TO RETENTION IN CARE

Barriers to receiving care vary from person to person. Victims of domestic violence may not always be able to take their medications as prescribed or may miss appointments, thus putting them at greater risk for AIDS. Victims of domestic violence may not seek care due to the possibility of backlash from their partner. An abusive partner may also withhold medications and sabotage or otherwise interfere with a victim's medical appointments to gain more control over the victim. Current research shows that a patient's need for food, shelter, and other essentials can interfere with the ability to prioritize health care.^{iv}



Barriers may include:

- Housing and homelessness^{iv}
- Money/income
- Insurance
- Employment
- Substance use^{vi}
- Cultural biases
- Transportation
- Fear^v
- Stigma
- Mental health

HOW CAN WE REDUCE BARRIERS AND IMPROVE RETENTION IN CARE?

By reducing stigma around HIV, we can link more people living with HIV to care. One way we can begin to reduce this stigma is to make HIV information available and accessible to every individual who accesses services. Studies show that patients who receive case management, transportation, mental health support, and other support services are more likely to be retained in care than are those who do not.^{vii} For domestic violence and sexual assault victims, we can provide the support services they request and help give them control over their lives. Being a support system for survivors increases the likelihood that they will be retained in care.

ADDITIONAL RESOURCES:

- For more information on discussing domestic violence and HIV/AIDS, please review the **HIV/AIDS and DV Conversation Guides** in the *Positively Safe Toolkit*.
- Review the **Risk Reduction** handout to learn more about reducing risk for HIV, found in the *Positively Safe Toolkit*.
- For more information about safety for victims of domestic violence and person living with HIV/AIDS, please see our **Safety Planning Guide** in the *Positively Safe Toolkit*.
- To learn more about HIV/AIDS medication and medication storage, see the **Medication Storage Guide** in the *Positively Safe Toolkit*.

ⁱ fWlensky RP, Paltiel AD, Losina E, et al. The survival benefits of AIDS treatment in the United States. *Infect Dis* 2006;194:11-9. (or http://cid.oxfordjournals.org/content/52/suppl_2/S205.full)

ⁱⁱ Fleming P, Byer RH, Sweeney PA, et al. Program and abstracts of the 9th Conference on Retroviruses and Opportunistic Infections, Seattle, Washington. Alexandria, VA: Foundation for Retrovirology and Human Health; 2002. HIV prevalence in the United States, 2000 [abstract 11]; p. 56.

ⁱⁱⁱ <http://www.cdc.gov/hiv/prevention/programs/pwp/linkage.html>

^{iv} Cunningham W, Andersen RM, Katz MH, et al. The impact of competing subsistence needs and barriers on access to medical care for persons with human immunodeficiency virus receiving care in the United States. *Med Care* 1999;37:1270-81.

^v Seekins D, Scibelli A, Juday T, Stryker R, Das A. Barriers to accessing HIV testing, care, and treatment in the United States. Presented at XVIII International AIDS Conference. Vienna, Austria, 18–23 July 2010.

^{vi} Culett KB, Willig JH, Lin HY, et al. The therapeutic implications of timely linkage and early retention in HIV care. *AIDS Patient Care STDS* 2009;23:41-9.

^{vii} Ashman J, Conviser R, Pounds MB. Associations between HIV-positive individuals' receipt of ancillary services and medical care receipt and retention. *AIDS Care* 2002;14(Suppl 1):109-18.