# Factors to reduce disengagement from, and increase re-engagement into, care

an updated London-based literature review

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### Introduction

- About GMI Partnership
- Importance of engagement in HIV care
- Disengagement from care (DFC)
- Re-engagement into HIV care (RIC)



### **Methods**

 Records Identified Databases (n=394) Websites Identification (n=5) Records title and abstracts + website reports screened Papers n=391 & Reports n= 5 **Screening**  Studies + reports assessed for eligibility and included in review Eligibility and • Papers n=27 & Reports n = 5 inclusion

Database searched and other sources:

PubMed + organisational and project –based websites

Boolean combination of the following keywords/search terms:

HIV, disengagement, lost to follow up, re-engagement care, engagement in HIV care, interventions

#### Eligibility:

- Language English
- Geographic location London
- Date 2018 onwards

# **Factors Affecting Engagement**

Individual factors

race

gender

sexuality

age

poor mental

poor physical health

drug use

Stigma

self

societal

within health services

reatment, care and diagnosis factors

time from diagnosis

olypharmacy



Focus of intervention	Example interventions	Target group
Reduction of HIV stigma and	Training of healthcare professionals and training in care home staff	Healthcare professionals
increasing HIV knowledge		Care Home Workers
Psychological interventions to deal with mental health	Mental health and wellbeing groups, counselling and psychotherapy to increase agency among PLWHIV	PLWHIV experiencing poor mental health
Measures to combat the impact of living in poverty	Transport support, and wider poverty reduction work – policy and practice influence	PLHIV living in poverty
Interventions around alcohol and drug use	Chemsex interventions possibly building on learnings from PrEP adherence interventions with chemsex users.	PLWHIV engaging in chemsex
Interventions focusing on with people of colour	Community designed and led interventions focusing on language, cultural barriers, stigma, homophobia and heteronormativity	Racially minoritised communities
Targeted interventions based on age	Interventions focused on adolescents and interventions focused on older women LWHIV	Young people
		Older people
Interventions focused on the social determinants related to disengagement from care.	Interventions targeting pregnant women that recognize the socioeconomic factors.	Pregnant women
		Those living in poverty
	Interventions focused on factors such as poverty, housing, intimate partner violence, education.	Those experiencing domestic violence
Healthcare co-ordination, collaboration and connectedness	Treatment plan formulation, care co-ordination, holding client cases, communicating with healthcare providers	PLWHIV

# Interventions - Improving re-engagement

Focus of intervention	Example interventions	Target group
HIV testing	Extending emergency department opt-out testing to areas outside London and extending online postal testing.	PLWHIV – those diagnosed and 'hard to reach' and those disengaged from care
Stigma reduction	Self-stigma and social stigma reduction interventions e.g. working with HIV support workers, training healthcare and mainstream support workers, as well as addressing community and self-stigma. Peer support and alternative clinic locations.	PLWHIV Wider community Healthcare staff Mainstream support workers
Peer Support Interventions	Healthcare navigators, psychosocial support e.g. motivational interview-based interventions, collaborative CBT and those addressing beliefs related to ART. Appointment support, smart phone communication.	PLWHIV
A collaborative multi- disciplinary working approach	Patient referral and support meetings, as well as setting up HIV care support teams.	Stakeholders involved in HIV patient care
Tools and measures	Use of PROMs, and chemsex use tool could incorporated into HIV assessments and interventions.	Service providers



## **Research Gaps and Future Directions**

- Need for longitudinal studies
- Focus on underrepresented populations
- Integration of multidisciplinary approaches



### Conclusion

- Insight into who is likely to disengage from HIV care:
  - racially minoritised communities
  - heterosexuals
  - adolescents
  - older people
  - those on multiple medications
  - women
  - drug users
  - higher viral load and low levels of treatment adherence
  - living in poverty
  - in poor housing
  - acing immigration challenges
  - experiencing family violence

- The research suggests a shift from a binary understanding of patients as either engaged in, or disengaged from, care.
- This nuanced understanding of an HIV care engagement continuum is important when planning interventions.
- Address the barriers to engaging in HIV care and support and reasons for disengagement
- Interventions focused on retention in HIV care must be tailored to those intersectional populations and they must take a multi-disciplinary approach.



### **Contact us**



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