Methods

Population Studied

Systems of care for persons living with HIV/AIDS can be defined as the regional service areas created by the Florida Department of Health. In the four areas participating, there was a range of 1–13 counties and the total population ranged from 1.4–2.6 million persons per county in 2015. Entities included in the system of care met the study definition of an organization that contributed to the key outcomes of diagnosis, linkage to care, and continuous care. This analysis included only organizations reporting conducting HIV testing.

Study Design

The methods included a cross-sectional, web-based survey of organizations included in the HIV/AIDS systems of care in four service areas in Florida. The study was conducted in collaboration with the Florida Public Health Practice-Based Research Network and key community partner organizations in each area. Organizations in the system of care were identified via in-person group meetings (8–15 persons attending/group, interviews with key informants (3–5) in each area, and input from key community partner organizations. The size of the systems of care ranged from 44–81 organizations. The web-based survey program, PARTNER, was administered by the University of Colorado and collected organizational and relational data about each organization.

The survey was emailed to a contact in 163 total organizations (out of the 279 listed on the four surveys, as contacts were not uniformly)

Findings

Overall, 67 organizations responded to the survey (RR=41.1%) with a response rate of individuals included in the survey. Of these, 45 were system of care organizations. The most common organization types were community-based organizations and county health department. Other organization types offering HIV testing included federally qualified health centers (FQHCs), a private practice, a prison, and a mental health provider.

Table 1. Characteristics of organizations providing HIV testing services (n=45)

<table>
<thead>
<tr>
<th>Category of organization</th>
<th>N (%) or median (range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>14 (30.8%)</td>
</tr>
<tr>
<td>Private</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Non-profit</td>
<td>22 (50.0%)</td>
</tr>
<tr>
<td>Other</td>
<td>2 (5.3%)</td>
</tr>
<tr>
<td>Total number of HIV-positive clients/patients seen by organizations in 2015 (median, range)</td>
<td>214 (1,000)</td>
</tr>
<tr>
<td>Received from White funding</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>23 (51.1%)</td>
</tr>
<tr>
<td>No</td>
<td>22 (48.9%)</td>
</tr>
<tr>
<td>Registered testing site (n = 45)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>31 (68.9%)</td>
</tr>
<tr>
<td>No</td>
<td>14 (31.1%)</td>
</tr>
</tbody>
</table>

Figure 1. Organization type of organizations providing HIV testing services (n = 45)

Community-based organization (non-profit) 29%
County health department 29%
Federally Qualified Health Center (FQHC) 14%
Veterans Administration (VA) 9%
University-affiliated clinic 14%
Private provider 2%
Prison or correctional facility 1%
Primary/secondary education (K-12 school) 1%
Mental health provider 2%
HIV clinic (non-health department) 2%
Faith-based organization 2%

Figure 2. Proportion of HIV testing organizations that provide or refer clients for clinical care

Do not provide nor refer for clinical care 27%
Provide clinical care 22%
Provide clinical care and refer for care 42%
Provide clinical care and refer for care 3%

Conclusions and Limitations

Within four HIV systems of care in Florida, the proportion of testing and linkage services and testing and referral was common but not universal. Access to formal linkage services needs to be improved. Some organizations may be providing HIV testing services without the support of strong referral networks to enable linkage and/or continuous care.

Although our response rate was low, this does not threaten the internal validity of the study on organizations providing care in the study area. Our methods were designed to identify all service providers in each area, but some providers that serve as significant sources of care may not be included in the list. As in all surveys, findings may have measurement error based on respondents understanding of our questions. In our case, respondents may have experienced survey fatigue and not reported all possible connections to other organizations.

Our findings underscore the importance of response rate when attempting to understand the extent of connections among agencies for linkage and referral using network analysis methods. Implications for Policy and Practice

Baseline descriptions of systems of care can inform directions for improvement. Findings have relevance for policy-making and funding agencies in HIV/AIDS prevention and control, which have called for integration to achieve national goals towards linkage to care and continuous care.

References


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Acknowledgments

Funded by a PHSSR grant (#72451) from the Robert Wood Johnson Foundation.

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Presented at: AcademyHealth Annual Research Meeting, New Orleans, LA, June 25–27, 2017

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Implications for Policy and Practice

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