Staff members (L–R) Richard Rapp, Tim Lane, and Carey Carr are training case managers in 10 cities to use a technique the Center for Interventions, Treatment and Addictions Research developed as part of a CDC-funded AIDS prevention and treatment project.

Behavioral Interventions that Work

A behavioral intervention developed by researchers here may help overcome a major obstacle to slowing the rate of new HIV infections in the United States: the fact that about a third of the people who know they are HIV-positive are not receiving medical care.

Despite significant strides forward in HIV/AIDS prevention and treatment in recent years, more than a million people in the United States are HIV positive or living with AIDS, and the estimated number of new HIV infections has remained steady at about 40,000 per year over the past decade, according to the Centers for Disease Control and Prevention (CDC). Studies have shown that the HIV/AIDS epidemic in the United States is increasingly a problem of disadvantaged and disenfranchised people who face both personal and systemic barriers to obtaining health care and needed social services.

One of the CDC's fundamental prevention strategies is to increase the proportion of HIV-infected individuals who seek appropriate care soon after being diagnosed. With that objective in mind, the CDC invited the Center for Interventions, Treatment and Addictions Research (CITAR) to adapt a strengths-based model of case management it has been perfecting since the early 1990s for use with newly diagnosed HIV-positive individuals. The model would encourage them to enter medical care promptly after diagnosis, according to Richard Rapp, M.S.W., director of Case Management Studies for CITAR and assistant professor of community health.

"No matter how good the HIV care provider is, no matter how effective the medications are, if people don't show up for treatment, they're of no value to the individual or to society at large," he says. "Case management is an intervention that helps people address personal and system barriers and as a result more effectively link with treatment." Social workers have used case management to help people overcome both personal and societal barriers to getting their needs met, primarily in mental health settings, since the 1970s, Mr. Rapp explains.

Case managers who practice from a strengths perspective adhere to five principles: no matter what

the problem is, the case manager must help the client identify his or her strengths, abilities, and skills; no matter how disadvantaged the individual is, he or she must have a meaningful role in determining how the problem is addressed; the case manager should build a strong relationship with the client; the case manager should be very assertive in being with the client in the field; and the case manager must try to link the client with informal sources of support, such as 12-step programs or AIDS support groups.

In response to the CDC request, CITAR staff, led by Mr. Rapp and Harvey Siegal, Ph.D., the late CITAR director and professor of community health, developed ARTAS Linkage Case Management (ALCM), a five-session, strengths-based model of case management that was tested in a randomized, controlled clinical trial in four metropolitan areas: Atlanta, Baltimore, Los Angeles, and Miami. In the ARTAS clinical trial, 316 HIV-infected individuals enrolled in the four cities were randomized to receive either ALCM or passive referral. The passive referral group received standard information about HIV and local care resources; the ALCM intervention group received up to five face-to-face contacts with a specially trained case manager over 90 days.

"ALCM was found to improve client linkage with medical care," Mr. Rapp says. Researchers found that patients who worked with case managers were 40 percent more likely to visit an HIV clinician at least twice during the first year following diagnosis. "In addition to being effective, the intervention also had to be brief and relatively inexpensive. It had to be something health departments could realistically take on; and, it was." The average cost was $600 to $1,150 per client. The findings were published in the March 4, 2005, issue of the journal *AIDS*.

"Case management is an intervention that helps people address personal and system barriers they have and as a result more effectively link with treatment."

Last year, the success of ARTAS Linkage Case Management led CDC to fund a two-year, 10-city demonstration project to test the intervention in real world settings. Through a competitive process CITAR was once again chosen to refine the treatment protocols and deliver training to case managers and their supervisors at each of the sites. The case management technique developed for CDC is also being replicated in other areas, most notably throughout the state of Florida, where CITAR staff members Tim Lane, M.Ed., and Carey Carr, M.P.H., are assisting with training and initiating the project.

"The success of strengths-based case management in linking people in need with necessary services is testament to the abilities of our faculty and staff to develop and practically apply research-based programs in a real-world setting and positively impact community health," says Robert Carlson, Ph.D., professor of community health and director of CITAR. "Designing and applying interventions remains a vital dimension of the center."

"CITAR has worked for more than 15 years adapting strengths-based case management to address the needs of marginalized, underserved populations, including people with HIV, both in-treatment and out-of-treatment substance abusers, and people involved with the criminal justice system," Mr. Rapp points out. "It has been shown to improve both linkage with and engagement in needed health care and social services for a variety of high-need populations, including people newly diagnosed with HIV infection. If we get similar findings in the second ARTAS trial to those in the first, this tool is likely to be widely adopted."

—Robin Suits