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Black Men and HIV: How a Community-Based Program Keeps those at Risk in Care



Hany Abdelaal, D.O.

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As we observe [National Black HIV/AIDS Awareness Day](#) on February 7th, it's a reminder that while much has been accomplished in terms of treatment and prevention, the African American community continues to be disproportionately affected by HIV/AIDS. According to the [Centers for Disease Control and Prevention \(CDC\)](#), while the rate of new HIV diagnoses among African Americans declined 15% from 2010 to 2017, black Americans still account for nearly half of all new HIV cases each year. At the same time, only three out of five African Americans with HIV are receiving care for their condition. Among HIV-positive African Americans who *do* receive care, however, almost 80% are virally suppressed, meaning their viral load has been reduced to an undetectable level where they can no longer transmit the virus to another person.

The message is clear: Finding ways to bring — or return — African Americans with HIV to needed medical care remains as important as ever. And at the [Visiting Nurse Service of New York \(VNSNY\)](#), the non-profit where I work, our [CHOICE SelectHealth](#) Medicaid HIV Special Needs Plan (50% of plan members are African American) is demonstrating that with the right strategy and a committed staff this goal can be accomplished.

Employing Peer Navigators to Connect HIV-Positive Individuals with Treatment

Medicaid Special Needs Plans like SelectHealth are containing HIV/AIDS by enrolling high-risk individuals and providing care tailored to the unique issues they face. One of our key partners in this effort is New York State's [Ending the](#)

[Epidemic](#) (ETE) initiative, a program focused on identifying individuals with untreated HIV and linking them to care. Funded by an ETE grant, we've joined forces with The [Alliance for Positive Change](#), a community-based group that employs specially trained peer navigators — many of them with the lived experience of HIV who have gone through similar challenges in remaining in care and treatment themselves — to target SelectHealth plan members who are no longer in care or having trouble with being adherent to their appointments and medications. With clinical and program oversight from SelectHealth ETE clinical and project directors, as well as supervision and support from The Alliance, the ETE outreach connects and accompanies our “lost to care” members back to medical care and treatment. The Peers also attempt to connect them to Alliance wrap-around support services from care coordination to support groups to incentivized medication adherence pharmacy services. In weekly case conferences at SelectHealth, the ETE team problem solves, creates follow-up plans and work-through scenarios for connecting with members “lost to care” or burdened with other survival priorities in their daily lives. They also remind members how to access dental, mental health and other services through their CHOICE health plan.