Los Angeles County, CA

PROGRAM:

Data for Adherence, Retention, and Engagement to Care (DARE2Care)

INTRODUCTION:

The DARE2Care (Data for Adherence, Retention, and Engagement to Care) initiative leverages a "data to care" approach to enhance HIV care access by supporting clinics in identifying people with HIV who have fallen out of HIV care, are at risk of falling out of care, or have never engaged in care. By focusing on clinic capacity-building for data analysis and care outreach, DARE2Care strengthens the ability of clinics to identify these individuals and reduce the number of clients lost to follow-up. Through a combination of patient outreach and data management training, DARE2Care works to link people back to continuous care, ultimately improving health outcomes for people with HIV.

TARGET POPULATION:

The program serves diverse and key populations, ensuring that high-risk and underserved groups receive targeted interventions.

- Men who have sex with men (MSM)
- Black/African American
- Hispanic/Latinx
- People who inject drugs
- People living with HIV (PLWH)
- Women
- Transgender/Nonbinary individuals

KEY STAKEHOLDERS AND COLLABORATORS:

The program was made possible through collaborations with several key stakeholders, including:

- Local Health Departments
- Community- Based Organizations (CBOs)
- Social Service Agencies

PROGRAM DURATIOIN:

The DARE2Care program is designed as a short-term initiative with a timeline of fewer than six months.

PROGRAM GOALS AND KEY ACTIVITIES:

The program DARE2Care aims to build the data analysis capacity of local HIV care providers, equipping them to identify, outreach, and re-engage people with HIV who are not currently in care. This initiative also seeks to improve clinic data management systems for consistent client monitoring, ultimately increasing the number of people with HIV in care and helping them achieve undetectable viral loads. The program's operational strategy is centered on the "data to care" approach, a key focus of the EHE (Ending the HIV Epidemic) Respond Pillar, which promotes using data insights to enhance program planning and outreach efforts.

Key activities of DARE2Care include the hiring of Data Analysts to ensure effective real-time data management, analysis, and interpretation to identify populations at risk and pinpoint care gaps. These Data Analysts play a central role in building a data system that gathers critical out-of-care client data from sources such as electronic health records, lab reports, and pharmacy records. Division of HIV and STD Program (DHSP)'s Surveillance Unit supports the program by providing updated client location information and verifying care status through internal surveillance databases.

Effective outreach is integral to bringing people with HIV back into continuous care, relying heavily on accurate data. Throughout outreach and linkage efforts, outreach staff collaborate with the Data Analyst to gather additional client data, enabling continuous evaluation and adaptation of care strategies. Furthermore, DARE2Care partners with Medical Care Coordination (MCC) and Retention and Outreach Specialists (ROS) to expand existing outreach and linkage efforts. The initiative's investment in data capabilities is essential for transforming HIV care delivery, allowing for targeted interventions that enhance patient care and improve public health outcomes.

PROGRAM CHALLENGES:

The program DARE2Care has encountered several challenges and learned important lessons during its early implementation phase. Staffing shortages, high turnover, and delays in hiring have hindered the timeline for local program roll-out, impacting the scheduling of in-person staff training such as field safety training. The needs assessment further revealed complexities in data collection due to variations in contractor platforms, which led DHSP to streamline data collection requirements. This adjustment aimed to ensure timely information gathering for verifying client data and care status, enabling data analysts to gather essential information efficiently.

In response to these challenges, DHSP, in collaboration with TAP-in, provided targeted technical assistance to contractors, helping them examine their data systems and improve processes for enhanced client tracking and care linkage. Data tools were revised to improve engagement and usability, and DHSP offered one-on-one live training and technical assistance on tool usage and process comprehension. These early challenges underscore the complexity of HIV care management and highlight the need for a flexible and adaptive approach to program design and implementation. Incorporating lessons learned strengthens DARE2Care's viability and the impact on improving health outcomes for people with HIV (PWH).

COMMUNITY ENGAGEMENT AND DEVELOPMENT:

The program was developed with input from the local Ryan White Planning Council (the Los Angeles County Commission on HIV) and the Ending the HIV Epidemic Steering Committee. This collaborative effort included HIV service providers, experts, and community members, ensuring that DARE2Care's design aligned with local needs. TAP-in also assesses selected contractor's capacity, providing insights that guided program implementation and outreach strategies.

DATA COLLECTION AND MONITORING:

DHSP developed specific data tools and protocols to support DARE2Care's data collection, reporting, analysis, and exchange functions. These tools include essential data variables that DHSP will use to monitor progress toward program goals and outcomes. Program staff are required to complete a Clinic Data Template, which records identification and contact information for out-of-care (OOC), at-risk of falling out of care (RFC), and newly referred to care (NRC) clients. This template is shared with DHSP's

Surveillance Unit, which reviews the data and updates client information and care status through surveillance and internal databases.

In addition to the Clinic Data Template, DHSP created a Client Form to track client engagements such as lab results, appointment attendance, ART prescription pickups, and outreach attempts. This form serves as a comprehensive record of patient interactions, allowing program staff to document clinic outreach efforts and linkage-to-care actions. For data security and privacy, DHSP has implemented a secure file transfer protocol (SFTP) for sensitive data exchange between DHSP and program staff. To support scalability and sustainability, DHSP is also in the process of transitioning data collection and reporting to the REDCap platform, further ensuring that data is managed and shared securely and efficiently.

KEY METRICS AND OUTCOMES:

The program DARE2Care has established several key metrics to measure program success:

- Enrollment and Referrals inro HIV prevention and care services
- Time between initial outreach to receipt of care
- PWH who are NRC and are linked to care
- PWH who are OOC and RFC and are re-engaged in care
- PWH who are OOC, RFC, and NRC and achieve care retention
- PWH who are OOC, RFC, and NRC and have reached viral suppression
- Number of PWH clients served, re-engaged, care retention, and who achieve viral suppression
- Viral load of PWH at different stages in the HIV care continuum, including retention in care and maintenance of viral suppression

CONCLUSION:

The program DARE2Care reflects an innovative approach to improving HIV care delivery through data-informed methodologies and strong collaboration with community stakeholders. By equipping local clinics with the tools and expertise to address care gaps independently, DARE2Care is positioned to make a significant impact on the continuity and quality of HIV care for underserved populations. The program's early challenges and adaptations underscore the complexity of HIV management, while the lessons learned are essential to shaping a scalable and sustainable program. As DARE2Care continues to evolve, it holds the potential to greatly enhance engagement and retention in care for PWH, ultimately improving health outcomes and contributing to the broader goal of ending the HIV epidemic.