

National Social Work Strategy to End HIV/AIDS

Professional Association of Social Workers in HIV/AIDS



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Professional Association of Social Workers in HIV & AIDS

U.S. National HIV/AIDS Strategy: The Vision
The United States will become a place where new HIV infections are rare and when they do occur, every person regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.

MAY 2017

Social Work: The End to HIV/AIDS

Introduction

Over the last 30 years, Social Work professionals forged incredible progress in the fight against HIV/AIDS. We did so by treating the whole person within the context of their environment. Early on, we recognized the importance of the social determinants of health in HIV prevention and to ensure positive treatment and care.

Social determinants are the conditions in the environment – social, political, economic – that affect quality-of-life outcomes and shape health risk. We know that “place” matters. The access to resources can directly influence an individual’s quality of life.

Access to clean water, a safe and affordable house, employment, transportation, good schools, places of worship, parks and recreation, and connection to family and friends all have a positive impact on the overall health and well-being of individuals and communities. Over the last 30-years, we have learned nothing else, Social Workers have the skills and expertise to navigate, implement, research, and advance solutions that promote social interventions that make healthcare more effective. **Now is the time to take our experience and expertise to create a National Social Work Strategy to end HIV/AIDS in the U.S.**

Why Now?

We have a clear path to end the HIV epidemic in the U.S. In 2016, the U.S. National HIV/AIDS Strategy was approved creating a clear vision on what we could achieve. Since that time, the Administration has changed and with it an unclear commitment on ending HIV/AIDS in the U.S.

Viral suppression is possible. We now know HIV transmission can be blocked through viral suppression for those who are HIV-positive and through Pre-Exposure Prophylaxis (PrEP) prevention medication. We know if a person is in care, they are more likely to be adherent and therefore more likely to be virally suppressed. We now have such tools as the HIV Care Continuum to track our progress.

We have seen the progress of such cities as New York City, New York and Portland, Oregon who have achieved a viral suppression rate of 68% for persons diagnosed with HIV/AIDS, while nationally the viral suppression rate is only 30%.^{1,2,3} This type of discrepancy cannot exist. We must support advances nationwide

Biomedical treatment alone will not end the epidemic. Striving for no new infections and equal access to care starts by alleviating and navigating the social determinants of health. These social determinants play a vital role in ending the epidemic – housing, transportation, access to food, employment, legal services, and more.⁴

Social Work is critical to ending HIV/AIDS in the U.S. Social Work is key to reducing new HIV infections and ensuring health equity. Through its multifaceted interventions, research, and advocacy, Social Work as a profession is well poised to end HIV/AIDS in the U.S.

We call for a National Social Work Strategy to end the HIV/AIDS Epidemic in the U.S.

Our Process

In May 2015, at the 28th National Conference on Social Work and HIV/AIDS, the Professional Association of Social Workers in HIV/AIDS (PASWHA) called for “The End of HIV/AIDS through Social Work.” That call and its assertion that

Social Work practice, in its many forms, is critical to ending HIV and AIDS in the U.S. galvanized a series of listening sessions and national survey to shape a vision and goals for the profession. Through this year long process “the call” was transformed into a National Strategy to guide our profession into the future where HIV and AIDS no longer exists. Over 100 people participated in this series of activities and have helped to shaped the strategy. Our thanks to all those who shared their voice and to the PASWHA Board and members without who this Strategy would not be possible.

The Context

More than 1.2 million people are living with HIV/AIDS in the United States (CDC). Over the past decade, the number of new diagnoses dropped by 19% from 2005 to 2014. There is hope of an HIV-free generation. Research has shown that when a person’s HIV viral load is suppressed to the point of being undetectable, there is nearly zero possibility of spreading the virus.⁵

The HIV Care Continuum monitors the status of those living with HIV/AIDS, with viral suppression being the goal. As mentioned, only 30% of those living with HIV in the United States are virally suppressed. From the Care Continuum, we see the drastic drop from 86% diagnosed to 40% engaged in care. At this point we must focus interventions and bridge the gap from diagnosis to engaged in care.

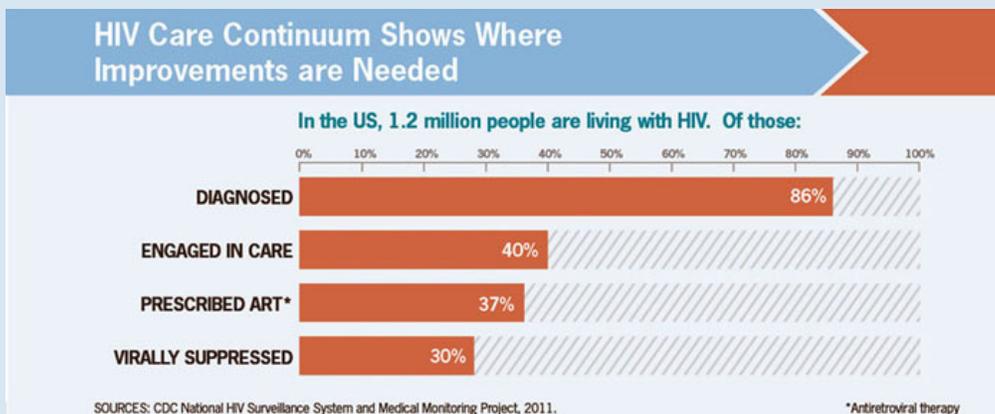
The HIV Care Continuum is a useful tool in tracking

our progress in reaching an HIV-free generation but we must also focus on prevention. While some demographics of people are seeing their HIV infection rates decline, others are seeing increased prevalence. For example, from 2005 to 2014 diagnoses rose by 24% in Latino/Hispanic gay and bisexual men. Young people ages 15 to 24 account for 1 in 5 new HIV infections. African Americans account for 45% of HIV diagnoses despite comprising only 12% of the US population.⁶

Regionally there are drastic differences. According to the report, *State of HIV in the US Deep South (2107)*, the deep south had the highest rate of HIV diagnoses in 2014 with 18,087 cases and the highest death rate from HIV/AIDS.⁷

African Americans have been particularly affected in the Deep South where over half of individuals diagnosed with HIV (53%) in 2014 were African American.⁷

There are many social and systemic injustices that prevent progress in ending the HIV epidemic. Many people still do not have access to quality healthcare—especially people who are low income and



live in states that did not expand Medicaid under the Affordable Care Act. There's a national focus to move health care decisions to the local level. While much good can be done at the local level, we need to keep our ultimate goal on federal legislation that provides a quality standard of coverage and care for everyone living with HIV/AIDS, regardless of their geographic location. However, we should be sure to advocate within our local jurisdictions and push for measures that address not only healthcare access, but also social determinants.

Racism, homophobia, and stigma continue to create barriers in obtaining treatment and housing prices continue to climb leaving little affordable housing in many places.

While the medical world is moving swiftly ahead with pharmaceutical interventions that work and keep people healthy, it is incumbent upon Social

Workers to increase access, and remove barriers, to treatment and other social determinants of health. Viral suppression only occurs when people take their medications regularly. To get people into care and taking their medications, we must have Social Workers at the helm across the entire continuum of care. We must address the broader environmental, social, political, and psychosocial barriers to end the HIV/AIDS epidemic.

While the U.S. National HIV/AIDS Strategy lays out a good framework to ending HIV/AIDS in America, Social Workers were only mentioned twice throughout the document. As critical members of a provider team, we must make our voices heard. We must demonstrate our knowledge, skills, and passion to help all those living with HIV get to an undetectable status.

Why Social Workers?

Social Workers are crucial to changing the direction of the HIV Care Continuum. We are often the first people who encounter someone seeking care whether through testing or conducting the initial assessment of the patient. Our ability to help a client feel safe and welcome is essential to that person continuing care. We are often the first ones to identify and rectify social injustices related to poverty, race, gender, income, rural living, and more. We can help remove these barriers on a case-by-case basis through raising awareness of persistent systemic challenges, through knowledge-sharing, and advocacy.

As a profession, we hold values that make us and our work beneficial to those living with HIV/AIDS. We are client-centered and value the dignity of clients

and their personal, individualized situations. Our values uphold the National Association of Social Workers (NASW) social work code of ethics. We look at a client's entire life and environment to figure out ways to help that person achieve better health outcomes. We can identify and empower solutions to the root causes that help or hurt a person's situation, such as ensuring safe, decent affordable housing; access to new opportunities through education and employment; accessing treatment of behavior health; and navigating pervasive stigma.

As we look to the role of Social Workers and our inherent values, we must put ourselves at decision-making tables and claim our role in ending the HIV/AIDS epidemic.

“People have competing demands, including challenges meeting their basic needs for housing, food, and childcare, which often contribute to poorer HIV outcomes... Support from Social Workers or case managers can help with identifying resources.”

– U.S. National HIV/AIDS Strategy

Our Vision

HIV prevention, care, and treatment to improve the health and overall well-being of those living with HIV and AIDS could not happen without Social Workers. Social Workers navigate every system along the HIV Care Continuum to ensure optimal well-being of persons living with HIV/AIDS. Whether it is addressing the physical, mental health, or the basics social needs of individuals, Social Workers are working in a variety of roles to end the epidemic.

Our vision is clear. We see the end of HIV and AIDS in the U.S. Social Work is critical to helping achieve this goal by addressing the barriers to HIV prevention, treatment, and care. To achieve this vision, we call for this National Strategy.

Supported through our national association – the Professional Association of Social Workers in HIV/AIDS (PASWHA) and the National Conference of Social Workers in HIV/AIDS, this National Strategy promotes and values the unique power and role that Social Work practice, research, and advocacy has to end the epidemic.

Our call and vision is clear – *End HIV and AIDS through Social Work!*

This is our time to implement a National Strategy that will provide a roadmap to end HIV and AIDS in the U.S.

I walked in one day and asked for a social worker. I needed help with housing and food. The social worker helped me make out the forms and made some phone calls and got me emergency housing as well as food stamps. I am no longer homeless and my HIV is under control. I had nowhere else to turn to and that social worker was there for me.

- Client, Crescent Care, New Orleans

Our Goals and A Call To Action

To achieve our vision, we will:

1. Advance the profession of Social Work in HIV and AIDS.

The Ryan White program receives \$2.3 billion annually to care for those living with HIV/AIDS. Non-medical case management only accounts for roughly 3.25% of Part A and B spending.^{8,9} In 2014, 150,515 Ryan White (RW) clients received non-medical case management contrasted to 285,531 RW clients who received medical case management and 512,214 clients who received any service from RW.^{10,11} This figure does not include case management services for those living with HIV/AIDS covered by Medicaid, Medicare, or private insurance companies. Despite only 3.25% of RW dollars spent on non-medical case management, 29% of RW clients utilize this valuable service.

The figures simply highlight the lack of prioritization and recognition of Social Work practice has in addressing overall care and well-being along the HIV Care Continuum. As Social Workers, we provide

and navigate the array of services that ensure access to care and improved well-being. Access to such services as mental health care, substance abuse treatment, affordable housing, employment, and other social services are crucial to ensuring that the social determinants are addressed and improvement are seen along the HIV Care Continuum.

Some of the greatest challenges currently faced by the profession: 1) Funding, especially in the healthcare system, to adequately pay for the care completion services that help to ensure access and linkage to ongoing care and treatment; 2) Engagement of Social Workers within the overall medical care team; and 3) Access to HIV/AIDS credentialed Social Workers and paraprofessionals through the U.S., including rural areas.

To meet this goal, we will:

- Promote that Federal funding programs require BSW/MSW degrees to work in HIV/AIDS.
- Promote and support allied professionals in HIV/AIDS to be better equipped with Social Work ethics and best practices, and resources.
- Support and enhance the Social Work profession

through on-going HIV/AIDS education and certification to ensure the delivery of best practice.

- Establish a Social Work HIV/AIDS Certification program.
- Increase and expand current funding to strengthen proven, successful psycho-social interventions to reduce health related costs and increase overall well-being.
- Expand the use of such healthcare funding (Ryan

White, Medicaid, Medicare) to better support services that provide care completion and address the social determinants of health.

- Advocate for increased recognition and pay for Social Workers commensurate with education, experience, and expertise.



Facilitating The HIV Care Continuum Through Social Work Practice (National Association of Social Workers , 2015)

As we pursue our goals, we can look to the HIV Care Continuum not only as a research tool but also a community planning tool. Social workers play a critical role at each of the stages of the Continuum.

2. Achieve health equity by targeting social injustices and disparities that impede optimal HIV prevention, care, and health.

HIV/AIDS is a disease that has disproportionately affected certain populations since its inception. Men who have sex with men continue to be disproportionately affected, as well as people of color and lower-income individuals. In 2015, The Health Resources and Services Administration (HRSA) reported about three-quarters of Ryan White program clients were from racial/ethnic minority populations and Whites accounted for just 26.9%. This percentage distribution has remained consistent since 2011. Additionally, 65.4% of clients were living at or below the federal poverty level.¹²

Societal factors like access to comprehensive healthcare, income disparities, affordable housing, racism, stigma, education, and other factors directly impact HIV/AIDS transmission rates and health

outcomes of those living with HIV/AIDS. As social workers in HIV/AIDS, we have a unique opportunity to improve health equity in three specific ways: (1) centering clients and their experiences; (2) changing culture within our organizations, and; (3) advocating at the larger, systemic level for policy changes that improve health for all groups of people.

On an individual level, we can help clients navigate through societal structures (i.e. housing and transportation) and inform other professionals and the public about what factors are impeding people from getting quality care and becoming healthier. We can be advocates within our agency to create the local change necessary to address these barriers. Nationally, we can use our voices as professionals to create systemic and cultural change that will benefit the clients we serve.

Some of the greatest challenges currently faced by the profession: 1) Providing the tools and resources to

advance Social Work practice at a local and national level to better shape HIV/AIDS policy; 2) Engagement of Social Workers with medical professionals to better address the social determinants of health and improve care along the HIV Care Continuum; and 3) Shaping the current funding environment to support Social Work practice.

To meet this goal, we will:

- Increase our alliances with national, regional, and local advocates to promote Social Work values and practice.
- Promote and highlight collaborative efforts that demonstrate the effectiveness of better coordination of Social Work with medical teams to more effectively provide care completion.
- Advance Social Work interventions that help medical interventions work more effectively and address social injustices and health inequities.
- Promote systems change through advocacy at all levels to promote the effectiveness of the profession in reducing HIV infections and improving HIV care and treatment.
- Ensure the Social Work profession is driving the dialogue on best practices and needed interventions rather than being dictated by funders and healthcare entities.

3. Expand HIV/AIDS research and increase knowledge of evidence-based and promising practices.

The National Conference on Social Work and HIV/AIDS and the PASWHA provide a unique opportunity and platform to advance Social Work practice through the on-going development and dissemination of research and evaluation. We have been well served by researchers working in the field who have documented the needs of persons living with HIV/

AIDS, demonstrated effective interventions in HIV prevention and care, and highlighted key policies and systems challenges affecting our work.

As we see the challenges that remain across the HIV Care Continuum, research is needed to further demonstrate the effectiveness of Social Work in reversing the trend in the Continuum. By highlighting and furthering studies that demonstrate improved health outcomes through Social Work interventions, we show the efficacy of our practice, but provide proven models to end the epidemic. We must demonstrate that Social Work practice, in its many forms, is an effective intervention, and effectively helps to identify, address, and navigate the many social, political, and economic barriers that impact HIV prevention, care and treatment. **Without effective Social Work practice, we will not improve care along the HIV Care Continuum.**

To meet this goal, we will:

- Expand our knowledge by promoting a systematic literature review examining the connections and Social Work interventions that are effective in HIV prevention and care while also addressing health disparity and social injustice.
- Develop a robust research agenda to advance Social Work and its multifaceted role in HIV prevention and care along the HIV Care Continuum.
- Form a research collaborative of leading researchers in the field to help shape and implement the research agenda and disseminate these efforts through on-going learning opportunities.
- Promote best practices and the development of a compendium of evidence-based models for effective HIV prevention and interventions along the HIV Care Continuum.



Conclusion

Our vision is clear. Social Workers have the expertise, skills, and tools to end the epidemic. Now is the time to implement our national strategy to not only advance our field, but to fully address the on-going social injustices and the health inequalities that continue to impede our progress along the HIV Care Continuum. In our generation, we will see the end of HIV and AIDS through Social Work!

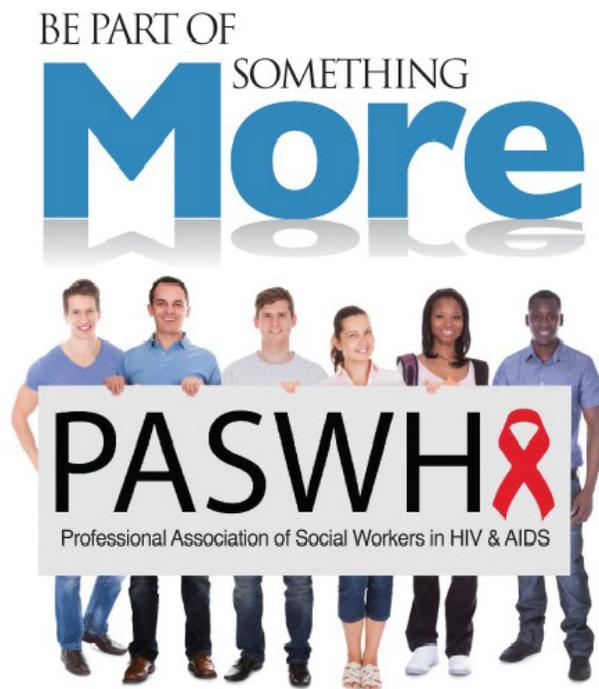


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Memberships Available

Interested in Social Work and Support Services in HIV & AIDS?



Join Now!

The Professional Association of Social Workers in HIV and AIDS (PASWHA) energizes and supports social workers and other professionals providing social work services to impact the disease through education, research, policy/advocacy, networking and professional development.

• Individual Memberships • Student Memberships • Organizational Memberships

Membership Benefits:

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