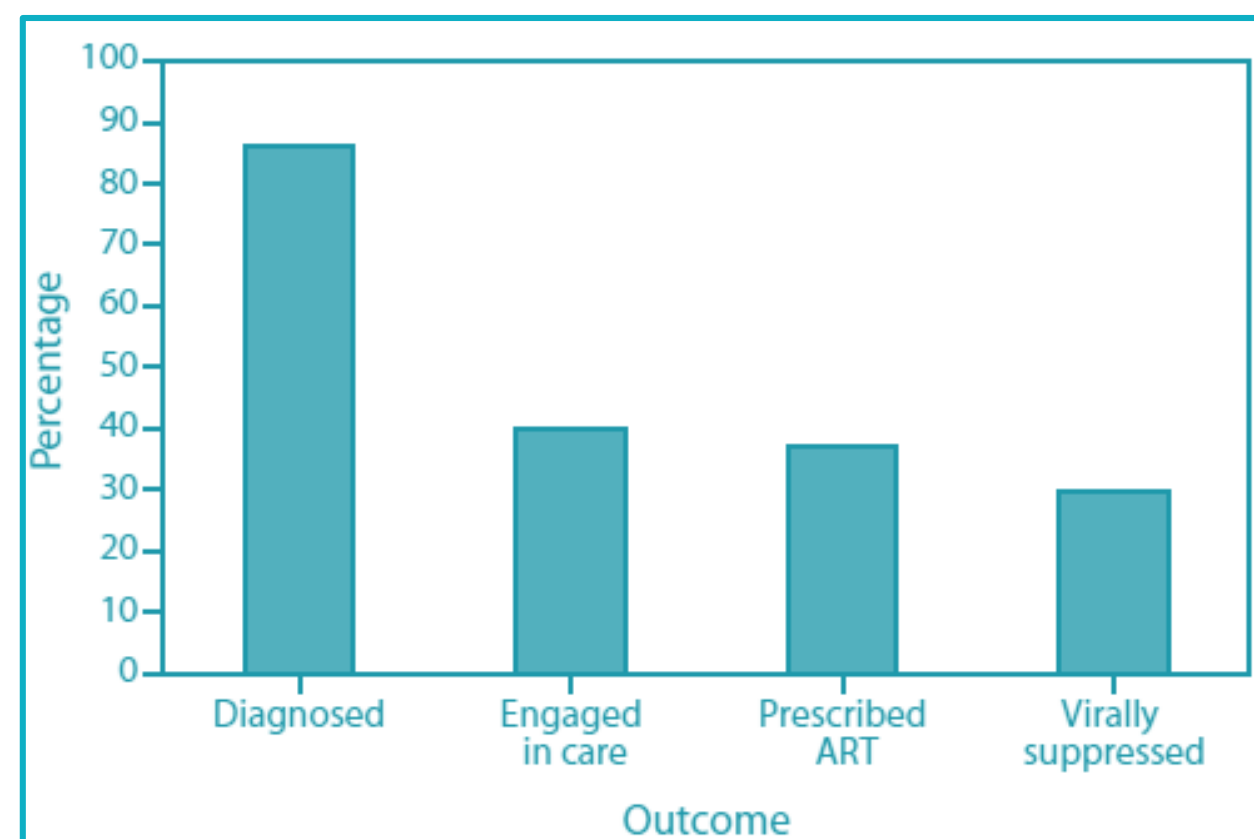


ISSUE

With an estimated 1.2 million people living with HIV in the United States, it is critical that we continue and expand programing to not only help individuals recognize their status but also receive care.

The *Vital Signs: HIV Diagnosis, Care, and Treatment Among Persons Living with HIV – United States, 2011* stated “The greatest opportunities for increasing the percentage of persons with a suppressed viral load include increasing the percentage of persons living with HIV who are engaged in care.” (Center for Disease Control and Prevention, 2014)



HIV care continuum – United States, 2011 (Center for Disease Control and Prevention, 2014)

HIV+ persons living in poverty face resource and support limitations that make it challenging to develop productive self-sustaining lives and increase engagement in care.

The Centers for Disease Control reports, demographic characteristics that are significantly associated with the prevalence of HIV are:

- Age
- Education
- Annual household income
- Poverty level
- Employment
- Homeless status
- Region

For example, the lower the income, the greater rates of HIV were seen within a community (Center for Disease Control and Prevention, 2015).

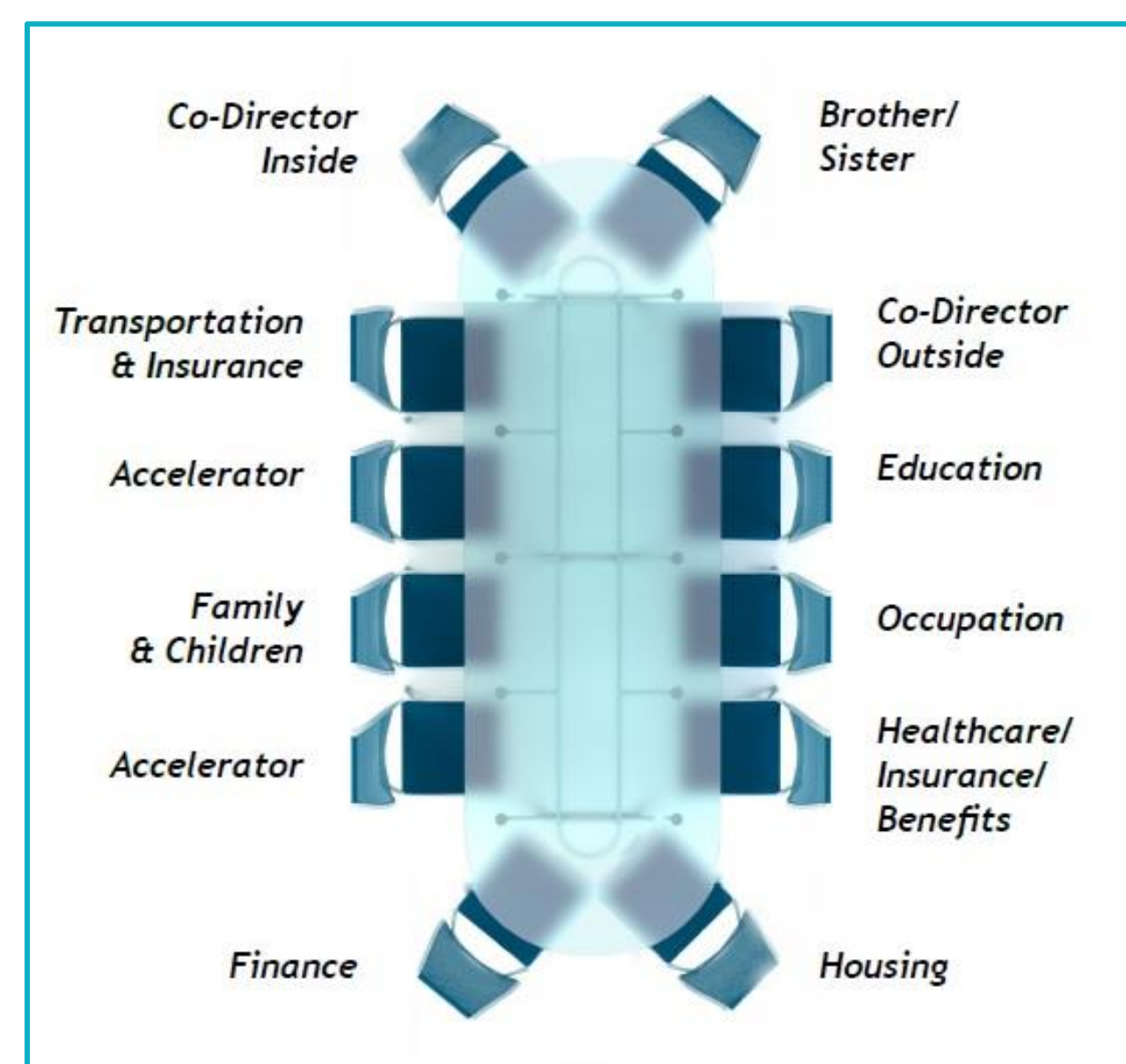
THE MODEL

The Open-Table Model (OTM) is a poverty transformation model utilizing volunteers to help others live well holistically. It has been adapted by HopeSprings to serve HIV+ persons living in poverty to build a system of support and a life plan to address poverty-related issues while enhancing the client's ability to adhere and stay in HIV care.

Volunteers from faith communities invest their vocational/life experiences and networks by meeting on a weekly basis with the client (Brother/Sister). The model integrates best clinical practices to enhance retention and viral suppression. OTM is also instrumental in eliminating stigma and discrimination.

How the model works?

- (1) Client (connected to HIV care) and immediate family
- (6-8) volunteers create support network
- All participants have access to a clinical case manager, peer navigator, table coach, and other social support
- Volunteers and Client meet for an hour on a weekly basis for one year.



HIV Table Model adapted by HopeSprings

PROGRAM CANDIDATES

The HIV+ client must live in poverty and be ready for change – determined via evaluation for preparation/action stage of the stages of change.

Potential Candidate Key Indicators:

- Connected to HIV care
- Are at least 18 years old
- Have a projection of at least 6 months stable housing
- Free of “active” substance abuse
- Goal oriented and follow-through on responsibilities
- Limited support network
- Make a commitment to attending weekly Table Meetings

OBJECTIVES

In Baltimore for 2015-2017 HopeSprings aims to:

- Successfully complete the Open Table process with at least ten (10) MSM or transgender clients based on recruitment and referrals from the collaborators of PS15-1509
- Solidify license table agreements from five additional faith communities
- Train 80 to 100 new volunteer table members

Covered topics including:

- HIV Basics
- Cultural competency
- Stigma and discrimination
- OTM Training

CHALLENGES

This model is laborious as it requires intensive outreach to faith communities to recruit volunteers. We address this by a team of dedicated Outreach Directors pursuing partnership with HopeSprings to train and engage congregation members with the HIV OTM. Additionally, as we increase our network of faith community partners, we expand our capacity to reach and recruit volunteers. This assists us in our mission to serve our clients.

Identifying eligible clients can delay the process when determining the client's readiness versus need which extends the process to meet anticipated needs.

RESULTS

Since 2013,

- 7 tables served 8 clients (4 females and 4 males) and 17 immediate family members
- 9 faith communities currently operational with HIV OTM
- 6 graduated successfully
- 2 are in process
- 1 dropped out

The impact of HopeSprings adaptation of the OTM to meet the needs of HIV+ cannot be underestimated. The five graduates are adherent, virally suppressed, employed, have better financial management, stronger relationships, better coping mechanisms and sought continuing education.

Table members are positively impacted too, as they learn about life circumstances through the cycle of poverty their which completely changes their outlook on life.

There has also been increased inter-denominational collaboration among congregations that have never worked together before.

According to *An Evaluation of 20 Graduated Open Table Brothers and Sisters*;

- **95%** of individuals who completed the OTM reported being self-supporting or confident in their ability to be self-supporting in the future;
- **100%** of individuals who completed the OTM reported having more optimism about their future and felt like they are headed in the right direction (VanDenBerg, 2015).

“Table Members are givers of hope when all others seem to tell you what you can't do or what you're ineligible for.”

- Brother served by a Table



HIV Table Members and Brother 2013

CONCLUSIONS

OTM is successful in promoting better health outcomes, retention and viral suppression. Next steps are to use OTM as a preventative strategy for persons who are at high risk for HIV by creating supportive relationships to live well. This process has begun with African American MSM and Transgender communities who are on pre-exposure prophylaxis (PrEP) or are **PrEP ready**.

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