

## Project Team

Kate Murphy-Shuton, RN  
Gina Facen  
Ellen Krouss, MSW  
Pamela Klein, RN  
Joshua Bamberger, MD, MPH  
Daniel Rybold, MD  
George J. Unick, MA  
Joan E. Myles, JD, MA  
Wolfgang Stuwe, MA

David Bangsberg, MD, MPH  
EPI Center, UCSF

Pamela Klein, MSN, RN  
Mitchell Katz, MD  
SF Dept. of Public Health

Margaret Chesney, PhD  
Center for AIDS Prevention  
Studies, UCSF

## Action Point Adherence Project

The Action Point Adherence Project is a San Francisco community service program designed to support successful AIDS treatment for the urban poor in adhering to HIV treatment.

## Main Findings

Community-based services can help homeless and marginally housed (“urban poor”) persons living with HIV and AIDS benefit from HIV treatment advances. Of the Action Point clients who chose to receive highly active antiretroviral therapy, 76% showed improved viral suppression. Self-reported and objective measures showed promising improvements in treatment adherence.

## Background

In the United States, AIDS is increasingly an epidemic of the poor and disenfranchised. While effective antiretroviral therapy (ART) has resulted in significant reductions in AIDS-related illnesses and deaths, not all segments of the population have benefited equally. One group that remains consistently underserved is the urban homeless. In San Francisco, one of the cities hit earliest and hardest by AIDS, only about 30% of poor urban people living with HIV take combination ART, as compared with 88% for HIV-positive gay men.

Medical care providers serving the urban poor often report reluctance to prescribe ART, fearing inadequate or inconsistent adherence to the complicated treatment regimens. It is a fear founded on realistic concerns about the difficulties in managing multiple dosing sessions, having food available when needed, and even having a refrigerator in which to store heat-sensitive medications. Inability to closely follow the treatment regimens can cause irreparable damage, making future treatments difficult if not impossible. The chaotic life of many poor people, who must spend much of their time fighting for basic necessities, lends itself poorly to managing a complex disease.

Yet, researchers are learning that many of the concerns around treatment adherence can be addressed through thoughtful programs and a strong commitment to providing care. They have also discovered that the ability to predict adherence in individual patients is limited and may be based more on stereotypical assumptions than on sound data.

## Why this project?

Practitioners serving the urban poor often feel caught between an imperative to provide care and a reluctance to prescribe complicated therapies for their clients living with HIV and AIDS. This project measures the impact of specific community-level services designed to overcome many of the barriers to successful treatment encountered by those living chaotic and marginalized lives.



Action Point  
Adherence Staff

The approach is client-centered, with the ultimate determination on initiating and maintaining therapy made by the client rather than by staff members. To facilitate adherence despite active drug or alcohol addition, staff utilize a harm reduction model of care, a non-abstinence-based treatment philosophy that encourages any positive change in health status.

This philosophy also influenced site selection. The project is located in an area surrounded by pawn shops and transient hotels, and with a high prevalence of drug use, homelessness, and violence. It was chosen as way to bring the services to those in need rather than expecting them to come to the services.

## Intervention

Few cities have as severe an affordable housing problem as does San Francisco. With some of the highest real estate values in the world, persons with limited incomes must struggle to find safe housing that they can afford. It has certainly affected those living with HIV and AIDS: a centralized housing waiting list maintained for people with AIDS has over 3,000 entrants. Few will ever make it off the list and into a home. This has left many people with AIDS living on the streets, in emergency shelters, and in transitional housing.

To address their needs and to identify ways to improve access and adherence to HIV treatments by the poor, the City and County of San Francisco opened the Action Point Adherence Project. The facility is housed on the ground floor of a single room occupancy hotel in an area frequented by chronically homeless people. Untreated drug use and mental illness are common. Life in general is hard.

A variety of adherence support services is provided:

- Client dosages are obtained, stored, and dispensed;
- A cash incentive is given to clients who use services at least once that week;
- Some clients are offered pagers that receive text messages that prompt them to take their medications;
- When necessary, therapy is practiced using jelly beans, empty gel caps, and vitamins; less complicated preventative treatments for *pneumocystis carinii* pneumonia and other opportunistic infections are also used to build skills in treatment adherence.

The Action Point staff consists of two registered nurses (each specializing in AIDS care); two case managers; a site coordinator/receptionist; a quarter-time acupuncturist; and a quarter-time pharmacist. The facility is open six days a week

for six hours per day. During off hours, the site is also used by unaffiliated but complementary needle exchange and urgent medical care programs. To establish a rapport with staff, clients are encouraged to “hang out” at the center, and can obtain services without an appointment.

The nursing staff assists clients in identifying a primary care physician if they do not already have one. Prescriptions are filled by a neighborhood pharmacy, delivered to the program, stored, and dispensed by staff. Medicaid or the state’s AIDS Drug Assistance Program (supported by the Ryan White CARE Act) provides funding for the medications.

The program itself is funded by the City and County of San Francisco. Research to measure the effectiveness of the program was conducted by the staff of Action Point. UCSF is conducting an ongoing Federally funded evaluation of the project in partnership with Action Point, San Francisco General Hospital, and the San Francisco Department of Public Health.

The philosophy of Action Point is that each client, rather than a staff member, ultimately determines whether to initiate or maintain therapy. This client-centered approach is considered key to making the program successful. Each client is engaged in adherence case management. Together, staff and client review the different kinds of medications, directions on their proper use, potential benefits, and implications for unsuccessful treatment. Barriers to adherence are identified, and whenever possible, specific steps are identified to overcome those barriers. Referrals to drug treatment, mental health services, housing supports, and other related services are also offered.

These barriers can be individual: obtaining proper nutrition, getting to the clinic and pharmacy, finding toiletries, staying clothed, avoiding violence, getting sober. They can also be institutional: inflexible hours; remote locations; lack of transportation, food, and hygiene supports. Lessons learned decades earlier in the struggle to treat tuberculosis among New York City’s poor are still instructive: the system has to be made to minimize the difficulty of obtaining and maintaining care.

### Example of a client-centered approach:

One client kept an aquarium and was very careful to feed his fish twice a day but not so careful to take his medications on time; nurses helped him use a note tied to the aquarium to remind him to take his medicine every time he fed the fish.

## Key Findings

- The homeless and marginally housed (“urban poor”) living with HIV are less likely than other populations of HIV-positive people to be prescribed highly-active antiretroviral medications, and therefore are less likely to benefit from HIV treatment advances.
- The competing life priorities of people living with the extremes of poverty, such as unstable housing, untreated mental health problems, and drug addiction, often make it difficult for them to adhere to complex medication regimens.
- Action Point, a storefront, drop-in, locally-funded medication adherence program to help poor urban people living with HIV, successfully increased adherence and improved health outcomes of its clients.
- A client-centered approach is key to success. Action Point takes the clients “where they are,” and works with them to determine what it will take to adhere instead of imposing services on them.
- Five months after Action Point opened, the results were modest but promising:
  - 76% of clients who chose to receive highly active antiretroviral therapy showed improved viral suppression, a possible indication of improvements in treatment adherence.
  - 42 (62%) of the initial 68 clients continued to come in at least once a week. Others were lost to follow-up, moved, withdrew, or were incarcerated.
  - 44 received therapy, with 25 having a viral load test at least two months after enrolling; among these 25, 64% had a viral load of less than 500 copies/mL and 12% achieved at least a two-log reduction in viral load.
- Researchers did not report adherence rates before and after the provision of Action Point services; they are working on that, but caution that it will be difficult if not impossible to say that adherence improves with Action Point, only that viral load improved (adherence is very difficult to measure).

## Lessons Learned

- Adherence requires convenient clinic locations, flexible appointment scheduling, secure places to store medications, and perhaps transportation to the clinic and pharmacy.
- If system barriers are removed and if physicians are working to stabilize their patients’ lives, adherence will improve.
- Case management can decrease hospitalization and improve adherence to medications.
- Immediate prescription of ART may be a disservice since patients who develop resistance while they are unstable will have lost the future benefit of therapy.

## Recommendations

- Funding for Action Point Adherence Project should continue and should be expanded to serve additional neighborhoods.
- Further longitudinal research on the efficacy of its interventions is needed.
- Future plans should include the development of training and self-support programs to assist clients in making informed treatment decisions.
- Peer-based group counseling would also help develop a sense of community among clients and staff, and support those struggling with adherence or confounding personal issues.

## References

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## Materials Available

For additional information on adherence research, you can contact Dr. David R. Bangsberg, University of California at San Francisco, Box 1372, SFGH Bldg. 100-339, San Francisco, CA 94143.  
Email: [db@epi-center.ucsf.edu](mailto:db@epi-center.ucsf.edu).

For additional information on Action Point Adherence Project, you can contact Joshua D. Bamberger, MD, MPH, San Francisco Department of Public Health, 101 Grove Street, Room 407, San Francisco, CA 94102.  
Email: [Josh\\_Bamberger@dph.sf.ca.us](mailto:Josh_Bamberger@dph.sf.ca.us).