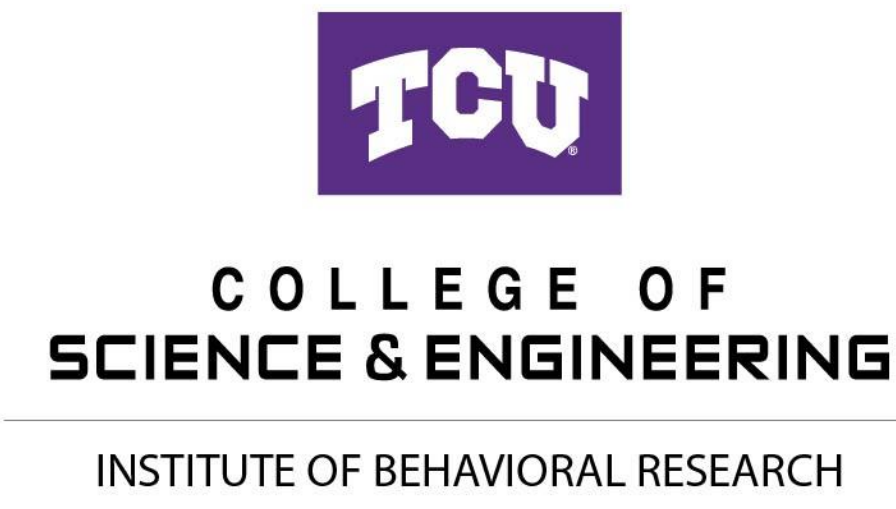


A Qualitative Analysis of Barriers and Facilitators to Care Engagement: Staff and Client Perspectives on the ACTION Intervention



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Background

- HIV is 3-5 times more prevalent in individuals involved with the criminal justice system compared to the general population. While HIV and substance use treatment programs exist in carceral settings, accessing such resources upon re-entering the community proves difficult (Brinkley-Rubenstein et al., 2018).
- Community-level HIV intervention efforts remain limited, with inadequate facilities and insufficient funding creating additional barriers to delivering effective support (Meyer et al., 2011).
- HIV and substance use prevention and treatment programs are staffed by dedicated professionals committed to connecting individuals with the best available resources. However, ongoing evaluation of program strategies is essential to identifying what works and driving continuous improvement.
- The ACTION project is a 5-year NIDA-funded R01 that evaluates the feasibility of two intervention services for connecting people involved with the justice system to treatment services for HIV, hepatitis C, and substance use (Springer et al., 2022). Participants were randomized to either a patient navigator (PN) or a mobile health unit (MHU) condition.

Current Study

The current study aims to compare client and staff perceptions of the ACTION intervention.

Methods

Staff ($n = 6$) and client ($n = 20$) interviews were conducted and coded using a deductive, two-level codebook.

Staff

$N = 6$; Average age: 36 years (range 24-51)

Demographic Characteristic	<i>N</i>	%
Race		
White	6	100.0
Gender		
Man	1	16.7
Woman	5	83.3
Certifications or Licensures		
Certified in Public Health	1	16.7
Licensed Social Worker	1	16.7
Licensed Chemical Dependency Counselor	1	16.7
Master of Public Health	1	16.7

Clients

$N = 20$; Average age: 42 years (range 29-63)

Demographic Characteristic	<i>N</i>	%
Race (select all that apply)		
White	13	65.0
Black or African American	8	40.0
Asian	1	5.0
Gender		
Man	15	75.0
Woman	5	25.0

Staff Identified Barriers and Facilitators

On the Mobile Health Unit, staff noted that finding appropriate referral sources can be difficult, especially at low cost...

Mostly organizations, we have some good ones but we never know. Like right now, several of them are out of funding. We have referrals to some other agencies for like dental and vision. One, my understanding for vision was free, but it's actually \$30. And for some people fresh out of jail or prison, they don't have \$30. And so there's delay [in] that.

Research Assistants discussed how many participants did not see themselves as at risk for HIV...

When – in the Research Assistant visit when we ask about things like PrEP the majority of people do not think that they are at risk. Some people have laughed when we've started asking them the new PrEP-ready questions and things like that because they're like "This is so out of left field because I am in a monogamous relationship and I don't inject drugs and you've told me that those are the risk factors and I don't have them."

They also noted that they had ample time to meet with participants despite having multiple appointments back-to-back...

I appreciated the amount of time that we had with participants. My part was fairly early so we often had plenty of time to talk to folks. Even if we had multiple encounters scheduled for a morning I usually didn't feel the time crunch as far as getting from one person to another.

The Patient Navigator noted the importance of working as a team to best serve clients...

I think just having that camaraderie. We have participants where if we don't know the resources or [if we] need ideas on resources, then we can go to our other Patient Navigators or Community Health Workers here internally. But I had a participant who knew of a resource in [CITY 2], that would work here in [CITY 1]. And so I was able to reach out to one of the Patient Navigators in [CITY 2].

Client Identified Barriers and Facilitators

Clients noted one issue as scheduling. Finding time to meet proved difficult when they had to work...

Actually, I need to call her back really bad. There's been issues with like scheduling conflicts because I work nights and I go to bed like pretty early in the morning, and so that has made it a little more difficult. There's been a lot of phone tag, but, I mean, overall, she's great to work with. Very helpful.

They also discussed the location and transportation as a barrier...

I guess the hardest thing in the [RESEARCH STUDY] was having to go and meet somewhere with them instead of them being able to come to me or a set meeting place. That has been more difficult for me. I mean, I was always able to find a way, and it helped that they paid for lunch, but I think having a set meeting place would have been a lot easier. That was the biggest difference because there was no set meeting place.

Clients mentioned the convenience of meeting on the MHU and being able to discuss multiple needs at the same time...

I have an abdominal hernia, and so she was trying to help me see if I wanted to get that fixed. You know what I'm saying? [...] Or help get me reading glasses so I can read. I mean, I know how to read, but so I can see the words. She helped me with a lot of things, like everything.

One client in the Patient Navigation arm explained how he was able to help others start PrEP using what he learned in the study...

I did encourage two different gentlemen to get on PrEP, and that feels good. It's something that I hadn't given a lot of thought to lately, but in the last year, I have. But she is really encouraging about making sure I take my medications, what my counts were, how my counts were, making sure I didn't miss doctor's appointments, and stuff like that.

Discussion

- A strong client-staff relationship served as a key facilitator across both intervention arms. When participants felt a sense of trust with staff, they were more engaged and better able to communicate their needs openly.
- Participants in the mobile health unit (MHU) arm noted challenges with appointment scheduling and inconsistent communication from clinicians. These findings point to opportunities for improving logistical coordination, making such programs more accessible and reliable for clients.
- Staff identified effective team communication and collaboration as essential to connecting clients with resources and delivering quality services. This underscores the critical role that internal cohesion plays within complex, multi-faceted healthcare interventions.

Limitations

- The findings of this study are limited in scope, as the results reflect the examination of a single intervention and may not be generalizable to other programs or contexts.

Future Directions

- Future research should investigate how the quality of staff-client relationships within interventions contributes to sustained participant engagement.
- Studies should also explore targeted strategies for improving mobile health service delivery specifically among participants with unpredictable or unstable schedules.

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