



The **M**inority **A**IDS
Initiative ~ **A**ntiretroviral **T**reatment and
Access to **S**ervices (**MAI~ARTAS**)
Annual Summary 2012

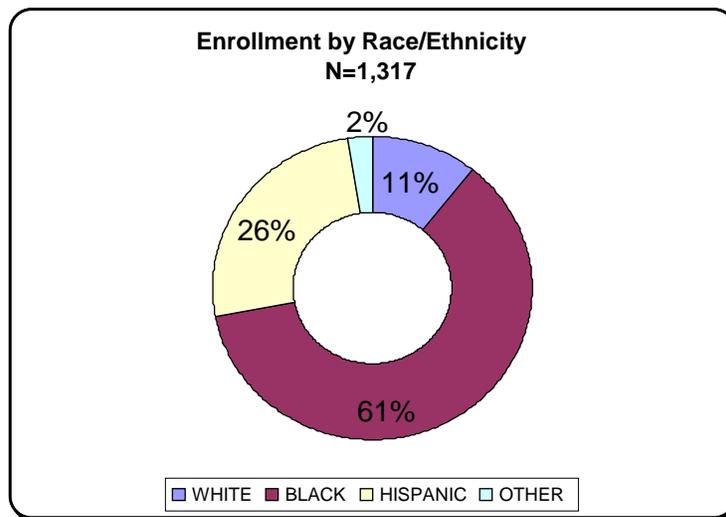


The Florida Department of Health, Bureau of HIV/AIDS uses the Minority AIDS Initiative-Antiretroviral Treatment Access Study (MAI-ARTAS) program to identify HIV-infected persons and link them to medical care. The program is funded by the Health Resources and Services Administration (HRSA) and efforts are focused on minority populations/communities in order to reduce health disparities. The MAI-ARTAS program addresses all three goals of the National HIV/AIDS Strategy (NHAS): 1) reduce the number of people who become infected with HIV; 2) increase access to care and improve health outcomes for people living with HIV; and, 3) reduce HIV-related health disparities.

Goal 1: Reduce the number of people who become infected with HIV.

- **Intensify HIV prevention efforts in the communities where HIV is most heavily concentrated.**

Minorities continue to bear the brunt of the HIV/AIDS epidemic. Care coordinators concentrate most of their efforts in minority communities. In 2011, there were 807 blacks, 337 Hispanics, and 32 “other” enrolled in the program. These numbers collectively represent 89% of the total number of clients enrolled - demonstrating that resources are aimed at populations most impacted by HIV.



Note: The other category consists of Asian, Native American/Alaskan, Pacific Islander, and multiracial

- **Expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches.**

The MAI program uses the ARTAS intervention, which is based on strengths-based case management. The Centers for Disease Control and Prevention (CDC) ARTAS demonstration project has shown that when persons with a recent diagnosis of HIV meet up to five (5) times in a three-month period with a linkage care coordinator, they have a greater chance of being linked to medical care and treatment. By comparison, persons with a recent diagnosis of HIV who receive only a passive referral are less likely to be linked to care. In fact, during the original ARTAS project, 78% of HIV-

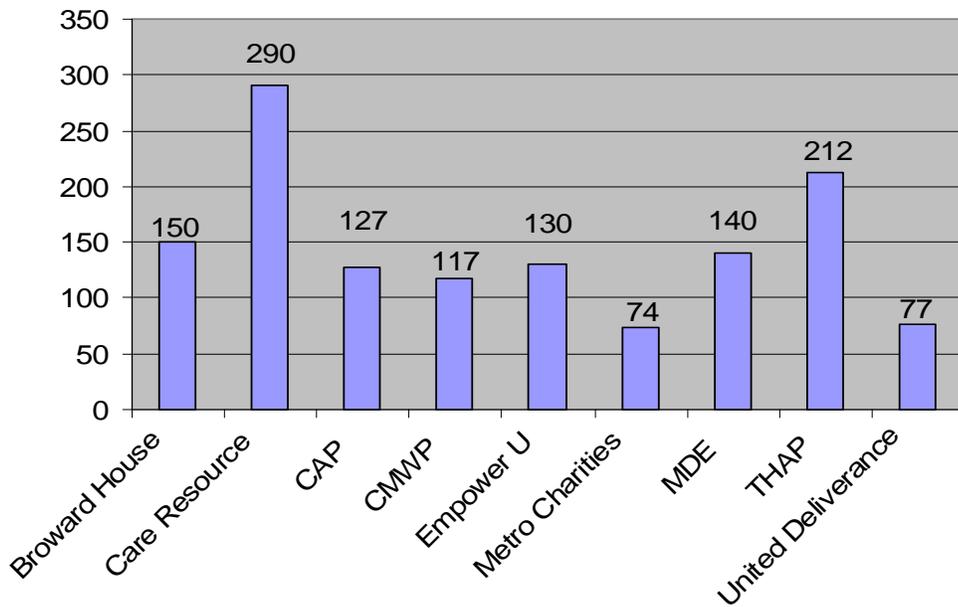
infected persons who met with a linkage care coordinator were still in care six (6) months later compared to 60% of those who received a passive referral. The MAI-ARTAS providers collectively linked 1,095 (83%) clients to medical care. This is greater than the total for the original ARTAS pilot and the ARTAS II demonstration project.

Care coordinators are trained to use Motivation Interviewing during assessments and interactions with clients. Motivational Interviewing is an evidence-based counseling approach that providers can use to help patients adhere to treatment recommendations. It emphasizes using a directive, patient-centered style of interaction to promote behavioral change by helping patients explore and resolve ambivalence. This technique works perfectly with a strengths-based approach which helps to steer the client away from dwelling on deficiencies.

- **Educate all Americans about the threat of HIV and how to prevent it.**

During the second face-to-face contact, MAI-ARTAS care coordinators educate clients about what it means to be HIV positive. This includes information on how HIV is transmitted, which behaviors place individuals at greatest risk for infection, and the importance of medical adherence. Delays in entering treatment can lead to increased transmission of the disease. Getting clients into care as early as possible is the most important aspect of ARTAS - as it may lead to a reduction in disease transmission. There were a total of 1,317 clients enrolled during the 2011 funding cycle (April 1, 2011 – March 31, 2012). Of this total, 1,292 (98%) received education on HIV/AIDS during the second face-to-face contact and as appropriate throughout the enrollment period.

Enrollment by Provider



Goal 2: Increase access to care and improve health outcomes for people living with HIV

- **Establish a seamless system to immediately link people to continuous and coordinated quality care when they are diagnosed with HIV.**

All providers form partnerships with community-based organizations for referrals to the MAI-ARTAS program, including county health departments, jails, homeless shelters, and mental health/substance abuse clinics. Most notably, partnering with emergency departments of local hospitals has been very successful. Through this arrangement, care coordinators are able to link clients to primary medical care without much delay from the time the client presents at the hospital and the HIV diagnosis is made.

- **Take deliberate steps to increase the number and diversity of available providers of clinical care and related services for people living with HIV.**

There is extensive outreach within the community to identify new providers for medical and related services. Care coordinators utilize brochures, palm cards, and group presentations to market the MAI-ARTAS program in their areas. Once a new provider is identified, both parties sign a Memorandum of Understanding or Agreement (MOU/A) outlining the obligations of each provider. This creates a reciprocal referral partnership for each party.

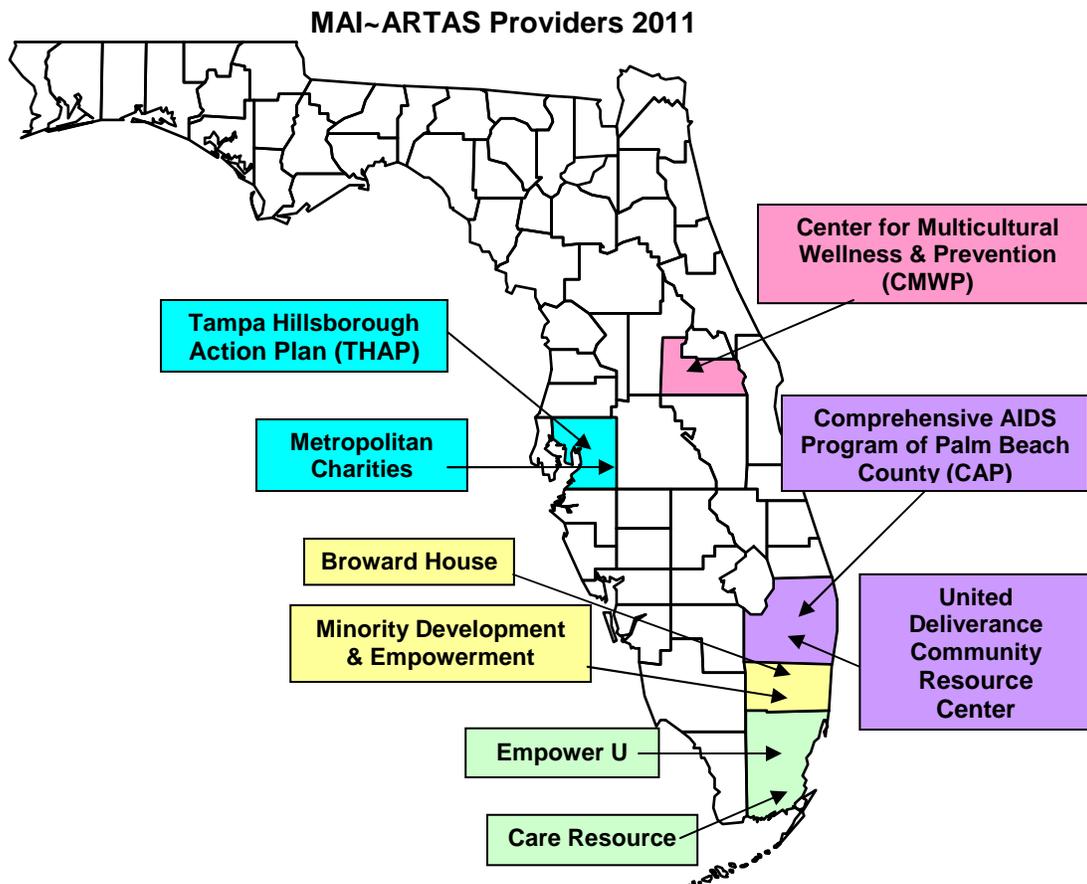
- **Support people living with HIV and co-occurring health conditions and those who have challenges meeting their basic needs, such as housing.**

Many people living with HIV have co-occurring conditions, such as depression, other mental health problems, and/or drug and alcohol addiction. In addition, poverty, unemployment, domestic violence, homelessness, hunger, lack of access to transportation, and other issues create barriers to accessing health care. Care coordinators utilize various resources within their communities to assist clients with any barriers to care identified during the assessment and enrollment period. Several MAI-ARTAS providers have food pantries located within the agency and many provide bus passes or cab vouchers for transportation to appointments. Clients with unstable housing are assisted with applying for the Housing Opportunity for Persons with AIDS (HOPWA) program which provides short-term rent, mortgage, and utility payments (STRMU); tenant-based rental assistance; or permanent housing as appropriate and eligible. Other services that may be provided include case management, free medications, HIV tests, vaccinations, dental/vision screenings, Healthy Start Services, and other health screenings/services (e.g., blood pressure, diabetes, and physical exams).

- **Allocate public funding to geographic areas consistent with the epidemic.**

There are nine providers located in the following counties: Broward (2); Hillsborough (6); Miami-Dade (1); Orange (3); and Palm Beach (4). These counties consistently have the highest number of HIV/AIDS cases (rank shown for each county) reported

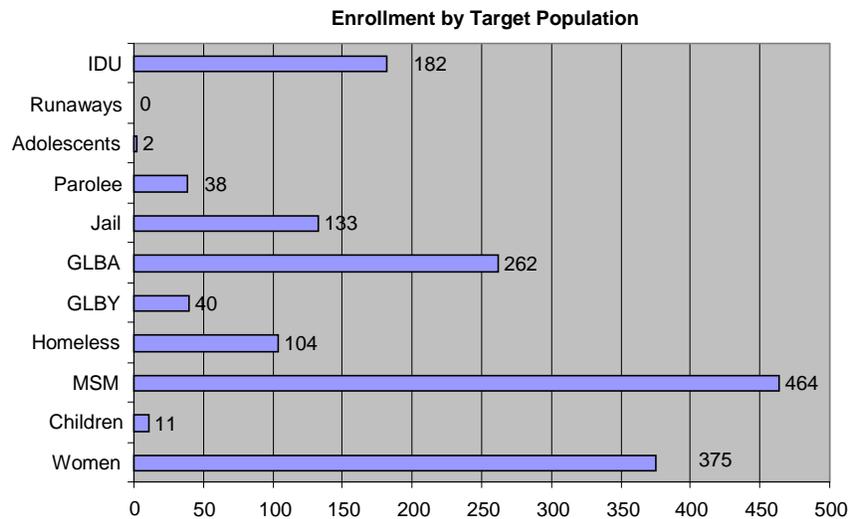
within the state. Hillsborough moved from rank 5 to 6 in 2011 (behind Duval). The Request for Proposals for MAI-ARTAS allowed providers in each of these counties, including Pinellas (7) to compete for funding under the program to ensure funding followed the epidemic in the state.



Goal 3: Reduce HIV-related health disparities

- **Reduce HIV-related mortality in communities at high risk for HIV infection.**

At this time of limited funding, we must direct our attention and resources to communities and populations at highest risk of HIV infection. As outlined in the NHAS, these populations include men who have sex with men (MSM), blacks, Latinos, and substance abusers. The MAI-ARTAS program targets each of these populations for enrollment. MSM and injection drug users (IDU) were among the highest numbers enrolled in the program. This has been a trend for the past three years. The top four target populations served also included gay, lesbian, bisexual adults (GLBA) and women. It is important to note that one client may fall into several target populations. For instance, a black woman may also be an injection drug user and homeless.



- **Adopt community-level approaches to reduce HIV infection in high-risk communities.**

One of the NHAS' recommended actions for achieving this objective is to "promote a more holistic approach to health" by not only addressing HIV prevention, but also prevention of HIV-related co-morbidities (e.g., STDs and hepatitis). MAI-ARTAS providers offer STD tests and referrals for treatment as applicable.

- **Reduce stigma and discrimination against people living with HIV.**

One of the NHAS' recommended actions for achieving this objective is to "promote leadership of people living with HIV." The MAI-ARTAS program funds peer programs in the following four counties: Alachua, Duval, Orange, and Palm Beach. The goal of the Peer Navigator Programs is to improve client outcomes by helping engage and retain persons living with HIV/AIDS in care and treatment (engage, retain, adhere). Through our peer programs, peers act as role models in their community and are recognized as leaders by AIDS service and community-based organizations, local health departments, primary health clinics, and other agencies.

Outside of working to achieve the goals of the NHAS, the MAI-ARTAS program focuses on ensuring those linked to medical care receive assistance with applying for the AIDS Drug Assistance Program (ADAP) and Medicaid/Medicare whenever eligible. In 2011, 407 clients were enrolled in ADAP and 375 in Medicaid/Medicare. Many clients have private insurance plans through their employers or other plans.

The MAI-ARTAS program had another successful year! Through the hard work and dedication of the care coordinators, over 1,300 clients were served. Clients enrolled in the program feel more empowered and are better able to advocate for their own medical care/treatment upon disengagement. It is our hope that the program will continue to increase the number of HIV-infected persons linked to medical care and to decrease the number of newly diagnosed cases through medical adherence, retention, education, and counseling.