

MAI-ARTAS Program Proves to be Successful in Florida

The Centers for Disease Control and Prevention's (CDC) Antiretroviral Treatment Access Study (ARTAS) addressed one of the Advancing HIV Prevention (AHP) initiatives: to prevent new infections by working with HIV-infected persons. The study was designed to determine whether newly diagnosed clients and HIV-infected clients not in care remain in care longer after receiving strengths-based case management from a specially trained care coordinator. In addition to focusing on increasing the number of at-risk persons tested for HIV, it is vital that those who test positive for HIV are effectively and rapidly linked to an HIV primary care provider for treatment. The ARTAS program utilizes four fundamental principles to address this issue:

- Increase the number of HIV tests given (especially to high-risk persons)
- Identify and locate minorities who have HIV
- Utilize strengths-based case management to empower the client
- Connect clients to medical care/treatment

This study demonstrated that when persons with a recent diagnosis of HIV meet with a linkage care coordinator up to five times in a three-month period, they have a greater chance of being linked to medical care and treatment. In addition, these persons have a greater chance of remaining in care for longer periods after linkage. By comparison, persons with a recent diagnosis of HIV who receive only a passive referral (that is, the client is given a referral to a medical professional in their area with no additional assistance to ensure linkage) are less likely to be linked to care. In fact, 78% of HIV-infected persons who met with a linkage care coordinator were still in care six months later compared to 60% of those who received a passive referral.

In 2004, HRSA funded the Bureau of HIV/AIDS under the Minority AIDS Initiative (MAI) to implement the ARTAS model in seven community-based organizations (CBO) around the state. In contract year 2006-2007, there were 884 clients enrolled in the MAI-ARTAS Program. Most providers either reached or exceeded their goals for the contract year, which can be attributed to the extensive community outreach that each uses to promote their services.

The number of clients enrolled by race/ethnicity is illustrated in Figure 1. If you compare enrollments by race, blacks were the largest population enrolled with a total of 593 (67%). Hispanics were second with 209 (24%). All providers have entered into a partnership with at least one community agency for client referrals to their program. These include, but are not limited to, county health departments, STD clinics, jails, homeless shelters, and mental health and substance abuse clinics. Most notably, partnering with local hospitals has been very successful. Through this arrangement, MAI-ARTAS care coordinators are able to link clients to medical care, which alleviates some of the financial strain that uninsured clients have placed on hospitals. In this situation, both parties benefit greatly, making the resource valuable and cost-effective.

Fig. 1 2006-2007 Enrollments by Race/Ethnicity

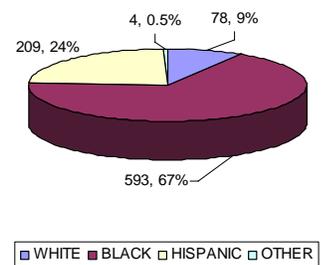
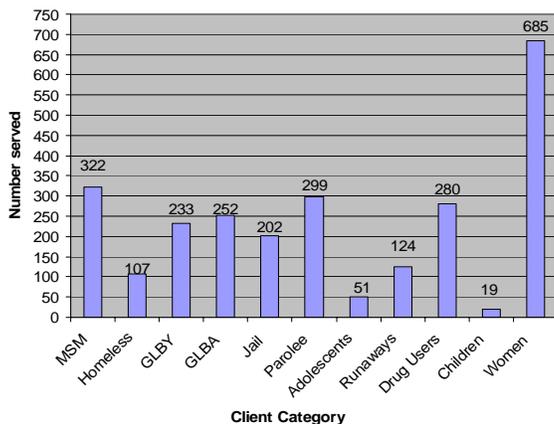


Fig. 2 2006-2007 Target Population Served



The Bureau of HIV/AIDS has found that clients who complete the MAI-ARTAS program are more empowered and better able to advocate for their own medical care and treatment, creating less strain on Ryan White case management. The continued success of MAI-ARTAS will increase the number of HIV-infected persons linked to medical care and decrease the number of newly diagnosed cases.

The MAI-ARTAS program places clients in high-risk categories based on several behavioral components. These behaviors are identified as injection drug use, recently paroled clients, and men who have sex with men (MSM), to name a few. These categories are defined as the target population for ARTAS providers. Women were the largest target population served in 2007. It is important to note that a client can fall into more than one category so the total number of clients shown in Figure 2 will not be equivalent to the total number of clients enrolled for the 2007 period.

Data from the Department of Health MAI-ARTAS program is promising when compared to the data from the CDC. More precisely, 122 clients were newly diagnosed and eligible for a three-month follow-up. Of this total, 77 (63%) were still in care after three months. Of the clients who had fallen out of care before enrollment, 279 were eligible for a three-month follow up. Of this total, 214 (77%) were still in care at the three-month follow-up. This is illustrated in the following table.

January - December 2007	Number of Clients enrolled	Eligible for follow up	Still in care at 3-month follow up	Percentage in care
Newly Diagnosed	275	122	77	63%
Fallen out of care	609	279	214	77%
TOTAL	884	401	291	73%