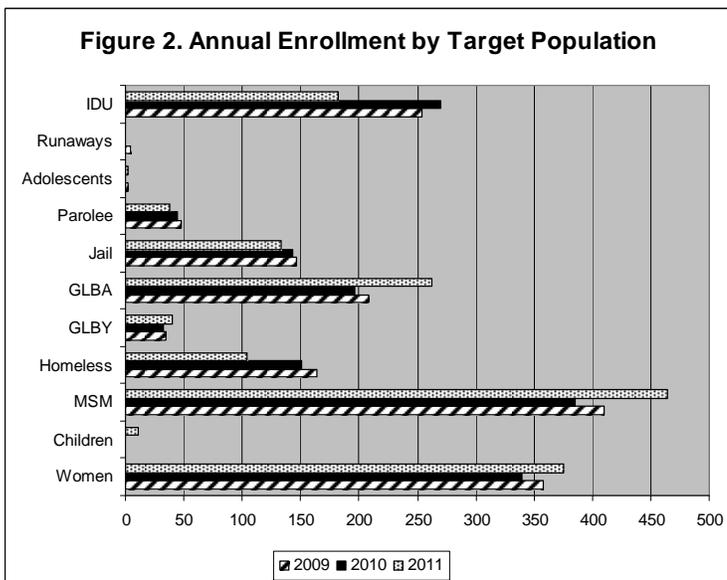
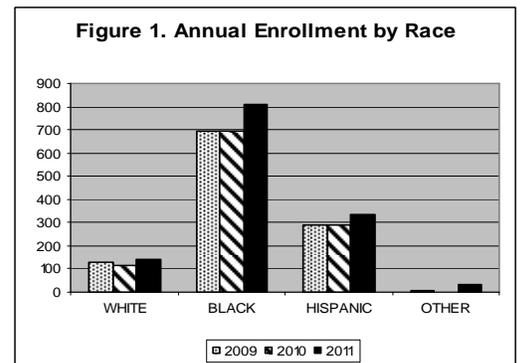


## Three Years of MAI-ARTAS: Linkage, Adherence, and Retention

The Florida Department of Health, Bureau of HIV/AIDS uses the Minority AIDS Initiative-Antiretroviral Treatment and Access to Services (MAI-ARTAS) program to identify HIV-infected persons and link them to medical care. ARTAS, which originally stood for Antiretroviral Treatment Access Study, was a demonstration project funded by the Centers for Disease Control and Prevention (CDC). The study has shown 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 remain in care for longer periods after initiating treatment. By comparison, persons with a recent diagnosis of HIV who receive only a passive referral (i.e., the client is given a referral to a medical professional in their area with no additional assistance to ensure receipt of services) 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.

The Minority AIDS Initiative (MAI) is funded by the Health Resources and Services Administration (HRSA) and efforts are focused on minority populations/communities in order to reduce health disparities. There are nine MAI 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. 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. In 2011, there were 807 blacks, 337 Hispanics, 32 "other", and 141 whites enrolled in the program (Figure 1). This is a total of 1,317, which is an increase from the 1,103 and 1,123 enrolled in 2010 and 2009 respectively. While efforts and resources are aimed at minority populations most impacted by HIV, no one is denied entry into the program.



The MAI-ARTAS program tracks clients in defined target populations based on several behavioral components. These behaviors are identified as injection drug use, incarceration, and men who have sex with men (MSM), to name a few. MSM were the largest target population served in 2011 and the previous two years (Figure 2). Some of these populations represent those considered high risk. In this time of limited funding, it is important to focus our efforts and resources on those most impacted by HIV/AIDS.

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, care coordinators are able to link clients to medical treatment via the Ryan White system of care. This alleviates some of the financial strain that uninsured clients have placed on hospitals. In this reciprocity, both parties benefit, making the MAI-ARTAS program valuable and cost-effective.

Note: GLBA/Y (Gay, Lesbian, Bisexual, Adult/Youth)

As shown in Figure 3, of the 1,317 clients served in 2011, 1,095 (83%) were linked to care (had a visit with a medical care provider). Clients enrolled in the program are assisted with applying for ADAP, Medicaid, or Medicare if they do not have insurance from other sources. Over the past three years, 994 clients have been enrolled in ADAP and 740 in Medicaid/Medicare. The MAI-ARTAS program continues to prove successful year after year! Through the hard work and dedication of the care coordinators, over 3,500 clients have been served between the years of 2009 - 2011. Enrolled clients 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 linkage to care, medical adherence, retention, prevention, and education.

