

The Care and Prevention in the United States (CAPUS) Demonstration Project

Overview

The Care and Prevention in the United States (CAPUS) Demonstration Project is a 3-year cross-agency demonstration project led by the Centers for Disease Control and Prevention (CDC). The purpose of the project is to reduce HIV and AIDS-related morbidity and mortality among racial and ethnic minorities living in the United States. The primary goals of the project are to:

- Increase the proportion of racial and ethnic minorities with HIV who have diagnosed infection by expanding and improving HIV testing capacity, and
- Optimize linkage to, retention in, and re-engagement with care and prevention services for newly diagnosed and previously diagnosed racial and ethnic minorities with HIV.

These two goals are to be achieved by addressing social, economic, clinical, and structural factors influencing HIV health outcomes.

This project directly supports the National HIV/AIDS Strategy (NHAS) goals by:

- Reduce new HIV infections,
- Increase access to care and improve health outcomes for people living with HIV,
- Reduce HIV-related disparities and health inequities, and
- Achieve a more coordinated national response to the HIV epidemic in the United States.

Lessons learned from the CAPUS demonstration project will help to further inform how federal agencies can best work with one another, with health departments, and with communities to reach the NHAS goals across the country.

Cross-Agency Collaboration

In keeping with the spirit and goals of the NHAS, and in recognition of the complex, interrelated, and multi-sectorial nature of the goals, a multi-agency federal partnership provides federal leadership for the project. CDC is the lead federal agency and works closely with the Office of the Assistant Secretary for Health (Office of HIV/AIDS and Infectious Disease Policy, Office of Minority Health, Office on Women's Health), and the Health Resources and Services Administration (both the HIV/AIDS Bureau and the Bureau of Primary Health Care), and the Substance Abuse and Mental Health Services Administration. Together, this federal partnership oversees all stages of the project.



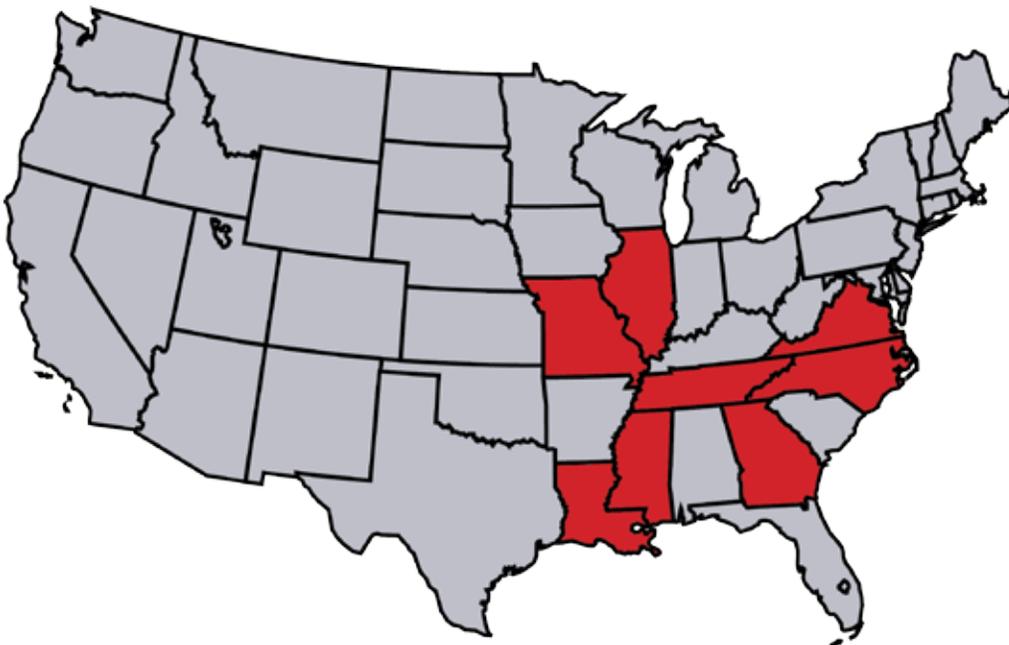
Grantees

Because of the high HIV disease burden among racial and ethnic minority populations, the disproportionate rate of AIDS diagnoses and associated mortality, and the pervasive effect of social and structural determinants of health, eligibility for funding was limited to 18 state health departments in the United States. The 18 eligible jurisdictions were selected based upon the following three criteria:

- **Burden of illness.** Jurisdictions that had greater than 5,000 HIV cases among African Americans and Latinos were included.
- **Disproportionately affected areas.** Jurisdictions that had an AIDS diagnosis rate of over 6 per 100,000 in 2010 were included. This focus on disproportionately affected geographic areas is in concordance with the NHAS focus on decreasing health disparities.

- **Social determinants of health.** Those jurisdictions with a teen birth rate over 25 per 1,000 were included. This indicator allowed a focus on jurisdictions with underlying social and economic factors that impede HIV prevention and care. Through a competitive application and review process, the following eight health departments were awarded funding:

- Georgia Department of Public Health
- Illinois Department of Public Health
- Louisiana State Department of Health and Hospitals
- Mississippi State Department of Health
- Missouri Department of Health and Senior Services
- North Carolina Department of Health and Human Services
- Tennessee Department of Health
- Virginia Department of Health



Funding

CAPUS is supported by funds from the HHS Secretary's Minority AIDS Initiative Fund. In FY 2012, \$14.2 million was awarded for Year 1 activities beginning September 2012. The total projected estimated funding for the entire 3 year project period is \$44.2 million.

Project Phases

There are two phases of the project:

- Phase 1 (Six-month development phase): Health departments collaborate with local and federal partners to finalize the components of their demonstration project.
- Phase 2 (Implementation & Evaluation phase): Following the approval of work plans, health departments will begin implementing and evaluating their demonstration projects.

Program performance will primarily be assessed using impact and outcome measures that can be calculated using existing, HHS-supported data systems (e.g., HIV disease surveillance). Guidance on program monitoring and evaluation (M&E) and performance measures will be provided by the federal partners on an ongoing basis throughout the project period. CDC and other federal partners will work collaboratively with grantees to determine the most appropriate measures for routine reporting.

Overarching Framework

CAPUS is designed to increase the overall impact of prevention activities on HIV-related morbidity, mortality, and incidence by enhancing public health systems and processes that determine when in the course of their infections racial and ethnic minorities living with HIV are diagnosed; if and when racial and ethnic minorities diagnosed with HIV are linked to care; and whether HIV-positive individuals are effectively retained in care.



Funded health departments must develop a work plan that includes a set of required components, as well as supplemental/optional components or other approaches the jurisdiction selects to help achieve the overarching goals of the project.

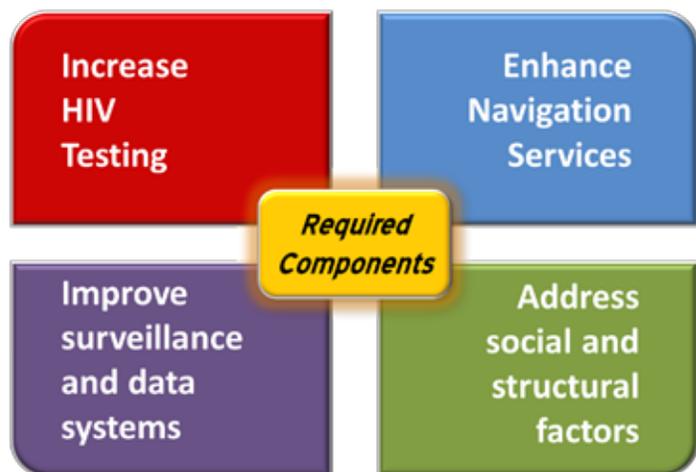
Because there is no one single approach that will work effectively to address the overarching goals of the project across all jurisdictions, a variety of approaches were proposed by grantees and designed to have the greatest public health impact.

These combined activities will also have the greatest potential to address the social and structural determinants of health that are known to create the most significant barriers to testing, linkage to, retention in, and re-engagement with care and prevention in the applicant's jurisdiction.

Grantees are funding community-based organizations (e.g., AIDS service organizations, faith-based organizations, sororities, fraternities, and other non-profit organizations) within each jurisdiction using a minimum of 25% of the total award.

Required Components

- A. Increase HIV testing, linkage to, retention in, and re-engagement with care, treatment, and prevention
- B. Enhance navigation services
- C. Use surveillance data and data systems to improve care and prevention
- D. Address social and structural factors directly affecting HIV testing, linkage to, retention in, and re-engagement with care, treatment, and prevention



Supplemental/Optional Components

Grantees may select other supplemental/optional components to help achieve the overarching goals of the project. These activities differ in scope and complexity and, when combined with the required components, should have the greatest public health impact in the jurisdiction.

How Does CAPUS Complement CDC's Prevention Portfolio

CAPUS is unique in its specific focus on the treatment continuum and improving the health of racial and ethnic minorities living with HIV in disproportionately affected jurisdictions. A range of interrelated social and economic conditions contribute to HIV disparities in communities of color. For example, nearly a quarter of African-American and Latino families live in poverty, which can limit access to HIV testing and medical care. Homophobia and HIV stigma, far too common in all communities, can discourage individuals from seeking HIV testing, prevention and treatment services. Other barriers to HIV testing and care include discrimination, unstable housing and low rates of health insurance coverage.

It is expected that this innovative project and cross-agency collaboration will have synergistic effects on HIV prevention, care and treatment that will significantly reduce HIV-related morbidity and mortality among racial and ethnic minorities in the funded jurisdictions. The CAPUS demonstration projects are designed to identify practical, workable solutions to minimize the impact of these broader problems on HIV testing and care. At the end of the three-year program, best practices and lessons learned will be shared with health departments throughout the nation.