

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS

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BACKGROUND

Structural factors, such as low socioeconomic status (an estimated 45% of African Americans in Louisiana live in poverty) and limited insurance coverage (42% of African Americans in Louisiana under the age of 65 are uninsured), combined with the effects of institutionalized racism and homo/transphobia, contribute to disparities in health outcomes among racial and ethnic minorities in Louisiana. In 2012, African Americans accounted for only 32% of Louisiana's population, but 68% of people living with HIV (PLWH), and 73% of all deaths among PLWH. African Americans also accounted for 74% of HIV cases, 79% of AIDS cases, 86% of primary and secondary Syphilis cases, 86% of Gonorrhea cases, and 77% of Chlamydia cases reported in 2012. The majority of HIV diagnoses (53%) were among men who have sex with men (MSM) with African American MSM representing 66% of the overall MSM diagnoses. The majority of HIV and STD cases in Louisiana are concentrated in three cities: New Orleans, Baton Rouge and Shreveport. Together, these three metropolitan areas accounted for 53% of Gonorrhea, 50% of Chlamydia, 74% of Syphilis and 66% of new HIV cases reported statewide in 2012.

For these reasons, the Louisiana Department of Health and Hospitals, Office of Public Health, STD/HIV Program (SHP) has developed six complementary strategies for their CAPUS demonstration project, entitled "Addressing Louisiana Inequities in HIV and AIDS" (ALIHA): (1) Laboratory Information Management System Strategy (LA LIMS); (2) Louisiana Links Strategy (LA Links); (3) Louisiana Testing Strategy (LA Testing); (4) Louisiana Health Models Strategy (Health Models); (5) Social Marketing Strategy (Social Marketing); and (6) Louisiana Capacity Building Assistance Strategy (LA CBA). Collectively, these interventions are designed to address the social determinants of health that affect HIV disparities among racial and ethnic minorities, particularly African Americans and men who have sex with men (MSM), in the highest prevalence areas of the state, namely New Orleans, Baton Rouge, and Shreveport.

USE SURVEILLANCE DATA AND DATA SYSTEMS TO IMPROVE CARE AND PREVENTION

The Laboratory Information Management System (LIMS) will upgrade the statewide HIV laboratory surveillance system and develop a Medicaid data sharing agreement to provide SHP with data on antiretroviral use, HIV-related medical visits and updated client addresses throughout the state. LA LIMS will also provide ALIHA staff with remote access to real time surveillance data to identify people living with HIV who are in need of services, determine what services are needed, and monitor the effectiveness of services once provided.

LA LIMS will also support other ALIHA strategies to use surveillance data to improve project evaluation capabilities. For example, SHP staff will analyze surveillance data to examine linkage to care within 90 days of an HIV positive test result and monitor CD4 and viral load measures for all patients who test positive through the project's expanded HIV Testing strategy in emergency rooms. Likewise, Linkage to Care Coordinators (LCCs), who implement the patient navigation strategy, will be trained on LA LIMS and other data systems. Through this enhanced surveillance system, they will be able to remotely access data to update daily task lists on clients in need of navigation services. LA LIMS will also provide surveillance data to the Health Models strategy to verify participant enrollment eligibility and monitor linkage and retention in care.

INCREASE HIV TESTING, LINKAGE TO, RETENTION IN, AND RE-ENGAGEMENT WITH CARE, TREATMENT, AND PREVENTION

ALIHA will use the HIV Testing strategy to increase access to no-cost rapid HIV testing among low-income, uninsured, racial and ethnic minorities in the highest prevalence areas of the state. This strategy will identify previously undiagnosed PLWH for linkage to care by executing routine opt-out HIV screening with at least two hospital emergency rooms (ERs) where HIV testing has not been available.

The ALIHA Health Models strategy is designed to increase the number of PLWH who are in care, and once in care, to increase the proportion that achieve and maintain viral suppression by allowing patients to earn financial incentives for HIV-related appointments. New and existing patients at partner clinics in New Orleans and Baton Rouge will earn financial incentives for linking to care for the first time, returning to care, completing necessary lab work, attending primary care appointments, and achieving and maintaining viral suppression. Health Models Coordinators, who are trained in medication management and treatment adherence counseling, will contact participants to assess their treatment adherence progress, identify barriers to care and provide referrals for additional support services as needed.

ENHANCE PATIENT NAVIGATION

ALIHA will implement the Louisiana Links (LA Links) strategy to re-engage and link PLWH with HIV care services in New Orleans, Baton Rouge and Shreveport, where there is a substantial unmet need for HIV care. This strategy involves hiring and training Linkage to Care Coordinators (LCCs), who will provide navigation services to ensure that persons who are HIV-positive are linked to care. The LA Links strategy will connect newly diagnosed persons to medical care and community-based support services such as housing and transportation assistance, provide treatment adherence services to PLWH who have had two viral load test results greater than 100,000 copies/ml within the last twelve months, and provide medical information and navigation services to individuals out of care to re-engage them in care.

ADDRESS SOCIAL AND STRUCTURAL FACTORS DIRECTLY AFFECTING HIV TESTING, LINKAGE TO, RETENTION IN, AND RE-ENGAGEMENT WITH CARE, TREATMENT, AND PREVENTION

ALIHA will use the capacity building strategy to increase the capacity of SHP staff, partner organizations and clients to reduce HIV-related health disparities that affect racial, ethnic and sexual minorities. During year one, six “Undoing Racism” workshops will be conducted by the People’s Institute for Survival & Beyond for SHP staff, the Health Models clinics, and consumers of HIV services to examine the effects of institutional racism. In year two, the CBA strategy will conduct workshops on structural homo/transphobia and explore strategies to work more effectively with MSM and transgender communities. Through these workshops, participants will become aware of steps they can take to counter institutionalized racism and homo/transphobia through individual and organizational assessment, policy development, and quality assurance measures.

The ALIHA social marketing strategy aims to increase HIV testing among minority populations by creating community support for people to know their HIV status; providing access to information on HIV-related services, like HIV testing and treatment; and changing social norms that can affect HIV/STD risks. To accomplish this, the strategy will build community coalitions to implement two CDC-approved testing campaigns in the Baton Rouge area: Testing Makes Us Stronger for African American MSM and Take Charge, Take the Test for African American women.

FUND COMMUNITY-BASED ORGANIZATIONS USING A MINIMUM 25% OF TOTAL AWARD

ALIHA will award an estimated 27% of its total funds in contracts to community based organizations to implement CAPUS-related activities. NO/AIDS Task Force and Priority Impact Clinic in New Orleans and Caring Clinic of Louisiana in Baton Rouge will be contracted to implement the Health Models strategy. The People’s Institute for Survival & Beyond will convene Undoing Racism workshops for SHP staff, CBO partners and HIV clients under the CBA strategy. Similarly, the California HIV/STD Prevention Training Center will deliver a customized curriculum on structural homo/transphobia to the same audience in year two.