

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

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BACKGROUND

In 2011, 515 new HIV infections were diagnosed in Missouri. Although African Americans accounted for 12% of the state's population in 2011, they accounted for 44% of the 11,138 Missourians living with HIV infection at the end of 2011. The HIV diagnosis rate among African Americans and Latinos is greater than that of whites (8.6 and 3.2 times, respectively). Eighty-one percent of all new HIV diagnoses occur in the St. Louis and Kansas City metropolitan areas.

Although men who have sex with men (MSM) of all races are disproportionately affected by HIV, African American MSM account for a disproportionate number of new diagnoses among African Americans. In 2011, African American men (MSM and non-MSM) accounted for 14% of Kansas City's male population and 21% of St. Louis' male population. However, African American MSM accounted for 32% of all men newly diagnosed with HIV in Kansas City and 43% of all men newly diagnosed with HIV in St. Louis. HIV also disproportionately affects African American women in Missouri. In 2011, African American women accounted for 15% of Kansas City's female population and 24% of St. Louis' female population. However, in 2011, African American women accounted for the vast majority of women newly diagnosed with HIV in both Kansas City and St. Louis (70% and 91%, respectively).

HIV stigma, lack of medical provider resources, and mistrust of the medical system contribute to the increased burden of HIV infection among African Americans. These factors prevent many HIV-infected African Americans from being diagnosed with HIV early during the course of infection, linking to HIV care services, engaging in ongoing HIV care, taking anti-retroviral therapy, and being virally suppressed. To address the ongoing epidemic of HIV infection among African Americans and African American MSM in Missouri Department of Health and Senior Services (DHSS) is undertaking multiple activities. These activities are focused primarily in St. Louis and Kansas City, in which 80% of all persons living with HIV reside.

USE SURVEILLANCE DATA AND DATA SYSTEMS TO IMPROVE CARE AND PREVENTION

CAPUS will support the electronic importation of laboratory data (e.g., CD4 counts and viral loads) into eHARS. This activity will ensure that reporting completeness meets or exceeds minimum program standards for completeness of reporting of test results as specified in the Technical Guidance for HIV Surveillance Programs.

DHSS will provide data to HIV prevention and Ryan White case management partners to assist in linking newly reported persons to medical care and re-engaging HIV-infected persons who are lost to care.

Electronic importation of laboratory data will allow HIV care, surveillance, and prevention entities within DHSS to more rapidly share patient-level data (e.g., CD4 counts and viral loads). This process will permit DHSS to quickly identify the specific needs of HIV-infected persons who need to be linked to, retained in, and re-engaged with medical care. DHSS will use laboratory data to provide the most recent locating information to disease intervention specialists (DIS), case managers, and peer navigators. During the follow-up process, updated contact information may be obtained by the DIS, case managers, or peer navigators through contact with the client.

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

Many African Americans who are living with HIV have not been diagnosed because of the lack of accessible HIV testing. Therefore, DHSS will expand testing activities to 4 additional testing sites in Kansas City and St. Louis (2 sites in each city). This will help to identify undiagnosed HIV-infected racial/ethnic minorities and refer them to linkage to care programs.

Express testing removes barriers that clients often encounter in clinical settings (e.g., excessive waiting periods) by rapidly offering HIV tests. This strategy has been shown to be effective with African American youth in Missouri. DHSS will provide express testing to this population in St. Louis in order to efficiently facilitate the testing process. This project will be targeted for implementation in an agency co-located with the Ryan White Part D Program. Express testing will also provide referrals to extremely high-risk, HIV-uninfected individuals to appropriate high impact prevention programs provided in the same setting.

DHSS will also use social networks testing (an effective way of identifying undiagnosed HIV-infected persons) for African American MSM and African American women in both St. Louis and Kansas City. This initiative will occur via partnerships between local health departments, community-based organizations (CBOs), disease intervention specialists, members of youth advisory committees, medical providers, Ryan White programs, and faith communities.

Because the Anti-Retroviral Treatment and Access to Services (ARTAS) intervention is effective at engaging and linking to care newly diagnosed HIV-infected persons, DHSS will use ARTAS as a CAPUS strategy to engage and link to care African Americans with newly diagnosed HIV infection in St. Louis and Kansas City.

ENHANCE PATIENT NAVIGATION

The process of navigating HIV prevention, care, and support services is often challenging for persons living with HIV in Missouri. Therefore, DHSS will provide African American clients with information, skills, and

services needed to access and successfully navigate the HIV medical care system. CAPUS funds will permit hiring of case managers and peer navigators who will receive tailored training. The peers will partner with the clients' medical case manager to provide services as a care navigation team. This strategy will ensure that case managers and peers support client access to comprehensive care including prevention education, psychosocial services (including mental health and substance abuse treatment), housing, and employment assistance. DHSS expects that this strategy will build self-management skills to support linkage to and retention in care.

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

HIV stigma is a barrier to HIV testing, care, and treatment for African Americans. Therefore, DHSS will address HIV stigma by creating a social marketing anti-stigma campaign in the African American community and in partnership with black churches in St. Louis and Kansas City. Focus groups with HIV-infected persons, women, MSM, and persons of faith (all African American) will inform the design of the campaign. The campaign will include the development of flyers, educational materials, and referral cards for care teams (peer educators) to use during national days of recognition (e.g., National Church Week of Prayer) and outreach events. Building upon existing faith community partnerships in St. Louis and Kansas City, community public service announcements will be developed for African American radio stations that use "witness stories" from HIV-infected individuals within the faith community. Their focus will be on the importance of testing, accessing care, remaining in care or re-engaging in care. Faith communities will produce radio PSAs that support HIV testing, access to care, and re-engagement into care. Ultimately, this campaign will address the social roots of HIV stigma by improving the way HIV is viewed within this community.

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

Approximately 68% of DHSS' CAPUS budget will be allocated to CBOs. One entity will conduct retention in care activities in Springfield. Another organization will manage expanded HIV testing, linkage to care, retention, and navigation services in Kansas City. In St. Louis, a third CBO will conduct expanded HIV testing, express testing, as well as linkage to care, retention, and navigation services.