

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

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BACKGROUND

In 2012, North Carolina had an estimated 27,068 persons living with HIV. Racial/ethnic minorities and men who have sex with men (MSM) in North Carolina are disproportionately affected. Among the 1,409 HIV cases diagnosed in 2012, African Americans represented 65% of all new cases with a rate of 53.2 per 100,000 population. Men who have sex with men (MSM), including MSM who inject drugs (MSM/IDU), accounted for 82% of new HIV cases among males. Nineteen percent (19%) of all newly diagnosed HIV cases in 2012 were among adolescent males ages 13 to 24 years old. The highest rate of new HIV diagnoses (86.9 per 100,000) was among African American males. This rate was more than eight times the rate for white males (10.1 per 100,000). The rate of new HIV diagnoses for Latino/Hispanic males (27.0 per 100,000) was nearly three times the rate among white males. In 2011, 17% of new HIV diagnoses in North Carolina were from rural areas; about 20% of all living cases reside in rural areas. For African Americans, the prevalence rate in rural areas is 9.3 times that of whites in rural areas.

A number of social and structural barriers contribute to disparities in HIV and other communicable diseases. In Ryan White funded programs, the racial/ethnic minority populations served are rural and urban, low-income individuals. In addition to poverty, lack of access to quality health care with fragmented health systems, high incarceration rates, HIV stigma and concerns about confidentiality, homophobia, racism, gender-based discrimination and violence also contribute to these disparities. North Carolina Department of Health and Human Services (DHHS) will use a multi-pronged approach to address the many factors contributing to the health inequities among populations affected by HIV.

USE SURVEILLANCE DATA AND DATA SYSTEMS TO IMPROVE CARE AND PREVENTION

To expand the use of surveillance data and data systems to improve care and prevention in North Carolina, the North Carolina Electronic Disease Surveillance System (NCEDSS) has been updated to include HIV/AIDS and syphilis reporting across the state. NCEDSS is now a database that contains all people who have been diagnosed with a reportable communicable disease (71 in total), and is person-centered rather than disease-centered. All lab reports are received in NCEDSS, so it has become a tool in which co-morbidities can be determined, interventions and partner tracing can be documented, and clients/partners can be located and referred.

Using NCEDSS, staff can see the record for each client – whether they are in care, have had a recent viral load, or may have fallen out of care. NCEDSS notifies the Disease Intervention Specialist (DIS) when an individual tests positive for HIV (previously this was done with the eHARS system). DIS and State Bridge Counselors (SBCs) contact these individuals, and among other things, link them into care with a provider. Clients who have not had medical visits within the past 6-9 months will be identified and re-engaged in care. The CAPUS Patient Navigator(s) will work with the Regional Networks of Care, DIS, and SBCs to help keep people engaged or get re-engaged in care. By updating NCEDSS we are ensuring a seamless continuum of information sharing that bridges gaps in our feedback loop.

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

Prior to CAPUS our state lab was at capacity for HIV testing and did not offer HCV testing. The procurement of the 4th generation assay lab equipment will allow for an additional 20,000 HIV tests to be conducted annually, as well as 20,000 HCV tests. The 4th generation lab equipment will increase the number of individuals tested, particularly in non-traditional testing sites. Thus more individuals can be identified with HIV & HCV and linked into treatment.

The Safe Spaces intervention is central to the Communicable Disease Branch’s capacity to deliver important HIV/AIDS information and services to MSM. Safe Spaces is a way to provide information, education, and outreach to racial/ethnic minority MSM, who are newly diagnosed or previously diagnosed with HIV and currently out of care, for the purpose of achieving viral suppression. Through Safe Spaces, we can provide culturally relevant and appropriate information, education, and social support. This intervention will be led by part-time facilitators.

The Minority Men’s Clinic is designed to provide access to comprehensive care to HIV-positive men in an environment that empowers them to learn more about and better manage their health. The clinic will offer a holistic approach, incorporating a wide breadth of services geared towards both MSM and heterosexual racial/ethnic minority men. Informed by community focus groups, a steering committee of decision-makers and stakeholders will work to determine a physical and programmatic structure that will best address the target community’s unique needs.

With CAPUS, DHHS will add an additional State Bridge Counselor who will work exclusively with Department of Correction (DOC) releasees. North Carolina has an excellent system of care for prisoners in our state prison system. Ninety-one percent (91%) of HIV-positive people leave the prison with an undetectable viral load. The goal with this dedicated Bridge Counselor is to establish a relationship with the DOC discharge nurses and the clients to assure that prisoners are linked to care with one of our Regional Networks of Care and a medical provider when they are released. This Bridge Counselor will also work with partners of the releasees to inform them of testing opportunities, provide prevention information, and link them into care if they are found to be HIV-positive as well.

In addition to these activities, DHHS will organize a Program Collaboration and Service Integration (PCSI) taskforce meeting to include decision makers from the medical, insurance, mental health, substance abuse and public health communities. The goal of the taskforce is to convene meetings to discuss the importance & implementation of routine HIV screening according to CDC recommendations. This will assist in assuring that individuals who are unaware of their HIV status are tested and linked into care for treatment if diagnosed positive.

ENHANCE PATIENT NAVIGATION

Eleven Patient Navigators (1 per region, including the Charlotte TGA) will be hired to help racial/ethnic minority clients navigate the care and support system of the Regional Networks of Care. Regional Networks of Care (RNC) are the cornerstone of our HIV care system, providing a set of core and support services to HIV-positive clients. Each RNC has at least one person who functions as a Regional Bridge Counselor, employed to link individuals to care and help when individuals seem to be falling out of care. The use of Patient Navigators further enhances efforts to engage and retain clients in care, educate them about the importance and benefits of suppressed viral loads, and assure that they have the tools necessary to stay in care. Patient Navigators are a key resource to help clients deal with the social, structural, and personal barriers to care (medical literacy, transportation, child care, food or shelter). The primary goal for the Patient Navigators is to help clients identify and overcome systemic barriers to engaging and remaining in care. Patient Navigators will work with the regional bridge counselors and/or regional clinic staff.

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

DHHS will implement a Tele-health intervention to address the difficulty of recruiting medical providers, especially infectious disease physicians, to rural areas. The Tele-health intervention is a remote provider education initiative, intended to increase the clinical competency of clinics with low HIV patient populations (those with fewer than 20% of patients who are HIV-positive) to provide HIV-specific clinical support and care to HIV-positive individuals in rural areas and areas without sufficient HIV care providers. The Tele-health training project is an exercise in provider-to-provider education lead by the NCATEC. Tele-health trainings will be geared toward clinical providers who have limited experience managing HIV disease in their local communities, particularly in rural areas.

DHHS will also implement cultural competency training with providers and clinic staff. The cultural competency training intervention is designed to increase provider preparedness to offer culturally sensitive and comprehensive care, while providing care to racial/ethnic and sexual minority clients, and to promote provider mindfulness when discussing sexual matters, sexual orientation, and possible risks that patients may be experiencing. The North Carolina AIDS Training and Education Center (NCATEC) will conduct trainings covering topics, such as culturally and linguistically appropriate service standards and best practices, sociocultural barriers to care, understanding discrimination and power in healthcare. The trainings will be geared to both clinical and non-clinical providers, including physicians, physician assistants, nurses, case managers, pharmacists, dentists, dental hygienists, and front desk staff.

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

DHHS will allocate approximately 34% of its CAPUS funds to community-based organizations. Funding is being provided to 11 community-based Regional Networks of Care to hire the Patient Navigators. The navigators will work with the RNCs, DIS, and SBC to help keep people engaged or get re-engaged in care, working to overcome structural and social barriers to care (medical literacy, transportation, child care, food or shelter). Funding is also being provided to CBOs via 6 local county health departments to implement Safe Spaces. The Men's Health Clinic will be administered through an existing community clinic.