

TENNESSEE DEPARTMENT OF HEALTH

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BACKGROUND

In 2010, Tennessee ranked 18th highest among the 50 states in cumulative reported AIDS cases. As of December 31, 2010, a cumulative total of 23,891 cases of HIV infection, regardless of the stage of disease at diagnosis, have been reported among Tennessee residents. Of these cases, 16,483 people were living with HIV infection through the end of 2010. There were a total of 18,282 males (76.6%) and 5,584 females (23.4%) diagnosed with HIV infection (with or without AIDS) while there were a total of 11,565 males (79.1%) and 3,048 females (20.9%) with AIDS. There have been decreases in the total number of new HIV diagnoses; however, certain groups continue to be disproportionately affected by HIV in Tennessee. For example, Tennessee's overall case rate for newly diagnosed HIV infections in 2010 was 14.1 cases per 100,000 population yet the case rate was 54.5 among Blacks and 19.7 among Hispanics. The vast majority (77.5%) of newly diagnosed infections was among men, with a case rate of 21.3 (3.5 times higher than among females). While 48% of all individuals cumulatively diagnosed with HIV in Tennessee through the end of 2010 (11,433 of 23,891) identified as being men who have sex with men (MSM), we believe that new infections are under-attributed to this exposure category. Further, Memphis and Nashville are the two largest metropolitan areas in the state, and 60% of new cases come from these two cities combined. In Memphis, 88% of new HIV infections are among African Americans, and in Nashville, 54% of new infections are among African Americans. In order to increase the percentage of people in these demographics who know their HIV status (and learn their status at an earlier stage of disease), high impact prevention strategies (such as social networking) are needed to overcome the climate of stigma, homophobia, and general mistrust of the traditional health system that inhibits this group from accessing early diagnosis and treatment. Additionally, discrepancies exist with respect to timely linkage to medical care among HIV positive individuals identified through testing programs, depending upon testing setting.

The Tennessee Department Health (TDH) proposes to fund CAPUS activities in Nashville and Memphis to increase the percentage of people living with HIV who know their status as well as increase the percentage of people with HIV who are diagnosed at an earlier stage of disease. The main activities include: 1) implementation of CDC's Social Network Strategy (SNS) for MSM that builds upon the trust achieved by community based organizations serving this demographic; 2) the use of Correctional Navigators to assist persons recently released from jail/prison who are living with HIV with medical services upon release; 3) the use of surveillance data to equip Disease Intervention Specialists and Case Managers to identify and locate PLWH and identify and inform providers of their clients who are in care but not achieving optimal virologic and/or immunologic response to care; and 4) transitioning from the current 3rd generation HIV testing algorithm to the 4th generation algorithm in Tennessee's three state labs.

USE SURVEILLANCE DATA AND DATA SYSTEMS TO IMPROVE CARE AND PREVENTION

TDH's surveillance activities will focus on augmenting re-engagement efforts. TDH will hire DIS Re-Engagement Case Managers to conduct re-engagement activities for persons who are not in care during the previous 1-year calendar period. DIS Re-engagement staff will also identify persons living with HIV who have never been in care to successfully engage them with HIV medical care services. TDH will provide medical providers with a list of their in-care clients who do not achieve viral suppression. Feedback will be provided to participating agencies (e.g. Health Department or CBO) each quarter and include rates of post-test-counseling, linkage to partner services, and linkage to medical care for all positive persons identified through a respective agency. TDH will also monitor clinical outcomes along the care continuum by developing a statewide HIV continuum of care based on 2010 HIV surveillance data. By increasing the number of commercial laboratories using electronic laboratory reporting, TDH will enhance viral load and CD4 count reporting into eHARS. This will improve the completeness of data used to monitor these outcomes.

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

Through focus groups and other knowledge seeking venues, TDH has been informed that HIV stigma is a factor that prevents African American men who have sex with men (AA MSM) from getting HIV tests. To minimize the effects of HIV stigma and homophobia, TDH will employ the Social Networking Strategy (SNS) to engage hard to reach AA MSM in Memphis and Nashville. Community based organizations (CBOs) implementing the strategy will hire recruiters and testers who have extensive relationships with this population. Recruiters and Network Associates will receive incentives for recruiting persons to receive an HIV test. CBO staff implementing SNS are cross-trained in motivational interviewing and ARTAS (Anti-Retroviral Treatment and Access to Services) in order to ensure that $\geq 80\%$ of persons newly diagnosed through this program are linked to care within 3 months of diagnosis.

Additionally, TDH will begin using the 4th generation HIV testing algorithm in Tennessee's state laboratories. Three regional state laboratories (located in Memphis, Nashville, and Knoxville) utilize the 3rd generation HIV testing algorithm for HIV diagnosis. Currently, almost 72,000 conventional HIV tests are conducted in Tennessee state labs annually. The 4th generation HIV testing algorithm accelerates the diagnosis of HIV infection by at least 7 days compared to the current testing algorithm. By adopting the new testing technology, we anticipate that the state will detect at least 13 acute infections per year that would otherwise be missed using the current testing algorithm. By identifying and linking persons with acute HIV infection into care, TDH will be able to provide these individuals with early access to care and also promote prevention activities during the most infectious time of their illness.

ENHANCE PATIENT NAVIGATION

In 2010, only 59% of the individuals newly diagnosed through Tennessee's expanded HIV testing program in correctional facilities were linked to medical care within 3 months of diagnosis compared to 84% in all other

settings combined. To increase the timely linkage to care among individuals within and transitioning out of correctional facilities, TDH will implement a navigation model that uses Corrections Navigators (CNs) to provide navigation services to individuals upon release and immediately link them into medical care within their respective communities. Three CBOs located across Tennessee that have experience working in corrections settings will be contracted to carry out the CN program. Corrections Navigators will begin working with persons living with HIV prior to release from jail/prison to establish initial medical appointments. Upon release from jail/prison, persons living with HIV who are participating in this program will be provided with enhanced transitional case management, including scheduling medical appointments, facilitating transfer of records, education regarding available insurance options, and referral to employment and housing agencies as needed. Corrections Navigators will work with their clients up until 6 months after release, providing clients with monthly incentives (e.g. gift cards) for up to six months while the clients remain in the program. Successful completion of the program will be considered when the former inmate is successfully linked to medical care in the community.

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

TDH will focus on reducing cultural mistrust and homophobia by conducting focused cultural competency trainings to providers to address social and structural barriers and their relationship to HIV testing and treatment. Additionally, clients in the SNS and Corrections Navigation programs who, through discussions with their counselor/navigator, identify barriers involving housing or employment will receive active referrals to local agencies who specialize in providing assistance in these areas.

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

TDH will allocate 30% of CAPUS funds to CBOs. TDH is collaborating with five CBOs across the state to implement SN testing and linkage to care using Corrections Navigators. These CBOs have a good standing relationship with the community and a solid past history of HIV testing in the MSM community (for SNS) and in corrections facilities.