

Early Identification of Individuals with HIV/AIDS (EIIHA) Plan

Strategies to Identify Individuals who are Unaware of their HIV Status

Strategies and Goals. While the TGA has successfully informed, referred and engaged individuals who test positive for HIV, there exists a population that is unaware of its HIV status. The TGA proposes to expand use of Ryan White Part A and MAI funds to support successful outreach and early intervention services to identify, inform, refer and engage the newly diagnosed. Three strategies frame the interventions outlined in the EIIHA Plan: (1) education through outreach, (2) collaboration and (3) social marketing. Each is expressed as an overarching goal.

Goal 1: Expand education, outreach and early intervention programs to include the Unaware as a priority population. This goal speaks directly to NHAS Goal 1 to increase the percentage of persons living with HIV who know their serostatus and NHAS Goal 2 to increase early intervention and linkage with medical care. The TGA will utilize a proven successful City of Paterson model for education, outreach and engagement using targeted approaches to reaching those who are either unaware or aware but not in care and linking them with the HIV testing program and/or the Ryan White primary care system. This innovative model unites public and private sectors under a common mission to save lives.¹ The program improves early access to medical care among newly diagnosed ethnic minorities and those already diagnosed with HIV/AIDS who have not yet accessed ongoing care.

The Bergen-Passaic Part A Program will facilitate engagement of medical care through (1) expansion of early intervention and (2) innovative electronic exchange of health information. The City of Paterson's HRSA sponsored Special Projects of National Significance – Health Information Networks of Care, establishes linkages and referral information between HIV testing sites and Ryan White Part A providers. This expansion includes the documentation of engagement into care, and referrals to case management.

The Planning Council recognizes the need to address the Unaware by taking additional steps to support outreach and early intervention in the region. They believe that education is essential to dispel misinformation, stigma, personal denial and fear among the general population, not exclusively those with high risk. The Community Development Committee of the Planning Council is already at work to expand education and outreach with focus on the Unaware.

Goal 2: Pursue collaborative programs to engage a wider community of stakeholders in the effort to reduce the number of Unaware in the region. NHAS Goal 1 seeks to reduce new HIV infections through a coordinated approach that includes active input from government and

¹ People Take Action Save Lives (P-TAS). Over 30 individuals collaborated to strategically address the problem, representing AIDS Services Organizations, a local community college, a local theatre group, faith-based organizations, Ryan White Part A providers, local and State health departments, NY/NJ AETC, Abbott Laboratories, and PLWHA.

community organizations. The Bergen-Passaic EIIHA Plan aims to collaborate with ethnic communities that have been historically hard to reach.

In 2011, the Planning Council initiated a program to educate private physicians in the TGA about the need for universal HIV testing. The program included an orientation to the Ryan White Program, the National AIDS Strategy and the New Jersey policy with regard to universal testing. Physicians were also asked to complete a short questionnaire about their current testing practices, barriers and suggestions for advancing awareness of HIV testing. This program will continue in FY 2013. Information learned will be used to inform the ongoing EIIHA Plan.

Goal 3: Enhance social marketing programs aimed at dispelling the stigma of HIV and increasing public knowledge of HIV. *Fear, denial and HIV stigma* are continuously cited as significant barriers to reaching the Unaware. This is a fact underscored by results of statewide town meetings conducted in July 2010 by the New Jersey HIV/AIDS Planning Group (NJHPG) and a round table of providers and consumers of the Bergen-Passaic Part A Program conducted in September 2010. These barriers must be addressed for progress to be made. Therefore, the TGA proposes to expand its social marketing efforts. The TGA will also participate in planning and implementation of statewide programs aimed to expand awareness. Stigma and discrimination are crosscutting themes of the NHAS goals, and Goal 3 of this EIIHA Plan responds directly.

Coordination with Other Programs/Facilities in Community Efforts. The Bergen-Passaic Part A Program will seek out the Paterson Alliance in Passaic County and Community Health Improvement Partnership in Bergen County to participate in the EIIHA effort. These existing organizations are comprised of community non-profit service agencies dedicated to improving the social welfare of their respective constituencies. Representatives include hospitals, correctional facilities, social service agencies, and many others similarly at work for community benefit. The Bergen-Passaic Part A Program will participate in these collaboratives and work within their existing community-based programs in an effort to dispel the stigma of HIV/AIDS and to raise awareness of the importance of HIV testing.

Ryan White Part A Requests for Proposals. The Planning Council formulated specific directives to the Grantee for use of Early Intervention Services (EIS) funds and for Outreach, both Part A and MAI. These directives provide parameters that will be delineated in the FY 2013 Request for Proposal. Specifically, the Grantee will request proposals aimed at identification and education of the Unaware in communities outside the traditional epi-centers as well as enhanced outreach to the high risk populations that do not choose to be tested. The Grantee will also encourage programs utilizing peers as outreach workers. Third, EIS proposals will be solicited that include short-term case managers who would bridge the continuum from outreach to testing, referral and engagement.

Medication Resources. Adequate resources for medications are an ongoing concern in New Jersey. The New Jersey Ryan White Part B ADDP Program and the Bergen-Passaic Part A Program are working together to provide adequate funds for HIV medications, both for those currently in care and those anticipated from EIIHA interventions. Whether these steps will be sufficient to meet the needs of PLWHA, however, remains a concern.

Disparities in Access and Services. Identification of the Unaware Target Groups includes the traditionally underserved communities consistent with the underserved populations described in Section 1 of this narrative. The EIIHA Plan specifically targets Latina women, African-American women and Latino MSM. Through application of MAI funds, Black (non-Hispanic) and Hispanic PLWHA will be targeted for outreach, education, HIV testing, counseling, referral and engagement in care.

Programmatic, Systemic and Logistical Challenges. Data from DHSTS suggest that less than 10% of persons in the Bergen-Passaic TGA who test HIV positive fail to learn their status. In 2010, all such individuals were from Passaic County and all were referred for follow-up by DHSTS surveillance. Even with this positive track record, more can be done to provide more continuity in HIV testing procedures. Discussions with HIV testing sites at the state level identified procedural issues that would allow individuals to leave before receiving a confirmatory test result. This matter will be discussed with the local testing sites in an effort to modify wait procedures and discourage individuals from leaving prior to learning their status,

Role of the Ryan White Program in Facilitating HIV Testing. The Bergen-Passaic Part A Ryan White Program will utilize early intervention services to expand access to HIV testing. In addition, the electronic exchange of health information between the testing site, developed as part of a SPNS Initiative, will be utilized to remove barriers to engagement in medical care where they currently exist.

Coordination with Ryan White Part C Programs. The Bergen-Passaic Part A Program will enhance case coordination with the Part C provider in Paterson, particularly with early intervention and case management. A representative from Part C is a member of the Planning Council and keeps the Planning Council advised of efforts to increase testing, inform the Unaware and engage newly diagnosed in medical care. Second, the Bergen-Passaic Part A Program will offer to facilitate exchange of health information with the Part C provider to increase coordination. Third, case conferencing will be expanded between Part A and Part C case management programs and will include coordinated efforts to engage the newly diagnosed in medical care.

The EIIHA Matrix identifies multiple levels of Parent Groups that comprise the most significant portions of the EIIHA population in the Bergen-Passaic TGA. The 2012/2013 Plan does not attempt to address every Target Group associated with the Parent Groups. Rather, it chooses to focus on four: Latina women, Latino MSM, African-American Women, and the Middle Eastern

communities in Bergen and Passaic counties. They were chosen for their relative importance to their Parent Group and for their emergence as populations at risk in the TGA. Latina women were chosen because of their vulnerability to external risks for HIV. These women face challenges of poverty, low educational attainment, literacy, stigma, and cultural norms that weaken their ability to avoid the risks of HIV. Latino MSM were chosen because of their high risk and cultural behaviors that essentially interfere with preventive measures such as safe sex practices and substance use restraint. African-American women constitute a large portion of the at-risk population and are subject to socioeconomic situations heightened by the stigma of HIV that may lead them to ignore their health risks. Finally, Middle Eastern communities were chosen because of their significant representation in this highly diverse TGA and a dearth of information about their health needs, sexual practices and strong cultural taboos surrounding subjects such as HIV. This target population may prove the most challenging to penetrate; nevertheless, efforts taken to reach this closed community should prove worthwhile to the overarching goal of expanding education. Each Target Group in the Plan is described by barriers and cultural challenges that obstruct awareness of HIV status along with activities required to address them. Activities, responsible parties and timelines are specific to each Target Group.

The EIIHA Plan will be implemented as a joint effort of the Grantee and the Planning Council. An EIIHA Work Group, consisting of major stakeholders both in and outside the Ryan White Program, will be initiated to oversee implementation of the EIIHA Plan, particularly those activities involving intercommunity collaborations. Additionally, as a contractual commitment in FY 2013, Part A EIS and Outreach providers will be asked to respond to the activities of the EIIHA Plan that pertain to education, outreach and linkage to care.

Actions Taken to Facilitate HIV Testing in the TGA. The Bergen-Passaic Part A Program has expanded Early Intervention Services to include HIV testing when not otherwise available through other means. Additionally, the Syringe Access Program in Paterson provides on-site HIV testing. In FY 2013, Outreach and Early Intervention Services will be expanded with increased funding.

Identifying, Informing, Referring, and Linking

Identification. The Part A Program believes it can be most effective by enhancing efforts to identify the unaware, particularly those who have chosen not to be tested. The EIIHA Plan calls for creation of an EIIHA Work Group and sub-groups, all of which will collaborate on steps to reach and educate the at-risk unaware population. The Plan further expands the roles of outreach workers to include education through one-on-one and on-site interventions and includes a social marketing component targeted to specific populations through social media such as internet, radio, print and cable television. Activities are outlined in the EIIHA Plan.

In 2011, the Planning Council initiated an outreach program to primary care physicians for the purpose of (1) learning their attitudes toward HIV testing, (2) understanding barriers that would

limit their patients from testing, and (3) educating them about the Ryan White Program and state policy regarding universal testing. The pilot program was successful and will be continued.

Programs requiring long term commitments are those involving collaboration with community and social service organizations. The Part A Program will seek out existing collaboratives such as the Paterson Alliance and the Community Health Partnership of Bergen County to address the need to remove barriers associated with HIV, encourage universal testing and influence policy to alleviate the socioeconomic challenges that affect healthy practices. The EIIHA Work Group will coordinate collaborative activities beginning FY 2012.

Evidence-based prevention and disease control/intervention programs are available and will be requested as part of the EIIHA Plan. The Part A Program will actively work with existing programs to tailor them to the targeted populations in Bergen-Passaic.

Informing. As reported by NJDHSTS, nine individuals in Bergen-Passaic tested HIV-positive in 2010 and were not informed of their status. All were from Passaic County. DHSTS stated that all nine were referred to the Notification Assistance Program (NAP) for follow-up, although it is not known whether they were ultimately engaged in care.

Considering this information, we believe DHSTS is working to meet the requirements of informing the Unaware of their HIV status. Nevertheless, the Part A Program is ready to cooperate with Part B to locate and inform those who are lost to care. Specifically, we plan to collaborate with testing sites on rapid test procedures to avoid an opportunity for those waiting for their confirmatory test results from leaving the premises. Once the Unaware are identified by testing sites and NAP, Part A Early Intervention Services (EIS) will navigate their engagement in care.

Referring. Essential activities for referring the Unaware to medical care and ancillary services are in place. These include expansion of EIS to include patient navigators who provide one-on-one assistance with engagement in care. The Bergen-Passaic network of care is proud of its track record of engagement and retention. In 2010, 91% of primary medical patients returned for a scheduled medical appointment, and nearly all of those who did not return either moved, expired or chose to receive care elsewhere.

The SPNS electronic exchange of health information program further tracks the referral process from the Part B testing site to the medical clinic. This program was initiated at the Paterson Division of Health and may be expanded to other testing sites as funds permit.

Linkage. Engagement in medical care has been a priority in the Bergen-Passaic Part A Program and encompasses numerous interventions by case managers and EIS patient navigators. When a patient chooses to access a Part B, C or D clinic, the Part A patient navigator or EIS provider will continue to track that patient until two medical visits are completed and the patient is considered

fully engaged in care. As a long term initiative, we envision an electronic linkage with non-Part A providers to track engagement of referred individuals.

The Part A clinics will also participate in the National Quality Center in+care Campaign in 2012. This will be done in conjunction with the New Jersey Cross-Part Collaborative in which all Part A medical providers participate.

Currently, the Part A Program has not identified any legal barriers to routine testing in New Jersey. Any person over age 13 may be tested and treated. An opt-out policy is in effect at all emergency departments for those who elect not to be tested.