

## Improving Health Outcomes for People with HIV/AIDS

### Why should we focus on improving health outcomes for people with HIV/AIDS?

HIV care is not the same for everyone. Racial disparities exist and some people die needlessly. Researchers have published numerous studies that highlight racial, ethnic, and age differences within the HIV/AIDS epidemic. Among the findings are:

- The percentage of men who progressed to AIDS within three years of their HIV diagnoses was higher among black and Hispanic MSM than among white MSM.
- Three-year survival among black MSM was lower than that for Hispanic or white MSM.
- African Americans with HIV infection are less likely to be on antiretroviral therapy, less likely to receive prophylaxis for *Pneumocystis* pneumonia, and less likely to be receiving protease inhibitors than other persons with HIV (Agency for Healthcare Research and Quality).
- Full adherence with US treatment guidelines will decrease the years of life lost to only 9.6 years compared to HIV- people.
- An additional 5.1 years of life lost due to late ART initiation & premature ART discontinuation.
- Survival losses for Latino/a and African Americans lose 1.5 yrs compared to Whites.
- Women of color have largest survival losses - 2.5 yrs compared to White women .
- Survival losses for women of color due to higher rates of premature ART discontinuation (UCLA CARE Clinic).

### What are we doing in Sacramento?

**Ryan White HIV/AIDS Program** is a Federal program that provides HIV-related health services. The program works with cities, states, and local community-based organizations to provide services to more than half a million people each year.

The program is for those who do not have sufficient health care coverage or financial resources for coping with HIV disease. Ryan White fills gaps in care not covered by these other sources. The majority of Ryan White HIV/AIDS Program funds support primary medical care and essential support services. A smaller but equally critical portion is used to fund technical assistance, clinical training, and research on innovative models of care.

Ryan White is administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB). Federal funds are awarded to agencies located around the country, which in turn deliver care to eligible

individuals under funding categories called Parts, as outlined below. First authorized in 1990, the Ryan White HIV/AIDS Program is currently funded at \$2.1 billion.

The services currently funded in the Sacramento Transitional Grant Area are:  
Ambulatory/Outpatient Care, Case Management, Oral Healthcare, Emergency Financial Assistance, Mental Health, Housing Assistance, Substance Abuse Services, Food Bank/Home-Delivered Meals, Psychosocial Support, Residential or In-Home Hospice, Child Care, Treatment Adherence and Health Insurance Continuation

**Ryan White Agencies in the greater Sacramento area:**

- ***AIDS Housing Alliance*** – Provides housing to prevent homelessness among persons living with HIV/AIDS, case management, subsidized housing, AOD and Mental Health.
- ***Breaking Barriers Community Services Center*** – HIV prevention and education services including street outreach, community events, prevention support groups and prevention retreats. Housing assistance and homeless outreach services. Transportation, food bag delivery and support services available. HIV testing is also available.
- ***Center for AIDS Research, Education & Services (CARES)*** – Services people with HIV/AIDS. Provides case management, dental and medical care, psychosocial support, health education, specialty doctors, food, housing, rent/utility assistance, health insurance continuation, transportation assistance, substance abuse treatment, pharmacy services, HIV testing, and HIV prevention/education.
- ***CommuniCare*** – Medical and dental services.
- ***El Dorado County Public Health Department***- Case management, volunteer support, benefits counseling, mental health, alternative treatment, food programs, transportation, medical care, respite, dental care, short- and long-term care, housing and utility assistance. HIV testing is also available.
- ***The Effort*** – Substance abuse services, general medical treatment, well child care and immunization, birth control services, family planning, pregnancy testing, physical exams, STDs testing and treatment, confidential HIV testing, and counseling.
- ***Harm Reduction Services*** – Provides outreach, HIV testing and HIV prevention education to out of treatment drug users. Provides referral to health services and drug abuse treatment. Distributes risk reduction kits.
- ***MAAP, Inc.*** – Alcoholism services targeted to the Hispanic community. HIV prevention and outreach services available. Free HIV testing available.
- ***Placer County Department of Health & Human Services*** – Comprehensive services including primary medical and dental care, family planning, immunization, health promotion, maternal & child health programs, referrals, HIV testing and counseling, partner notification, prevention-for-positives program, mental health services.
- ***Sunburst Projects*** – Ongoing family support services for HIV/AIDS impacted families with children; Camp Sunburst, respite childcare services, mental health services, support groups, family-centered case management, and HIV/AIDS prevention and education.

- **Sutter “We CARE” Program** – Medical case management and mental health counseling for HIV-positive women and their families. Engages women who are newly diagnosed HIV-positive, pregnant, high risk and/or outside of treatment. Identifies and reduces immediate barriers to medical and self care, and assists their transition into a formal care system. Family support.
- **UC Davis Medical Center Pediatric Infectious Disease** – Services children requiring HIV testing for perinatal or high-risk exposure, HIV infected children (0-21 years). Medical testing and services, assistance with medications, treatment adherence, case management, social service interventions, and transportation for children’s medical appointments.

**California’s Medi-Cal Program** is the most common form of insurance for PLWHA in the greater Sacramento area.

**AIDS Medi-Cal Waiver Program** and **AIDS Case Management Program (CMP)** provide nursing case management and home- and community-based care to eligible clients.

**CARE/Health Insurance Premium Payment Program (CARE/HIPP)** provides payment of health insurance premiums for clients who have lost their employment and are at risk of losing their private health insurance coverage.

The **Veteran’s Administration (VA)** operates two clinics in the greater Sacramento area. Both clinics coordinate their service provision closely with the HIV ambulatory care clinic (CARES).

**Housing Opportunities for People with AIDS (HOPWA)** works with affordable housing needs for PLWHA.

**Services for Women and Children, California Children’s Services (CSS) HIV Children’s Program** funds all health care services necessary for the treatment of each child’s HIV disease and its complications.

**Special Supplemental Food Program for Women, Infants and Children (WIC)** offer specialized programs for women, infants and children affected by HIV.

**AIDS Drug Assistance Program (ADAP)** is a California State Office of AIDS administered program that provides coverage for clients with an adjusted gross income at or below 400% of the federal poverty level to assist with the purchase of their HIV and other medications on the ADAP formulary list.

**AIDS Education and Training Center (AETC)** provides ongoing educational workshops for provider agencies to ensure treatment guidelines are widely disseminated and practiced by the area’s HIV health care providers.

**Transitional Case Management Program (TCMP)** of the California Department of Corrections provides support services to prison inmates and parolees with HIV/AIDS. The services are initiated for 60 days while the offender is in custody, and continue for 90 days following their release to parole supervision.

### **What is the ideal for improving health outcomes for people with HIV/AIDS?**

Ideally all HIV care would rank at the top of the scale for the national HIV quality outcomes.

These outcomes include:

- Percentage of pregnant women with HIV infection who are prescribed antiretroviral therapy
- Percentage of clients with HIV infection who had 2 or more CD4 T-cell counts performed in the year
- Percentage of clients with AIDS who are prescribed HAART
- Percentage of clients with HIV infection who had two or more medical visits in an HIV care setting
- Percentage of clients with HIV infection and a CD4 T-cell count below 200 cells/mm who were prescribed PCP prophylaxis.
- Percentage of clients with HIV infection on ARVs who were assessed and counseled for adherence two or more times in the measurement year
- Percentage of women with HIV infection who have a Pap screening in the year
- Percentage of clients with HIV infection who completed the vaccination series for Hepatitis B
- Percentage of clients for whom Hepatitis C (HCV) screening was performed at least once since the diagnosis of HIV infection
- Percentage of clients with HIV infection who received HIV risk counseling within the year
- Percentage of clients with HIV infection on HAART who had a fasting lipid panel during the year
- Percent of clients with HIV infection who received an oral exam by a dentist at least once during the year
- Percentage of adult clients with HIV infection who had a test for syphilis performed within the year
- Percentage of clients with HIV infection who received testing with results documented for latent tuberculosis infection (LTBI) since HIV diagnosis

To reach this level of care, specific barriers that clients experience would need to be addressed.

The most pressing barriers include:

- Low health literacy
- Stigma
- Drug use, poverty & homelessness
- Feeling no symptoms

- Immigration status
- Incarceration
- Transportation
- Inability to manage healthcare system
- Competing life priorities
- Distrust of doctors
- Aversion to HIV treatment
- Lack of social support

### **What are the issues we need to address when it comes to improving health outcomes for people with HIV/AIDS?**

- How can we make certain everyone who knows they are positive gets in care and stays in care?
- What are the barriers to effective treatment and how can they be improved? Is it mental illness/substance abuse? Lack of adherence to treatment regimen? Incarceration?
- How much of an issue is health literacy? What can be done to reduce the impact of low literacy?
- Is the level of care currently provided adequate? Is it well coordinated between providers/agencies? How can it improve?

### **Resources on improving health outcomes for people with HIV/AIDS**

Research Summary: Racial/Ethnic and Age Disparities in HIV Prevalence and Disease Progression among Men Who Have Sex with Men in the United States

[http://www.cdc.gov/hiv/topics/msm/resources/other/ajph\\_msm\\_race.htm](http://www.cdc.gov/hiv/topics/msm/resources/other/ajph_msm_race.htm)

Addressing Health Literacy in HIV Care and Treatment: A Collection of Case Studies

<http://www.aids-ed.org/aidsetc?page=etres-display&resource=etres-139>

Special Issues in HIV Care: 2008 Update

<http://medipixproductions.net/files/nmac/webfiles/>

HIV & Mental Health- NASTAD

[http://www.nastad.org/Docs/Public/InFocus/200632\\_NASTAD\\_Mental\\_Health\\_final.pdf](http://www.nastad.org/Docs/Public/InFocus/200632_NASTAD_Mental_Health_final.pdf)

Triple Diagnosis: HIV, Substance Abuse and Mental Illness

[http://www.faetc.org/Conference\\_17/Slides/Fundamentals/FCAETC\\_2008\\_Fundamentals\\_Triple\\_Diagnosis.ppt](http://www.faetc.org/Conference_17/Slides/Fundamentals/FCAETC_2008_Fundamentals_Triple_Diagnosis.ppt)