# Engaging and Retaining Black/African American Men in Ryan White HIV/AIDS Program Part B and ADAP

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This fact sheet outlines how the Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program Part B and AIDS Drug Assistance Programs (ADAPs) can support access to medications and tailor related services for Black/African American men living with HIV. It also provides a summary of HRSA's HIV/AIDS Bureau (HAB) guidance related to outreach and education services for priority populations, specifically communities of color.

## Treatment and Service Needs among Black/African American Men Living with HIV

Blacks/African Americans account for a higher proportion of new HIV diagnoses, those living with HIV, and those ever diagnosed with AIDS, compared to other races/ethnicities. In 2016, Blacks/African Americans people accounted for 44% of HIV diagnoses, though they comprise 12% of the U.S. population. Of those Blacks/African Americans diagnosed with HIV, more than half (58%) were gay or bisexual men. Blacks/African Americans (76%) also experience a greater impact of disparity in viral suppression among ADAP clients when compared with their non-Hispanic White and Hispanic counterparts (85% and 79%, respectively).

Data gathered through NASTAD's 2017 National ADAP Monitoring Project *Annual Report* show Blacks/African Americans represent 38% of ADAP clients served in 2015, while non-Hispanic Whites represent 31%. The race/ethnicity breakdown of ADAP clients varies by state, but national ADAP client demographics have remained fairly constant over the past 20 years, despite changes in demographics of the epidemic within the U.S. (i.e., in the early 1980s, a majority of new infections occurred in white men; now, the highest rates of new infection are seen among Black/African American and Latino gay men and other men who have sex with men). Focus group findings from NASTAD's Center for Engaging Black Men Across the Care Continuum (CEBACC), demonstrate that Black/African American men may not seek treatment or services for HIV because of historic stigma, discrimination, medical mistrust, as well as structural barriers to

housing, employment, access to insurance – among other key issues – which aligns with broader health care research findings about this population.
Racial and ethnic demographics are an important consideration when addressing co-morbidities as well. Research indicates that HIV affects the body in a way that results in an increased risk of cardiovascular disease compared to HIV-negative persons. Although HIV can now be treated effectively with combination antiretroviral (ARV) medications, significant comorbidities such as high cholesterol, diabetes, and excess cardiovascular co-morbidity, present challenges for providers managing HIV care. Further, focus group findings from CEBACC demonstrate that mental health and substance use may be comorbidities presenting challenges as well. Black/African American men experience high cholesterol, diabetes, and cardiovascular issues at disproportionately higher rates. The disproportionately poor health outcomes experienced by certain communities are largely due to factors outside of health care (i.e., social and economic factors, physical environments, and health behaviors). Taken together, both co-morbid conditions Black/African American men experience, as well as those generally experienced by people living with HIV (PLWH), may affect clients' adherence to HIV treatment and, in turn, achieving and sustaining durable viral suppression.

Many medications necessary to treat co-morbid conditions disproportionately experienced by Black/African American men require regular and close monitoring by a prescribing physician, and testing to manage symptoms, dosage, and side-effects. As well, adherence is positively impacted by access to case management, outreach, and psychosocial support services. **Ryan White HIV/AIDS Program Part B and ADAPs should collaborate with other entities, including all RWHAP Parts, provider agencies, and other community stakeholders, to determine the optimal approach to HIV care and treatment services for Black/African American men living with HIV.**

## Use of RWHAP Part B and ADAP Funds to Tailor Treatment and Services for Black/African American Men Living with HIV

The following section provides guidance on opportunities to use RWHAP funding to support outreach and enrollment activities, treatment adherence and monitoring services, and the expansion of ADAP formularies to better meet the needs of Black/African American men living with HIV in your state.

### RWHAP Part B Minority AIDS Initiative

The RWHAP Part B Minority AIDS Initiative (MAI) funding is unique because it can only

be used to provide outreach and education services to increase the participation of communities of color in ADAP or other HIV drug assistance programs (e.g., Medicaid). The HRSA ADAP Manual outlines the legislative requirements and HRSA program guidance for RWHAP Part B MAI.

The amount of the RWHAP Part B MAI award a state receives is determined by a formula based on the number of reported people of color living with HIV/AIDS for the most recent calendar year as confirmed by the Centers for Disease Control and Prevention (CDC). RWHAP Part B MAI funds provide states an opportunity to tailor outreach and education activities to the needs of Black/African American men living with HIV, and provide culturally centered service.

**State Examples: Illinois and Oregon**

The following are examples from Illinois and Oregon on utilizing RWHAP Part B MAI funds to tailor outreach, education, and patient assistance activities to better engage Black men.

- **Illinois** sub-contracts their RWHAP Part B MAI funds to entities, including hospitals and community based organizations (CBO), working specifically with Black/African American men, as well as other communities that are a priority in the state (e.g., Latinx, MSM, gay and bisexual men, justice-involved populations, etc.). A hospital system funded with RWHAP Part B MAI funds utilized the funding to hire patient navigators to provide on-site assistance and enrollment for key populations at HIV test sites. A CBO used RWHAP Part B MAI funds to launch a social networking and social media campaign to improve outreach to communities of color living with HIV, and focused efforts to areas with high rates of HIV. In fiscal year 2016 – 2017, these efforts supported sub-recipients to re-enroll 161 PLWH into ADAP, enroll 143 newly diagnosed and/or previously unenrolled individuals into ADAP, and provided 1,559 PLWH with linkage to care.
- **Oregon** sub-contracts their MAI funds to a CBO to provide linkage, support services, and education to people of color. Although the CBO serves all racial/ethnic backgrounds, MAI participants are assigned service navigators from their own communities who offer culturally appropriate linkage to care, support for medical engagement and medication adherence, HIV health education, support groups, and linkage to community resources. Service navigators maintain small, manageable caseloads and have invaluable personal experience with managing barriers to care that are similar to those faced by their clients. In fiscal year 2015 – 2016, there were 89 MAI participants, and 81% of participants

were engaged in medical care and linked to ADAP or other medication assistance program.

### Access, adherence, and monitoring services (ADAP Flexibility Policy)

While ADAP funds are required to be used to pay for HIV medications and health insurance, a limited amount (up to 10%) of funds can, with approval from HAB, be used to improve access to medications, increase adherence to medication regimens, and help clients monitor their progress in taking HIV-related medications. HAB Policy Notice 07-03, *The Use of RWHAP, Part B ADAP Funds for Access, Adherence, & Monitoring Services,* provides further guidance on spending limits and circumstances. States can use ADAP Flex to fund programs designed to address access, adherence and monitoring needs of their clients, including specific populations like Black/African American men living with HIV.

## Treatment and Care for Co-morbid Conditions Experienced by Black/African American Men: Drug and Service-Specific Information

RWHAP Part B recipients can address a number of co-morbid conditions commonly experienced by Black/African American men living with HIV, and respond to their needs through ADAP formulary coverage of medications that treat co-morbid conditions, and through services that fit under allowable RWHAP Part B program service categories.

### ADAPs' support of treatment access for Black/African American men living with HIV via formularies

The Ryan White HIV/AIDS Program Section 2616(c)(6) of the Public Health Service Act and HRSA policy place the following requirements on ADAP formularies:

- ADAP formularies must include at least one drug from each class of HIV antiretroviral medications;
- ADAP funds may only be used to purchase medications approved by the Food and Drug Administration (FDA) or devices needed to administer them;
- They must be consistent with the Department of Health and Human Services' (HHS) Adolescent and Adult HIV/AIDS Treatment Guidelines; and,
- All treatments and ancillary devices covered by the ADAP formulary, as well as all ADAP-funded services must be equitably available to all eligible/enrolled individuals within a given jurisdiction.

These requirements enable ADAP formularies to include medications for many co-morbid conditions that may impact PLWH, including those disproportionately experienced by Black/African American men.

## Categories of medications to optimize treatment outcomes for Black/African American men living with HIV

**Cardiac Medications:** African American men suffer disproportionately from high blood pressure, a known risk factor for heart disease and stroke. Nearly 44% of Black/African American men have some form of cardiovascular disease that includes heart disease and stroke.

**Hepatitis C (HCV) Treatment Medications:** Of PLWH in the United States, about 25% are coinfected with HCV. In the United States, from 2012 to 2013, rates of HCV increased 33% among Blacks/African Americans, 28% among non-Hispanic whites, and 5% among Hispanics/Latinos. Blacks/African Americans are disproportionately affected by HIV/HCV coinfection, which more than triples their risk for liver disease, liver failure, and liver-related death.

**Mental Health Treatment Medications:** PLWH experience more severe mental health symptoms than do members of the general public, including depression and post-traumatic stress disorder (PTSD) symptoms. African Americans are 10% more likely to report having serious psychological distress than non-Hispanic whites. Major mental health problems have been found to be associated with sexual orientation among Black/African American MSM, therefore, demonstrating the importance to address mental health among Black/African American PLWH.

**Metabolic Agents:** Type 2 diabetes is also independently associated with chronic inflammation caused by HIV. People with African American family background are at greater risk for Type 2 diabetes. The rate of diagnosed diabetes in Black/African American men has almost tripled since 1980.

The provision of treatment medications, although vital, is insufficient on its own. RWHAP Part B recipients should also provide a full complement of related and allowable RWHAP Part B core medical and support services.

## RWHAP Part B core medical and support services that benefit Black/African American men living with HIV

**Mental Health Services (Core Medical):** Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment,

and counseling services offered to clients living with HIV. Mental health issues, including depression, affect medication adherence, particularly among young, Black/African American MSM.

**Medical Case Management, including Treatment Adherence Services (Core Medical):** Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Black/African American MSM can greatly benefit from efforts to support treatment adherence, as the discrimination they experience due to their status, race, and sexual orientation often result in a lack of treatment adherence.

**Non-Medical Case Management (NMCM) (Support):** Non-medical case management supports clients in navigating RWHAP and non-RWHAP services essential to clients and associated with structural barriers. NMCM provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Key activities include: initial assessment of service needs; development of a comprehensive, individualized care plan; continuous client monitoring to assess the efficacy of the care plan; re-evaluation of the care plan at least every six months with adaptations as necessary; and, ongoing assessment of the client's and other key family members' needs and personal support systems.

**Outreach Services (Support):** Included in the criteria of qualified outreach programs are the following: conducted at times and in places where there is a high probability that individuals with HIV infection and/or exhibiting high-risk behavior; targeted to populations known, through local epidemiologic data or review of service utilization data or strategic planning processes, to be at disproportionate risk for HIV infection. These criteria allow programs to focus their outreach efforts in communities and geographic areas known to be frequented by Black/African American men.

**Psychosocial Support Services (Support):** Psychosocial Support Services provide group or individual support and counseling services to assist eligible PLWH to address behavioral and physical health concerns. These services may include: HIV support groups, and pastoral care/counseling services. These services are especially important as social support appears to create a sense of community for health issues among Black/African American men.

**State Examples: Pennsylvania and Indiana**

The following are examples from Pennsylvania and Indiana RWHAP Part B's approaches to utilizing core medical and support services to provide tailored outreach, case

management, and mental health services that better engage Black/African American men.

- **Pennsylvania** sub-contracts a portion of the RWHAP Part B Base and MAI funds to a project housed within a CBO to provide medical case management, mental health services, and outreach to LGBT youth of color. The project focuses on client engagement, building rapport, retention in care, and decreasing barriers to accessing services and care. Additionally, they offer client-centered mental health support services, and social work staff support clients to develop individualized mental health treatment plans. Project staff attribute much of their success and growth to a patient-driven approach engaging clients and eliciting their advice on program design and service delivery in the form of a Youth Advisory Board. Since 2013, the project maintained a 90% success rate in linking clients to care.
- **Indiana** subcontracts a portion of RWHAP Part B Base funds to a CBO that serves clients with high need through their linkage to care program. In an effort to address health disparities and engage the diverse clientele impacted by HIV in a culturally sensitive manner, the program partners with a local agency that serves mainly Black/African American MSM and the transgender community. The program fills the gap between available medical and supportive services by providing individualized, long-term, one-on-one support for clients. Since the implementation of the linkage to care program, viral suppression has significantly increased; it is now above 90%.

**ADAP and Part B Programs have a variety of opportunities to engage and retain Black/African American men in care and treatment**, including the Part B MAI, ADAP Flex, ADAP formulary guidance, and core medical and support services. States should leverage these opportunities to improve care and treatment for Black/African American men living with HIV.

## Related Resources:

- NASTAD (National Alliance of State & Territorial AIDS Directors) www.NASTAD.org
  - NASTAD – Health Care Access
  - National ADAP Monitoring Project Annual Report
  - National ADAP Monitoring Project Formulary Database
  - Center for Engaging Black MSM
- HRSA HIV/AIDS Bureau
- HRSA TARGET Center – technical assistance for the Ryan White community
- Ryan White HIV/AIDS Treatment Modernization Act (2009)

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Murray C. Penner, Executive Director
Jacquelyn Clymore, North Carolina, Chair
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