


# **Early Identification of Individuals with HIV/AIDS (EIIHA): State Roles, Implications for ADAP, and Use of Peers**



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**Emily Gantz McKay and Hila Berl  
Project LINC  
(Linking Individuals to Needed Care)**

**MOSAICA**

The Center for Nonprofit Development  
and Pluralism

# EIIHA Definition



Early Identification of Individuals with HIV/AIDS (EIIHA) is the identifying, counseling, testing, informing, and referring of diagnosed and undiagnosed individuals to appropriate services, as well as linking newly diagnosed HIV positive individuals to care.

[*Source:* Part B Application Guidance, FY 2011]

# EIIHA: Meeting Legislative Requirements re HIV+ /Unaware

Responsibility for *identifying individuals with HIV/AIDS who do not know their HIV status and making them aware of such status* – collect/report information on:

- *(i) the number of individuals who have been tested for HIV/AIDS;*
- *(ii) of those individuals described in clause (i), the number of individuals who tested for HIV/AIDS who are made aware of their status, including the number who test positive; and*
- *(iii) of those individuals described in clause (ii), the number who have been referred to appropriate treatment and care.*

# Legislation Requires that Comprehensive Plan to Describe:

- *...the estimated number of individuals within the State with HIV/AIDS who do not know their status;*
- *...activities undertaken by the State to find the individuals described and to make such individuals aware of their status;*
- *...the manner in which the State will provide undiagnosed individuals who are made aware of their status with access to medical treatment for their HIV/AIDS; and*
- *...efforts to remove legal barriers, including State laws and regulations, to routine testing.*

# Why EIIHA?

## Research indicates that:

- Individuals who delay testing are likely to have damaged immune systems because the virus has had time to replicate in their bodies
- Undiagnosed individuals are more likely to infect others
- The lower the viral load, the less likely a person is to infect others – and ART can reduce viral load, often to undetectable levels
- Untreated co-infections can cause spikes in viral load

***...So focus is on early diagnosis, early entry into care, and early access to anti-retrovirals and to other HIV/AIDS drugs***

# Relation to National HIV/AIDS Strategy:



## Goals:

- Reducing new HIV infections
- Increasing access to care and improving health outcomes for PLWH
- Reducing HIV-related health disparities

***...EIIHA contributes to all 3 goals***

# Implications for ADAP

- **More clients:** need to be able to serve newly diagnosed individuals
- **Planning:** Need to project what proportion of newly diagnosed are likely to be Ryan White eligible
- **ADAP as prevention:** Emphasis on getting people onto medications early to reduce transmission
  - New NIAID study suggests HIV-infected individuals may be able to reduce the risk of transmitting the disease to their sexual partners by 96% by taking anti-retroviral therapy (ART)
  - Indications that reducing community viral load may lead to reduced transmission

# Expectations: Beyond the Matrix



- **Develop and implement a strategy**
  - Estimate of HIV+/unaware (21%)
  - Assessment of HIV+/unaware to target efforts
  - Close collaboration with counseling & testing and partner notification programs
  - Implementation of outreach, testing, referral, and linkage to care
  - Often use of Early Intervention Services (EIS)
- **Collect and report required data**
  - Includes data on those who test negative

# Why EIS?

- Includes many required and best practice components of EIIHA, including identification of individuals at points of entry and access to services including:
  - HIV testing and targeted counseling
  - Referral services
  - Linkage to care
  - Health education and literacy training that enable clients to navigate the HIV system of care
- All 4 components to be present, but Part B funds to be used for HIV testing only as necessary to supplement, not supplant, existing funding
- EIS = the only service category that permits use of Ryan White funds for testing
- Peer EIS models
- Enables State to address both EIIHA and unmet need

# Peer Models that Support EIIHA and Affect ADAP

## Michigan

- Multiple peer-based programs
- Located in areas with highest rates of HIV/AIDS
- Peers involved in outreach, counseling and testing, education, linkage; and as members of integrated clinical care teams
- Diverse cohort of peers – paid staff
- Collaboration with Part A
- Grantee staff assigned to coordinate/oversee model
- Peer support network
- Considering centralized training

# Peer Models that Support EIIHA and Affect ADAP (*cont.*)

## Charlotte, NC – Positive Connections

- Peer organization as provider – 15 peers; stipends
- Outreach, EIS, HERR
- Testing training and kits from the County
- Tested 275 people in 3 mos.; 3% positive rate
- Collaboration with churches

# Peer Models that Support EIIHA and Affect ADAP (*cont.*)

## Nashville, TN - Community Access Committee

- Plans for outreach to homeless PLWH
- EIS model
- Collaboration with churches and organizations serving homeless
- Community events – outreach, counseling and testing, education, linkage

# Peer Models that Support EIIHA and Affect ADAP



## **New Orleans, LA – Hand in Hand**

- Use of peer social networks to identify PLWH and link them to care
- Peer certification program
- Stipends
- 4 PLWH linked to care in first 4 months