

Improving the Response to HIV/AIDS in Northern Florida

A new research report, produced as part of the State Healthcare Access Research Project (SHARP), examines the current successes and challenges of accessing healthcare for people living with HIV/AIDS in northern Florida, and proposes opportunities for improving access. The Health Law and Policy Clinic of Harvard Law School and the Treatment Access Expansion Project reviewed health policies in northern Florida, met with stakeholders, and invited comments from state officials. **The full report is available at www.taepusa.org.**

SUMMARY OF RECOMMENDATIONS

1. Combat HIV-related Stigma. Stigma remains a major barrier in northern Florida, with negative implications for accessing prevention, testing, healthcare, and supportive services. When stigma affects people's health-related decisions, damaging individual and public health outcomes result. Opportunities to combat stigma include:

Integrate people living with HIV/AIDS. Integrating people living with HIV/AIDS into the community by participating with other organizations or joining the local chamber of commerce can help build familiarity in the broader community and reduce stigma.

Increase the engagement of faith community leaders. Religion plays a central role in the lives of many northern Florida residents, particularly in minority communities disproportionately impacted by HIV/AIDS. The faith community must be engaged in any comprehensive approach to eliminate stigma. Faith leaders should be empowered with knowledge and a theological framework for thinking about HIV.

2. Provide Comprehensive Health and Sexuality Education. Most northern Florida communities do not provide comprehensive health education to students in public schools—and resist having community-based organizations and local health departments provide information about HIV/AIDS. Anecdotal reports indicate a growing number of HIV-positive young people seeking services. These measures could improve young people's knowledge about sexual health:

Support comprehensive health education initiatives. The Florida Healthy Teens Act would have required age-appropriate, medically accurate, comprehensive sex education in schools that teach students about reproductive health. Although the bill died in committee, 73% of Florida voters (according to two surveys) actually support comprehensive health education.

Apply for federal funding to support local comprehensive health education programming. Florida rejected nearly \$2.8 million in federal funding for comprehensive health education under the Personal Responsibility Education Program (PREP) provision of the national healthcare reform law. Beginning in 2012, local organizations in states without PREP grants are eligible to apply for funding to provide comprehensive health education to their communities' youth.

3. Tailor Outreach Efforts to Improve Linkage to Care. Outreach is critically important to reducing HIV-related stigma. It must be part of a coordinated strategy to increase testing and promote access to care for people living with HIV/AIDS. Outreach efforts include:

Community culture-based outreach initiatives. Because stigma can stem from culturally specific roots and manifest uniquely across different populations, tailored interventions are crucial to reduce stigma and achieve meaningful outreach and linkage to care. By using familiar media, language, formats, and venues, providers can effectively reach specific populations.

4. Improve Access to Healthcare and Support Services. Northern Floridians face challenges accessing care and services due to inadequate public transportation, a restrictive regional Medicaid transportation program, healthcare provider shortages, the AIDS Drug Assistance Program funding crisis, and state government hostility to federal healthcare reform. Some ways to improve access are:

Collaborate with other southern states to advocate for the inclusion of transportation as a Ryan White HIV/AIDS Program core service. Federal funding restrictions in the Ryan White HIV/AIDS Program limit the amount that providers can pay for client transportation. In rural areas of southern states, lack of public transit coupled with long distances to reach providers means high costs for private transportation mileage reimbursement—and quickly depleted funding. A multistate effort to change the Ryan White HIV/AIDS Program definition of core services could

be an attractive cause for the new bipartisan Congressional HIV/AIDS Caucus, as it could be a victory for the Caucus without necessarily needing additional funding.

Increase awareness among nondental healthcare providers of the importance of dental care in managing HIV/AIDS. With proper training, nondental healthcare professionals can perform oral disease screening and other preventive services.

Enhanced Medicaid reimbursement for primary care providers in 2013 and 2014 under healthcare reform. For 2013 and 2014, Medicaid reimbursement rates for primary care services will be pegged to Medicare reimbursement rates. Advocates should respond to federal rulemaking that will clarify the scope of applicable services and providers for these enhanced rates. They should also urge Congress to expand these rates beyond 2013 and 2014.

Maximize enrollment in the state's pre-existing condition insurance plan (PCIP) to alleviate pressure on the AIDS Drug Assistance Program. With federal healthcare reform, individuals who could not secure affordable, comprehensive private health insurance can now obtain coverage through temporary PCIPs—prior to Medicaid expansion and state insurance exchanges beginning in 2014. Ryan White grantees may subsidize cost-sharing for beneficiaries enrolled in PCIPs.

Increase access to care by acting as exchange navigators. Agencies that provide HIV/AIDS case management or other support services should consider obtaining certification as “navigators” for the state’s health insurance exchange by applying to the exchange for grants to provide culturally and linguistically appropriate education, enrollment facilitation, and referral services.

5. Increase Advocacy Efforts. At a time when the political and economic climate make the day-to-day aspects of serving the community—and simply staying afloat—increasingly difficult, advocacy to achieve systemic improvements for access to care remains important. Upcoming policy advocacy opportunities for consumers and providers include:

Florida Medicaid reform and managed care expansion. The state legislature passed a bill in 2011 that will, among other things, expand Florida’s two existing Medicaid managed care pilot projects. Advocates should work to ensure that consumer rights and meaningful access to care are protected and that managed care systems will meet the needs of medically complex populations.

Southern HIV/AIDS Strategy Initiative (SASI). This new initiative seeks to secure a federal commitment for implementation of the National HIV/AIDS Strategy in those parts of the United States with the highest rates of new HIV infections, including many southern communities. SASI complements the 12 Cities Project, which focuses on urban areas with the highest estimated AIDS prevalence. SASI’s effort is especially crucial because federal prevention dollars will be largely removed from rural communities as a result of the Centers for Disease Control and Prevention’s revised, prevalence-focused allocation formula.

Healthcare reform implementation. Advocates should look to national organizations for information about participating in healthcare reform implementation. While Florida has essentially chosen not to participate in implementation planning activities, there are ongoing opportunities for individuals and organizations within the state to comment on proposed federal regulations and help protect reforms already under way.

About SHARP – A national project of the Health Law and Policy Clinic of Harvard Law School and the Treatment Access Expansion Project, the State Healthcare Access Research Project (SHARP) develops state-level research reports by conducting a series of focus groups and one-on-one interviews with people living with HIV/AIDS, community-based AIDS services providers, healthcare providers, faith leaders, state and federal government officials, and other researchers and advocates. The insights gained from these meetings are supplemented with independent research. SHARP is designed to examine states’ capacities to meet the healthcare needs of people living with HIV/AIDS and has three main goals: (1) improve access to care and treatment, with an emphasis on addressing state-level barriers to care; (2) share information and advocacy strategies that reduce barriers in access to care within and among states; and (3) support coalition development and self-sustained, grassroots advocacy capacity in states. This project is conducted in collaboration with and funded by Bristol-Myers Squibb’s WithInSight Initiative. The content of this summary does not necessarily reflect the views or opinions of Bristol-Myers Squibb. **Visit SHARP online at www.taepusa.org or www.withinsightinitiative.org.**

Prepared by the Health Law and Policy Clinic of Harvard Law School and the Treatment Access Expansion Project.

