

Fact Sheet

Care & Prevention in the United States (CAPUS)

BACKGROUND

CAPUS is a three-year cross-agency (CDC, HRSA, SAMHSA, Office of Minority Health and Office of Women’s Health) demonstration project led by the Centers for Disease Control and Prevention (CDC). The purpose of the project is to reduce HIV and AIDS-related morbidity and mortality among racial and ethnic minorities living in the United States. Georgia is one of eight health departments to receive the CAPUS award in September 2012.

GOALS

The primary goals of the project are to:

- Increase the proportion of racial and ethnic minorities with HIV who have diagnosed infection by expanding and improving HIV testing capacity; and
- Optimize linkage to, retention in, and re-engagement with care and prevention services for newly diagnosed and previously diagnosed racial and ethnic minorities with HIV.

By addressing social, economic, clinical, and structural factors influencing HIV health outcomes.



GEORGIA CAPUS

Georgia’s CAPUS Project is exploring new, more efficient, and more effective systems to improve HIV testing, linkage to and retention in care, and antiretroviral adherence, specifically targeted toward highest risk minority populations. This approach will be informed by interventions to address certain social determinants of health that fuel the HIV epidemic, especially stigma toward African-American men who have sex with men (AAMSM).



Georgia Department of Public Health

Georgia CAPUS Demonstration Project

CAPUS initiatives include:

- 1) Creating a comprehensive statewide online Resource Hub on the Georgia DPH website, which will be Georgia's primary resource for HIV/STD/VH/TB information and services.
 - The Public Hub will provide access to HIV prevalence maps, public testing and prevention services, and event calendars; a statewide resource directory of service listings; HIV-related educational information; and public health data.
 - The Private Hub will have multiple layers of secure access with geospatial mapping to assist in targeted services; a secure portal to assist with linkage activities and health care provider communication; a library of forms, protocols, care guidelines; and health care provider continuing medical education (CMEs).
 - Both the Public and Private Hubs will have an Eligibility Portal that will allow individuals to be screened for Ryan White and ADAP eligibility, and start the application process. It will also notify applicants of the required documentation to start the enrollment process. The Eligibility Portal will streamline the eligibility process and improve efficiency by eliminating redundant data entry. This will also improve access to services by reducing barriers to program enrollment.
- 2) Creating a Metro Atlanta Testing and Linkage Consortium (MATLC) to coordinate and target HIV/STD/VH/TB testing, linkage, and prevention activities using geospatial maps and sharing strategies to reach the highest risk populations in high prevalence areas. The MATLC consists of entities funded for HIV/STD testing and prevention efforts by the Georgia Department of Public Health and the Fulton/DeKalb jurisdictions, as well as county health departments, academic institutions, federally qualified health centers, and privately funded projects.
- 3) Creating a coordinated statewide navigator network with central coordination through the Georgia Department of Public Health. The network will assist newly diagnosed HIV-positive patients in the metro Atlanta with linkage to care and social services.
- 4) Establish a mechanism to monitor linkage to care and re-engagement through navigation resources in order to increase linkages.
- 5) Integrating fragmented state databases to facilitate meaningful use of surveillance data to create and monitor Georgia's care continua.
- 6) In collaboration with HIV Surveillance, CAPUS is creating HIV care continua to identify care-related disparities in linkage to and retention in care, ART use, and viral suppression. At each step of the continuum, we will analyze reasons for deficiencies, create action plans, and monitor outcomes for ongoing improvement.
- 7) Establish an acute infection surveillance system to identify persons with primary infection and expedite linkage to care.
- 8) Creating a community awareness campaign, informed by AAMSM, to decrease stigma directed at AAMSM.
- 9) Collaborating with the Georgia Department of Corrections to improve pre-release planning for transition of HIV infected inmates into the community.
- 10) Improve GDPH's capacity to coordinate, integrate, and evaluate programs.

We believe that this coordinated systems approach will leverage resources and improve the effectiveness of our efforts to turn the tide of the HIV epidemic in Georgia.

We Protect Lives.