

HIV-Related Health Disparities in Baltimore, Maryland: The Importance of HIV Testing and Care Linkage Programs

Project Overview

- Expanded HIV testing and connecting individuals into care have been identified as core components of comprehensive HIV prevention.
- In order to address the HIV/AIDS epidemic in Baltimore, the Baltimore City Health Department and Johns Hopkins University have partnered to evaluate the Ryan White Part A funded programs that strive to identify and link HIV positive individuals into care. This project also aims to assess factors that motivate or inhibit individuals' abilities to initiate and sustain care in an effort to strengthen the programs' capacity, thereby enhancing individual and community health.

Background

- Annually, there are over 55,500 new HIV cases in the United States. HIV/AIDS remain leading causes of morbidity and mortality in U.S. metropolitan areas.
- HIV continues to disproportionately impact marginalized populations, especially African American communities, which constitute only 12% of the U.S. population but account for 49% of new HIV cases.
- In 2006, the Baltimore metropolitan area (including Towson, MD) had the second highest AIDS case rate among metropolitan areas in the U.S. [37.7 cases per 100,000 people].
- In addition, 16,000 individuals in Baltimore were living with HIV/AIDS with African Americans accounting for 86% and men accounting for 63% of cases.
- In effort to address the unique challenges of HIV in urban communities, Congress enacted legislation known as "Ryan White Part A" to fund the provision of HIV-related care services in metropolitan areas, including Baltimore, that are disproportionately impacted by HIV/AIDS.

Research and Preliminary Findings

- Baltimore is a pioneer in integrating HIV testing and care linkage programs to address HIV-related health disparities. This project aims to increase the capacity of the integrated program by providing targeted community HIV testing to increase status awareness and link HIV positive individuals into care, in order to both improve health outcomes and reduce the cost of later stage care.
- In 2007, Baltimore conducted over 12,000 HIV tests; 767 were positive with 208 new positives. Of those individuals with new positive results, 118 (57%) were linked or in care while only 6 (3%) refused care.
- We plan to share the successes and challenges of Baltimore's integrated HIV testing and care linkage programs with other urban locales to more fully address the HIV epidemic in the United States.

Policy Implications

- This collaborative project between Johns Hopkins University Schools of Public Health & Medicine and the Baltimore City Health Department represents an "all-hands-on-deck" effort to combat the HIV epidemic in Baltimore. Results will benefit the community and affect local and national HIV/AIDS policy—specifically highlighting the importance of combining HIV testing and care linkage programs in urban locales.

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