Local Health Department Perspectives on Community Health Center **Engagement in Ending the HIV Epidemic**

Kelley, Kat, MPH; Grant, Latisia, MPH – National Association of County and City Health Officials

HIV in the United States

An estimated 1.2 million people are living with HIV (PLWH) in the U.S. & up to 50,000 Americans become infected each year.

We can end the HIV epidemic in the U.S.

We can prevent new	But access is limited:
cases with pre-exposure	only 25% of people
prophylaxis (PrEP) & syringe	who could benefit
services programs.	from PrEP are on it.
By diagnosing cases	But 1 in 7 PLWH don't
as early as possible, we	know their status & 80%
can ensure access to	of cases are from PLWH
care & prevent further	who don't know their
transmission.	status or aren't in care.
We have effective treatments & PLWH on treatment with an undetectable viral load have effectively no risk of transmitting HIV sexually.	But less than half of PLWH with a diagnosed infection are virally suppressed .

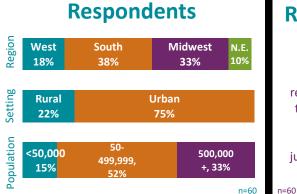
We cannot end the epidemic without addressing inequities: people of color, men who have sex with men, transgender women, & young people are disproportionately impacted by HIV, due to social & structural factors such as discrimination & stigma, poverty, & inequitable access to healthcare.

Ending the HIV Epidemic

In 2019, the U.S. government launched an initiative to end the HIV epidemic in America by reducing new infections by 75% by 2025 & 90% by 2030. The initiative includes significant funding for community health centers (CHCs) to scale up testing, PrEP, & linkage to care. In 2018, CHCs conducted over 2 million HIV tests & connected 86% of patients to care within 90 days. However, CHCs cannot do this work alone, & local partnerships are critical to addressing gaps in HIV services & reaching populations disproportionately affected by HIV.

Methodology

In November 2019, NACCHO surveyed its Sentinel Network—a convenience sample of local health department (LHD) staff working in HIV, STI, & hepatitis programs—to better understand the role CHCs play in local HIV efforts & to assess partnerships between LHD HIV programs & CHCs. 60 of 128 members responded (47% response rate).



LHD-CHC Partnership Activities

LHD refers to CHC	51%		41%		
CHC refers to LHD	44%		24%	18%	12%
Engage via coalitions	45%		37%		10% 8%
Share data	34%	20%	26%	6	20%
Formal partnership	29%	12%	45%		14%
Regular meetings	27%	27%		41%	
nt case management	22% 12	2%	60%		6%
Provision of TA/CBA	14% 16%		63%		8%

■ Partner for HIV services ■ Partner for non-HIV services ■ Neither ■ Unsure n=51

LHD Perceptions: CHC Readiness for Scale-Up of HIV Services

HIV testing	59	%	<mark>14%</mark> 27%
Community outreach	37%	29%	33%
PrEP	37%	31%	31%
Support services	33%	27%	39%
HIV treatment	31%	29%	39%
Treatment adherent services	22%	35%	43%

Yes No Not sure

"In the past 2 years I have not seen any involvement from the CHCs in this area."

"We have no formal interactions with our CHC."

Results

46%

report

that CHCs

participate

in local HIV

n=52

	STI testing	87%	
	HIV testing	0170	5
	Linkage to care	of LHDs	
	Support services	report that	
	PrEP services	there are	
	HIV treatment	CHCs in	
	Case management	their	
2	Partner services	jurisdiction	
N	Yes		

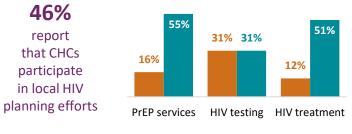
ng	92%			
ng	87%		12%	
re	6	5%	14	<mark>%</mark> 22%
es	51%	6	18%	31%
es	50%	6	19%	31%
nt	49%	6	22%	29%
nt	45%		29%	25%
es	29%	43	3%	27%

No Unsure

Services Offered by CHCs

n=52

Referrals Between LHDs & CHCs



CHC(s) refers to LHD LHD refers to CHC(s)

n=49

LHD perceptions: CHC Technical & **Capacity Building Needs**

PrEP	61%
Community outreach	51%
Trauma-informed care	51%
HIV treatment	47%
HIV risk comm. & education	45%
Culturally competent care	43%
Partner services	41%
HIV counseling	37%
HIV testing	31%

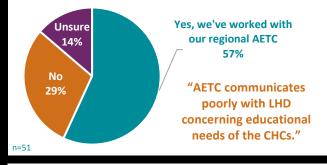
n=51

Join



Engagement with AETCs*

*AIDS Education & Training Centers



Conclusion

We have the tools to end the HIV epidemic, but achieving these goals requires strong public health & healthcare partnerships.



LHDs can support CHCs to scale up HIV services, complementing their clinical care with public health interventions



CHCs can partner with LHDs to provide community outreach, enhanced case management, treatment adherent & support services, & trauma-informed & culturally competent care—which are critical to addressing inequities



— There is a need to strengthen communication & partnerships between CHCs & LHD HIV programs

References

- CDC. (2016). Today's HIV/AIDS Epidemic [Fact sheet]
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- CDC. (2019, March 7). PrEP use has increased among gay and bisexual men at risk for HIV [Press release]. www.cdc.gov/nchhstp/newsroom/2019/croi-2019.html
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We can end the HIV epidemic in the U.S.

We can **prevent** new cases with pre-exposure prophylaxis (PrEP) & syringe services programs.

But access is limited: only 25% of people who could benefit from PrEP are on it.

By **diagnosing** cases as early as possible, we can ensure access to care & prevent further transmission.

But 1 in 7 PLWH don't know their status & 80% of cases are from PLWH who don't know their status or aren't in care.

We have effective treatments & PLWH on treatment with an undetectable viral load have effectively no risk of transmitting HIV sexually.

But less than half of PLWH with a diagnosed infection are virally suppressed.

We cannot end the epidemic without addressing inequities

People of color, men who have sex with men, transgender women, & young people are disproportionately impacted by HIV, due to social & structural factors such as discrimination & stigma, poverty, & inequitable access to healthcare.

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Wes 18%

> Ru 22

<50,0 15%

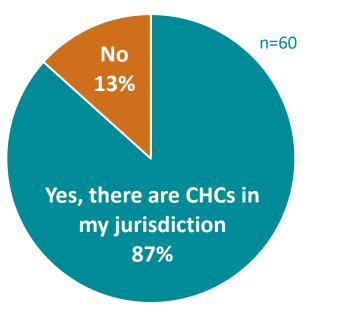
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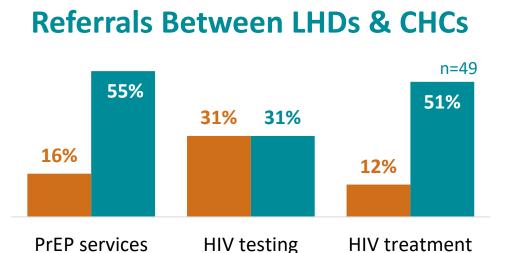
Respondents n=60

	Region		
st 6	South 38%	Midwe 33%	
	Setting		
ral %	Urban 75%		
	Populati	on	
000	50- 499,999, 52%		500,000 / ,

Presence of CHCs



Results



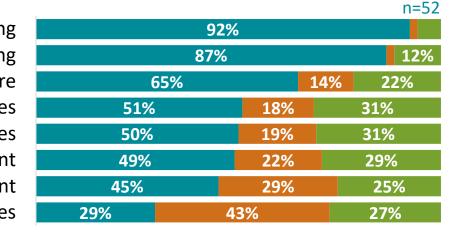
CHC(s) refers to LHD

sting HIV treatment n=52 ■ LHD refers to CHC(s)

Services Offered by CHCs

Yes No Unsure

STI testing HIV testing Linkage to care Support services PrEP services HIV treatment Case management Partner services



LHD-CHC Partnership Activities

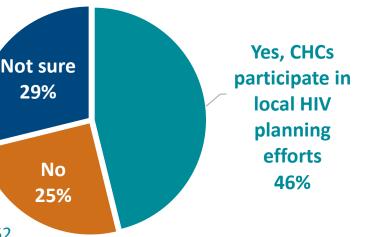
LHD refers to CHC	
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Engage via coalitions	
Share data	
Formal partnership	
Regular meetings	
Joint case management	
Provision of TA/CBA	14

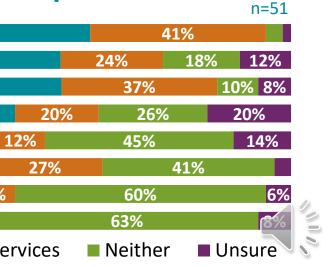
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Partner for HIV services

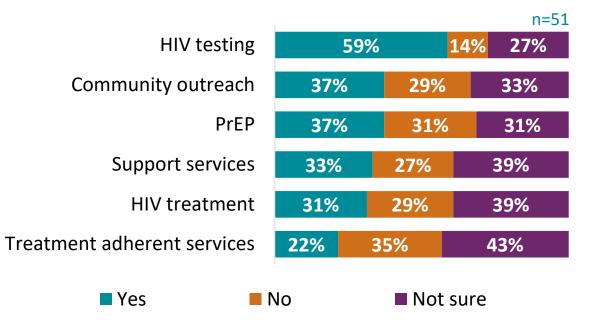
Partner for non-HIV services

CHC Participation in Local HIV Planning Efforts





LHD Perceptions: CHC Readiness for Scale-Up of HIV Services



Results

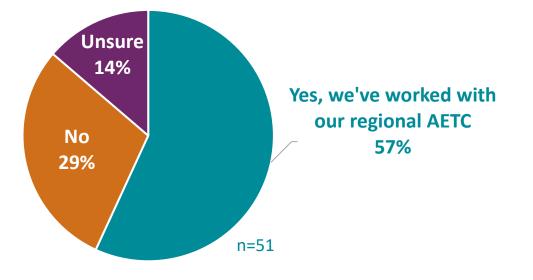
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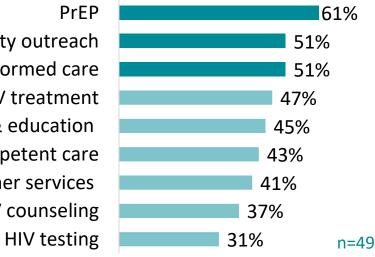
"We have no formal interactions with our CHC."

Community outreach Trauma-informed care HIV treatment HIV risk comm. & education Culturally competent care Partner services **HIV** counseling

Engagement with AIDS Education & Training Centers (AETCs)

"In the past 2 years I have not seen any involvement from the CHCs in this area."





"AETC communicates poorly with LHD concerning educational needs of the CHCs."



Conclusion

We have the tools to end the HIV epidemic, but achieving these goals requires strong public health & healthcare partnerships.



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1.CDC. (2016). Today's HIV/AIDS Epidemic [Fact sheet]. www.cdc.gov/nchhstp/newsroom/docs/factsheets/todaysepi

2.CDC. (2019, March 7). PrEP use has increased among gay and

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5.U.S. Statistics. (2020). HIV.gov. www.hiv.gov/hiv-

Contact