Ending the HIV Epidemic

TAPin Technical Assistance Provider innovation network

Public Health/Primary Care Partnerships

Insights from the Field and How to Access TA and Training
Funded by the Ending the HIV Epidemic Initiative

Moderator:

William Murphy, TAP-in Project Director

Speakers:

Russell Brown, Deputy Director, Clinical Affairs, NACHC

Julie Baker, MPH, CHCEF, Director of Clinical Consulting, Iowa Department of Public Health

A Project of CAI

Ending the HIV Epidemic

TAPin Technical Assistance Provider innovation network

Cooperative Agreement Award # U69HA33964

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Learning Objectives

- Understand the complexity and the number of completing priorities within each partnering organization
- Review the elements of a partnership that is financially feasible, mutually beneficial, and sustainable
- Showcase the partnership between a primary care association and a state health department
- Explore how community partnerships were developed as an extension of implementing a routine screening project

NATIONAL ASSOCIATION OF Community Health Centers®

The 411 About Health Centers: Infrastructure, Capacity, and Partnerships

THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.

NATIONAL ASSOCIATION OF Community Health Centers®

Speakers

Russell Brown

Deputy Director, Clinical Affairs

NACHC

Julie Baker, MPH, CHCEF

Director of Clinical Consulting

Iowa Department of Public Health

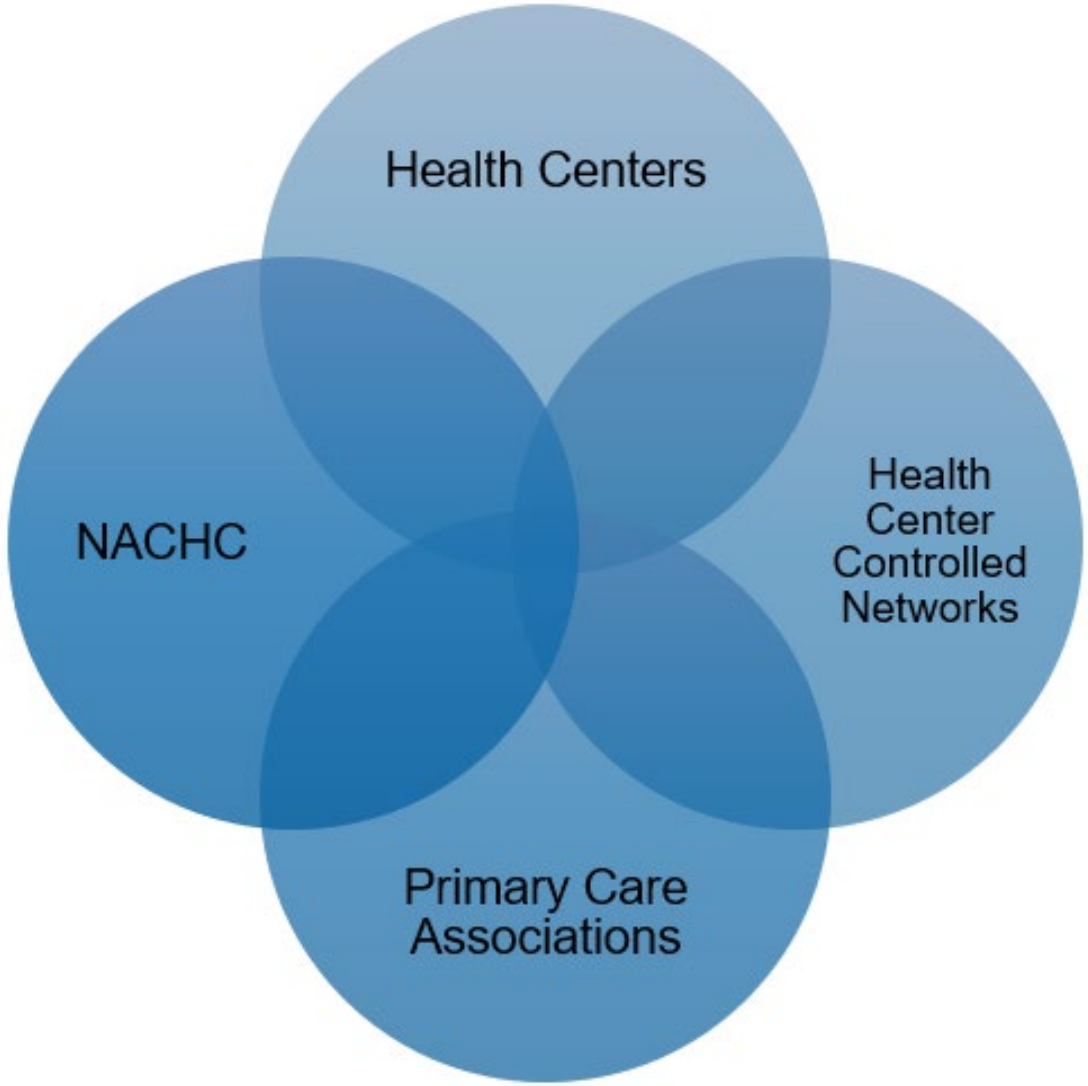
Health Center Infrastructure

Five Essential Requirements for Health Centers:

- Located in **high-need areas**
- Provide comprehensive health and related services (especially “enabling services”)
- Open to **all residents**, regardless of ability to pay, with sliding scale fee charges based on income
- Governed by **community boards**, to assure responsiveness to local needs
- Follow **performance and accountability requirements** regarding their administrative, clinical, and financial operations

The National Infrastructure

NACHC works in coordination with all health service delivery organizations to form a comprehensive approach to serving America's most underserved and vulnerable populations.



Who Do Health Centers Serve?

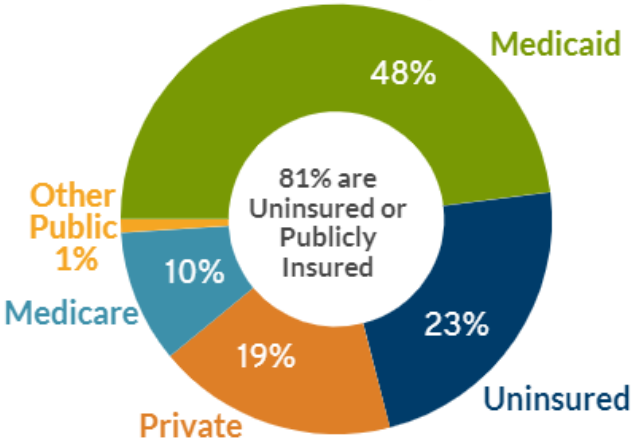
health centers now serve more than

30 million patients

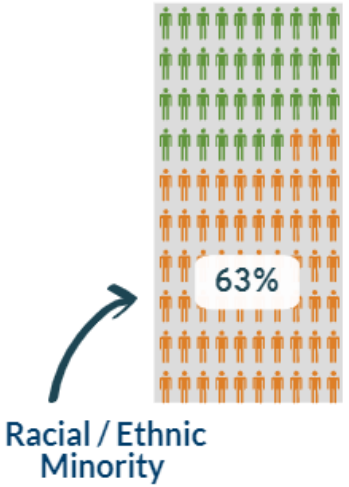
including:

- **1.5 million** patients 65 years and older
- **Over 9 million** children
- **1.5 million** homeless patients
- Almost **400,000** veterans
- **143,000** patients receiving MAT for opioid use disorder

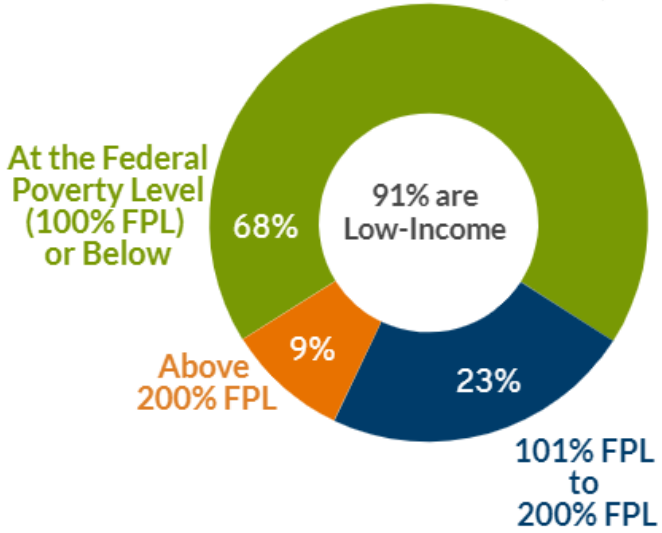
Most Health Center Patients Are Uninsured or Publicly Insured (2019)



Most Health Center Patients Are Members of Racial & Ethnic Minority Groups (2019)



Most Health Center Patients Have Low-Incomes (2019)



A full description of this chart can be found can be found at the end of this presentation after the Evaluation slide under the title: Slide 9 – Who Do Health Centers Serve?

Health Center Services

- Health Services related to:
  - Family Medicine
  - Internal Medicine
  - Pediatrics
  - Obstetrics
- Diagnostic Laboratory and Radiologic Services
- Dental Screenings
- Pharmaceutical Services
- Referrals to Other Providers
- Patient Case Management
- Enabling Services: Translation, Transportation, Outreach, and Health Education

Health Centers and HIV

According to the 2019 UDS data set:

- Approximately 1 out of every 100 patients is a person living with HIV
- 3% of new infections were in health centers
- HIV patients have on average 4 visits per year, indicative of viral load suppression
- New UDS measurement for 2020 on PrEP and linkage to care

Who is NACHC?

Founded in 1971, NACHC serves as the leading national advocacy organization in support of community-based health centers and the expansion of health care access for the medically underserved and uninsured.

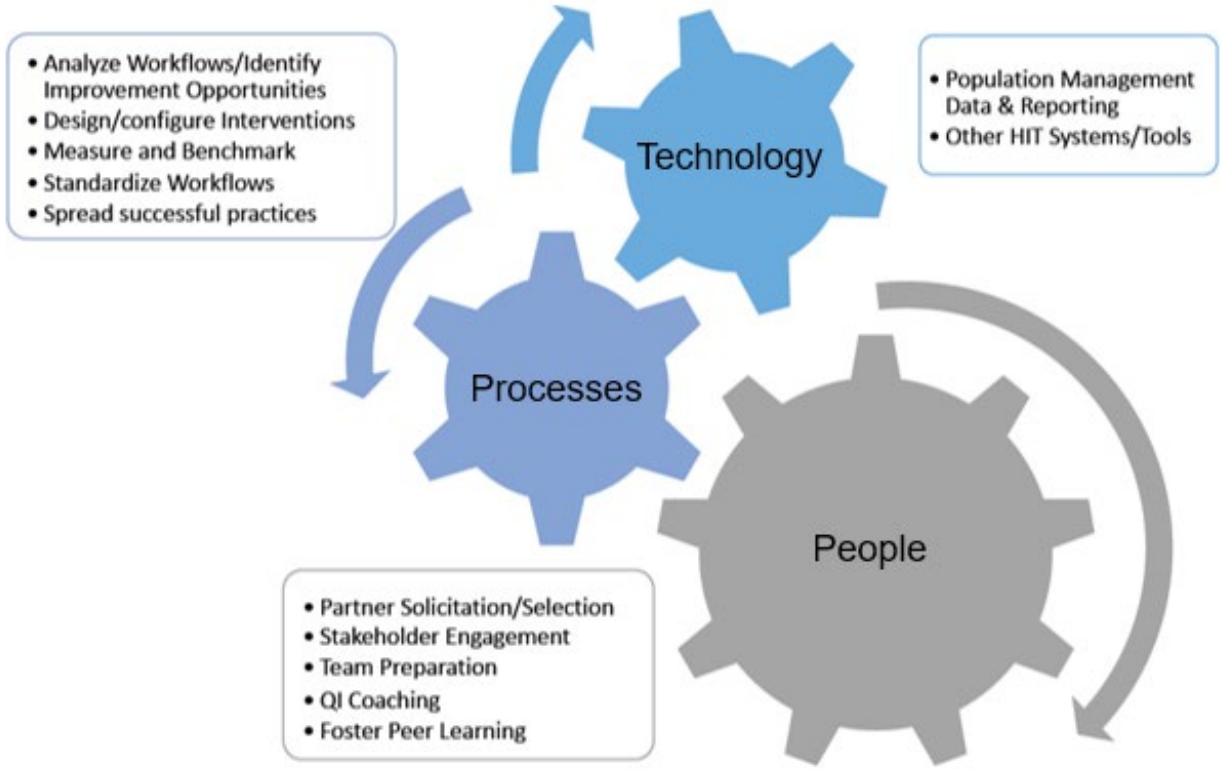
Areas of Focus:

- Training and Technical Assistance
- Clinical Affairs
- Workforce Development
- Quality Improvement
- Informatics
- Public Health/Primary Care Partnerships

NACHC Conferences

NACHC Conferences	Month	Focus
Policy and Issues Forum (P&I)	March	Administrative, Legislative and Regulatory Policy
Agricultural Worker Health	May	Policy and Operational Issues
Community Health Institute and Expo (CHI)	August	Clinical, Operations, Informatics, Training
Financial Operations Management and IT Conference (FOM/IT)	October	Financial, Informatics, Operational, Compliance
PCA/HCCN Conference	November	State-based policy, partners, payers, and data

Approach to Work



A full description of this chart can be found can be found at the end of this presentation after the Evaluation slide under the title: Slide 14 – Approach to Work

Public Health/Primary Care Partnership

- Two-way Partnership
- Strategic and Sustainable
- Investment

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Understand the complexity and the number of completing priorities within the organization

Determine what each partner is going to bring to the table (e.g. enabling services, community partnership)

A strong communication channel with the right people at the table will be more effective than a “cold call” situation

Outline your goals (short/long term) and objectives from the beginning. Transform that into a MOU.

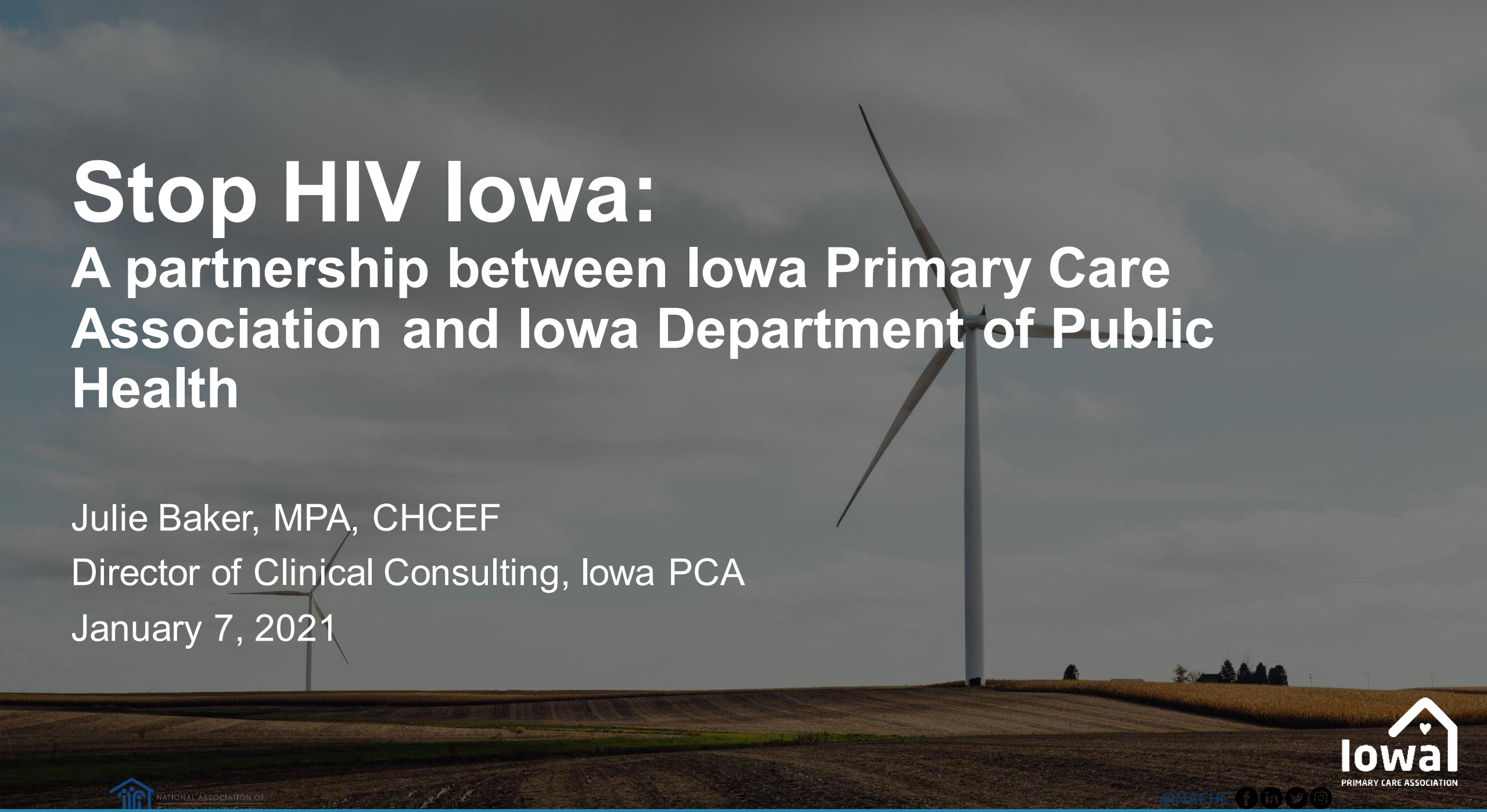
Front end staff will not be the correct entry point. Leadership is crucial on both ends of the table to make sustainable changes.

Financially feasible, mutually beneficial, and more importantly sustainable.

Thank you!

Russell Brown
rbrown@nachc.com

NATIONAL ASSOCIATION OF Community Health Centers®



Stop HIV Iowa:
A partnership between Iowa Primary Care Association and Iowa Department of Public Health

Julie Baker, MPA, CHCEF
Director of Clinical Consulting, Iowa PCA

January 7, 2021

Objectives

- Understand the impact of HIV in Iowa
- Showcase the partnership between the Iowa PCA and the Iowa Department of Public Health
- Explore community partnerships developed as extension of the routine screening initiative
- Discuss implementation of routine HIV screening in Iowa CHCs

Our Reach & Impact

VISION: Health equity for all.

MISSION: Enhancing community health centers' capacity to care.

806,017
total clinical visits

226,041
total patients*

10,472
homeless patients

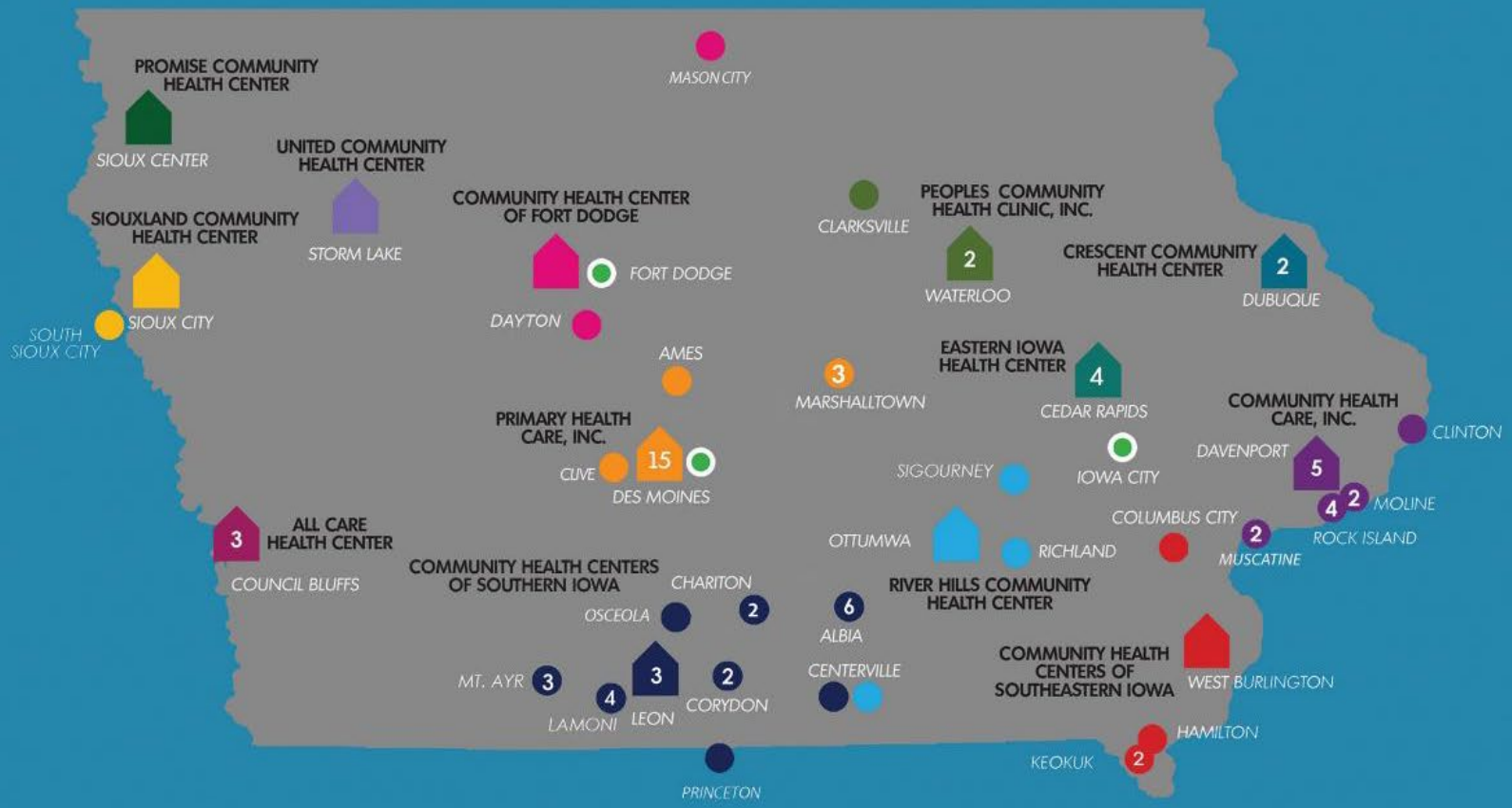
3,650+
veterans

47% of patients are covered by Medicaid. Health centers serve **17%** of the Medicaid population in Iowa.

93% of health center patients are 200% or below the Federal Poverty Level.

**patients can receive multiple services | 2019 UDS Data*

IOWA'S COMMUNITY HEALTH CENTERS



MAIN SITE CLINICS

SATELLITE LOCATIONS

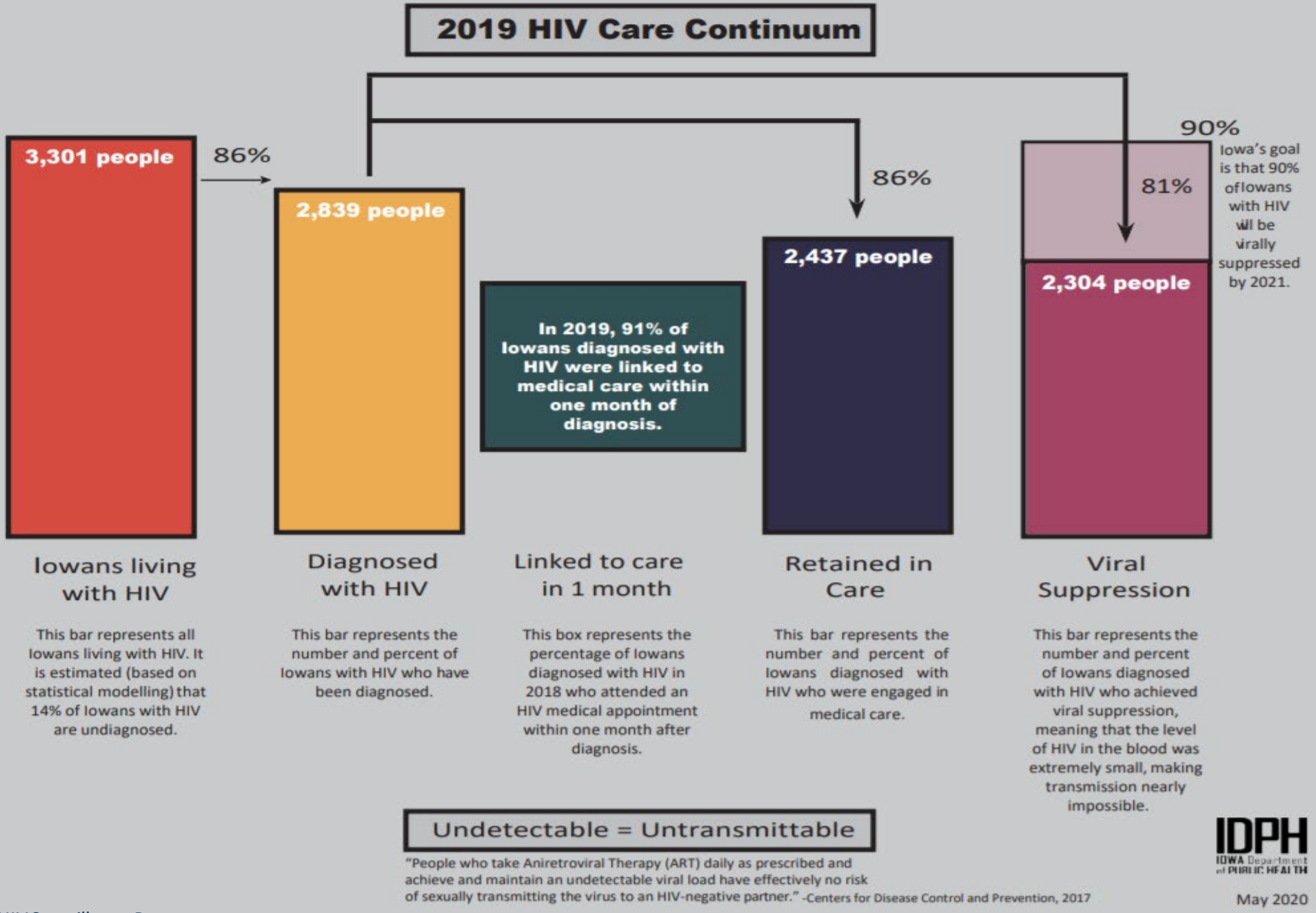
PROTEUS, INC. SITES

87 DELIVERY SITES IN IOWA

Health centers provide primary and preventive healthcare services at 47 full-service sites and an additional 40 sites that include schools, nursing homes, homeless shelters, and other locations where special populations are served. In total, Iowans can access healthcare services at 87 sites statewide.

A full description of this chart can be found can be found at the end of this presentation after the Evaluation slide under the title: Slide 21 – Iowa's Community Health Centers

HIV in Iowa

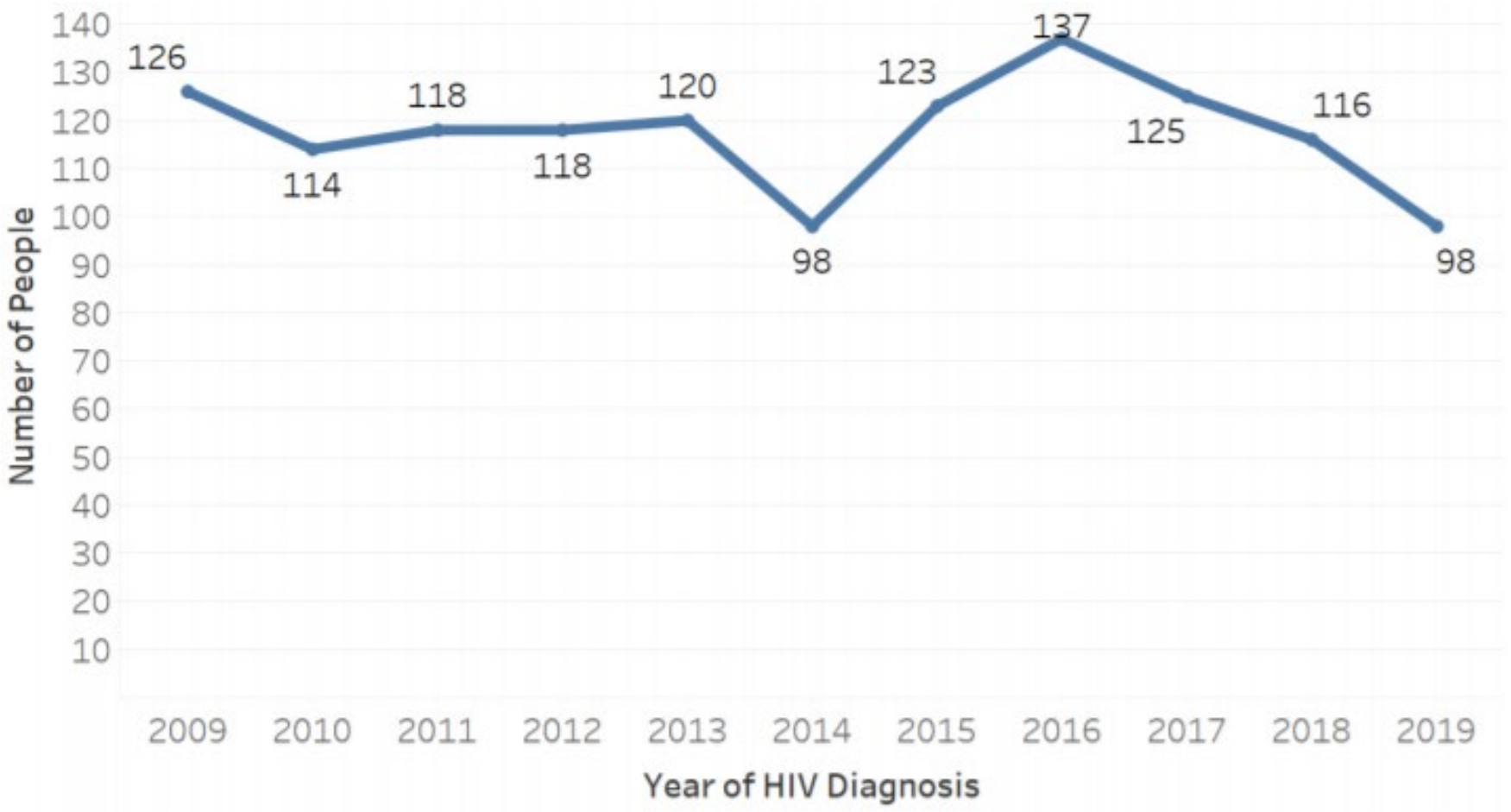


Source: IDPH 2019 Iowa HIV Surveillance Report

A full description of this chart can be found can be found at the end of this presentation after the Evaluation slide under the title: Slide 23 – 2019 HIV Care Continuum

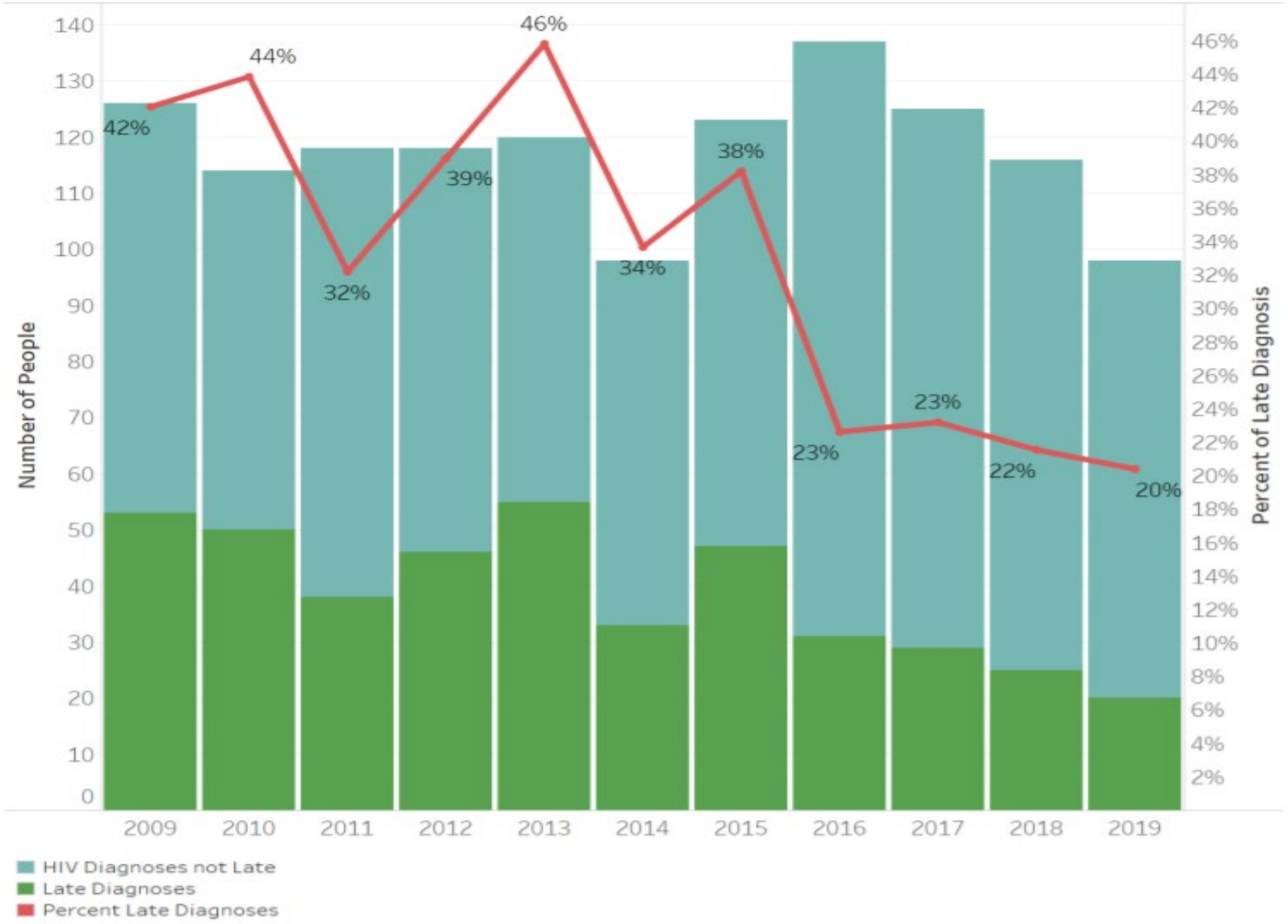
After peaking at 137 diagnoses in 2016, Iowa has experienced three consecutive years of decreases in diagnoses of HIV.

Figure 3.1 Iowans Diagnosed with HIV: 2009 through 2019



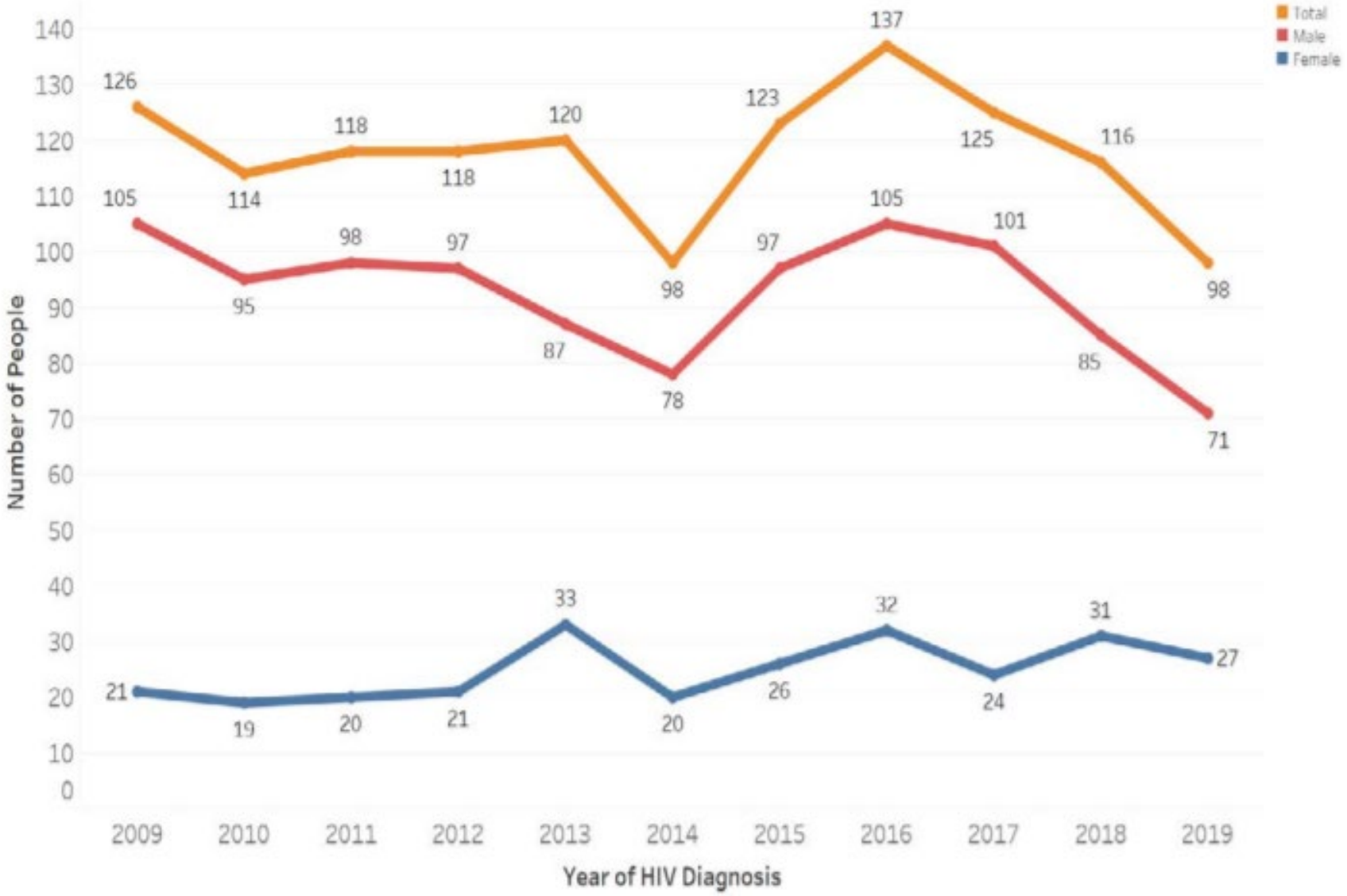
A full description of this chart can be found can be found at the end of this presentation after the Evaluation slide under the title: Slide 24 - Iowans Diagnosed with HIV: 2009 through 2019

Figure 3.2 Number and Percentage of Iowans Diagnosed Late with HIV ("Late Testers"): 2009 through 2019



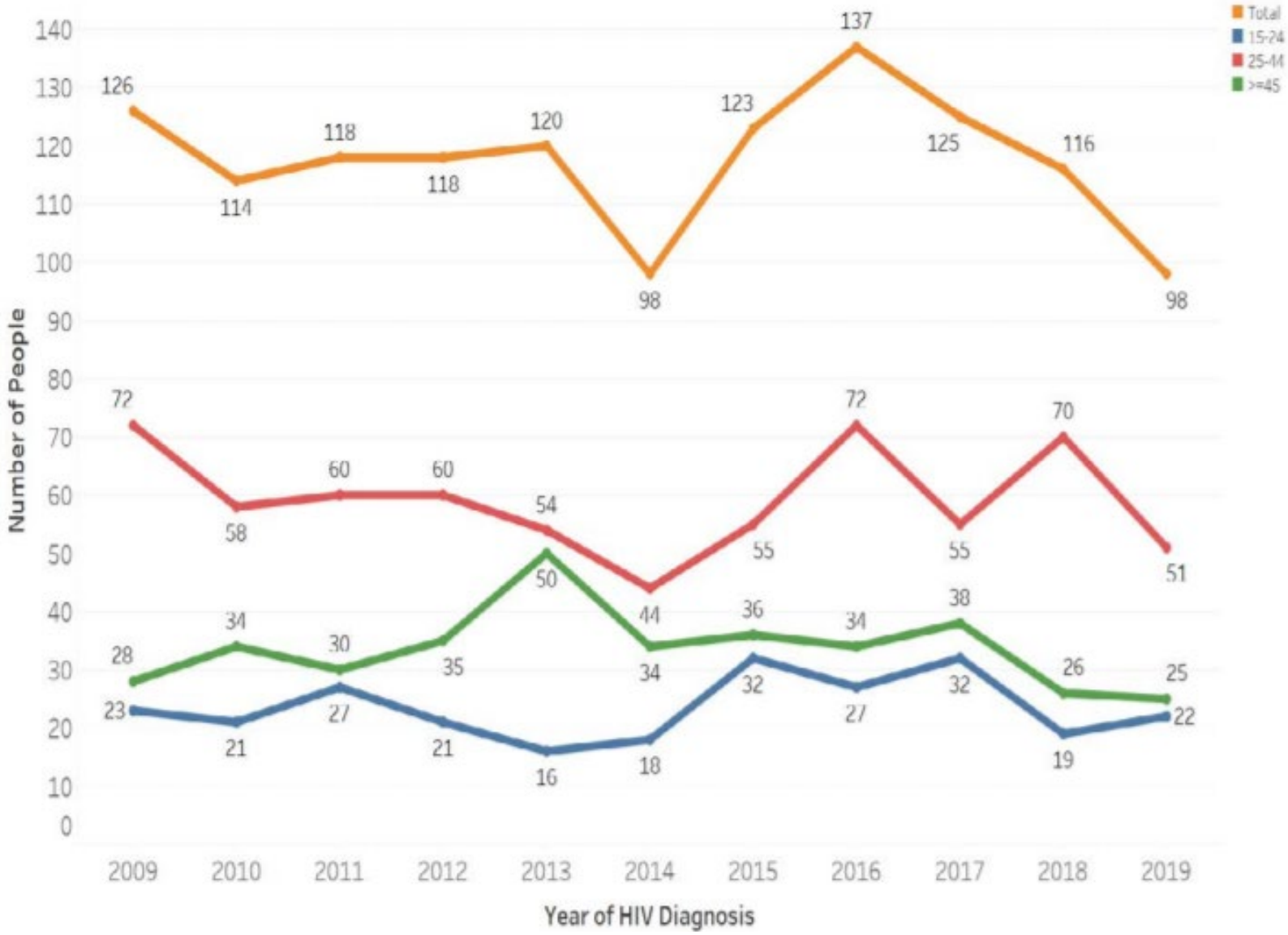
A full description of this chart can be found can be found at the end of this presentation after the Evaluation slide under the title: Slide 25 - Number and Percentage of Iowans Diagnosed Late with HIV

Figure 3.3 Iowans Diagnosed with HIV by Sex: 2009 through 2019



A full description of this chart can be found can be found at the end of this presentation after the Evaluation slide under the title: Slide 26 - Iowans Diagnosed with HIV by Sex

Figure 3.4 Age In Years at Diagnosis of Iowa HIV: 2009 through 2019



A full description of this chart can be found can be found at the end of this presentation after the Evaluation slide under the title: Slide 27 - Age In Years at Diagnosis of Iowa HIV

Figure 3.6 Disparities In Race and Ethnicity among Iowans Diagnosed with HIV

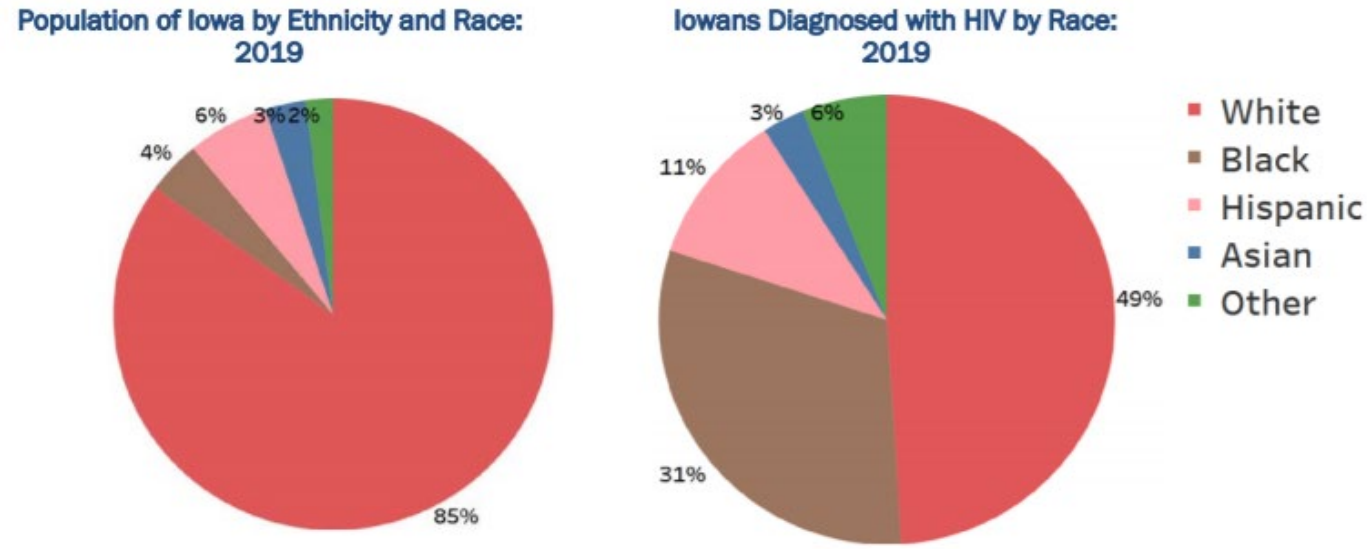
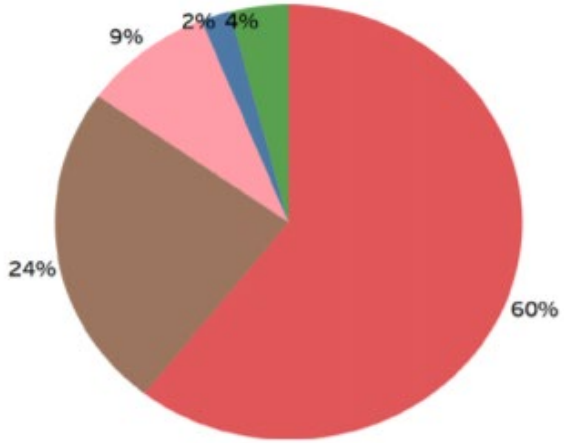
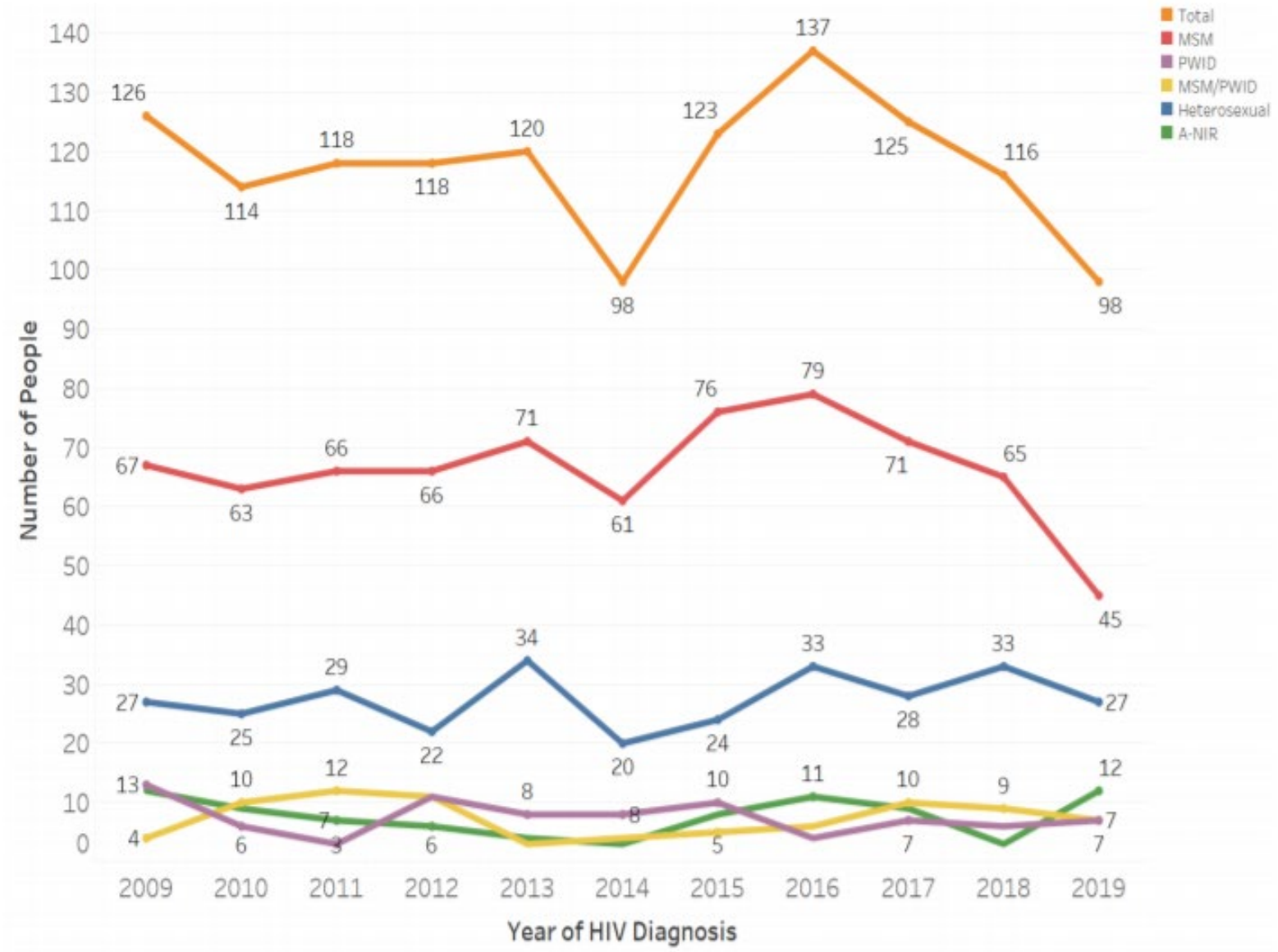


Figure 3.7 Iowans Living with HIV by Race as of December 31, 2019



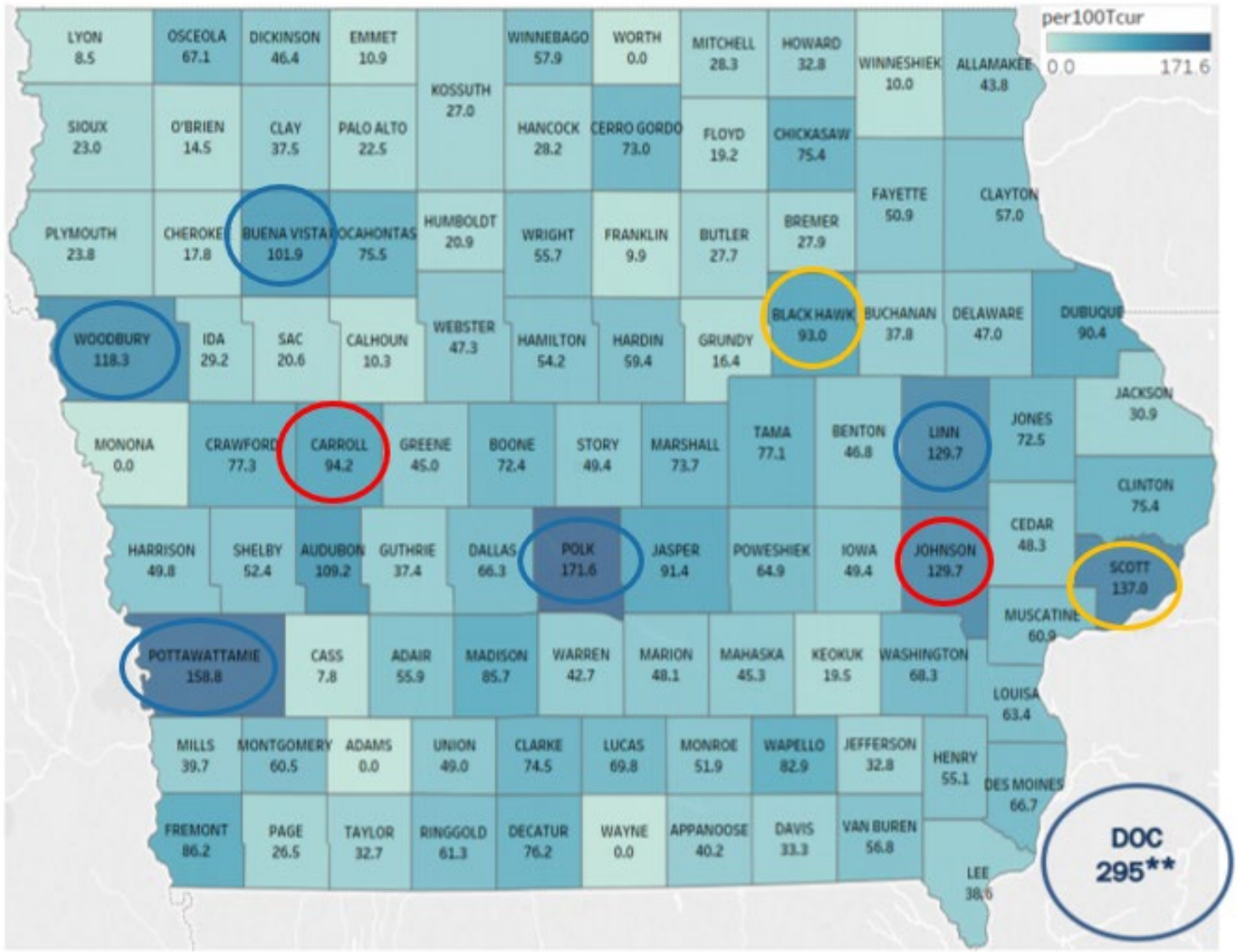
A full description of this chart can be found can be found at the end of this presentation after the Evaluation slide under the title: Slide 28 - Disparities in Race and Ethnicity among Iowans Diagnosed with HIV

Figure 3.8 Iowa Adults Diagnosed with HIV by Exposure category: 2009 through 2019



A full description of this chart can be found can be found at the end of this presentation after the Evaluation slide under the title: Slide 29 - Iowa Adults Diagnosed with HIV by Exposure Category

Figure 3.10 Prevalence of HIV Disease at the end of 2019 by County of current Residence, Number per 100,000



A full description of this chart can be found can be found at the end of this presentation after the Evaluation slide under the title: Slide 30 - Prevalence of HIV Disease

Iowa's Successes

Iowa ranks **1st** in the nation for HIV viral suppression with 79.6% of people diagnosed achieving viral suppression in 2017 (CDC December 2019 *Vital Signs).* The national average is 62%.

Iowa ranks **4th** in the nation in PrEP for the proportion of those with need who are on PrEP.

Iowa is the ***only*** low-morbidity area to be in the top 5

IDPH and Iowa PCA Partnership

NATIONAL ASSOCIATION OF

@NACHC

Iowa PRIMARY CARE ASSOCIATION

Routine Screening Project Timeline

2013: IDPH identified need for partnership with Iowa PCA

Feb 2014: IDPH issues 5-year Sole Source contract to Iowa PCA

Feb – April 2014: Iowa PCA begins work with CHCs

Feb – Jul 2014: Assessed current RS processes/SOC and collected baseline data. Developed provider tool kit and Best Practice Manual

Jul – Aug 2014: Road Show – Recruit & conduct site visits with CHCs

Sept – Dec 2014: Trained care teams on RS and INSTI rapid test

Jan 2015: Opt-out RS began

2015-Current: Continue T/TA and expansion of RS

IDPH and Iowa PCA Partnership: HIV and Beyond

- IDPH extends HIV sole source contract through 2022
  - Additional positions funded for Iowa PCA
    - Clinical Quality Consultant (.6 FTE)
    - Clinical Leadership Consultant (contracted position)
- Deliverable-based contract FY21-22
- Stop HIV Iowa Plan – Hepatitis Elimination Plan
- Iowa Community Planning Group – Iowa PCA is member
- Monthly touch-base calls with IDPH Project Coordinator

IDPH and Iowa PCA Partnership: HIV and Beyond

- Condom Distribution (IACondoms)
- IDPH Preventing Liver Cancer Among Opioid Users (CDC-funded grant through ICF)
- Provision of INSTI Rapid test kits
- Intersection of other IDPH projects with HIV, HCV, STI (SOR, PIPBHC, Injury Prevention (IPV/Human Trafficking), Liver Cancer grant, Strengthening Services to PLWH and OUD; CDC Capacity Building)
- Quarterly IDPH Prevention Team Meetings (include Special Projects; STI Program; Service Integration; Iowa Pharmacy Association)

Iowa PCA/Health Centers Highlights

- 12 of 14 CHCs are participating in at least one routine screening category
- Annual site visits and quarterly calls with health centers
- Additional funding opportunities as result of project:
  - Gilead FOCUS Project
- Partnership formed with U of I Hepatologists and Walgreens Community Specialty Pharmacy
- Project ECHO (MAT/HCV/BH)

Other Community Partnerships

- Project ECHO
- Iowa Cancer Consortium
- Onelowa
- University of Iowa
- Iowa Pharmacy Association
- SafeNet RX
- Walgreens Community Pharmacy
- CPG Members – consumers and organizations from across Iowa
- National Nurse-Led Care Consortium

AND of course, our Community Health Centers!

www.PrEPIowa.org

The Power of Prevention in the Palm of Your Hand

https://www.prepiowa.org/

Consumer Support: (319) 930-9093
Provider Support: (515) 314-6314

Home | nPEP | TelePrEP | Directories | Info for Providers | Resources | Blog

prepiowa@gmail.com

Get PrEP On Your Phone

TelePrEP gets you PrEP from wherever you are!

Click Here

www.PrEPIowa.org

National Clinicians Consulting Center
1-855-448-7737
1-855- HIV-PREP
Iowa Department of Public Health
PrEP Coordinator
1-515-443-0341

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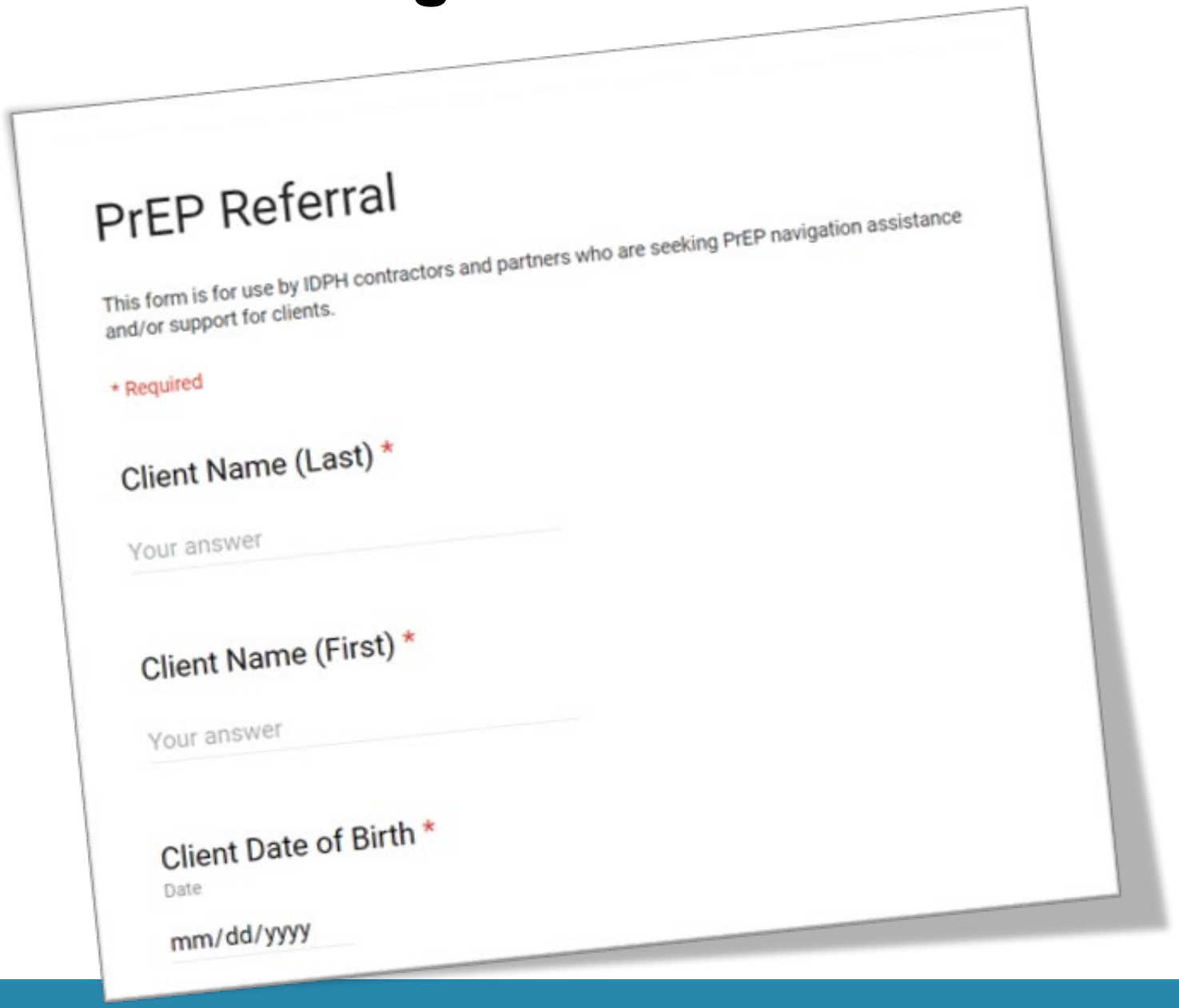
Iowa PRIMARY CARE ASSOCIATION

@NACHC

Patient Navigation Services



PrEP Referral

This form is for use by IDPH contractors and partners who are seeking PrEP navigation assistance and/or support for clients.

* Required

Client Name (Last) *

Your answer

Client Name (First) *

Your answer

Client Date of Birth *

Date

mm/dd/yyyy

Assistance can be requested by filling out an online form (secure) – which will prompt the navigator to contact the patient directly.

Assistance includes:

- Benefits Enrollment
- Financial Assistance Navigation
- Linkage to Care

Routine HIV Screening in CHCs

CDC and USPSTF Screening Recommendations

HIV: *All patients* (CDC aged 13-64/USPSTF aged 15-65) screened *at least once* in lifetime regardless of risk factors – USPSTF 'A' Rating in 2013

Hepatitis C (HCV) – *all adults* between the ages of 18 – 79 years of age screened at least once in a lifetime regardless of risk factors (USPSTF 'B' Rating in 2020)

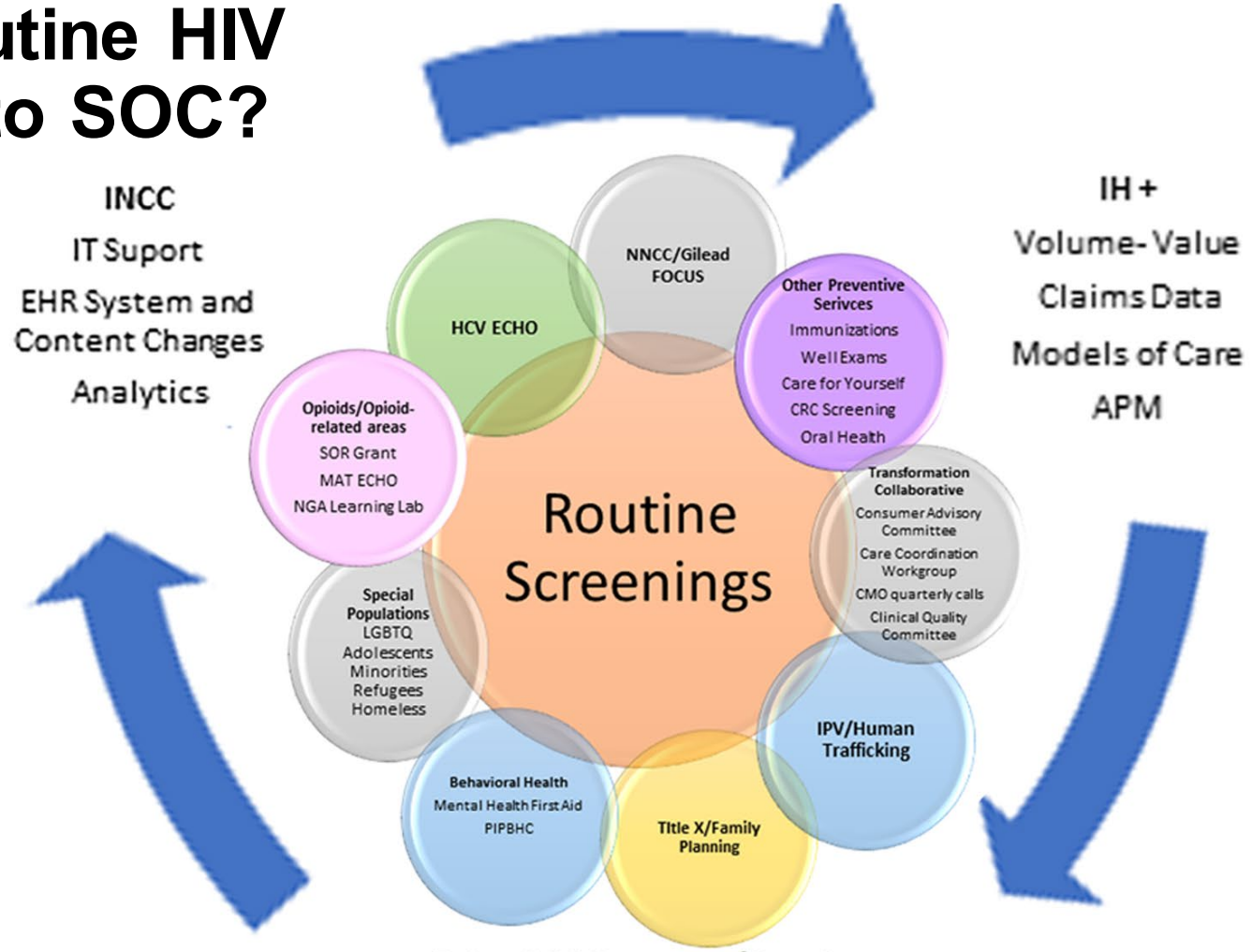
Chlamydia/Gonorrhea* – *all sexually active females* < 25 years of age

*As part of routine screening project, strongly recommend screening all sexually active males < 25 years as well

Why Routine Screenings in CHCs?

- HIV, STD, and HCV disproportionately affects communities served by FQHCs
- ***Early detection/early treatment***
- ***Provides additional opportunities for screenings***
- Provide services not normally found in primary care settings -- reducing barriers to linkage to ongoing careDecrease risk of co-morbidity
- Reduce stigma – make part of routine visits/care
- Promote linkage to clinical and prevention services
- Reduce barriers for ongoing care for HIV and HCV patients
- Reduce transmission of HIV, STD, and HCV in Iowa

Where Does Routine HIV Screening Fit into SOC?



Routine Screening Script

REMEMBER ALL PATIENTS – JUST THE SAME AS YOU TAKE VITALS ON ALL PATIENTS!

Examples:

- "Good morning, what brings you in today? I am going to get vitals, weight, and start (or order) an HIV and/or HCV test that is done with all patients at least once. Do you have any questions?"
- "As part of our enhanced standard of care, we have started screening all patients within your age range for HIV and HCV (as recommended by the CDC). We will complete the screening during today's visit. Do you have any questions?"

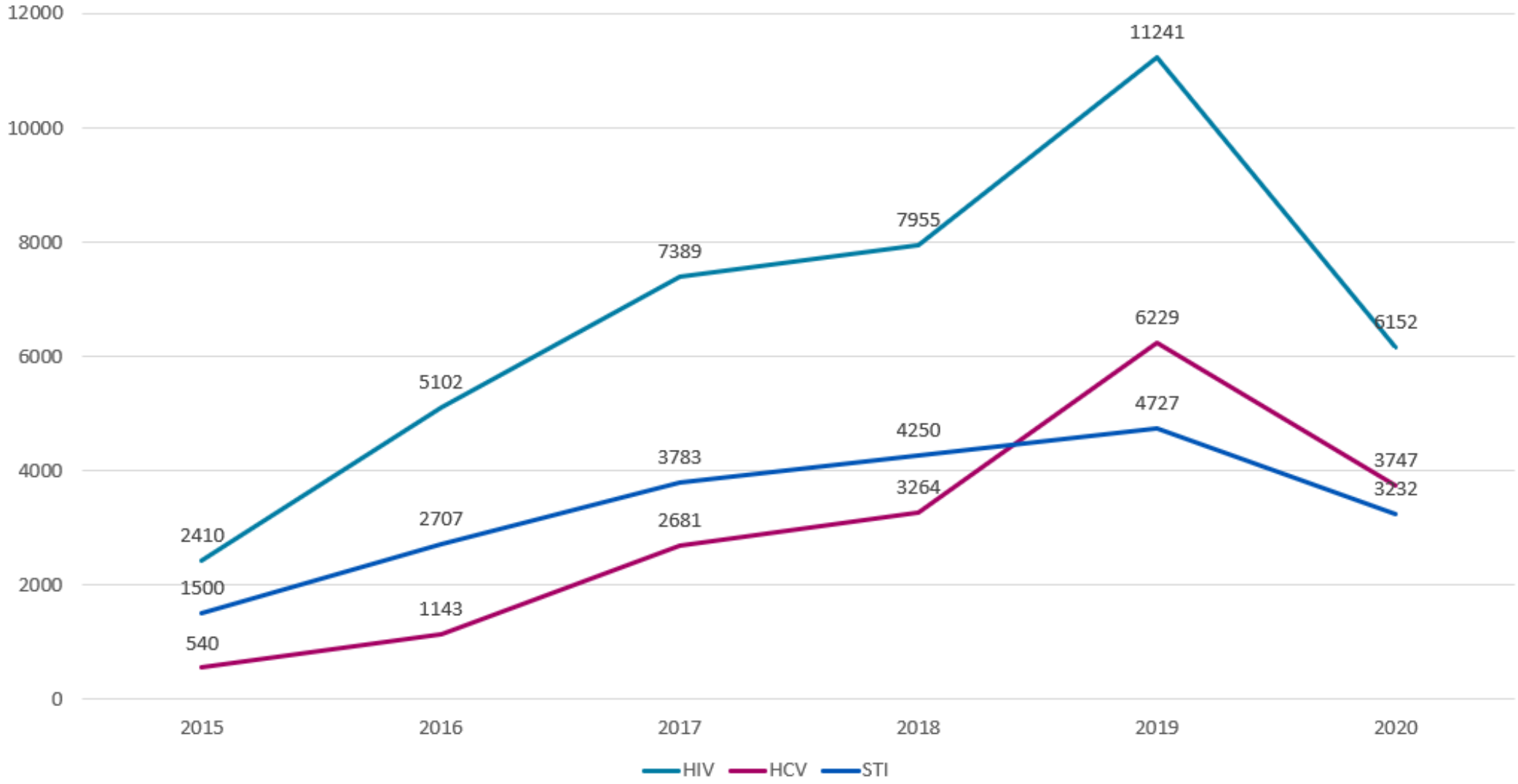
DO NOT say:

- "Do you need an HIV screening today?"
- "We're supposed to do HIV screenings with all of our patients, but you don't need one, do you?"

More information such as CDC recommendations; rapid finger-stick or blood draw options; etc. can be discussed if patient has questions.

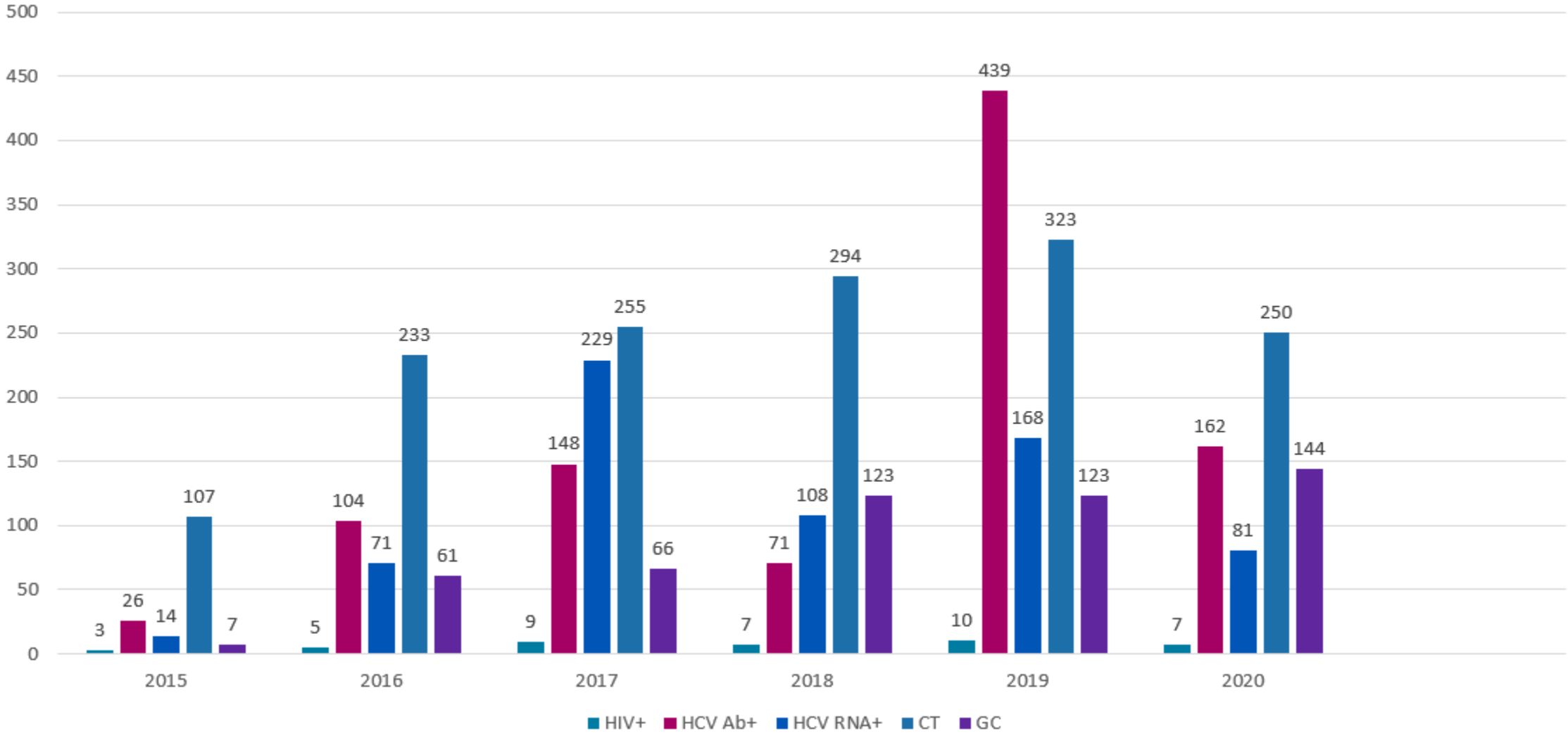
Impact of Routine Screening

Number of Screenings Performed 2015-2020 YT



A full description of this chart can be found can be found at the end of this presentation after the Evaluation slide under the title: Slide 46 - Number of Screenings Performed 2015-2020 YT

Number of Positive Cases



A full description of this chart can be found can be found at the end of this presentation after the Evaluation slide under the title: Slide 47 - Number of Positive Cases

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Lessons Learned

Lessons Learned

- Data difficult to report due to how data is captured and whether it is reportable
- Screenings not viewed as high priority with other demands on time
- Each CHC operates differently – what works for one will not necessarily work for another
- Staff turnover (both at health centers and at IDPH) Importance of **educating/training** – clinical and patients
- Some providers still have mindset not impacting their patients
- Providers uncomfortable approaching subject with patients
- Rural areas pose unique problems
- Finding a champion at each CHC
- It takes patience and time!!!

Next Steps

FY20-21 Goals

- Reengage CHCs - Kicking off January 2021
  - Update on Iowa data and CHC-specific data
  - Care Team webinar training series
  - Reassessment of routine screening processes
- Alternatives to F2F screening
  - Home tests
  - Community partnerships
- Performance Improvement and expansion of RS project
- Integrated models of care (Behavioral Health and Oral Health)
- Increase prescribing of PrEP among CHCs
- Individualized TA to determine quality measure target
- Clinical Quality Consultant and Clinical Leadership Consultant
- Project Sustainability

Call to Action for CHCs

- Follow CDC/USPSTF Recommendations to screen *all* eligible patients
- Normalize screening
- Look for Missed Opportunities
- Utilization of Patient Recall System
- Rapid vs. Conventional Screening
- Multi-site screening
- Caring for newly diagnosed HCV patients
- Harm Reduction Strategies

2020 UDS Changes

- Revising the HIV Linkage to Care Measure
  - 90 Days to 30 Days to align with National *Ending the HIV Epidemic* Initiative
- Adding the HIV Screening Measure
  - Captures percentage of patients **15-65** years old who are screened for HIV
- Adding Data on Prescriptions for PrEP (Pre-Exposure Prophylaxis)
  - Capture data on patients prescribed PrEP to decrease HIV transmission rates

Thank You!

Contact Information:
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Director of Clinical Consulting
jbaker@iowapca.org
515.333.5005

Who We Are

Technical Assistance Provider innovation network

Strengthen & support implementation of jurisdiction EHE Plans to contribute to achievement of reduction in new reported HIV cases by 75% by 2025

Tip: Get TAP-in TA and Training by Contacting TAP-in@caiglobal.org

Technical Assistance Provider innovation network

TAP-in Partnership Structure

HOUSING WORKS

NCSD
National Coalition of STD Directors

UCLA

AETC
MidAtlantic

NATIONAL ASSOCIATION OF Community Health Centers®

WRMA

BLACK AIDS INSTITUTE • BLACK AIDS INSTITUTE • BLACK AIDS INSTITUTE • BAI

SAC
SOUTHERN AIDS COALITION

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER™
Center for Telehealth

AMIDA CARE
ABOVE AND BEYOND FOR YOU

MISSION ANALYTICS GROUP

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Technical Assistance Provider innovation network

TA Purpose

Strengthen and support implementation of jurisdiction EHE Plans to contribute to achievement of reduction in new reported HIV cases by 75% by 2025

Overarching Principles:

1. Partner with jurisdictions
2. Tailor TA to local context
3. Identify most efficient and effective actions and strategies (less can be more)
4. Foster innovation, work across silos, and maximize meaningful community participation
5. Leverage existing resources
6. Employ Implementation science and adult learning theories, frameworks, and strategies
7. Use data and information to continuously improve

Technical Assistance Provider innovation network

Regional TAP-in Structure

3 regional hubs with a TA Lead and up to 3 Coaches assigned to each hub

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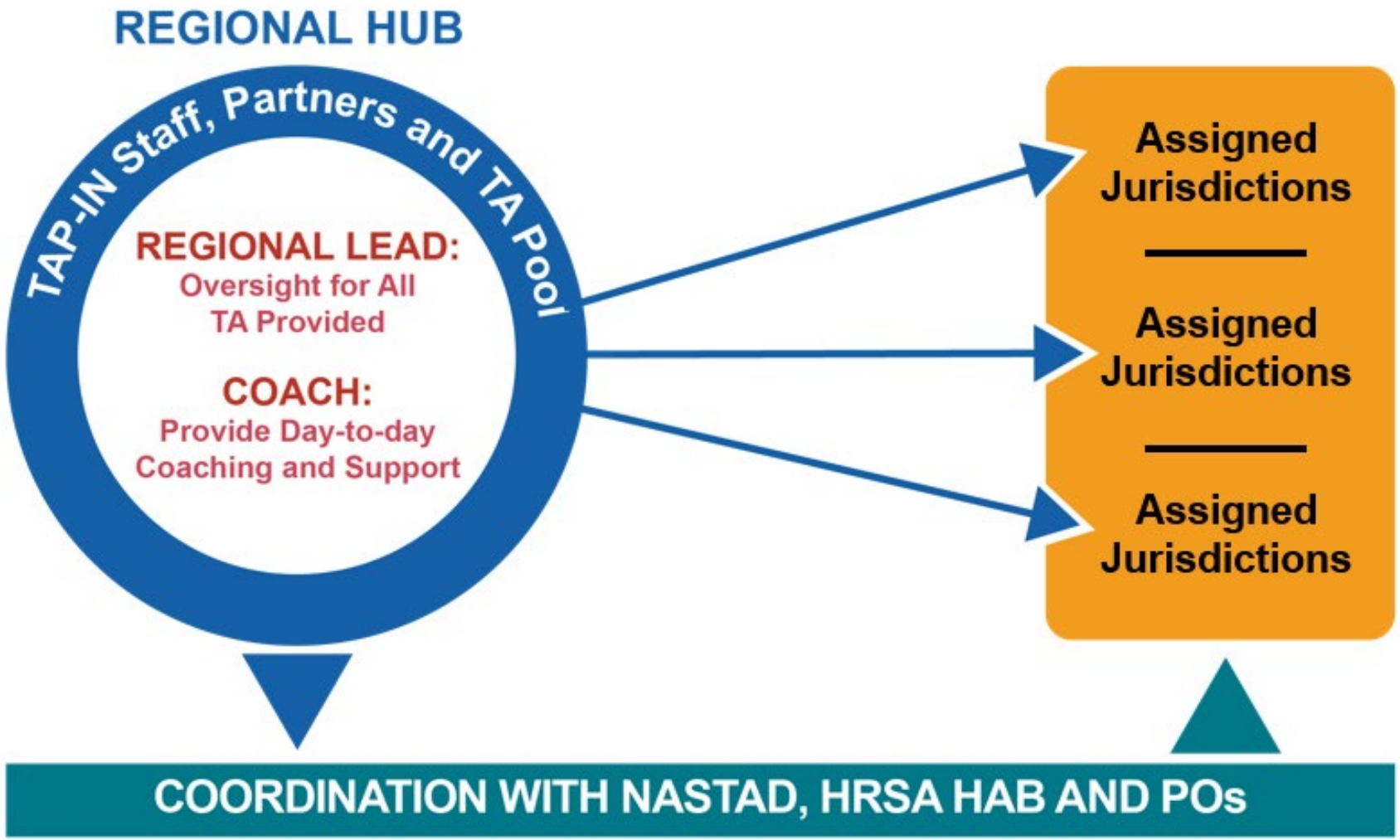

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TA STRATEGIES

- Develop and resource tailored jurisdiction TA plan
  - 3 levels of intensity: high, moderate, low
- Pro-active and tailored coaching
- On-demand TA
- Data dashboard
- Link to:
  - TAP-IN partners and TA pool
  - Existing national and regional resources
  - Peer to Peer consultation
  - Expert consultation
  - Training and resources

Technical Assistance Provider innovation network

TAP-in TA levels of intensity

High intensity: 12 jurisdictions selected to receive on-site TA, pro-active coaching, on-demand TA, coordination of TA partners and resources in the delivery of TA, link to existing resources

Moderate intensity: Provide quarterly proactive coaching to assess progress and identify TA needs, link to existing resources, and short-term expert TA

Low intensity: Identify best and promising practices for dissemination, link to existing resources, access to short-term consultation/support

Audience Q/A

Email TAP-in to Request TA/Training

TAP-in@caiglobal.org

Sfriedman@caiglobal.org

Technical Assistance Provider innovation network

Evaluation

- Insert instructions here

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Charts, Graphs, and Table Descriptions

Slide 9 – Who Do Health Centers Serve?

Health centers now serve more than 30 million patients including:
1.5 million patients 65 years and older
Over 9 million children
1.5 million homeless patients
Almost 400,000 veterans
143,000 patients receiving MAT for opioid use disorder

Most Health Center Patients Are Uninsured or Publicly Insured (2019)
A Pie chart separated into 5 sections shows:
Medical 48%
Uninsured 23%
Private 19%
Medicare 10%
Other Public 1%
Center of the chart states 81% are Uninsured or Publicly Insured

Most Health Center Patients Are Members of Racial & Ethnic Minority Groups (2019)
A Column chart single column using people icons to fill in shows 63% of group is Racial/Ethnic Minority

Most Health Center Patients Have Low-Incomes (2019)
A Pie chart separated into 4 sections shows:
At the Federal Poverty Level (100%FPL)
or Below - 68%
101% FPL to 200% FPL - 23%
Above 200% FPL 9%
Center of the chart states 91% are Low-Income

Slide 14 – Approach to Work

3 circles
Inner circle – Health Center
Middle circle – Care Delivery, People, Infrastructure
Outer circle - Improved health outcomes, reduced costs, improved patient experience, improved staff experience

Slide 21 – Iowa's Community Health Centers

Map of Iowa with 87 Delivery Sites including;
Main Site Clinics
Satellite Locations and
Proteus, Inc. Sites

Locations are with marked with either a solid house icon (Main Site Clinics), solid circle icon (Satellite Locations) , or a semi-filled circle icon (Proteus, Inc. Sites) throughout the state.

Health centers provide primary and preventative healthcare services at 47 full-service sites and an additional 40 sites that include schools, nursing homes, homeless shelters, and other locations where special populations are served. In total, Iowans can access healthcare services at 87 sites statewide.

Charts, Graphs, and Table Descriptions – cont.

Slide 23 - Title – 2019 HIV Care Continuum

Five columns:

- Iowans living with HIV
  - This bar represents all Iowans living with HIV, IT is estimated (based on statistical modeling) that 14% of Iowans with HIV are undiagnosed.
    - 3301 people
- Diagnosed with HIV
  - This bar represents the number and percent of Iowans with HIV who have been diagnosed.
    - 2839 people
    - 86% of Iowans living with HIV
- Linked to care in 1 month
  - This box represents the percentage of Iowans diagnosed with HIV in 2018 who attended an HIV medical appointment within one month after diagnosis
  - In 2019, 91% of Iowans diagnosed with HIV were linked to medical care within one month of diagnosis
- Retained in Care
  - This bar represents the number and percent of Iowans diagnosed with HIV who were engaged in medical care
    - 2,437 people
- Viral Suppression
  - This bar represents the number and percent of Iowans diagnosed with HIV who achieved viral suppression, meaning that the level of HIV in the blood was extremely small, making transmission nearly impossible

At the bottom of the slide is a box with Undetectable = Untransmittable

"People who take Antiretroviral Therapy (ART) daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner." -CDC

Slide 24 - Iowans Diagnosed with HIV: 2009 through 2019

Line graph
X (horizontal axis) Title – Year of HIV Diagnosis
Year increments - 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019
Y (vertical axis) Title - Number of People
10 person increments from 10 to 140
2009 – 126 diagnoses, 2010 – 114 diagnoses, 2011 – 118 diagnoses,
2012 – 118 diagnoses, 2013 – 120 diagnoses, 2014 – 98 diagnoses,
2015 – 123 diagnoses, 2016 – 137 diagnoses, 2017 – 125 diagnoses,
2018 – 116 diagnoses, 2019 – 98 diagnoses

Slide 25 - Number and Percentage of Iowans Diagnosed Late with HIV

Histogram
X (horizontal axis) – No Title
Year increments - 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019
Y (vertical axis) Title - Number of People
10 person increments from 0 to 140
Z (vertical axis) Title – Percent of Late Diagnosis
2% increments from 2% to 46%
Year 2009 – 42%, Year 2010 – 44%, Year 2011 – 32%, Year 2012 – 39%,
Year 2013 – 46%, Year 2014 – 34%, Year 2015 – 38%, Year 2016 – 23%,
Year 2017 – 23%, Year 2018 – 22%, Year 2019 - 20%

Charts, Graphs, and Table Descriptions – cont.

Slide 26 - Iowans Diagnosed with HIV by Sex

Line graph
X (horizontal axis) Title – Year of HIV Diagnosis
Year increments - 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019
Y (vertical axis) Title - Number of People
10 person increments from 0 to 140
3 Lines representing female, male, and total.
2009 – 21 F, 105 M, 126 Total, 2010 – 19 F, 95 M, 114 Total, 2011 – 20 F, 98 M, 118 Total,
2012 – 21 F, 97 M, 118 Total, 2013 – 33 F, 87 M, 120 Total, 2014 – 20 F, 78 M, 98 Total,
2015 – 26 F, 97 M, 123 Total, 2016 – 32 F, 105 M, 137 Total, 2017 – 24 F, 101 M, 125 Total,
2018 – 31 F, 85 M, 116 Total, 2019 – 27 F, 71 M, 98 Total

Slide 27 - Age in Years at Diagnosis of Iowa HIV

Line graph
X (horizontal axis) Title - Year of HIV Diagnosis
Year increments - 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019
Y (vertical axis) Title - Number of People
10 person increments from 0 to 140
4 Lines representing 15-24 years old, 25-44 years old, >=45 years old, and total
2009 – 23 (15-24 year old), 72 (25-44 years old), 28 (>=45 years old), 126 total
2010 – 21 (15-24 year old), 58 (25-44 years old), 34 (>=45 years old), 114 total
2011 – 27 (15-24 year old), 60 (25-44 years old), 30 (>=45 years old), 126 total
2012 – 21 (15-24 year old), 60 (25-44 years old), 35 (>=45 years old), 126 total
2013 – 16 (15-24 year old), 54 (25-44 years old), 50 (>=45 years old), 126 total
2014 – 18 (15-24 year old), 44 (25-44 years old), 44 (>=45 years old), 126 total
2015 – 32 (15-24 year old), 55 (25-44 years old), 36 (>=45 years old), 126 total
2016 – 27 (15-24 year old), 72 (25-44 years old), 34 (>=45 years old), 126 total
2017 – 32 (15-24 year old), 55 (25-44 years old), 38 (>=45 years old), 126 total
2018 – 19 (15-24 year old), 70 (25-44 years old), 26 (>=45 years old), 126 total
2019 – 22 (15-24 year old), 51 (25-44 years old), 25 (>=45 years old), 126 total

Slide 28 - Disparities in Race and Ethnicity among Iowans Diagnosed with HIV

Three pie charts with Categories that include White, Black, Hispanic, Asian, Other

1st pie chart titled Population of Iowa by Ethnicity and Race: 2019
85% White
4% Black
6% Hispanic
3% Asian
2% Other

2nd pie chart titled Iowans Diagnosed with HIV by Race: 2019
49% White
31% Black
11% Hispanic
3% Asian
6% Other

3rd pie chart titled Iowans Living with HIV by Race as of December 31, 2019
60% White
24% Black
9% Hispanic
2% Asian
4% Other

Charts, Graphs, and Table Descriptions - cont.

Slide 29 - Iowa Adults Diagnosed with HIV by Exposure Category

Line graph
X (horizontal axis) Title - Year of HIV Diagnosis
Year increments - 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019
Y (vertical axis) Title - Number of People
10 person increments from 0 to 140
6 Lines representing A-NIR, Heterosexual, MSM/PWID, PWID, MSM, Total
2009 – 13 A-NIR, 27 Heterosexual, 4 MSM/PWID, 13 PWID, 67 MSM, 126 Total
2010 – 10 A-NIR, 25 Heterosexual, 10 MSM/PWID, 6 PWID, 63 MSM, 114 Total
2011 – 7 A-NIR, 29 Heterosexual, 12 MSM/PWID, 3 PWID, 66 MSM, 118 Total
2012 – 6 A-NIR, 22 Heterosexual, 10 MSM/PWID, 10 PWID, 66 MSM, 118 Total
2013 – 6 A-NIR, 34 Heterosexual, 4 MSM/PWID, 8 PWID, 71 MSM, 120 Total
2014 – 6 A-NIR, 20 Heterosexual, 5 MSM/PWID, 8 PWID, 61 MSM, 98 Total
2015 – 5 A-NIR, 24 Heterosexual, 5 MSM/PWID, 10 PWID, 76 MSM, 123 Total
2016 – 5 A-NIR, 33 Heterosexual, 6 MSM/PWID, 4 PWID, 79 MSM, 137 Total
2017 – 7 A-NIR, 28 Heterosexual, 10 MSM/PWID, 7 PWID, 71 MSM, 125 Total
2018 – 3 A-NIR, 33 Heterosexual, 9 MSM/PWID, 7 PWID, 65 MSM, 116 Total
2019 – 12 A-NIR, 27 Heterosexual, 7 MSM/PWID, 7 PWID, 45 MSM, 98 Total

Slide 30 - Prevalence of HIV

Map of Iowa divided by counties shows the rates per 100,000 of people living with HIV disease as of December 31, 2019, in each Iowa county. Not all deaths may have been reported. **The DOC rate was calculated based on total prison population of Iowa Department of Corrections (DOC) facilities in 2019. These circled counties indicates a higher prevalence:
Johnson with 129.7, Polk with 171.6, Scott with 137.0, Woodbury with 118.3, Buena Vista with 101.9

Slide 46 - Number of Screenings Performed 2015-2020 YT

Line graph
X (horizontal) axis – years: 2015, 2016, 2017, 2018, 2019, 2020
Y (vertical) axis – numbers from zero to 12,000 in 2,000 increments

3 lines in the graph represent HIV, HCV, STI
For each year, the line is labeled with the number of screenings performed:
- Year 2015 – 540 HCV, 1500 STI, 2410 HIV
- Year 2016 – 1143 HCV, 2707 STI, 5102 HIV
- Year 2017 – 2681 HCV, 3783 STI, 7389 HIV
- Year 2018 – 3264 HCV, 4250 STI, 7955 HIV
- Year 2019 – 6220 HCV, 4727 STI, 11241 HIV
- Year 2020 – 3747 HCV, 3232 STI, 6152 HIV

Slide 47 - Number of Positive Cases

Column chart
X (horizontal) axis – years: 2015, 2016, 2017, 2018, 2019, 2020
Y (vertical) axis – numbers from zero to 500 in 50 increments
The Legend consists of the following: • HIV+, • HCV Ab+, • HCV RNA+, • CT, • GC
For each year, the 5 legend columns are labeled with the number of positive cases:
- Year 2015 – 3 HIV+, 26 HCV Ab+, 14 HCV RNA+, 107 CT, 7 GC
- Year 2016 – 5 HIV+, 104 HCV Ab+, 71 HCV RNA+, 233 CT, 61 GC
- Year 2017 – 9 HIV+, 148 HCV Ab+, 229 HCV RNA+, 255 CT, 66 GC
- Year 2018 – 7 HIV+, 71 HCV Ab+, 108 HCV RNA+, 294 CT, 123 GC
- Year 2019 – 10 HIV+, 439 HCV Ab+, 168 HCV RNA+, 323 CT, 123 GC
- Year 2020 – 7 HIV+, 162 HCV Ab+, 81 HCV RNA+, 250 CT, 144 GC