Improving Outcomes for Women of Color Living with HIV Along the Care Continuum: Successful Systems of Care

A Panel Discussion

Tracey Gantt, Cypriana Fowell, Karen Gooden, Nichelle Lewis

Nurse Consultant, Public Health Analysts

Office of Training & Capacity Development/Global HIV Programs (OTCD/DGHP)

Division of Community HIV/AIDS Programs (DCHAP)

HIV/AIDS Bureau (HAB)

Health Resources and Services Administration (HRSA)





Health Resources and Services Administration (HRSA) Overview

• Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities

• Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care





HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV/AIDS care and treatment for all.

Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people living with HIV/AIDS and their families.





Ryan White HIV/AIDS Program

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people living with HIV
 - More than half of people living with diagnosed HIV in the United States more than 550,000 people receive care through the Ryan White HIV/AIDS Program
- Funds grants to states, cities/counties, and local community based organizations
 - Recipients determine service delivery and funding priorities based on local needs and planning process
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
- 84.9% of Ryan White HIV/AIDS Program clients were virally suppressed in 2016, exceeding national average of 55%





Objectives

- Discuss national data related to HIV health outcomes for women of color living with HIV.
- Describe key barriers to care and retention such as housing, transportation, stigma, fear, etc.
- Identify best practices that demonstrate successes in retention in care and viral suppression among women of color living with HIV.
- Describe available resources to replicate effective systems of care for women of color living with HIV/AIDS.





HIV Care Continuum







Women of Color Living with HIV

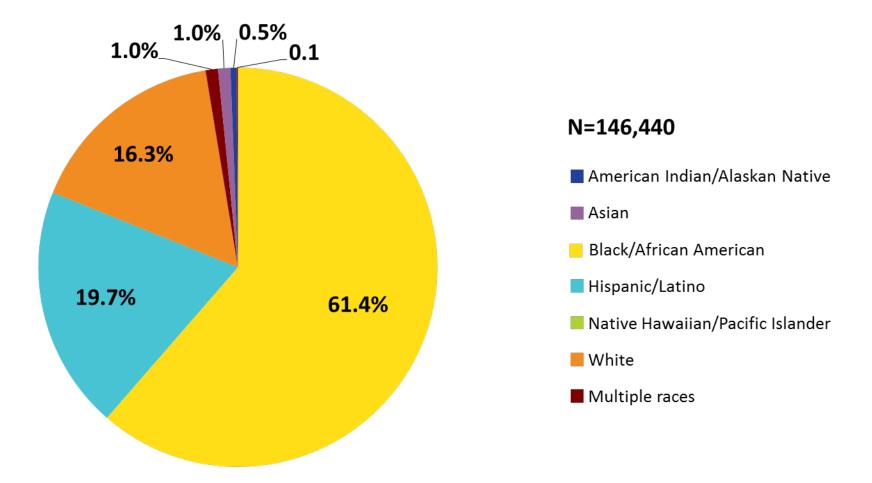
 Women of color are the fastest growing demographic of women who are newly diagnosed with HIV within the United States (CDC, 2016).

 Certain regions of the U.S. continue to grapple with barriers to testing, access, treatment adherence, retention, and viral suppression for women of color living with HIV (HRSA, 2016).





Women Aged 13 Years and Older Served by the Ryan White HIV/AIDS Program, by Race/Ethnicity, 2016—United States and 3 Territories^a







Systems of Care

 Networks of care (through funding or contracts/agreements) to provide comprehensive HIV care (HRSA, 2016).

• Well-developed systems of care have proven to be the cornerstone of access to health care services for all populations.





Introduction of Panel Participants

East Carolina University, Greenville, NC - Part C EIS **University of California at San Diego**, San Diego, CA – Part D WICY





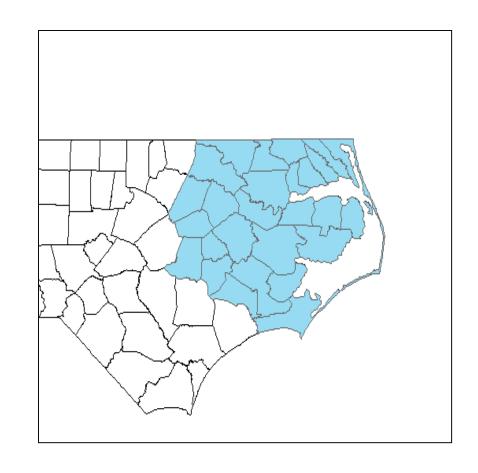
Recipient Panel Discussion & Questions and Answers



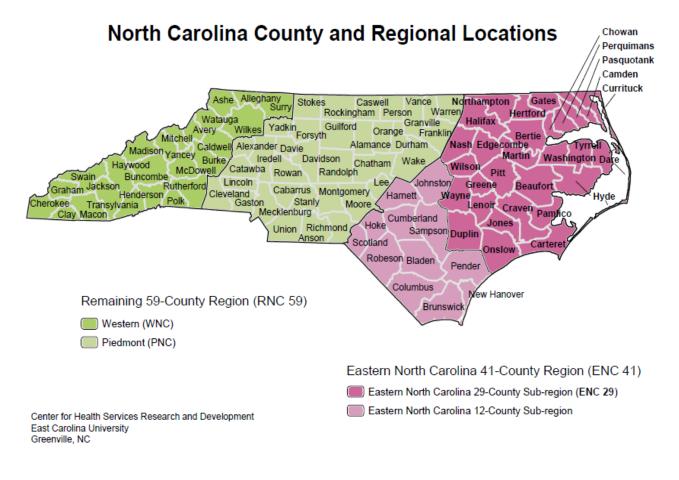


East Carolina University HIV Program (ECUHIVP)

- Primary Provider for HIV
 Care in Eastern North
 Carolina (ENC) 30
 Counties
- 14 counties covered by our existing RW Part C (RWPC) grants
- 5 counties covered by new Ryan White Part C (RWPC)
 -New Geographic Service Area (NGSA) Grant



Eastern North Carolina (ENC) exhibits its own health disparities



Health in the ENC 41 counties (pink) is worse than in the rest of NC.

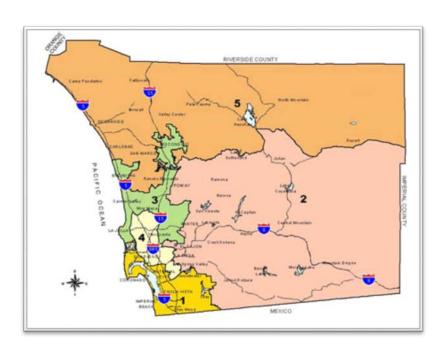
Health in the ENC 29 counties (dark pink) is the poorest of all.



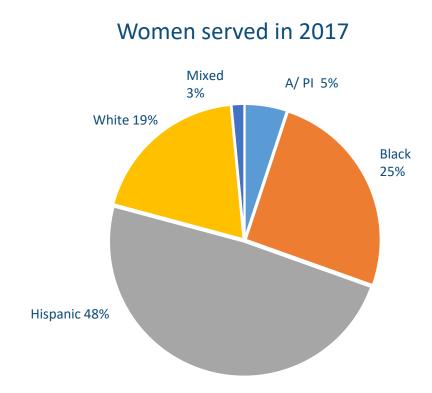
University of California at San Diego Mother-Child-Adolescent HIV Program

- Mission: Through research, clinical care and education, to constantly improve the care and treatment of HIV infected and affected women, children and youth and to prevent new HIV infections
- Ryan White Part A, D serving 400-500 people & families living with HIV annually
- A multidisciplinary team provides integrated model of care with high quality, comprehensive, culturally responsive, developmentally appropriate, trauma informed accessible medical care, behavioral health, education, case management, HIV prevention and social services
 - Pediatric Care: HIV Testing and Care for Infants & Children
 - Adolescent HIV Clinic: 13-24+
 - HIV Specialty Clinic for Women
 - Perinatal HIV Program, Preconception counseling, prenatal and obstetric care
 - Co-located with NIH clinical trial unit

UCSD MCAP has served San Diego County for 30 years



Population of 3.3 million spread over 4,526 square miles on the border with Mexico 15,000 residents living with HIV/AIDS 11% of PLWH are women



References

- Centers for Disease Control and Prevention. Diagnoses of HIV infection in the United States and dependent areas,
 2016(https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2016-vol-28.pdf). HIV Surveillance Report 2017; 28.
- Health and Resources Services Administration. (2017). Ryan White HIV/AIDS Program Client Populations and Outcomes. https://hab.hrsa.gov/data/data-reports





Contact Information

Cypriana Fowell

Public Health Analyst, Division of Community HIV/AIDS Programs (DCHAP)

HIV/AIDS Bureau (HAB)

Health Resources and Services Administration (HRSA)

Email: cfowell@hrsa.gov

Phone: 301-443-2602

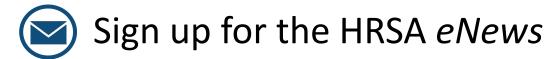
Web: hab.hrsa.gov





To learn more about our agency, visit

www.HRSA.gov



FOLLOW US: (f) (in)











