NATIONAL 2016 RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Ending AIDS….

Moderator: Steven Young

Director
Division of Metropolitan HIV/AIDS Programs
Department of Health and Human Services
Health Resources and Services Administration
HIV AIDS Bureau
August, 2016

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.

HIV/AIDS Bureau Priorities

- **NHAS 2020/PEPFAR 3.0 -** Maximize HRSA HAB expertise and resources to operationalize NHAS 2020 and PEPFAR 3.0
- **Leadership -** Enhance and lead national and international HIV care and treatment through evidence-informed innovations, policy development, health workforce development, and program implementation
- **Partnerships -** Enhance and develop strategic domestic and international partnerships internally and externally
- **Integration -** Integrate HIV prevention, care, and treatment in an evolving healthcare environment
- **Data Utilization -** Use data from program reporting systems, surveillance, modeling, and other programs, as well as results from evaluation and special projects efforts to target, prioritize, and improve policies, programs, and service delivery
- **Operations -** Strengthen HAB administrative and programmatic processes through Bureau-wide knowledge management, innovation, and collaboration

Moving Forward Framework

Washington

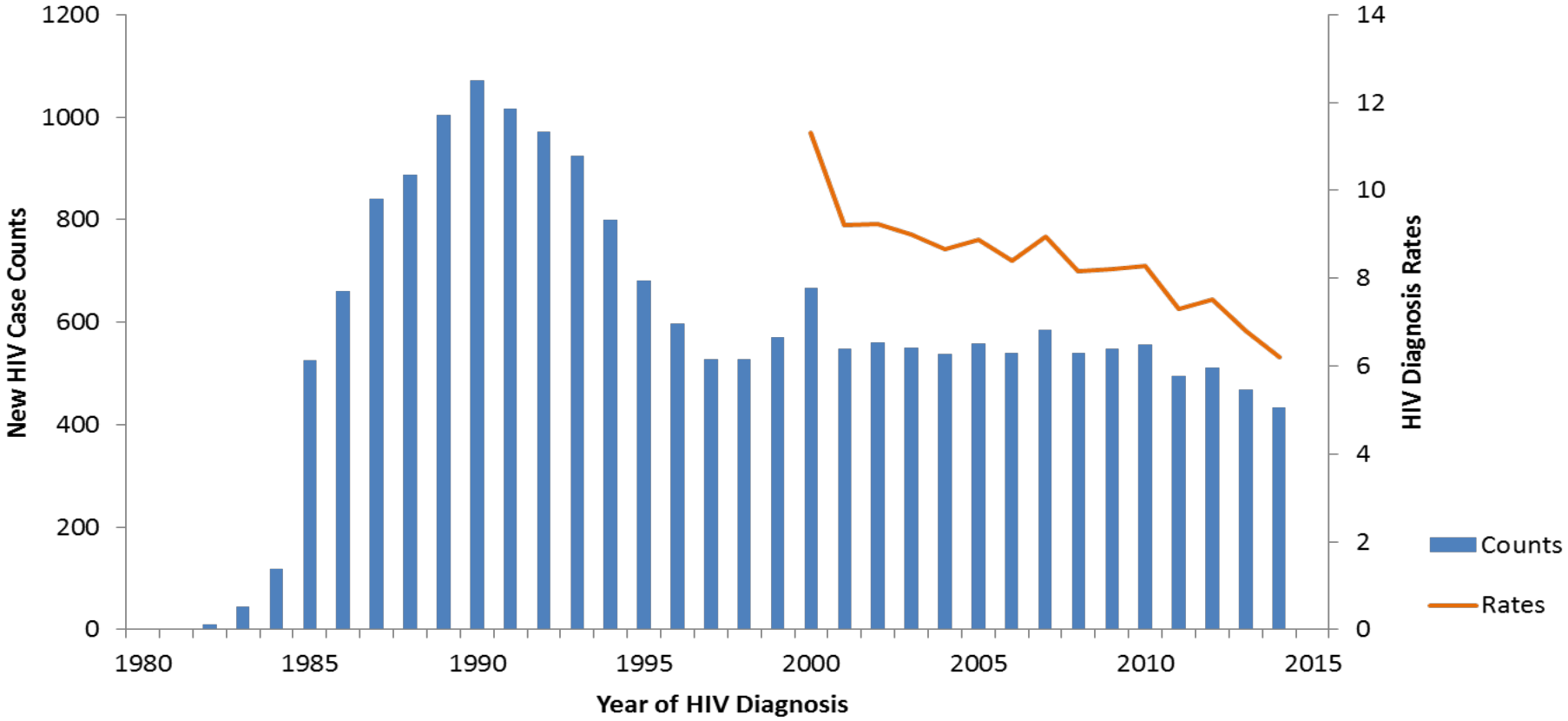
Richard Aleshire, MSW
Program Manager for HIV Client Services
for Claudia Catastini, MA
Office Director, Office of Infectious Disease
Washington State Department of Health

Washington State
Getting to the End of AIDS

Washington Strengths

- State HIV Resources
- Affordable Care Act -- Insurance Coverage and Expanded Medicaid
- Health System Transformation / Healthier WA
- Needle Exchanges (22)
- Project Extension for Community Healthcare Outcomes
- PrEP Drug Assistance Program
- Dedicated Network: Researchers, Public Health, Community Partners, Medical Providers, Affected Communities and PLWH

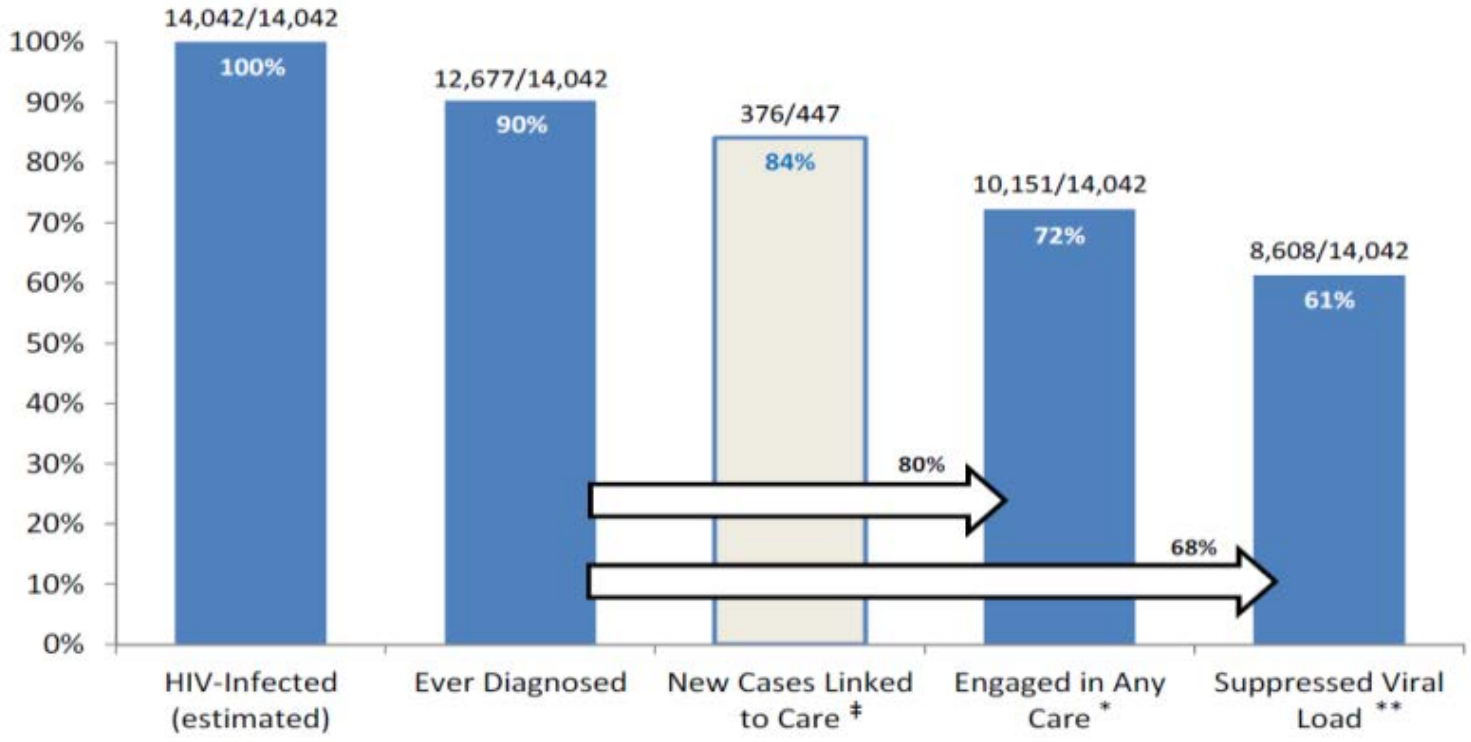
Counts and Rates of New HIV Diagnoses, Washington State, 1981-2014



Based on case information reported to the Washington State Department of Health as of March 31, 2015

Washington State Department of Health

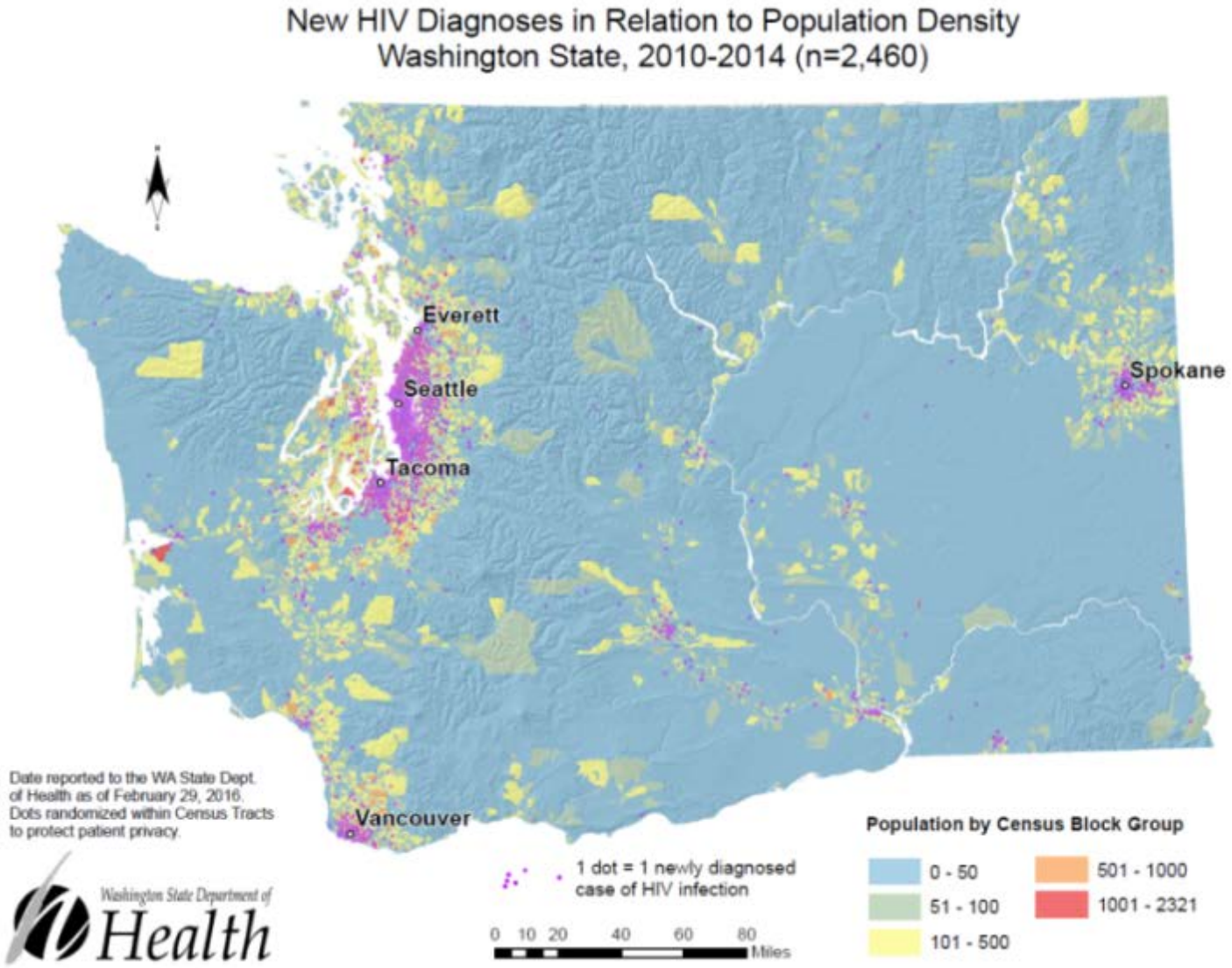
HIV Care Continuum, WA State, 2014



Based on HIV surveillance data reported to the Washington State Department of Health as of June 30, 2015
‡ Limited to newly diagnosed HIV cases linked to care within one month (30 days) of HIV diagnosis
* Includes cases with laboratory evidence of at least one HIV care visit in 2014
** Suppression based on whether the last reported viral load test result in 2014 was ≤ 200 copies/mL

Washington State Department of Health

Washington Focus by geography:



Washington Focus by population and geography:

Gay and Bisexual Men: Seattle and Secondary Urban Areas

- Decrease GC and Syphilis
- Increase PrEP, condoms, clean syringes
- Identify infection, link to - and sustain in - care

All People Living with HIV: Washington State

- Suppress viral load

Secondary urban areas = Everett, Kent, Renton, Shoreline, Spokane, Tacoma and Vancouver

End AIDS Washington
What Will Get Us There?

Getting to End AIDS WA

Getting people insured.

Health insurance coverage connects people to healthcare. With health insurance, people can be tested for HIV, get PrEP, get treatment, and receive other services to staying healthy.

Getting people tested.

Knowing one's HIV status helps people make informed decisions about their health and the health of their partners. After getting an HIV test, persons at-risk for HIV infection can link to PrEP, and PLWH can link to medical care and treatment.

Getting at-risk people on HIV PrEP.

PrEP helps at-risk persons avoid infection. By using PrEP, at-risk individuals take an active role in keeping themselves HIV-negative.

Getting HIV-positive people on treatment. Treatment helps PLWH stay healthy. Treatment also helps HIV-positive persons reduce the chances they pass HIV to others.

End AIDS Washington
Developing Recommendations

Recommendation: Development

Governor's Proclamation

- Empowered State HIV Planning Group (HPSG)

HPSG created End AIDS Steering Committee

Tasked Committee to:

- Build upon present work
- Develop recommendations to achieve goals
  50% reduction in rate of new HIV diagnoses by 2020
  Reduction of disparities in health outcomes
- Obtain and include community input

The Governor's Proclamation

Reference to the HIV Strategic Framework and six outcomes

Reference to multi-agency, multi-sectoral approach and leveraging resources

Reference to 50% reduction in rate of new HIV diagnoses by 2020 and reduction of disparities in health outcomes

The State of Washington

Proclamation

WHEREAS, Washington State took bold action on the AIDS epidemic in the 1980s, dedicating resources to educate the public about HIV, prevent the spread of disease, and care for individuals who were infected; and

WHEREAS, these resources have been invested wisely, focusing on those areas of the state with the most disease and on interventions that are on the front edge of prevention science and most likely to interrupt the spread of disease, resulting in decreases in new HIV infections, new AIDS cases, and deaths in people with HIV; and

WHEREAS, because of the Affordable Care Act, more people than ever have access to health care, and Washington's health system is transforming to integrate physical and behavioral health care and social supports, all of which will help to care for those infected with HIV and further reduce the spread of disease; and

WHEREAS, as a result of all of these factors, Washington State is again in a position to take bold action and be a national leader in ending AIDS; and medical providers, public health experts, and community advocates are poised to work with other partners across sectors and agencies to drive infection rates to the lowest in the country, by leveraging resources within the evolving health system at a time of budget challenges; and

WHEREAS, World AIDS Day is held on December 1st each year and is an opportunity for people worldwide to unite in the fight against HIV;

NOW THEREFORE, I, Jay Inslee, Governor of the state of Washington, do hereby proclaim December 1st, 2014, as the beginning of our work together to

End AIDS in Washington State

and I urge all people to join me in supporting this effort to make a Healthier Washington for all. Furthermore, I empower the State HIV Planning Steering Group to lead a robust task force to put forward recommendations to achieve the goals of End AIDS Washington, including reducing the rate of new HIV diagnoses in Washington by 50% by 2020 and reducing disparities in health outcomes.

Signed this 25th day of November, 2014

Governor Jay Inslee

History of the epidemic in Washington

Reference to ACA and health systems transformation/Healthier Washington

Assignment of Leadership to HIV Planning Steering Group

Community Input: Outcomes

Beginning Development

- Address Stigma
- Address Health Disparities
- Meaningful Community Engagement

Draft Report and Recommendations

- Substance User Health
- Meaningful Community Engagement
  - PLWH over 50
  - Transgender

End AIDS Washington
What is Success?

End AIDS 2020 Goals

1. Reduce by 50% the rate of new HIV diagnoses.
2. Increase to 80% the percentage of people living with HIV who have a suppressed viral load.
3. Reduce by 25% the age-adjusted mortality rates for people living with HIV.
4. Reduce HIV-related health disparities among people living with HIV.
5. Improved quality of life for people living with HIV.

End AIDS Washington
The Recommendations

Recommendations

- Identify and reduce HIV stigma
- Reduce HIV-related disparities
- Implement routine HIV testing
- Increase access to pre-exposure prophylaxis (PrEP)
- Create health care that meets the needs of sexual minorities
- Improve HIV prevention and care for substance users
- Remove barriers to insurance and increase health care affordability
- Increase access to safe, stable, and affordable housing
- Deliver whole-person health care to PLWH
- Launch *Healthier Washington for Youth*
- Include meaningful community engagement and empowerment

End AIDS Washington
What Next?

Lessons Learned

What We Learned

- No Single Solution
  - 11 Recommendations each with Action Steps
- Need Change Across Systems
  - Health Care, Insurance, Policy / Regulations
- New Partnerships / New Relationships
  - Health Care Authority, Insurance Commissioner, Legislature, Health Care Organizations and Systems

What We Learned We Need

- Calls to Action regarding:
  - Stigma
  - Health Disparities
  - Community Engagement

Next Steps

Release of final recommendations late Summer

Implementation

- Develop Coordination / Leadership
- Engage Community
- Develop Recommendation Plans
  - Identify Early Wins, Prioritize Actions
  - Engage New Partners

Measuring Progress Goals and Recommendations

- Development of metrics and dashboard

End AIDS WA Marketing Campaign

We Need -- Continued Support from Leadership

L: Joseph Ready, End AIDS Steering Team
R: John Wiesman, Director WA DOH

We Need -- Stakeholder Involvement

- End AIDS Washington is a collaboration.
- Not owned by WA DOH or by any single AIDS service organization – Ownership by all stakeholders
- Ending the HIV epidemic requires active involvement, collaboration, and leadership of all stakeholders:
  - PLWH, at-risk communities
  - healthcare plans and providers, insurance systems, social service providers
  - DOH, other State government agencies, LHJs, CBOs
  - Governor, Legislature, Cities and Counties
  - Researchers, Business Community
- This will require developing new partnerships and maintaining and growing established partnerships

END AIDS WASHINGTON
endaidswashington.org

We Will Get Us There

We have achieved so much in Washington State because of the efforts of incredibly dedicated people.

We can build on these successes.

End AIDS Washington provides us with a unifying purpose.

It calls us to:

- Find new answers to address long standing challenges, and
- Align our efforts to transform existing systems

Together, we can reach our goals.

Together, we will End AIDS in Washington.

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND HEALTHIER WASHINGTON

CONTACT INFORMATION

END AIDS WASHINGTON
endaidswashington.org

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Washington State Department of Health

Thank you!!!

- DOH Infectious Disease colleagues
- State HIV Planning Steering Group
- All those who provided input to the Recommendations
- Everyone who is working on Ending AIDS in Washington

Washington State Department of Health

New York City and New York State

Demetre Daskalakis

Assistant Commissioner

Bureau of HIV/AIDS Prevention and Control

New York City Department of Health and Mental Hygiene

Johanne E. Morne

Director

AIDS Institute

New York State Department of Health

Defining the End of AIDS

Governor Andrew Cuomo announcing his new initiative to combat the AIDS epidemic before the 2014 NYC Gay Pride Parade.

Credit: Michael Appleton for The New York Times

Goal

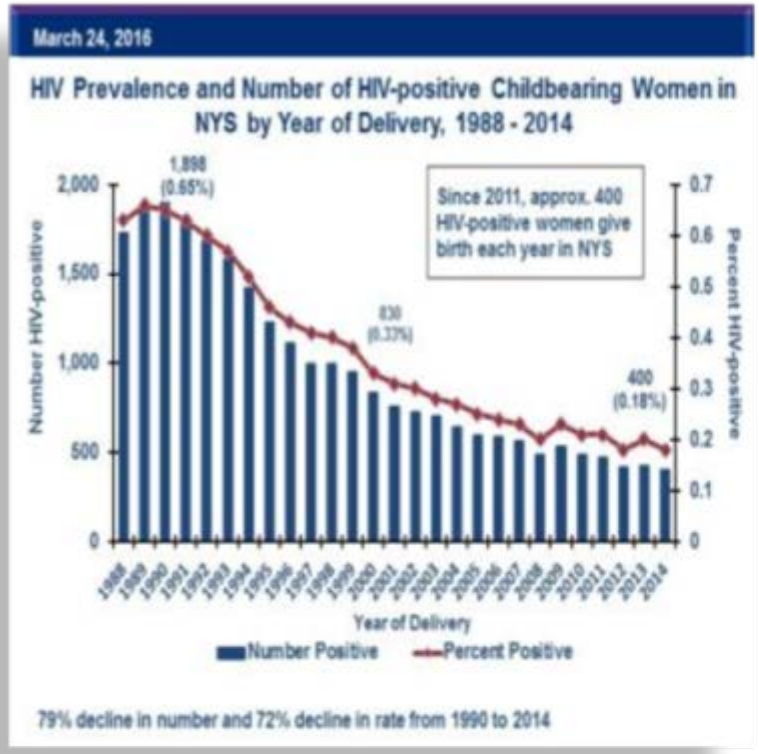
Reduce from 3,000 to 750 new HIV infections per year by the end of 2020.

Three Point Plan

1. **Identify all persons with HIV who remain undiagnosed and link them to health care.**
2. **Link and retain those with HIV in health care, to treat them with anti-HIV therapy to maximize virus suppression so they remain healthy and prevent further transmission.**
3. **Provide Pre-Exposure Prophylaxis for persons who engage in high risk behaviors to keep them HIV negative.**

Key Successes

New York State is uniquely positioned to be the first state to end its AIDS epidemic



An estimated 475-760 infants were born with HIV in 1990

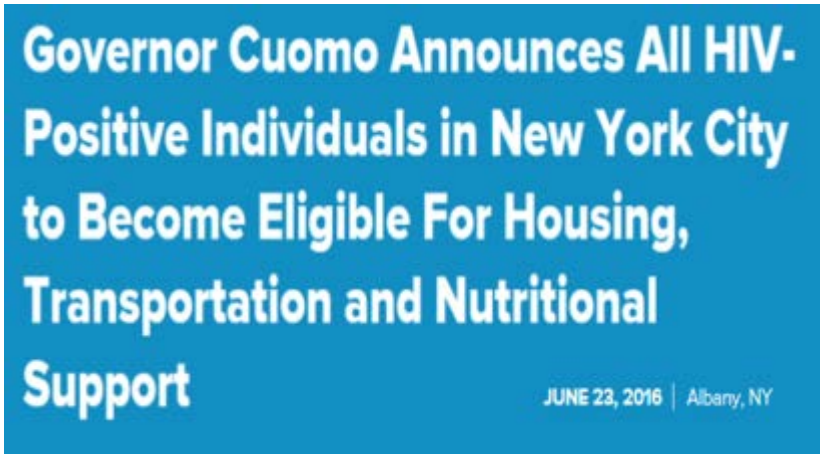
- Zero mother to child transmissions for a period of 18 months
- Decreased new HIV diagnoses due to injection drug use by 96% since the mid 1990s
- 79% reduction in new AIDS diagnoses.
- 40% reduction in new HIV cases over last decade

AIDS Advisory Council Ending The Epidemic Subcommittee

Advisory Groups Focusing on:

- STDs
- Data Needs
- Women
- Older Adults
- Young Adults
- Transgender and Gender Non-Conforming Men and Women
- Black MSM
- Spanish-Speaking, Migrant Workers and New Immigrants

Changing Landscape



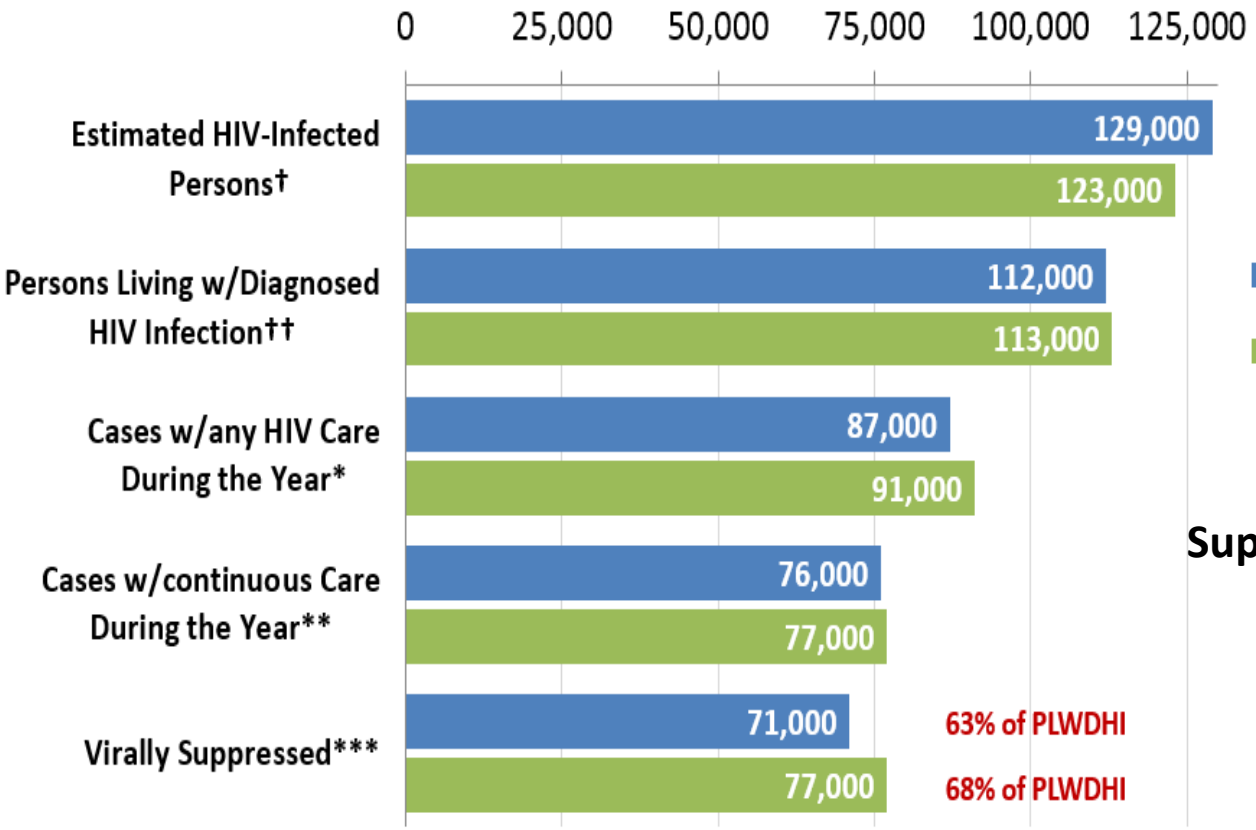
Governor's Program Bill

The purpose of this bill is to support New York's Ending the Epidemic Initiative to decrease the prevalence of HIV infections.

- Streamline routine HIV testing
- Eliminate the existing upper age limit for the purpose of offering an HIV test
- Allow a physician to issue a non-patient specific order to allow registered nurses to screen individuals at risk for syphilis, gonorrhea and chlamydia
- Allow a physician to order a patient-specific or non-specific order to a pharmacist to dispense a seven day starter kit of PEP

New York State Cascades of HIV Care

2013 versus 2014



Viral Load Suppression/Any HIV Care 84%

† Estimation methods differ between years

†† Based on most recent address, regardless of where diagnosed

* Any VL or CD4 test during the year; ** ≥2 tests, ≥3 months apart

*** Viral load undetectable or ≤200/ml at test closest to end-of-year

NEW YORK STATE OF OPPORTUNITY. Department of Health

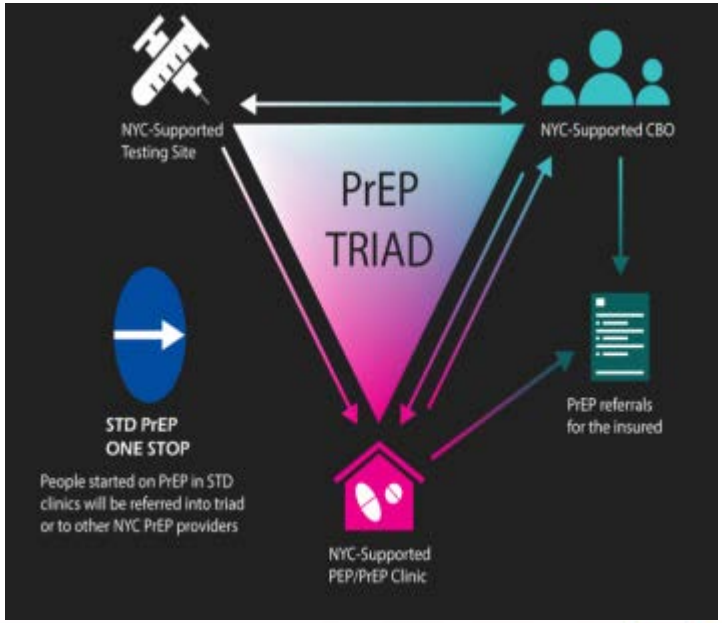
NYC End the Epidemic (EtE) Strategy

1. Increase access to HIV prevention services
2. Promote innovative, optimal treatment for HIV
3. Enhance methods for tracing HIV transmission
4. Improve sexual health equity for all New Yorkers

External: support the HIV services of community-based clinics, organizations and coalitions across NYC
Internal: enhance and expand our STD clinics and HIV services

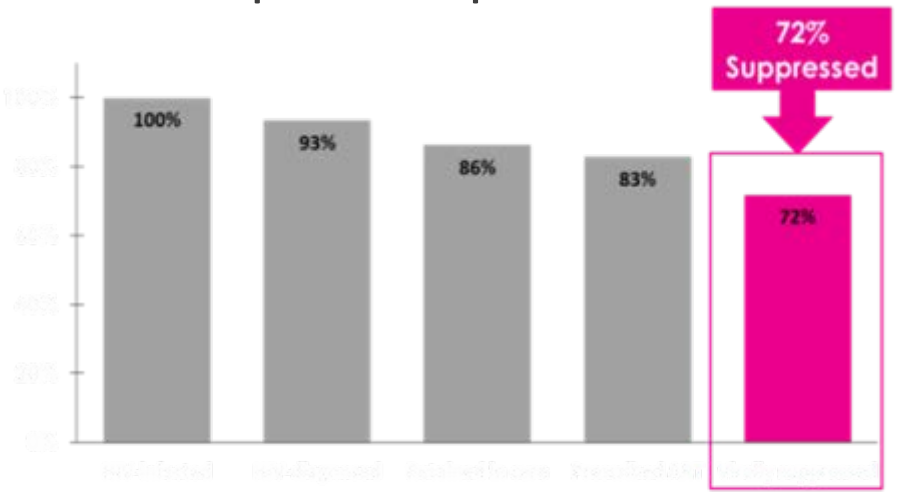
Increase Access to Prevention Services

- Open PEP Centers of Excellence throughout NYC
- Launch a 24-hour PEP call center
- Provide status-neutral care coordination
- Open PrEP pilot for adolescents
- Establish citywide PrEP network
- Scale up provider detailing program
- Conduct PrEP Surveillance in NYC



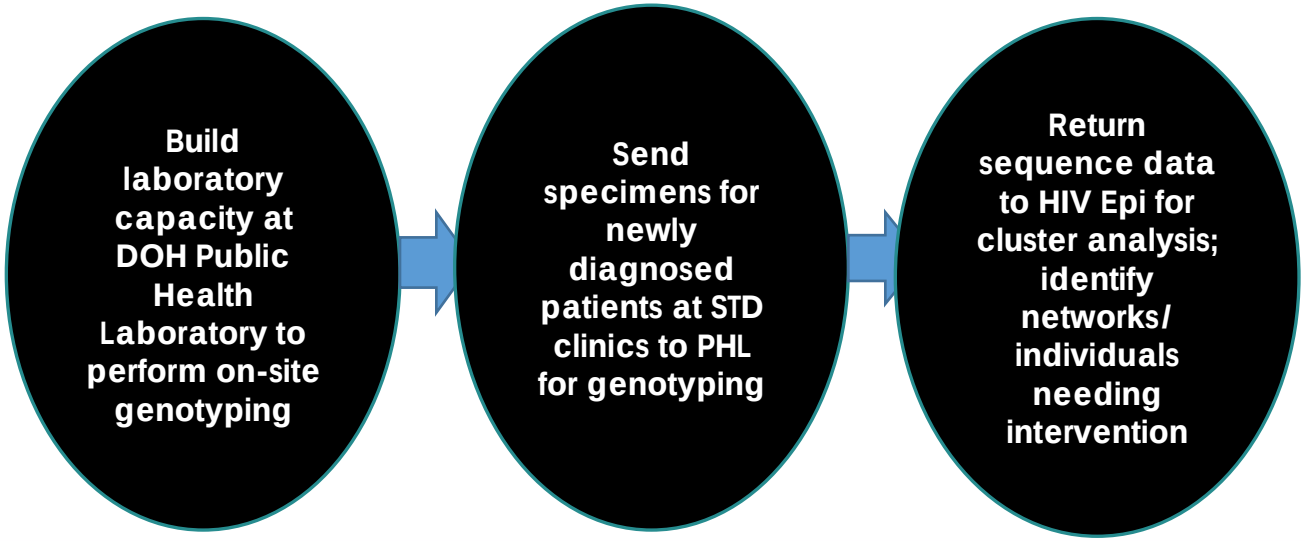
Promote optimal treatment for HIV

- 'Jump-start' immediate ART for newly diagnosed patients at STD clinics along with other supportive services and navigation to long-term care
- Contract with nonprofits to implement the "Undetectables" program, a viral load suppression model for HIV-positive persons



Enhance methods for tracing HIV transmission

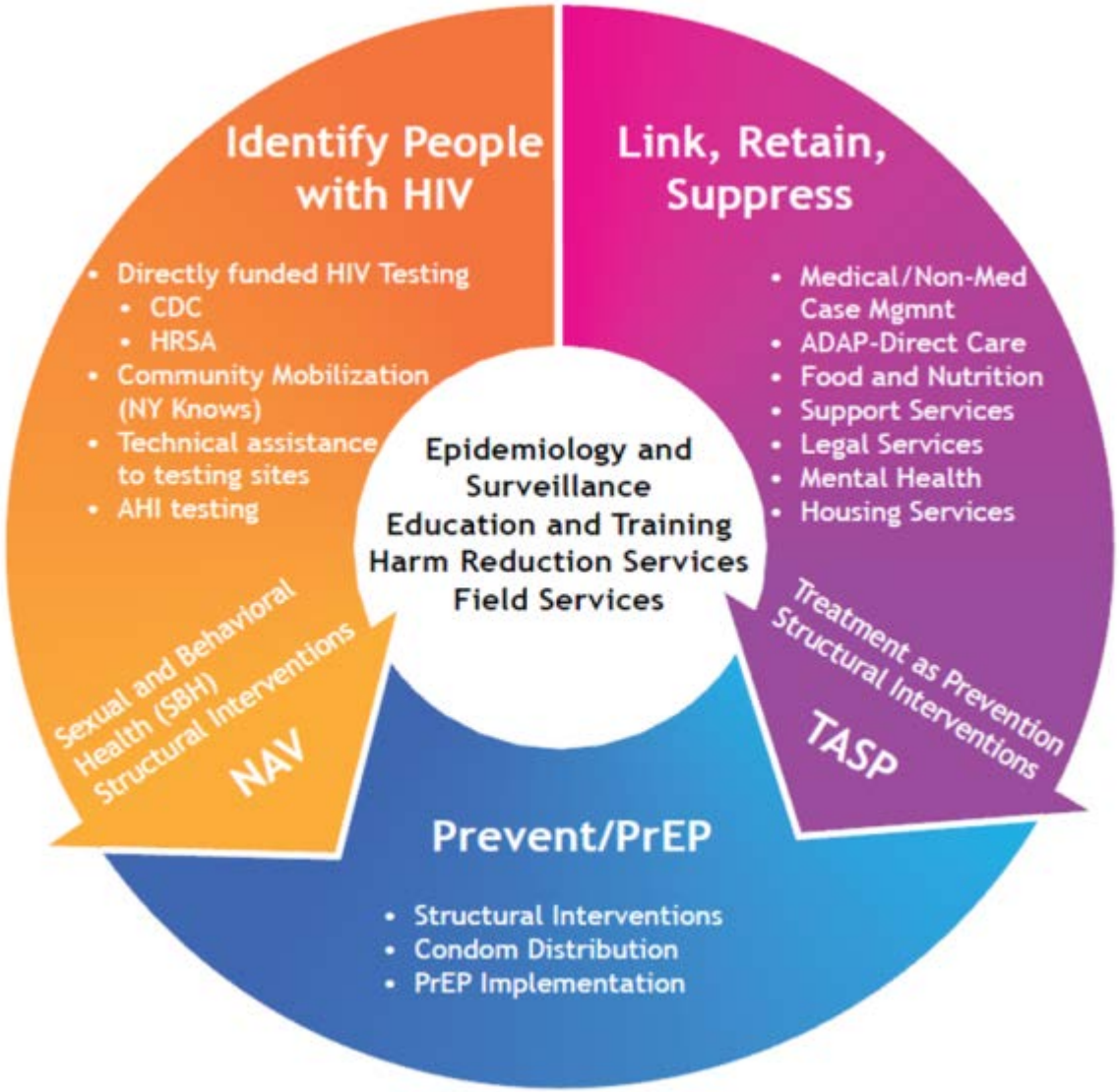
- Offer point-of-diagnosis genotype testing to providers caring for people newly diagnosed with HIV
- Use state-of-the-art scientific methods to “fingerprint” HIV strains in real time
- Map possible transmission networks and use information to provide timely partner notification and linkage to care services



Improve sexual health equity for all NYers

- STD clinic enhancements to create a welcoming environment and expand services
- Provider trainings on sexual and gender-related health issues
- LGBTQ Patient Bill of Rights
- #BeHIVSure LGBTQ Coalition
- Support trans-led and trans-focused organizations
- Programs for IV drug and crystal meth users
- Community and Expert Consultations

Current NYC Services Mapped to NYS EtE Pillars



San Francisco

Lance Toma

Chief Executive Officer

Asian & Pacific Islander Wellness Center

San Francisco's Getting to Zero: Accomplishments and Challenges

- *Zero new HIV infections*
- *Zero HIV deaths*
- *Zero stigma and discrimination*

GETTING TO ZERO SAN FRANCISCO

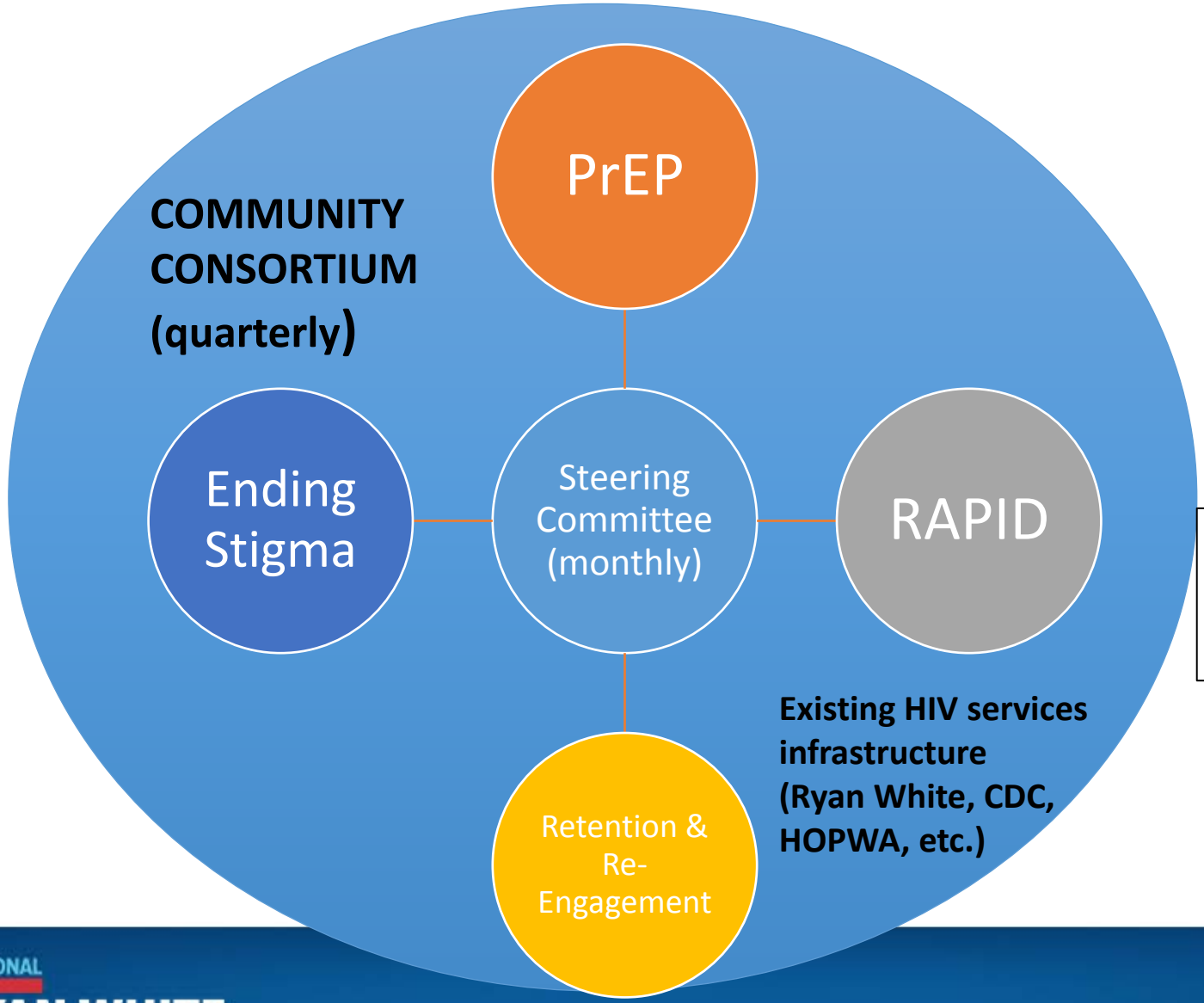
Strategic Priorities

- **Improve health** for persons at risk for or living with HIV/AIDS in San Francisco
  - Emphasis on under-served populations
- **Create innovative programs** and demonstrate impact with measurable objectives
- **Secure multi-sector funding** and support for existing and new programs
- **Exchange best practices** with other cities

Roadmap

- **2013-14**: Multisector, volunteer, community based organization, developed strategic plan and action committees for Getting To Zero
- **2015**: Launch of Getting to Zero- Investment of City and private sector; SFDPH 2014 Annual Report
- **2016**: Political advocacy continues; additional citywide investment made
- **2015-2020**: Committee-led initiatives (action), evaluation and coordination; collaboration locally and globally, broader engagement
- **2020**: 90% reduction in new HIV infections and deaths

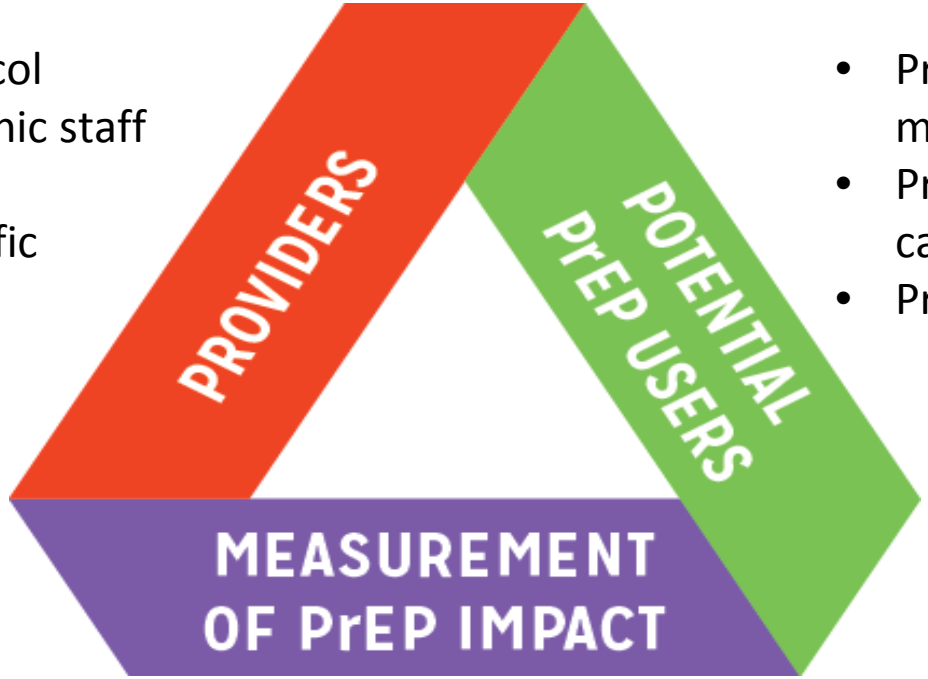
Structure



RAPID=
Rapid ***A***RT
Program ***I***nitiative
for HIV ***D***iagnoses

PrEP: Major Accomplishments

- Common protocol
- Provider and clinic staff training
- New PrEP-specific clinics

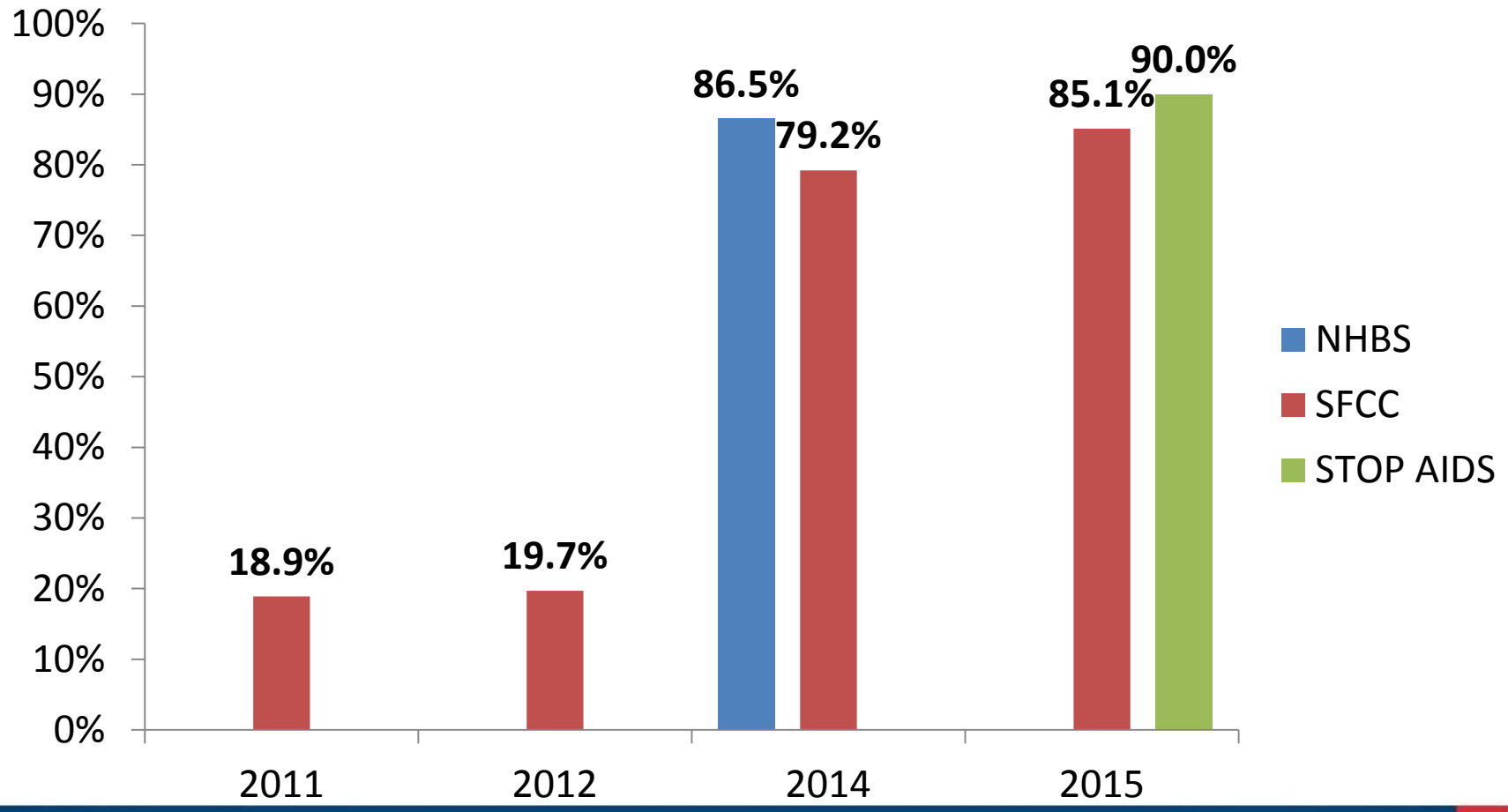


- PrEP navigators at major providers
- PrEP social media campaigns
- PrEP “ambassadors”

- Harmonize multiple data sources
- Develop data from sentinel sites

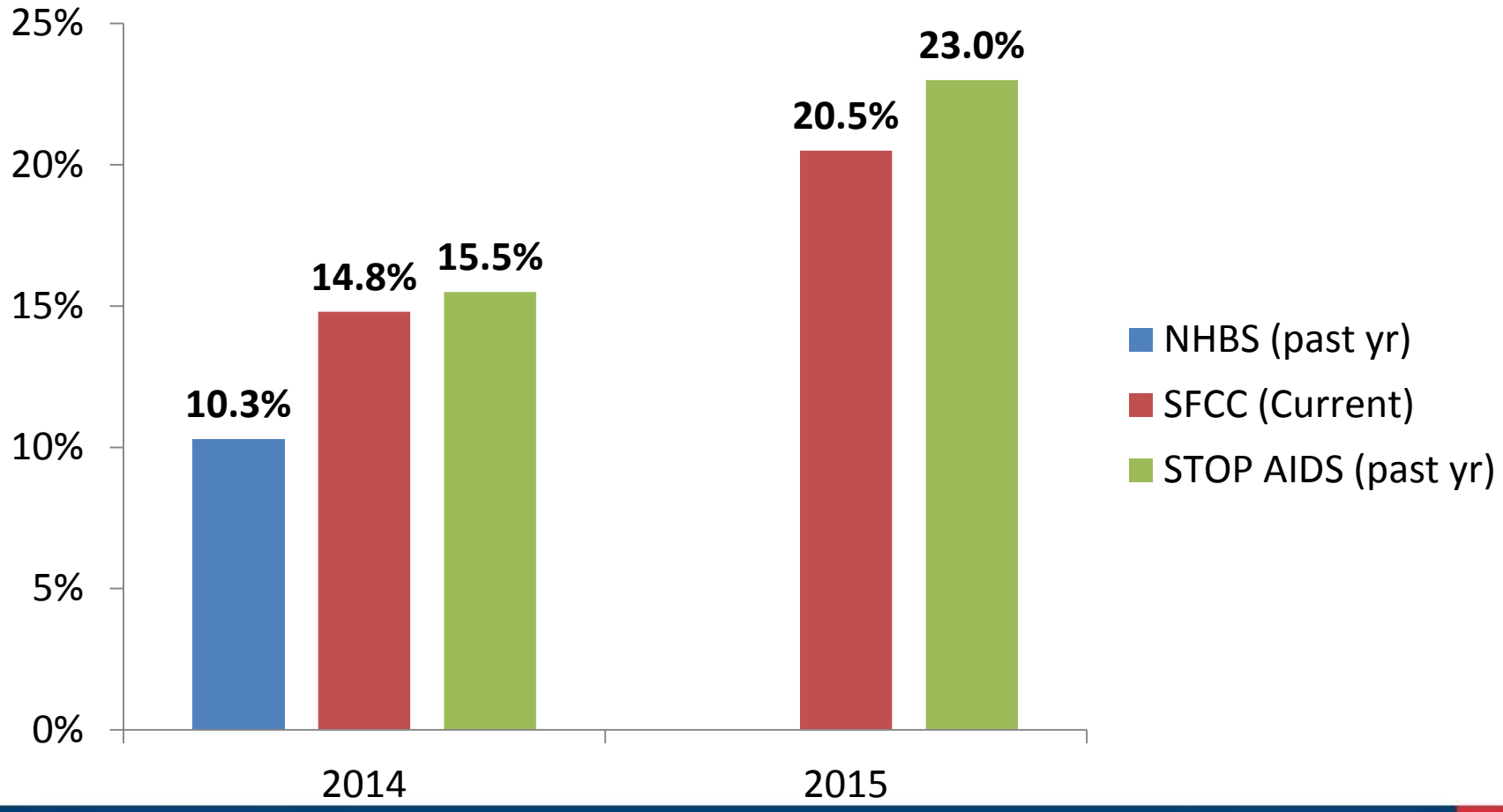
PrEP: Major Accomplishments (cont.)

Heard of PrEP



PrEP: Major Accomplishments (cont.)

Took PrEP



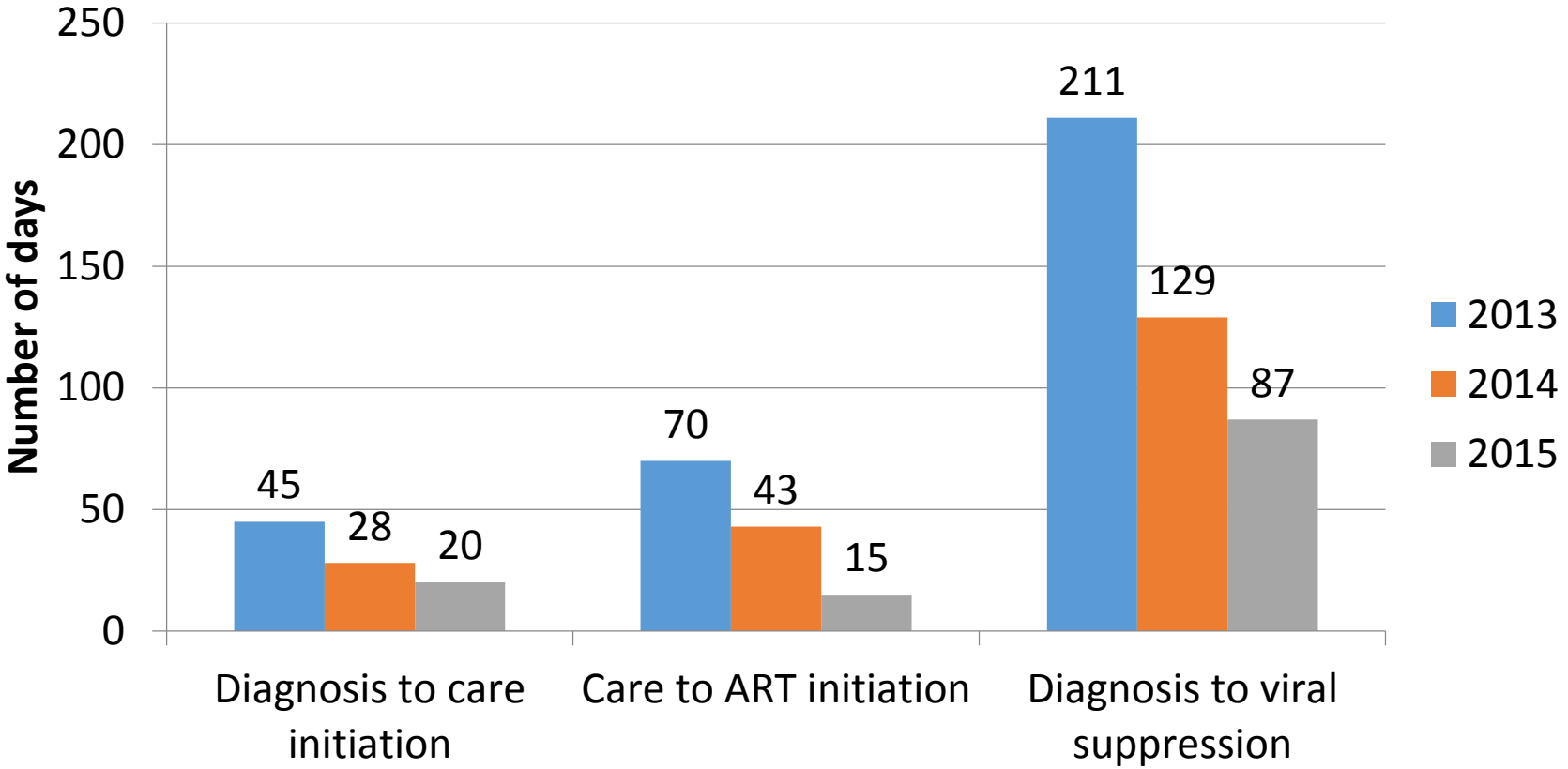
RAPID: Major Accomplishments

RAPID: Rapid ART Program Initiative for HIV Diagnoses

- RAPID navigators at SF clinics
- Clinical protocol, sharing with others
- RAPID surveillance

RAPID: Major Accomplishments (cont.)

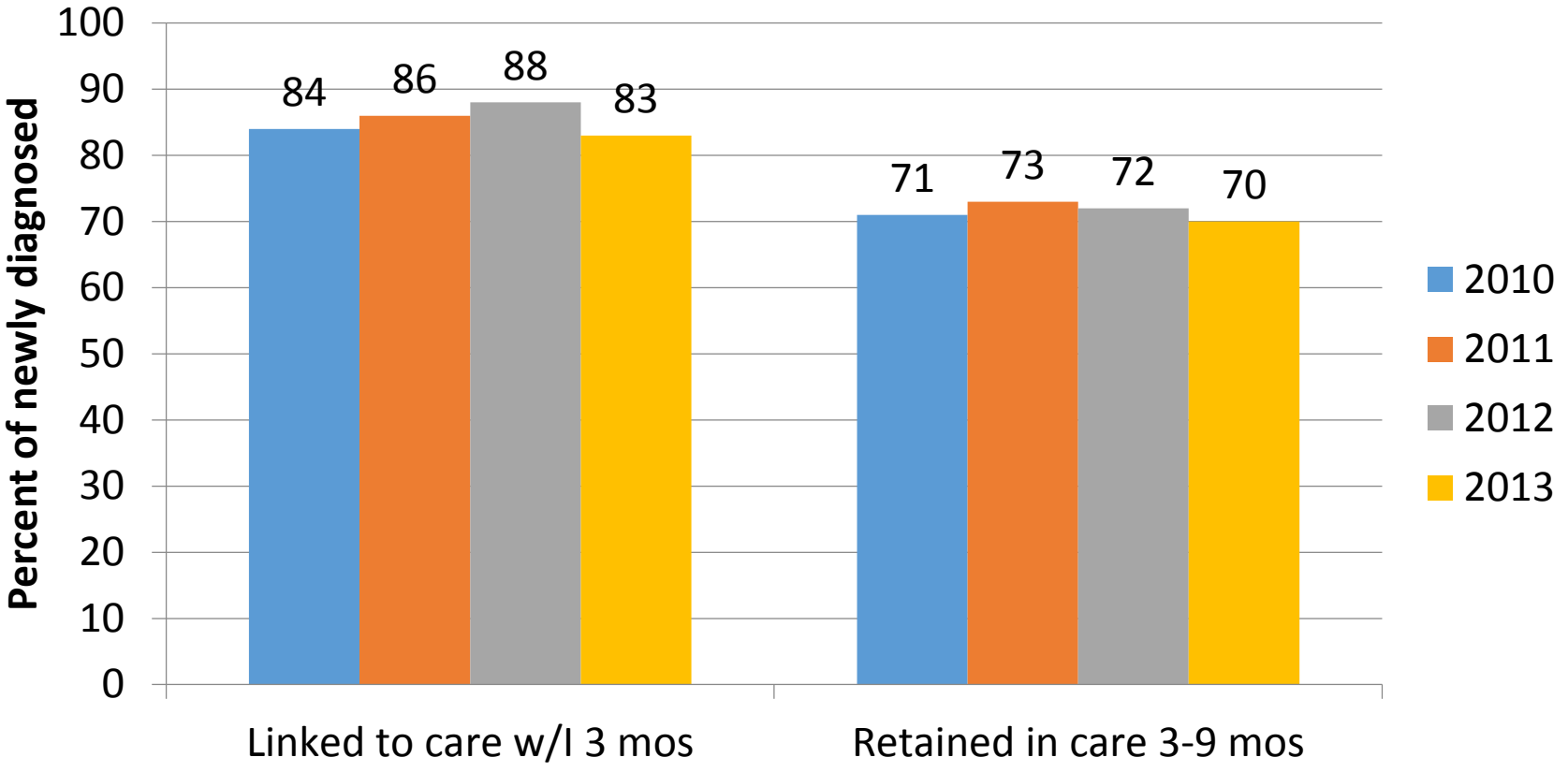
Mean number of days from…to….



Retention & Re-Engagement: Major Accomplishments

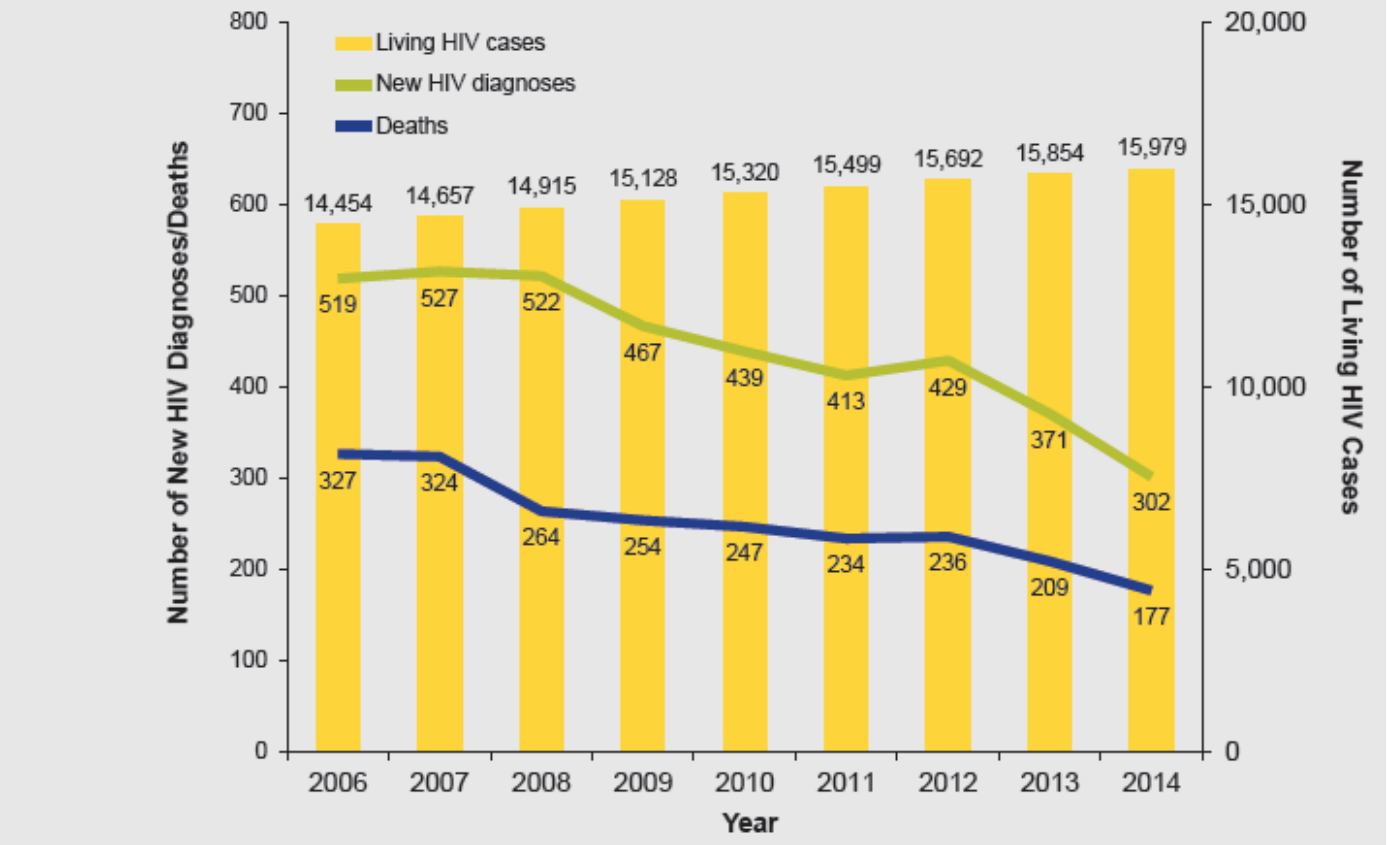
- Retention navigators at major clinics
- Front-line workers training and support
- Data to care (finding recently lost to follow-up and not virally suppressed)

Trends in Linkage and Retention in Care Diagnosed 2010-2013



These data pre-date Getting to Zero; new methods are needed!

New HIV diagnoses and deaths: 2014



If we could decrease new HIV diagnoses at the same rate seen since 2012, we would get to zero by 2019
BUT
We have to reach those not yet reached.

Ending Stigma: Major Accomplishments

- Conducting inventory of current tools, surveys of HIV and PrEP stigma
- Launching community-wide needs assessment
- Building speakers bureau to combat stigma
- Developing social marketing campaign to empower community members
- Linking between all other committees

Challenges

This is also San Francisco….

Need to address (and initiatives underway):

Housing, Mental Health, Substance Use

Challenges

In- and out-migration

- Each year, 7.5% of the population each in- and out-migrates
- College-educated white people move in while people of color, especially young African Americans, move out

Demographic	Annual net migration	% annual change 2010-2014
High school graduate	-1700	-3.0%
College graduate	+4500	+2.7%
White	+2500	+0.7%
Latino	-1700	-1.3%
Black	-2100	-4.6%
Black 22-49 years old	-1700	-9.9%

- This is challenging for PrEP and treatment retention (and for accurate measurement of impact)

Conclusions

- San Francisco has made great steps towards
  - PrEP knowledge, uptake, capacity
  - Rapid initiation of treatment, services
- Need to focus efforts on health inequities fueled by homelessness, poor mental health, substance use, and poverty; these drive new infections and inadequate care
- In/out-migration makes tracking and sustaining impact challenging
  - Focus now on uptake and retention of PrEP for youth
  - Retention must account for aging populations living with HIV

Critical Core Elements

- **Collective Impact**: It takes work and time.
- **Meaningful Engagement**: It's a tough balancing act.
- **Money**: It's complicated.
- **Open Communication**: It's necessary.
- **Relationships**: It makes it all worth it.

Thank You!

Website: Gettingtozerosf.org

Steering Committee

Susan Buchbinder
Susana Cáceres
David Gonzalez
Diane Havlir
Joe Hollendoner
Jenna Rapues
Hyman Scott
Jeff Sheehy
Chip Supanich
Lance Toma
Shannon Weber
Dana van Gorder
Rafael Velazquez

Many thanks to the >200 members for all of their volunteer work!

Thank You!

Lance Toma

CEO, Asian and Pacific Islander Wellness Center, Inc.

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Fulton County

Jeffrey Cheek
Director, Ryan White Program
Office of the County Manager

Building the Strategy to End AIDS in Fulton County, Georgia

Our Time Is Now!

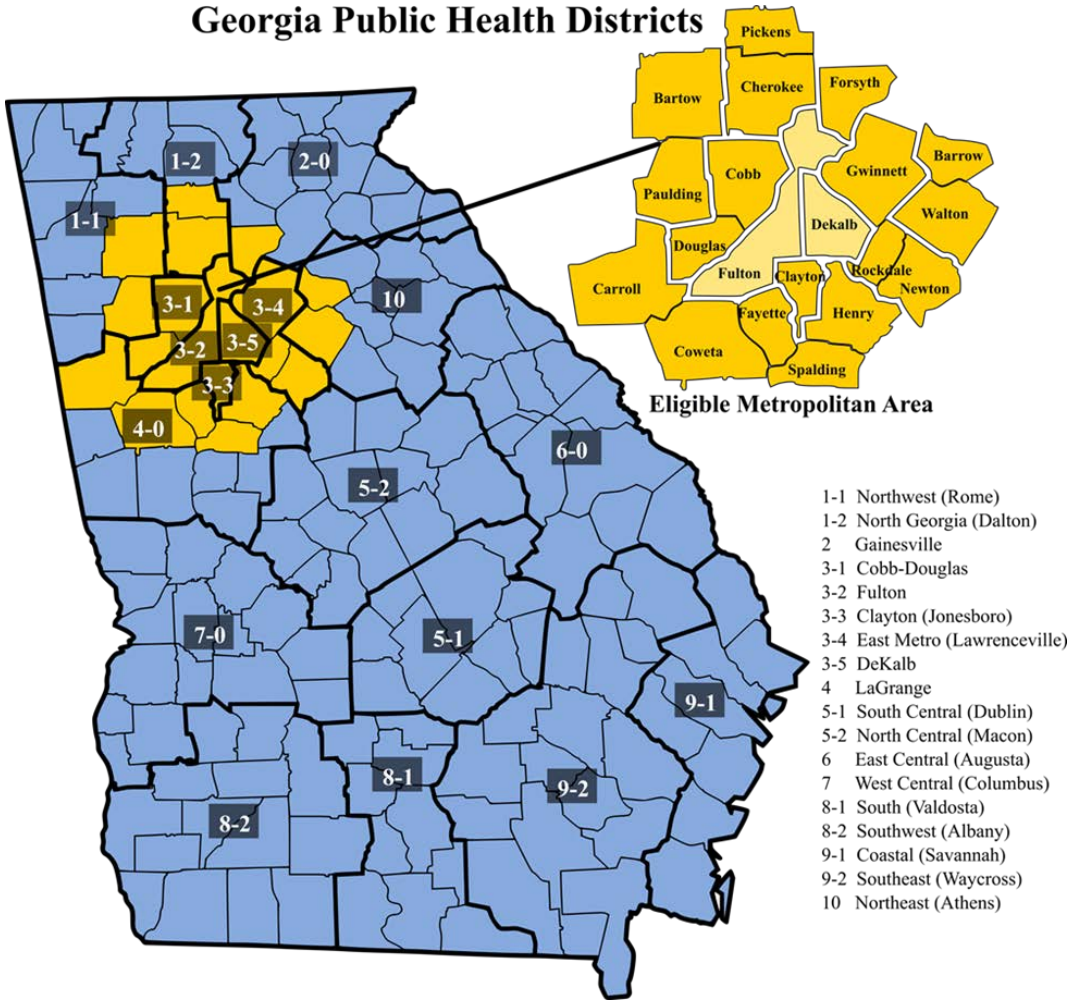
National Ryan White Conference on HIV Care & Treatment

Strategies to End AIDS/Frameworks for "Getting to Zero"

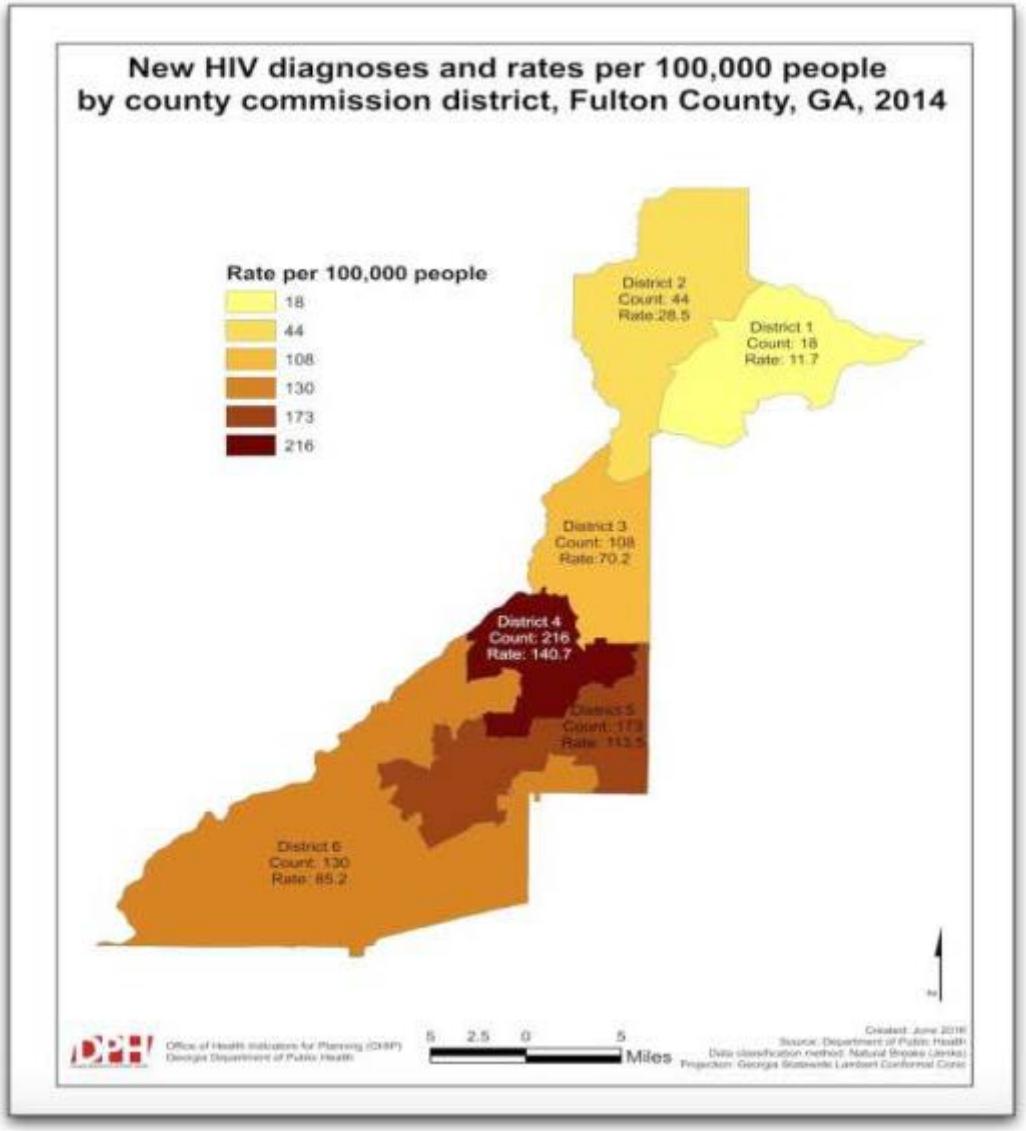
August 26, 2016

2016 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Atlanta EMA


Georgia Public Health Districts
Pickens
Bartow
Cherokee
Forsyth
Barrow
Paulding
Cobb
Gwinnett
Walton
Dekalb
Douglas
Carroll
Fulton
Clayton
Rockdale
Newton
Fayette
Henry
Coweta
Spalding
Eligible Metropolitan Area
1-2
2-0
1-1
3-1
3-4
10
3-2
3-5
3-3
4-0
6-0
5-2
7-0
5-1
9-1
8-1
9-2
8-2
1-1 Northwest (Rome)
1-2 North Georgia (Dalton)
2 Gainesville
3-1 Cobb-Douglas
3-2 Fulton
3-3 Clayton (Jonesboro)
3-4 East Metro (Lawrenceville)
3-5 DeKalb
4 LaGrange
5-1 South Central (Dublin)
5-2 North Central (Macon)
6 East Central (Augusta)
7 West Central (Columbus)
8-1 South (Valdosta)
8-2 Southwest (Albany)
9-1 Coastal (Savannah)
9-2 Southeast (Waycross)
10 Northeast (Athens)

HIV Diagnoses By District



GA Department of Public Health

Fulton County Task Force on HIV/AIDS

Fulton County Task Force on HIV/AIDS

- 12/17/14 Resolution of the Board of Commissioners following 2014 WAD Policy Meeting
- Mission: End AIDS in Fulton County
- …develop, promote, and monitor the implementation of a Strategy to End AIDS in Fulton County in order to improve the quality and length of life for persons living with HIV and prevent new HIV infections…

Structure

- 14 District Appointees, non-appointed contributors (currently 25), Health Director, Ryan White Part A Director, content experts (as consultants)

- Four Committees:
  1. Prevention and Care
     A. Testing and Prevention
     B. Care
     C. Resource Assessment, Gap and Cost Analysis
  2. Social Determinants of Health
  3. Data and Evaluation
  4. Policy

Building the Strategy to End AIDS in Fulton County, Georgia

Our Time is Now!

Guiding Framework

- Meaningful engagement of PLWH
- Align with the 2020 NHAS – our efforts should be constructed to help further national goals
- Comprehensive, clear goals with measurable objectives
- A living document – monitor and reassess regularly
- Transparent process

Three Phases

I. Draft Objectives (WAD 2015)

II. Objectives and Recommended Actions for Achieving the Objectives (National HIV Testing Day – June 27, 2016).

III. Accountability, Timelines, Metrics, Resource Assessment, Gap Analysis and Costing of Strategy, and Prioritization (WAD 2016)

Phase I

- Approximately 6 months
- Epi Overview
- Developed Draft Objectives and Policy Guidance (64 of them – many with subparts)
  - Present Issue and “Why is this Important?”
  - “How are We Doing?”
  - “What are Our Objectives?”
  - “How Will We Get There?”

Example

Linkage to Care

Objective: Increase the proportion of diagnosed persons linked to care within three days to 85%.

Phase II

- Developed Overarching Policies (e.g., Stigma Kills. Don't Tolerate It, Make it Easy to Get into Care Fast and Stay Healthy, Housing is HIV Prevention and Treatment, Mental Health and Substance Use Services are Care, Too, etc.)
- Refined Objectives

Example: Linkage To Care = 3 Days

Provide a medical provider visit within 3 days of diagnosis for 85% of newly diagnosed persons

- Assess and reinvent linkage resources, staffing, training, capabilities, and processes
  - Prioritize most vulnerable populations (youth, MH/SU disorders, unstable housing, released from incarceration) to receive intensive linkage navigation services
- Eliminate barriers to patient entry at Ryan White clinics
  - Create and implement Rapid Entry pathways to ensure initial medical visit within 3 days of diagnosis
- Evaluate synergies between allowable CDC HIPP and Ryan White activities to maximize linkage resources and decrease duplication of effort

Developed Asks of Board of Commissioners

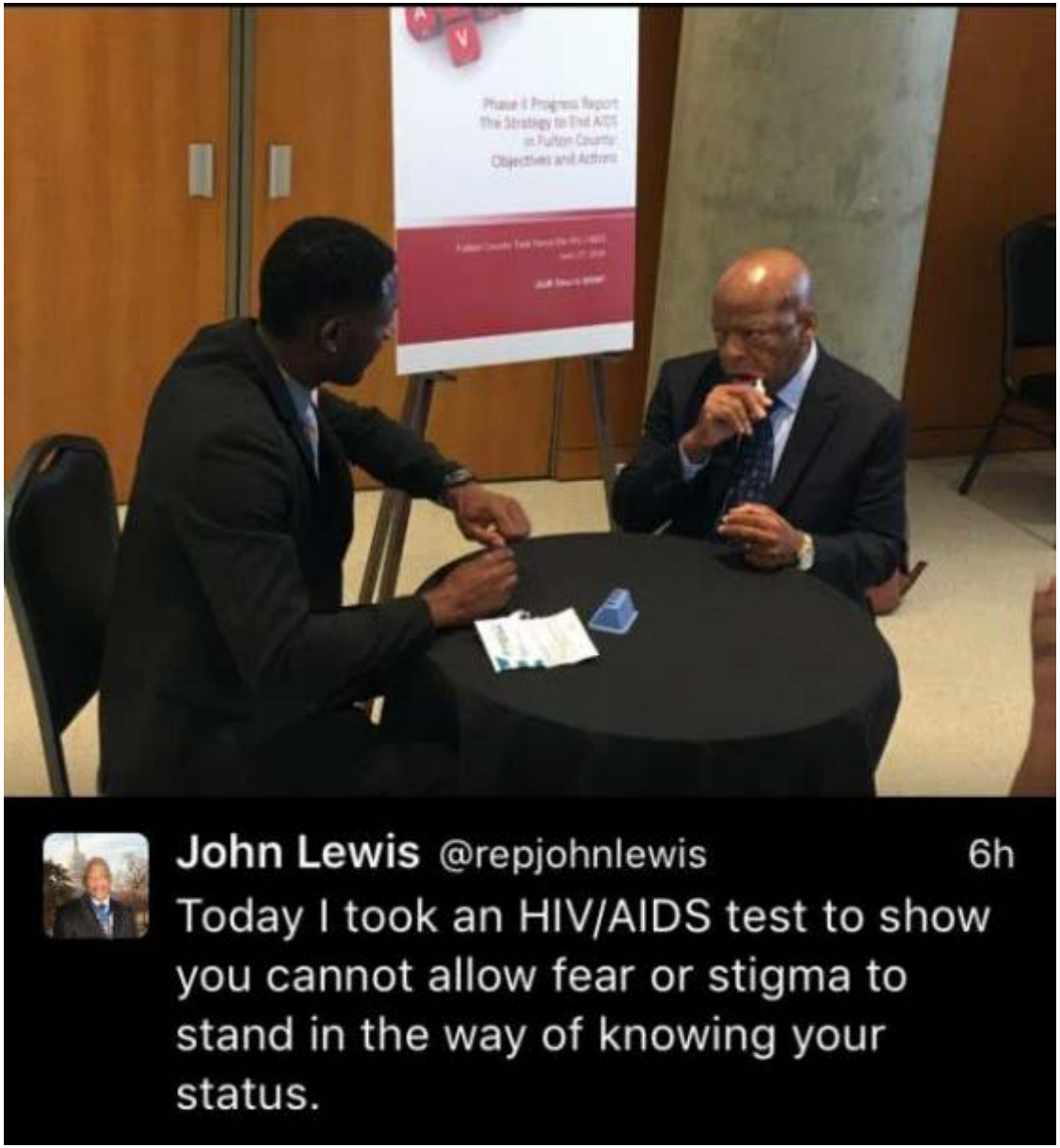
Examples:

- Add HIV Criminalization Law Reform to the legislative docket for 2017
- Comprehensive HIV and Sexuality Education; HIV/STI Testing in Fulton Schools
- Support resolution recognizing the legitimate medical purpose of syringe services programs and add to county legislative docket.

On to Phase III

- Work with elected officials implement local policy requests
- Develop accountability and timelines for actions
- Develop resource and gap assessment
- Develop cost analyses for targeted actions
- Develop full evaluation plan
- Continue community feedback

Call Attention to the Plan


John Lewis @repjohnlewis 6h
Today I took an HIV/AIDS test to show you cannot allow fear or stigma to stand in the way of knowing your status.

Community Input and Engagement

Community Input & Engagement

- Essential to development of a comprehensive strategy that addresses the needs of those living with or at risk of HIV infection.
- Three main strategies to secure broad based input:
  1. Public meetings (Including Planning Council and Jurisdictional Prevention Planning Group)
  2. Community listening sessions
  3. Community survey

Listening Sessions

- More than 30 held to date
- Listening sessions address two primary questions and allow ample time for discussion
  1. What should be done to prevent new HIV infections?
  2. What should be done to help people with HIV receive care and treatment?

Community Surveys

- A community input web-based survey tool also was widely distributed to allow individuals with a recommendation for an objective, action plan, or other feedback to submit these comments to the Task Force
  - Based upon New York's
  - https://www.surveymonkey.com/r/HNYD87X
- Also, survey to prioritize objectives

Common Themes

- Need for better targeted education around prevention strategies - PrEP, HIV testing, and the clinical outcomes associated with treatment
- Need to streamline enrollment into RWHAP services
- Transportation and housing are unmet needs
- Adequate access to substance use and mental health treatment and syringe exchange services

Evaluation

Data and Evaluation Committee

Responsible for:

- Identifying data sources
- Developing and advising on pragmatic and scientifically sound metrics for the Strategy's objectives.
- Identifying areas where data systems need strengthening or enhanced coordination.

Population Level Outcomes

- Requires annual targets and metrics for measuring progress toward meeting objectives and implementing actions.
- Typically Surveillance-based
- We know the metrics for most of the usual continuum of care items (do not yet have one for linkage within 3 days)

Population Level Outcomes

EXAMPLES			
OBJECTIVE	**METRIC**	**DATA SOURCE**	**DATA TO CALCULATE BASELINE AVAILABLE**
HIV MEDICAL CARE			
Increase the proportion of newly diagnosed persons linked to care, defined as attending a medical provider visit within three days to 85%.	Percent of newly diagnosed persons with a medical visit (Ryan White patients) or a lab indicative of HIV care (all others), within 72 hours	▪ HIV Surveillance ▪ CAREWare	Yes
Decrease the number of persons who are out of care by 50%.	Number of PLWH with no labs during the 12 month period.	▪ HIV Surveillance ▪ CAREWare	Yes
HIV TESTING			
Ensure that patients admitted to hospitals and treated at outpatient clinics offered routine opt-out HIV screening as per CDC and USPSTF recommendations.	Percent of patients offered testing, percent accepting testing	For Grady, but not other facilities	N (Grady Y)

Process Evaluation

Seeks to assess how a program is being implemented and to answer certain questions such as:

- Was program implemented?
- Was it implemented as planned ?
- How many people were reached?
- Were the right people reached?
- How satisfied were the people involved in a program?

Process Evaluation

Can also use CQI evaluations to determine if changes result in improved outcomes

- Example: Changing protocols to allow clients to have initial clinician visit (and ART) while awaiting lab results should lead to faster linkage and improve engagement in care.
  - Were protocols implemented? Consistently? Among all providers? Were procedures in place for ADAP enrollment? Was treatment adherence provided?

Process Evaluation

- Need to Develop Logic Models to consider and prioritize the program aspects most critical for tracking and reporting and make adjustments as necessary.

Evaluation Challenges

- Collecting information across multiple entities
- Aggregating data from different data sources
- Collecting data on intermediate outcomes
- Resources
- Measuring outcomes is difficult because they take time to accomplish and measure

Evaluation Challenges

- Some data sources are entirely lacking or incomplete for measuring outcomes of objectives and actions
- For others, including many of the social determinants, data are outdated and only available for selected populations (usually, persons receiving services supported by Ryan White Part A funding)
- In these cases, development of data sources and accumulation of baseline data become action items

Conclusion

Ending AIDS in Fulton County is not a dream or a platitude or a wish

- It is an achievable strategy. It will require collaboration and compromise and passion and practicality. Most of all, it will require working together.

Contact Information

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Questions/Discussion