



PrEP- The Intersection of HIV Prevention and Care

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Simple Question

- **Why do we do what we do?**
 - **To get to zero new HIV infections...**
 - ...by reducing HIV transmission and
 - ...by ensuring people living with HIV have every opportunity to live healthy lives.

Difficult Question

- How to we optimize our HIV response so we move ever-closer to zero?

**System
Transformation**

System Transformation

- Focus persistently on why we do what we do – **to get to zero new infections.**
- Begin with **system-level thinking.**
- Understand and own what our **data** tell us.
- Consider the **environment** in which we do our work.
- Develop a clear and concise **High Impact HIV Framework** to guide efforts.
- Translate the framework into an **actionable model.**
- Create **strategies** to implement High Impact HIV Services.

High Impact HIV Framework

- Vision: **Getting to zero new HIV infections**
- Impact: **A significant and rapid reduction in new HIV infections**
- Outcomes:
 - **Suppress viral load in the population of PLWH**
 - **Increase use of PrEP among persons at increased risk for HIV infection**
- NOTE: Other outcomes lend support to achieving impact, but are insufficient to achieve it without HIV treatment and PrEP – STD treatment, nPEP, condoms and clean needles.



Actionable Model

- **CENTRAL CHALLENGE:**

- **Using current-level resources, how do we rapidly expand the number of people who use ARVs for HIV treatment and PrEP in order to...**

...significantly and rapidly reduce new HIV infections so that...

...we achieve an end to the HIV epidemic?

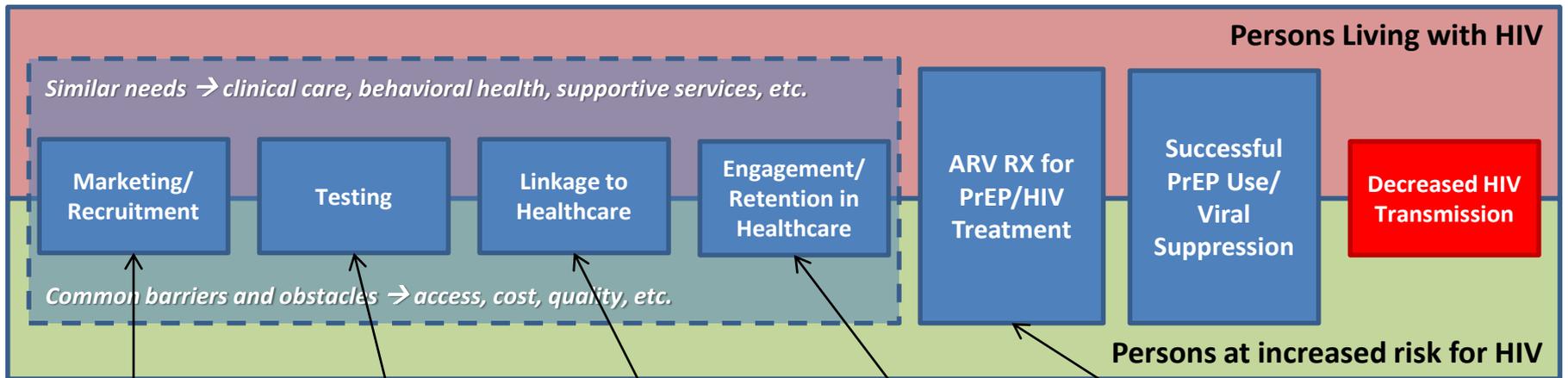
Actionable Model

- To increase ARV use for treatment and PrEP:
 - Folks have to **UNDERSTAND** their own healthcare needs.
 - Folks have to **KNOW** healthcare is accessible.
 - Folks have to **DESIRE** to engage in healthcare.
 - Folks have to **SEEK** healthcare.
 - Folks have to **REACH** healthcare.
 - Folks have to **USE** healthcare.

Actionable Model

Outcomes and Process Evaluation; Surveillance and Data Collection, Assessment and Dissemination

SUPPORTIVE SERVICES: Oral health care, housing, substance use disorder services, mental health services, financial assistance, transportation, psychosocial support services, health education, food assistance, legal services, linguistic services, etc.



Common ARV Pathway

- Highly targeted recruitment
- Social networking strategy
- Partner Services
- Marketing, media and mobilization
- EIS

- Fourth generation HIV testing
- RNA testing
- Routine HIV testing
- Partner Services

- ARTAS
- Patient navigation
- Community health work
- Health insurance enrollment
- Premium assistance
- EIS and outreach
- Partner services

- Care coordination
- Case management
- Outreach
- Outpatient/ambulatory care
- Primary care
- Partner Services
- Data-to-Care

- Med assistance support
- Adherence and retention
- ADAP
- IL PrEP AP

Community Health Services

Public Health Services

Healthcare Services

Strategies – Community Health Services

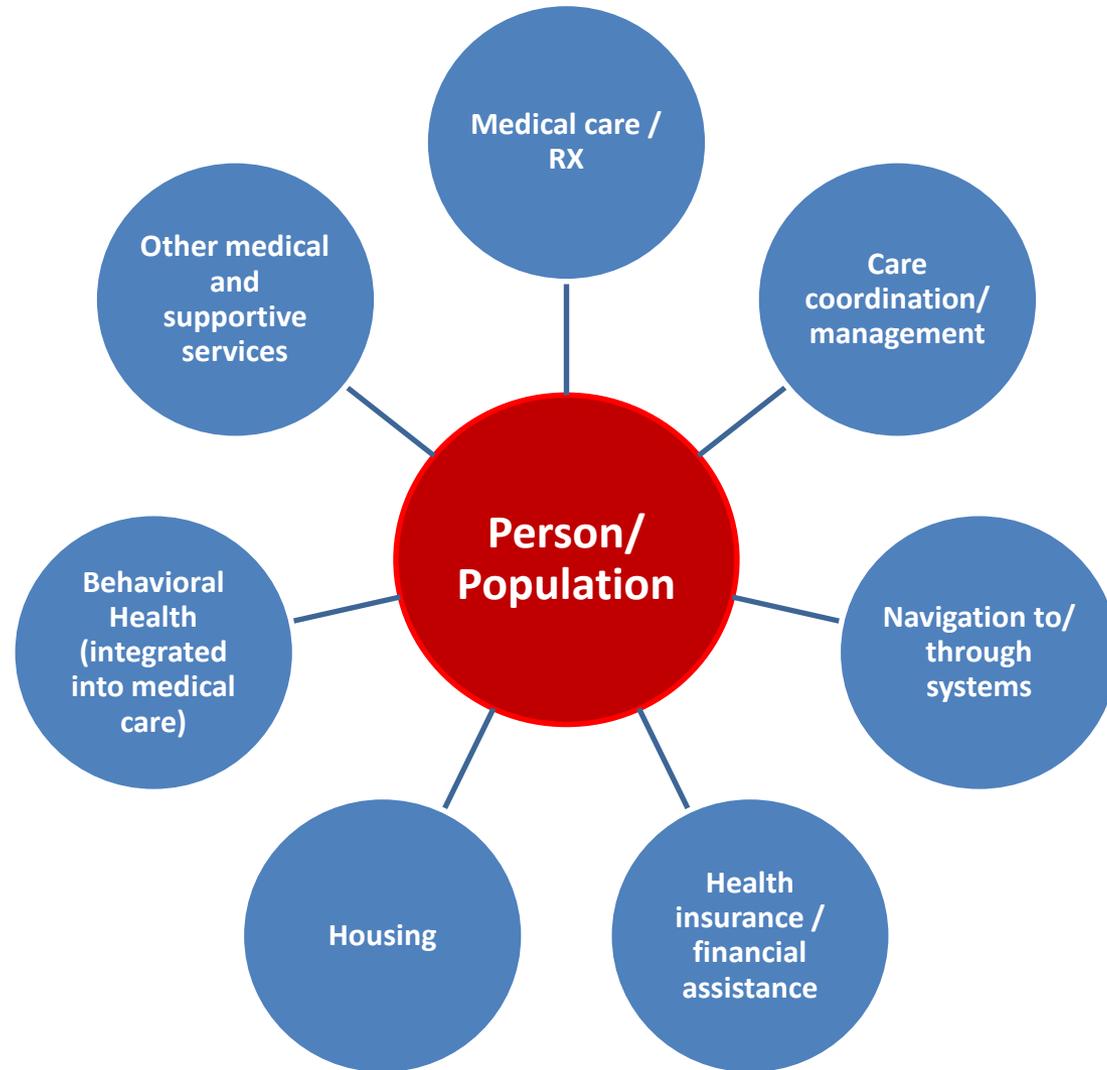
- Create comprehensive and coordinated **Centers of Excellence** that help populations understand, know, desire, seek, reach and use healthcare so we're able to achieve our outcomes – **PrEP and viral suppression**.
- Centers of Excellence serve as **Population-Centered Health Homes**.

Strategies – Community Health Services

- **Centers of Excellence (Population-centered health home)**
 - Integrate funding across HIV prevention, care, treatment and housing
 - Integrate services for HIV-negative persons and persons living with HIV – marketing and recruitment, testing, linkage to healthcare, engagement / retention in healthcare, ARVs and supportive services
 - Allow governmental public health support functions to be better coordinated – oversight, compliance, training, technical assistance, capacity building, evaluation, quality management
 - Can act as an amplifier for responses to co-morbidities and social determinants of health

Strategies – Community Health Services

Center of Excellence



Partnership with the Chicago Area HIV Integrated Services Council (CAHISC)

CAHISC is a working group where members establish plans and funding priorities for the Chicago service area in how housing, treatment, substance abuse, mental health and other essential services can affect the HIV epidemic.

- **Steering Committee**
 - **Membership and Community Engagement Committee**
 - **Primary Prevention and Early Identification Committee**
 - **Linkage and Retention in Care Committee**
 - **ART and Viral Suppression Committee**
- **CAHISC was a key partner in the development of our framework, model and strategies.**

Implications

- Some currently funded programs are not going to continue to receive funding.
- Some agencies that are currently funded are going to have to change what they're doing in order to continue to receive funding from the CDPH HIV Prevention, Care and Housing programs.

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- The Health Department cannot simply continue with what it has been doing.

Questions we are still asking

- What impact are services having on non-HIV health inequities?
 - Through PrEP or ART?
 - Through other services not focused on biomedical outcomes?
- How do we integrate different points of engagement of social determinants of health.
 - HIV Prevention Humility
- Are there some services and/or populations which still need to be stand alone?
- What will the model mean for existing local relationships?
- Will federal partners allow us the flexibility to deploy the new outcomes-based model?

THANK YOU



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