HIV FOCUS

HIV on the Frontlines of Communities in the U.S.
United States Conference on AIDS
November 10, 2011
HIV FOCUS Cities

2008 Rate of adults/adolescents living with an HIV diagnosis per 100,000 population, by county

- 249+
- 135 to 248
- 84 to 134
- 54 to 83
- 0 to 53

Data Not Shown
Data Not Available
No Counties in this Jurisdiction

Source: www.AIDSVu.org
HIV FOCUS: HIV on the Frontlines of Communities in the US

HIV FOCUS: reaching the undiagnosed

- ~1,200 HIV Infected*
- ~948 Diagnosed*
- ~705 In Care
- ~578 On Antiretroviral Treatment**

*October, 2008 CDC estimates as of the end of 2006
**Synovate Healthcare U.S. HIV Monitor Q3 2009
HIV FOCUS: Changing the Way We View the HIV Test

- Not Just Case Finding: screening an identifiable group of people based upon the presence of risk factors

- No Longer Merely Diagnostic: testing for individuals with clinical signs or symptoms

The Needs of the Undiagnosed Argue for SCREENING: tests used in a population to detect a disease in individuals without signs or symptoms of that disease. Intent is to identify a disease in a community early
FOCUS Goals

• Make routine HIV screening a standard of care by developing, integrating and promoting best practices that are sustainable and replicable
• Reduce the number of undiagnosed individuals, decrease the number of those who are diagnosed late and ensure strong linkage to care and treatment
• Expand HIV stakeholder dialogue to include meaningful engagement by hospital and community health center leadership
• Change public perceptions about the benefits of knowing ones status, and overcome lingering HIV-related stigma that may prevent individuals from seeking testing and providers from offering it routinely
FOCUS Strategy

- Routine Screening
  - Geographic targeting
  - Distinguish more testing from routine testing
  - Expand, improve and measure the offer

- Leadership
  - Shift public priorities and resources

- Best Practices
  - Framing issues
  - Sustainable approaches
  - Disseminate results

- Locally Relevant
  - Reflect characteristics of impacted communities, the policy environment and the capacities of local public health jurisdictions
Change Requires Engagement with Many Systems and Stakeholders
Three Organizational Frameworks

- 42 current partnerships in 8 cities, expansion to 10 cities in early 2012
- Routinize screening in primary care and other clinical settings
  - 22 partnerships in 7 cities
- Integrate health screenings to end HIV segregation
  - 10 partnerships in 7 cities
- Normalize attitudes and de-stigmatize HIV screening
  - 10 partnerships in 6 cities
**Sample of Partnerships**

10 city initiative launched in 2010  
2011/2012

- **LOS ANGELES**: Routine screening in the nation's busiest emergency room.
- **CHICAGO**: Routine screening in network of inner city outpatient clinics.
- **HOUSTON**: Routine HIV screening in busy reproductive health center for inner city youth.
- **NEW ORLEANS**: Integrating HIV with other health screens at a retail pharmacy.
- **ATLANTA**: Routine screening in network of inner city outpatient clinics.
- **NEW YORK**: NYC Public Health Detailers educate providers about new requirement to offer HIV testing.
- **BALTIMORE**: New in the nation to offer HIV testing at the DMV.
- **PHILADELPHIA**: First in the nation to offer HIV testing at the DMV.
- **MIAMI**: Integrating HIV with other health screens at a retail pharmacy.
Defining Success

• Find the needle in the haystack
  – 236,400 undiagnosed
  – 105,000 est. in the 10 FOCUS cities

• Establish common definition and best practices for routine testing and linkage to care
  – Objective measures: number of tests offered and performed, seropositivity, linkage to care and costs per test and per positive

• Foster systems change beyond our own partners
  – Reduce missed opportunities for all HIV positive persons to access life saving care