

Getting to Zero in Nevada

**Integrating Prevention and Care as We Work towards
Getting to Zero in Nevada:
Ryan White Provider Summit
January 30, 2019**

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Overview of STI/HIV

National and Louisiana

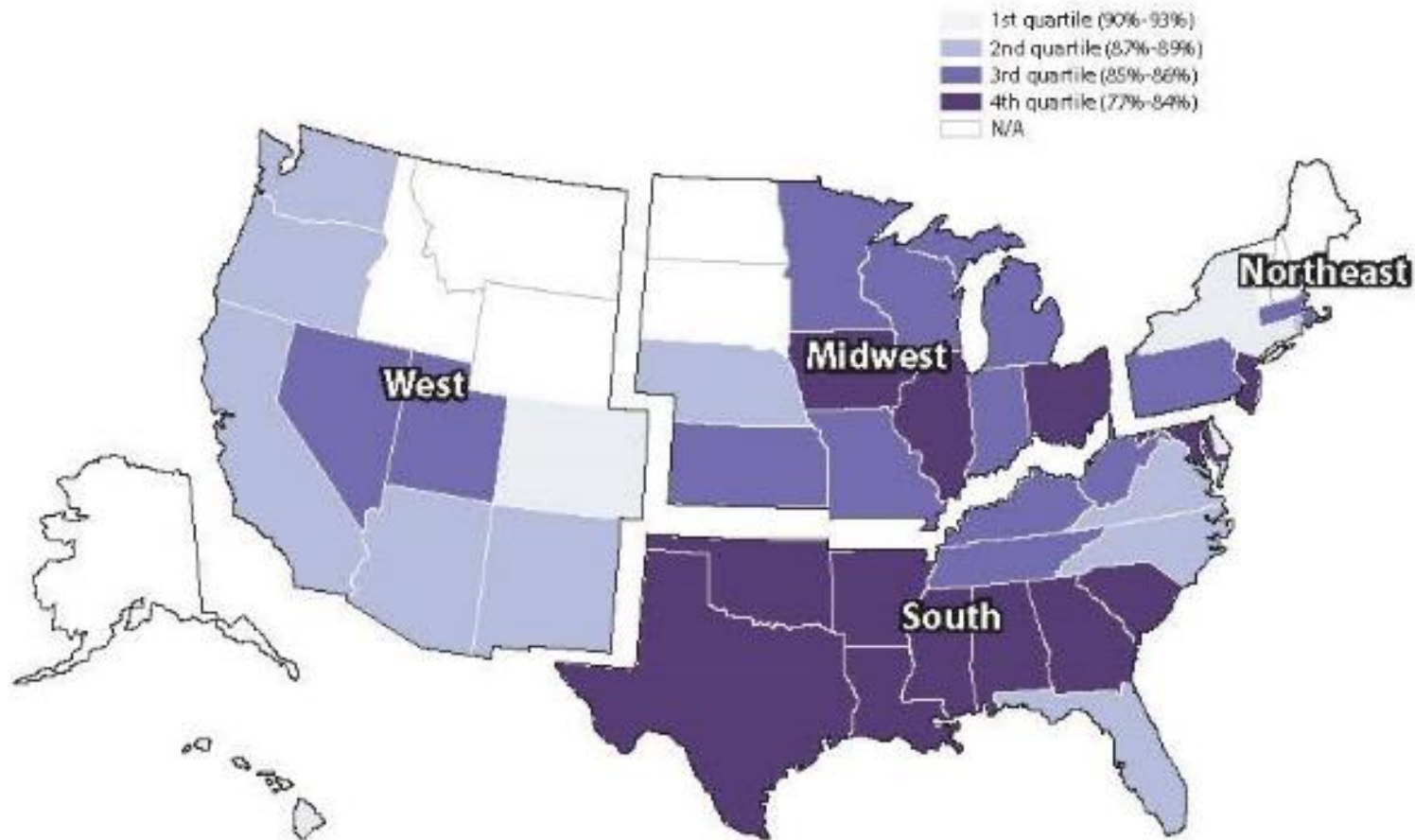
HIV Across the Nation

- ▶ From 2013 to 2017, the HIV diagnosis rate has declined from 12.5 per 100,000 to 11.8 per 100,000 (39,539 new diagnoses to 38,281 new diagnoses).
 - Decreased or remained stable in all age groups except for an increase among 25-29 year olds.
 - Decreased or remained stable among all race/ethnicity groups except for an increase among American Indian/Alaska Natives and Asians.
 - Decreased among men and women, men account for 81% of new diagnoses.
 - Decreased or remained stable among all transmission categories; 70% of all diagnoses among gay and bisexual men who have sex with men.

Persons Living with HIV, Unaware

- Fewer people living with HIV in the South are aware of their infection than in any other region.

Percentage of people living with HIV who are aware of their status, by state, 2012



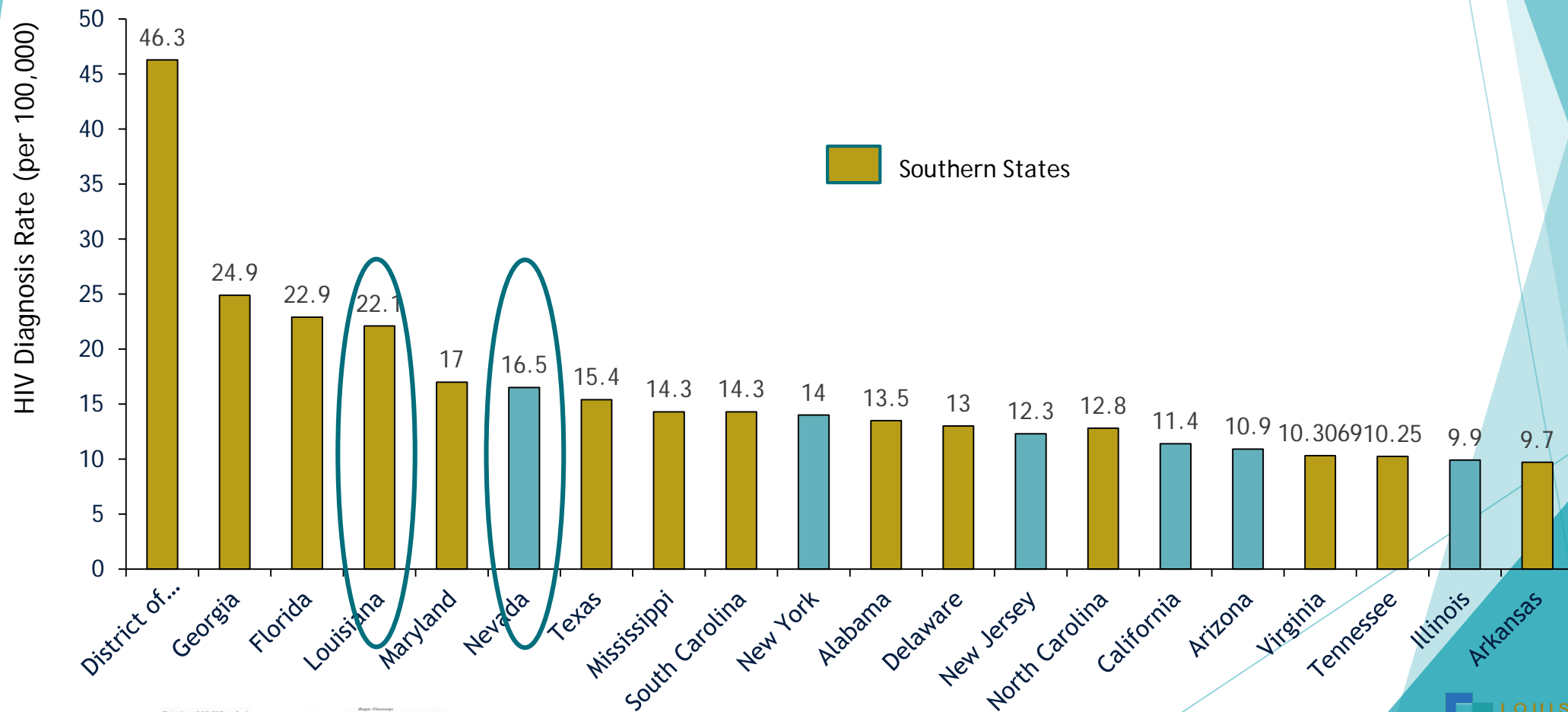
National HIV Diagnosis Rates by State, 2017

Among the Top 20 States with the highest HIV diagnosis rates, 70% were in the CDC-defined Southern region of the United States.



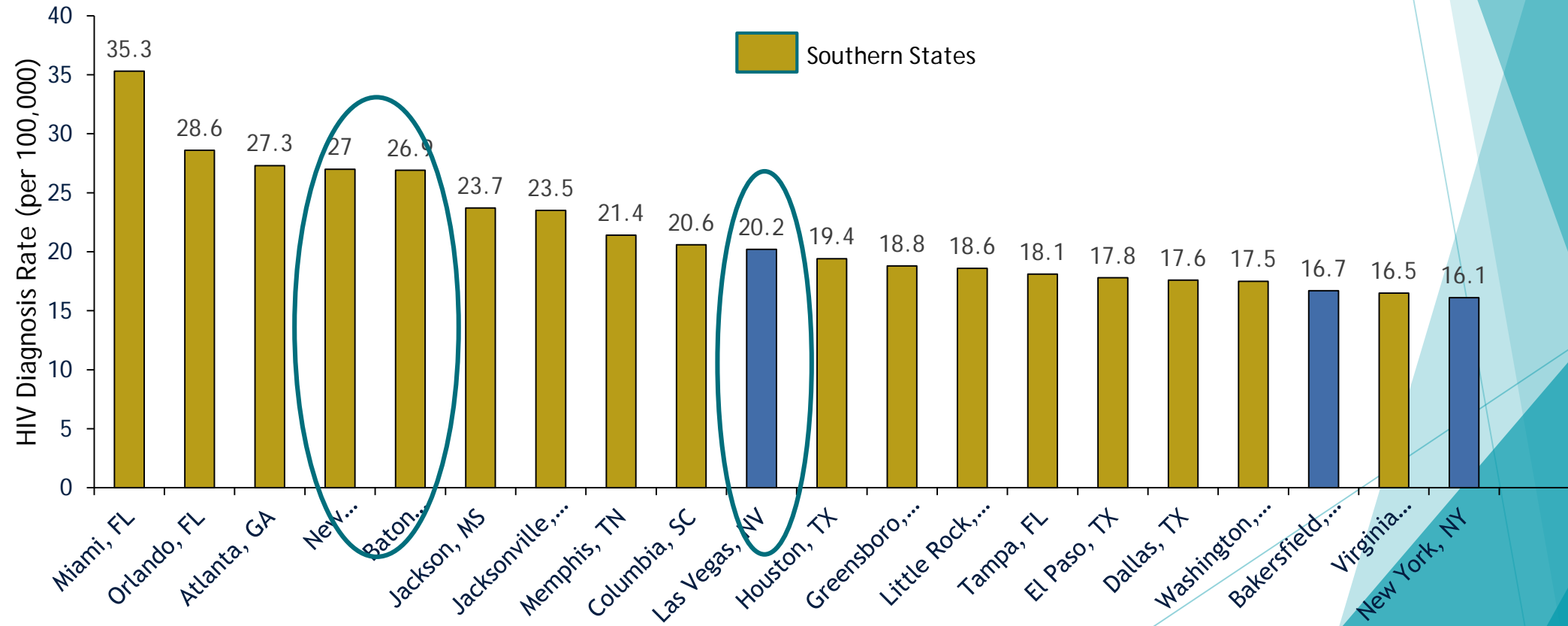
National HIV Diagnosis Rates by State, 2017

Among the Top 20 States with the highest HIV diagnosis rates, 70% were in the CDC-defined Southern region of the United States.



National HIV Diagnosis Rates by MSA, 2017

Among the Top 20 MSAs with the highest HIV diagnosis rates, 85% were in the CDC-defined Southern region of the United States.



Drivers of the Southern Epidemic

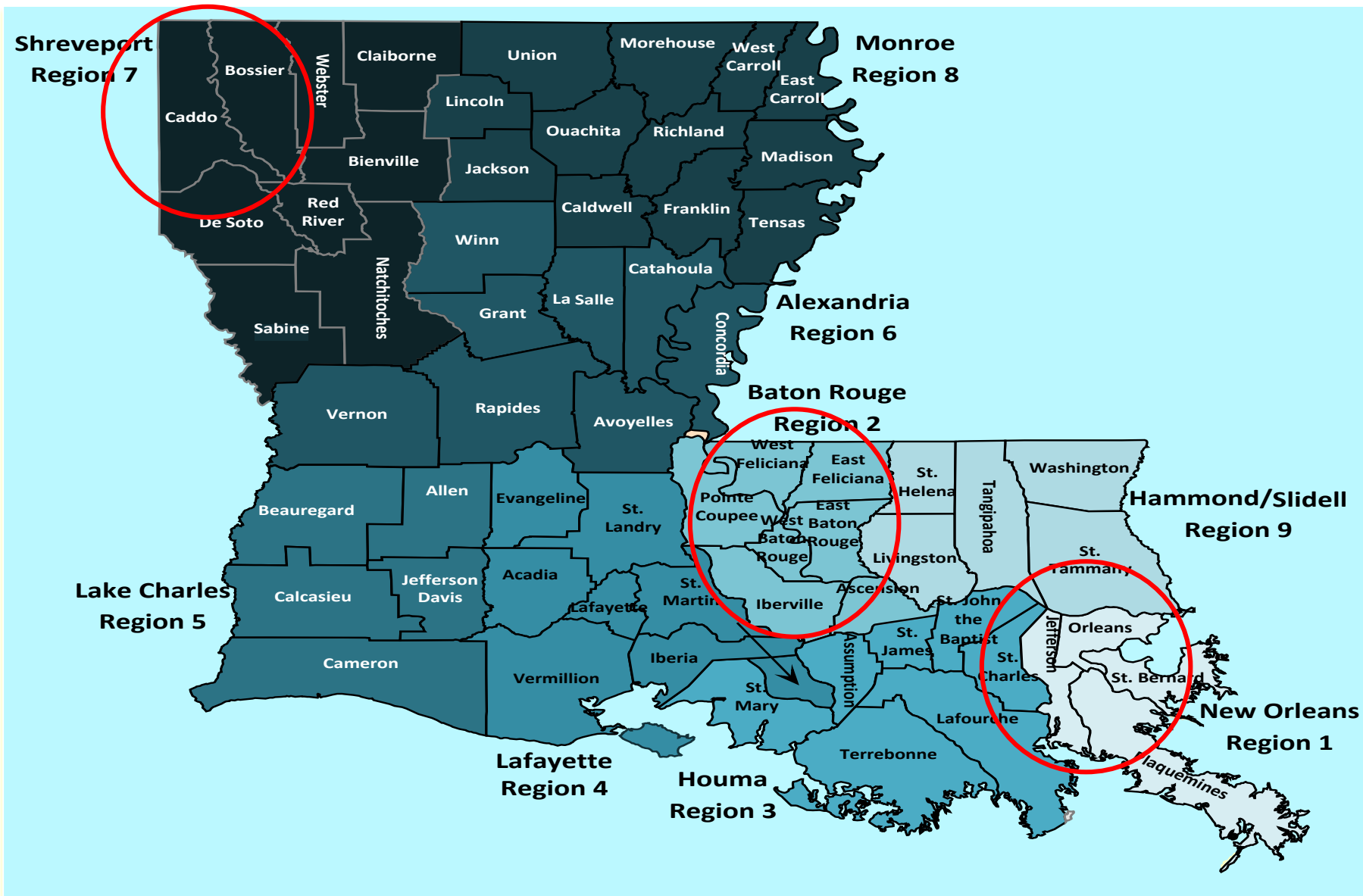
► Socioeconomic factors:

- Income inequality
- Poverty
- Poorer health outcomes
 - ◆ High rates of obesity, diabetes, cancer, infant mortality, and overall mortality rates
- High rates of people without health insurance

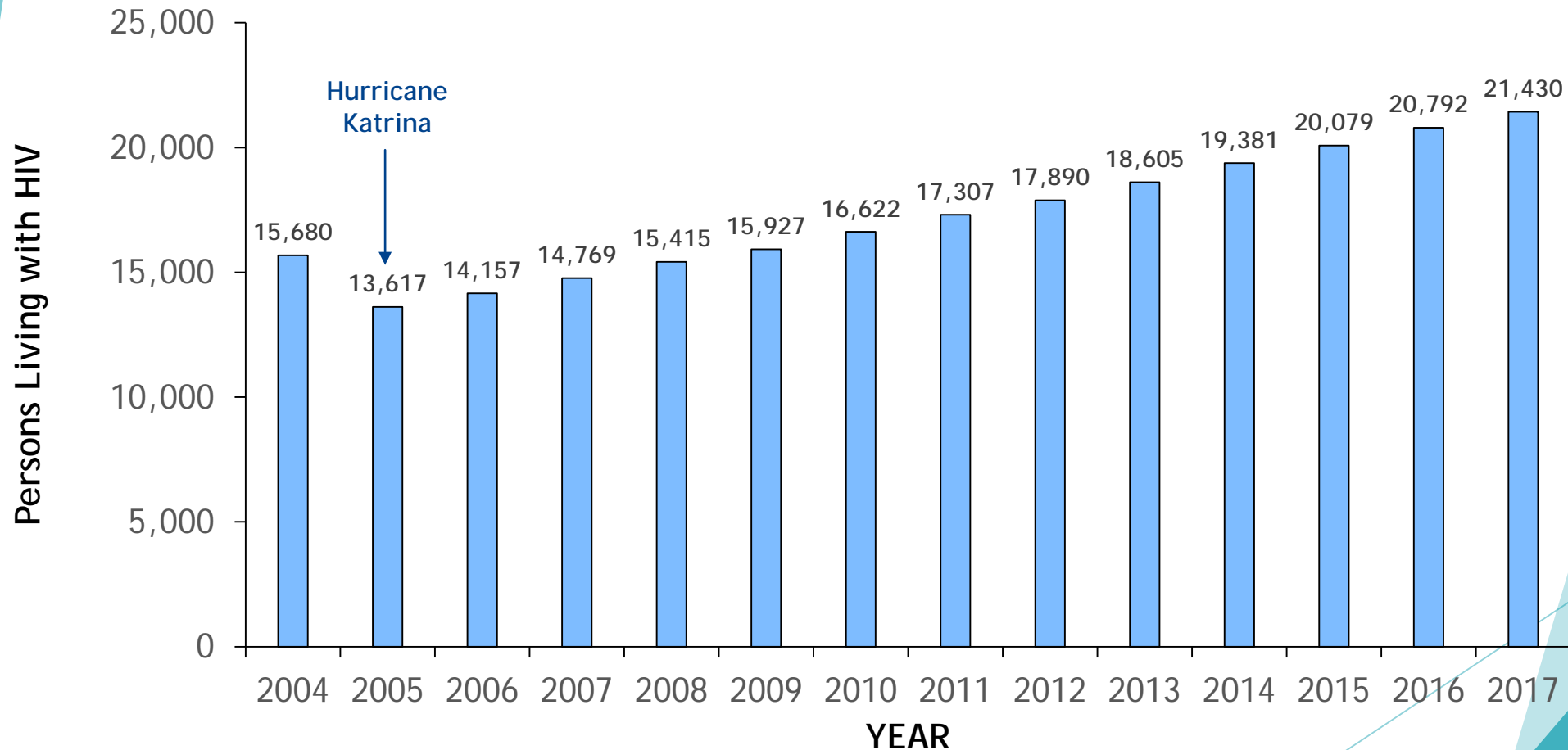
► Cultural factors:

- Racism
- Transphobia and homophobia
- Lack of sexual health discussion
- Stigma

Louisiana's 9 Public Health Regions



Persons Living with Known HIV Infection (PLWH) Louisiana, 2004-2017

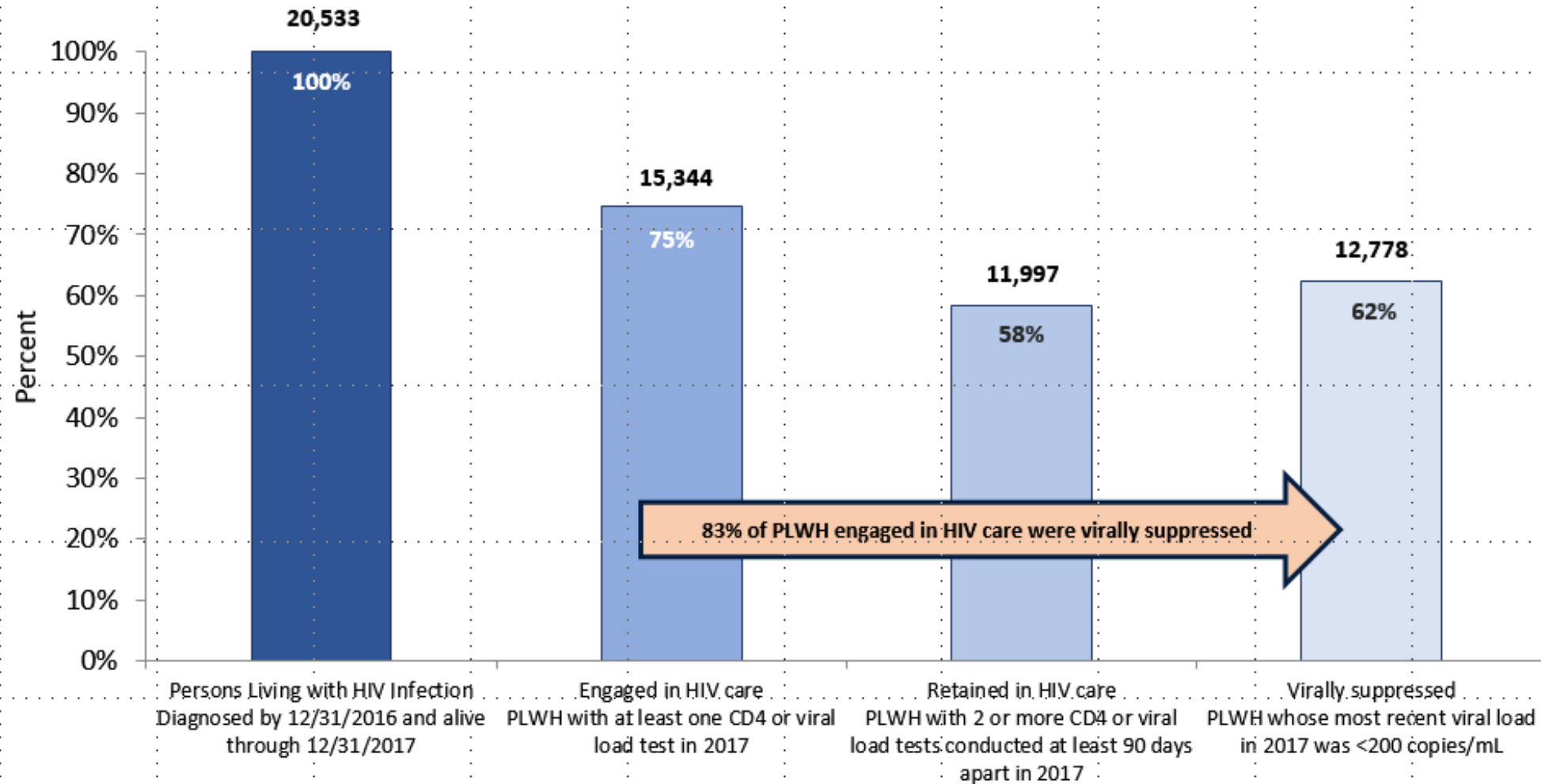


Newly Diagnosed Persons with HIV

Louisiana and Nevada, 2017

	Louisiana	Nevada
Total Number of Newly Diagnosed Persons in 2017	1,033	439
Male	74%	87%
Non-White	77%	65%
Gay/Bisexual men or Transgender Women	69%	84%
Age		
13-24 years old	24%	16%
25-34 years old	37%	40%
New Orleans/Baton Rouge	52%	---
Las Vegas/Reno	--	97%

HIV Continuum of Care Louisiana, 2017

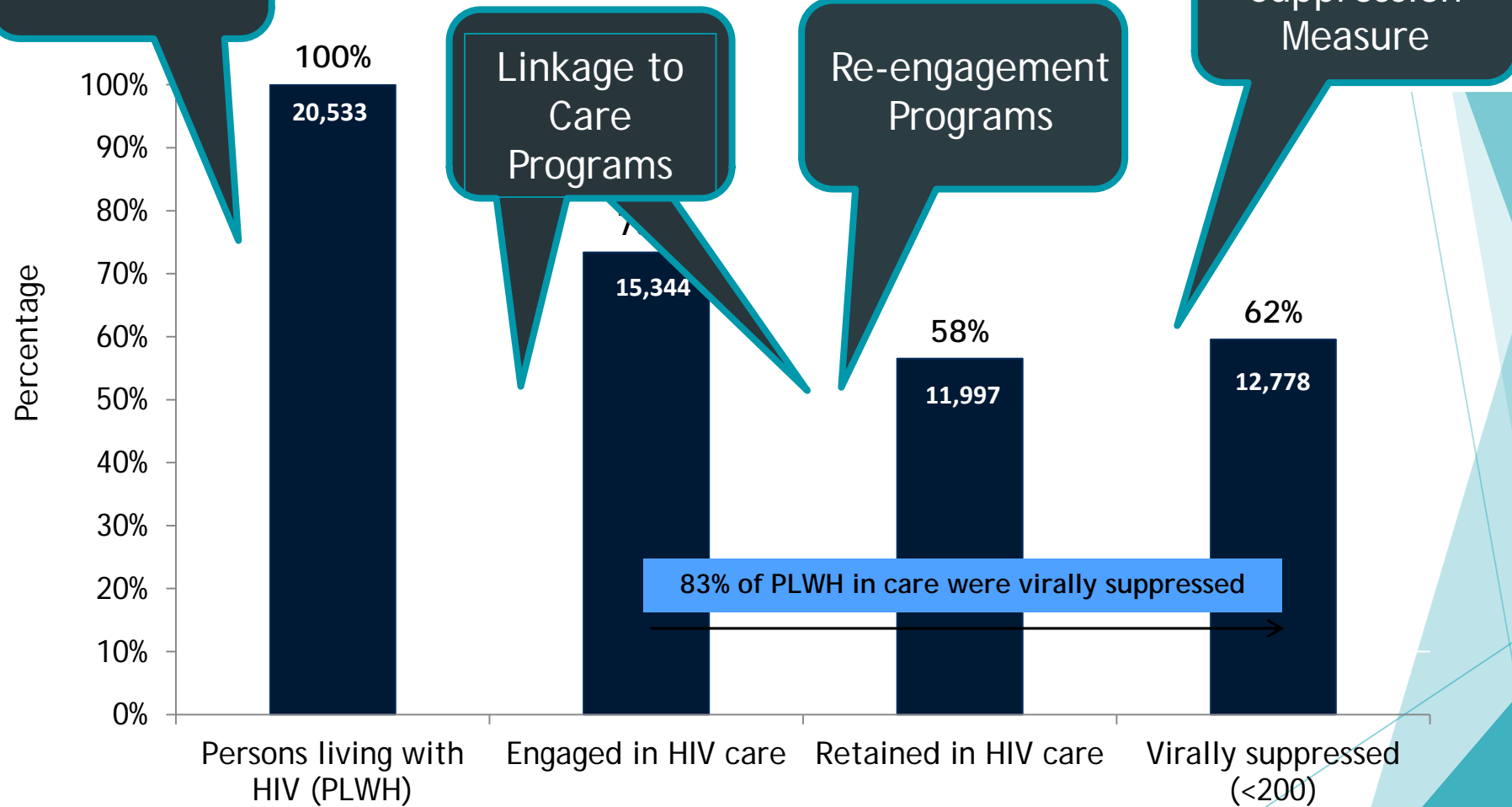


Louisiana STD National Rankings

Case Rates
2016 vs 2017

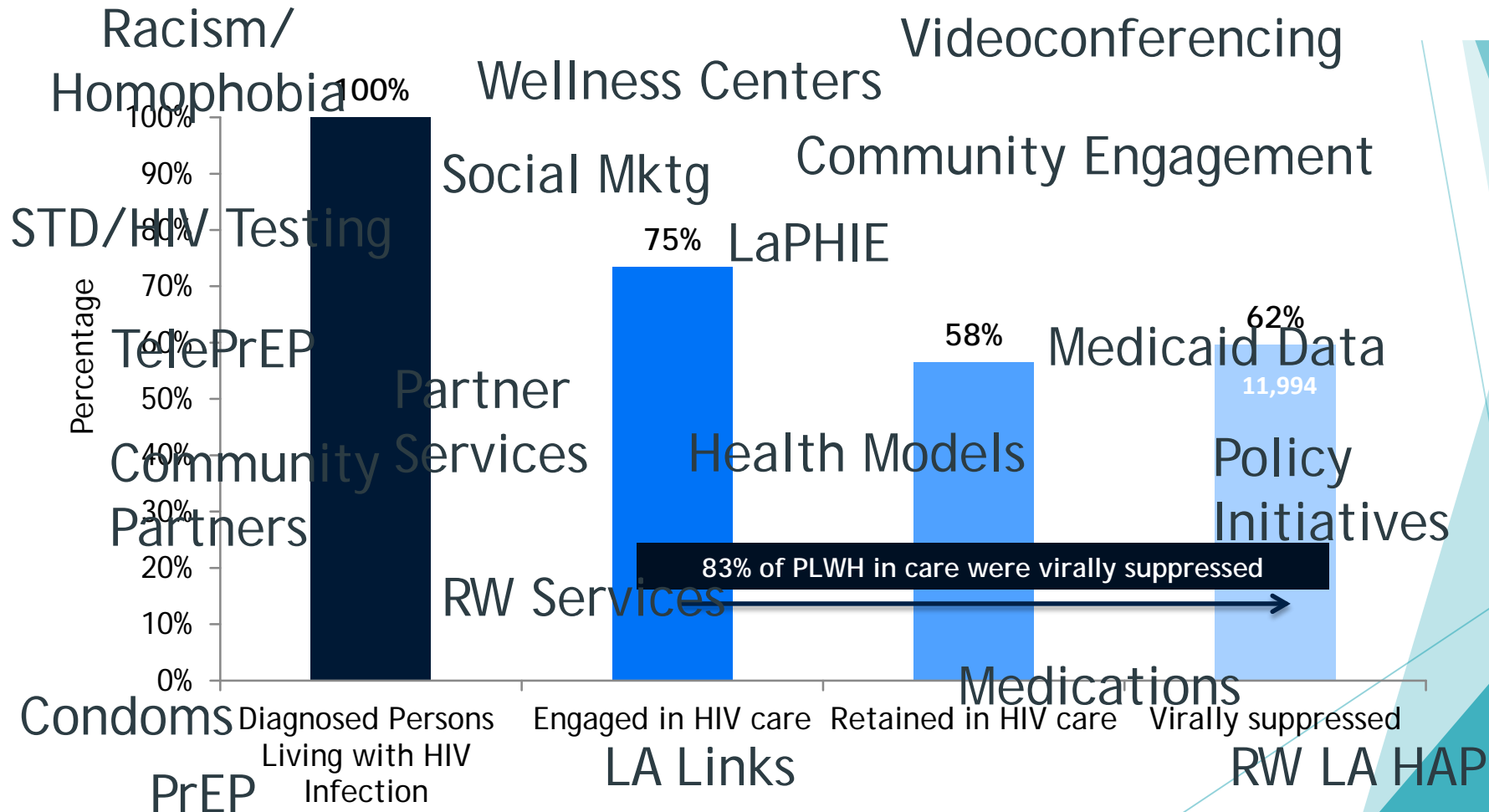
	2016			2017			% Change
	Ranking	# Cases	Rate	Ranking	# Cases	Rate	Rate Change
P&S Syphilis	1 st	750	16.1	3 rd	679	14.5	-9.9%
Congenital Syphilis	1 st	48	74.4	1 st	59	93.4	25.5%
Gonorrhea	2 nd	10,782	230.8	3 rd	12,017	256.7	11.2%
Chlamydia	2 nd	31,727	679.3	2 nd	34,756	742.4	9.3%

Continuum of Care Louisiana, 2017



HIV Continuum of Care: Louisiana,

2017



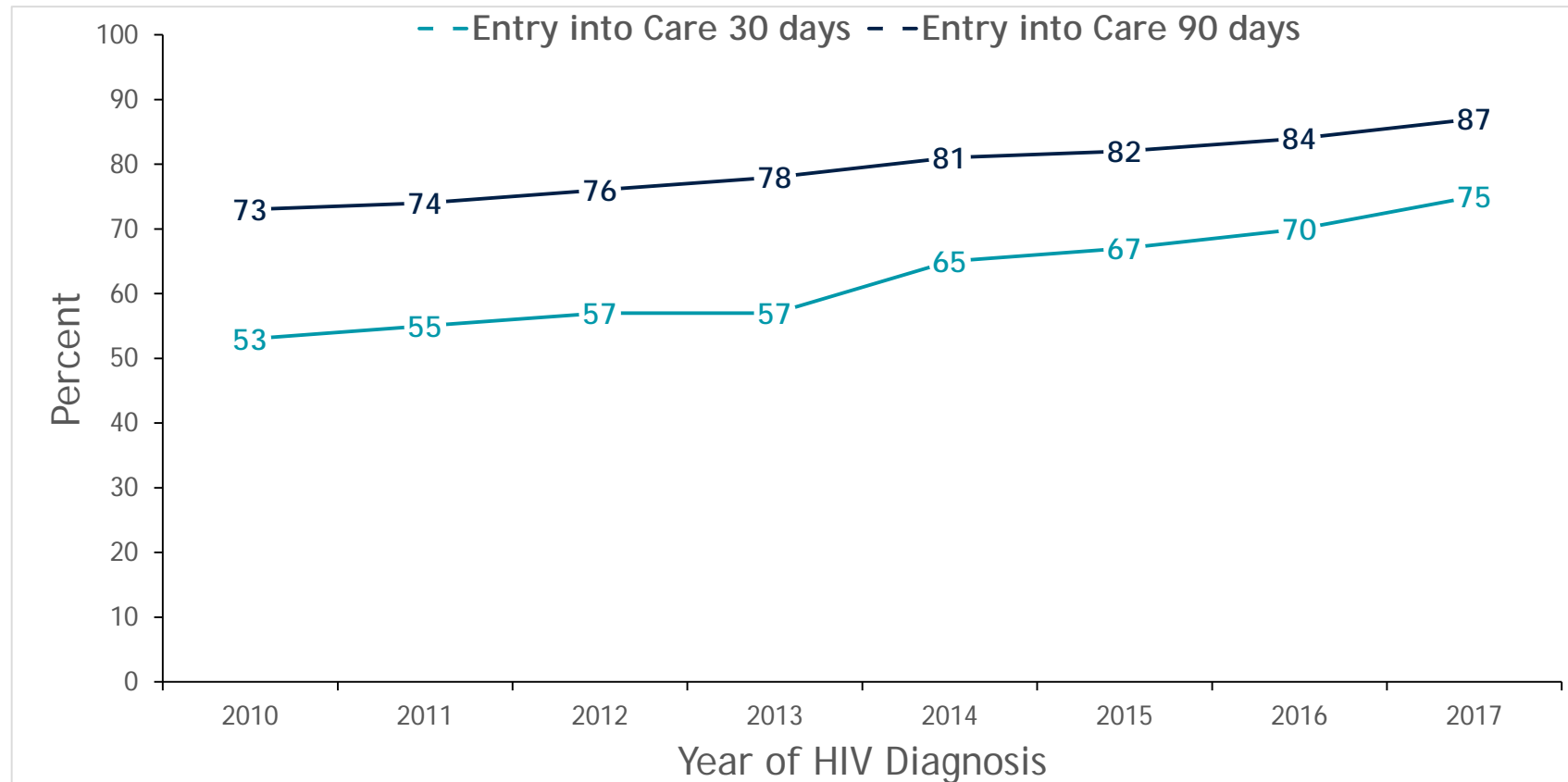
Virally Suppressed = Viral Load <200

Ending the Epidemic: Now is the Time

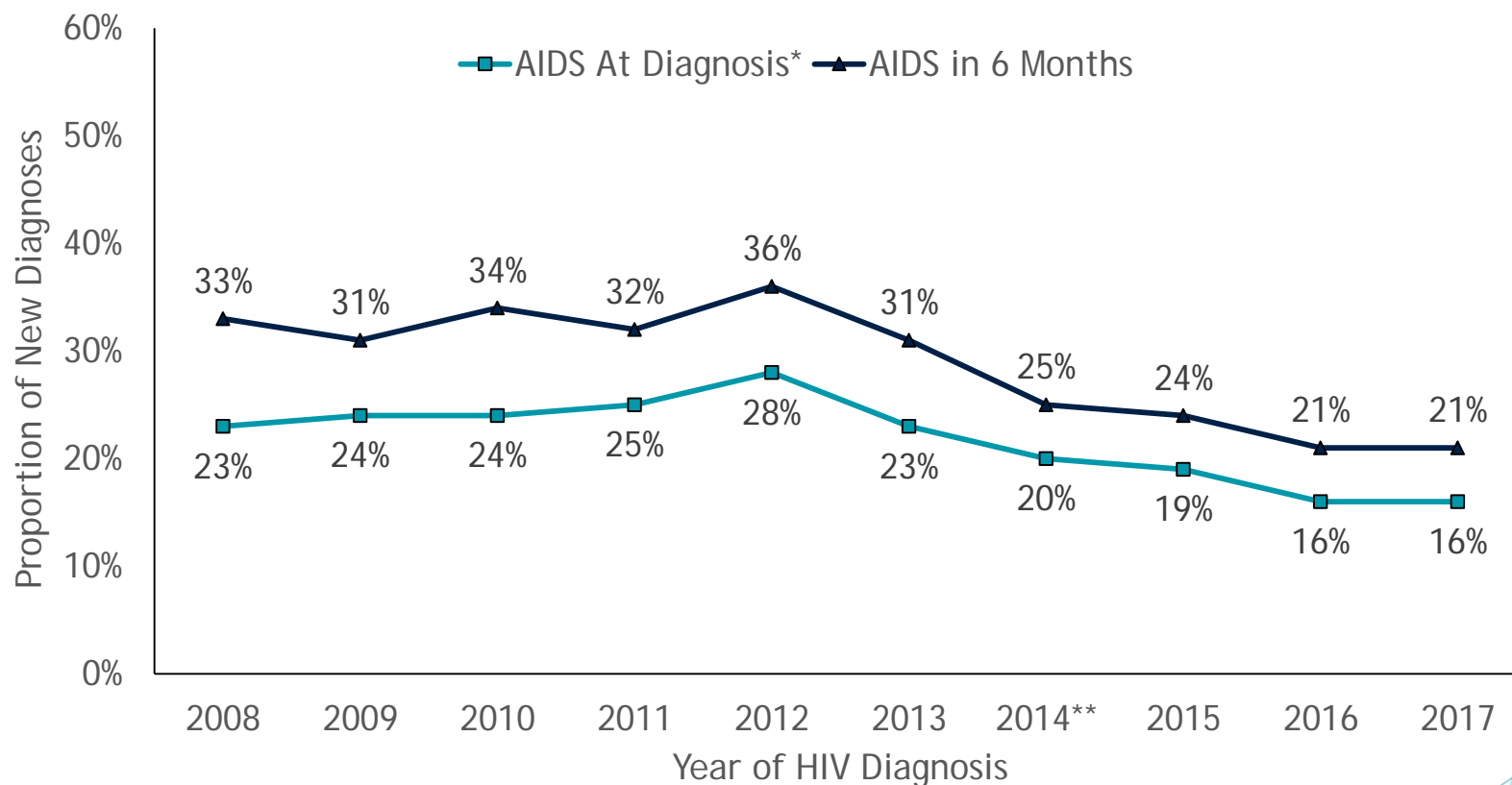
What does it mean to “end” the epidemic?

- ▶ For the first time ever, we have evidence-based tools in HIV treatment and prevention that are so effective that they could conceivably end epidemics.
- ▶ Not just biomedical
 - Jurisdictions are implementing policies and programs to address structural and social drivers.
- ▶ Paradigm Shift: Ask for more than just incremental change
- ▶ Ending the Epidemic while continuing to demand a cure and vaccine for HIV/AIDS
- ▶ “Bending the curve” and bringing new infections below epidemic levels

Percent of People Linked to Care within 30 days or 90 days after HIV Diagnosis, Louisiana, 2010-2017



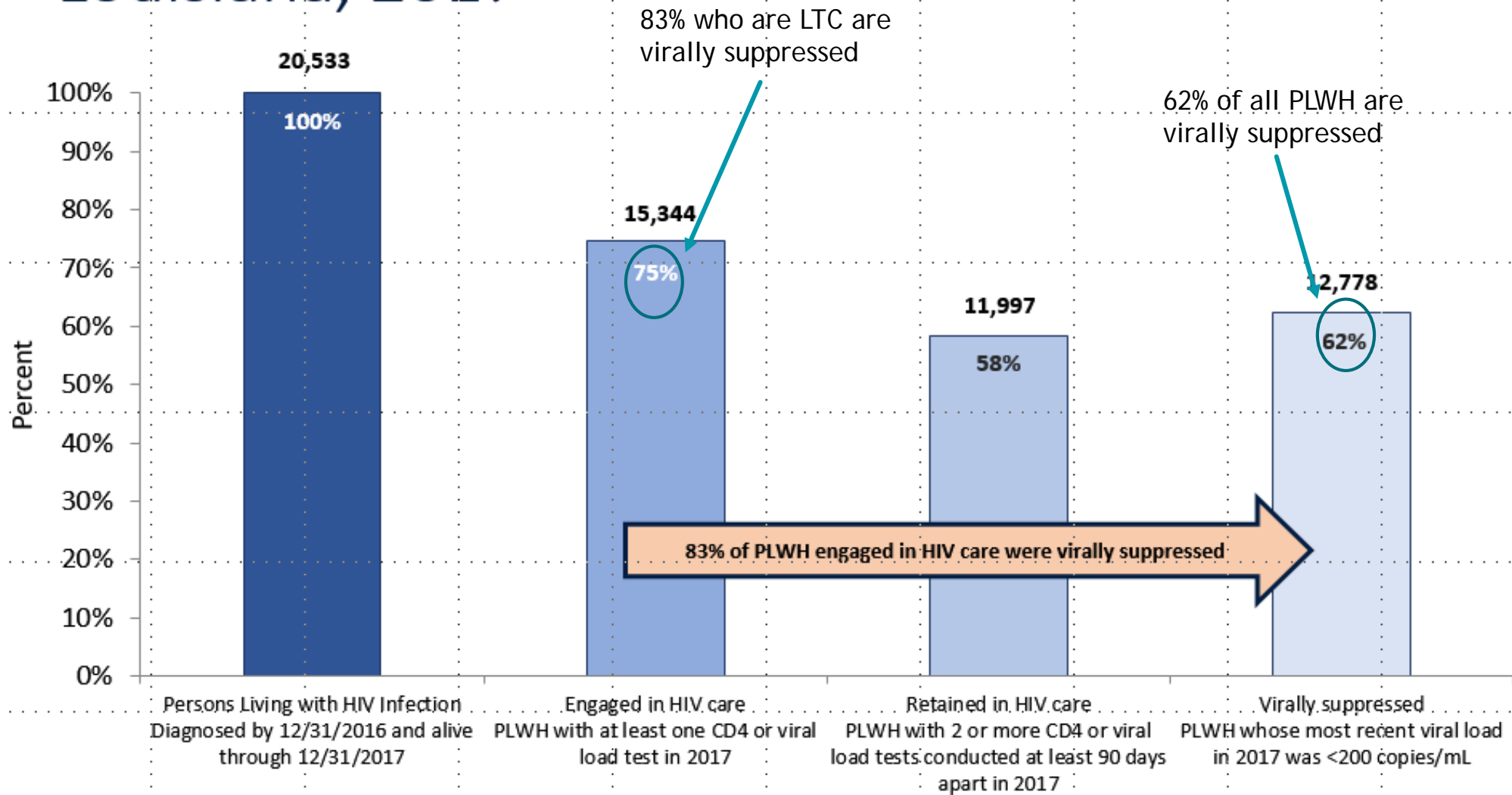
Percentage of Late Testers Among New HIV Diagnoses, Louisiana, 2008-2017



* AIDS Diagnosis within 30 days of HIV Diagnosis

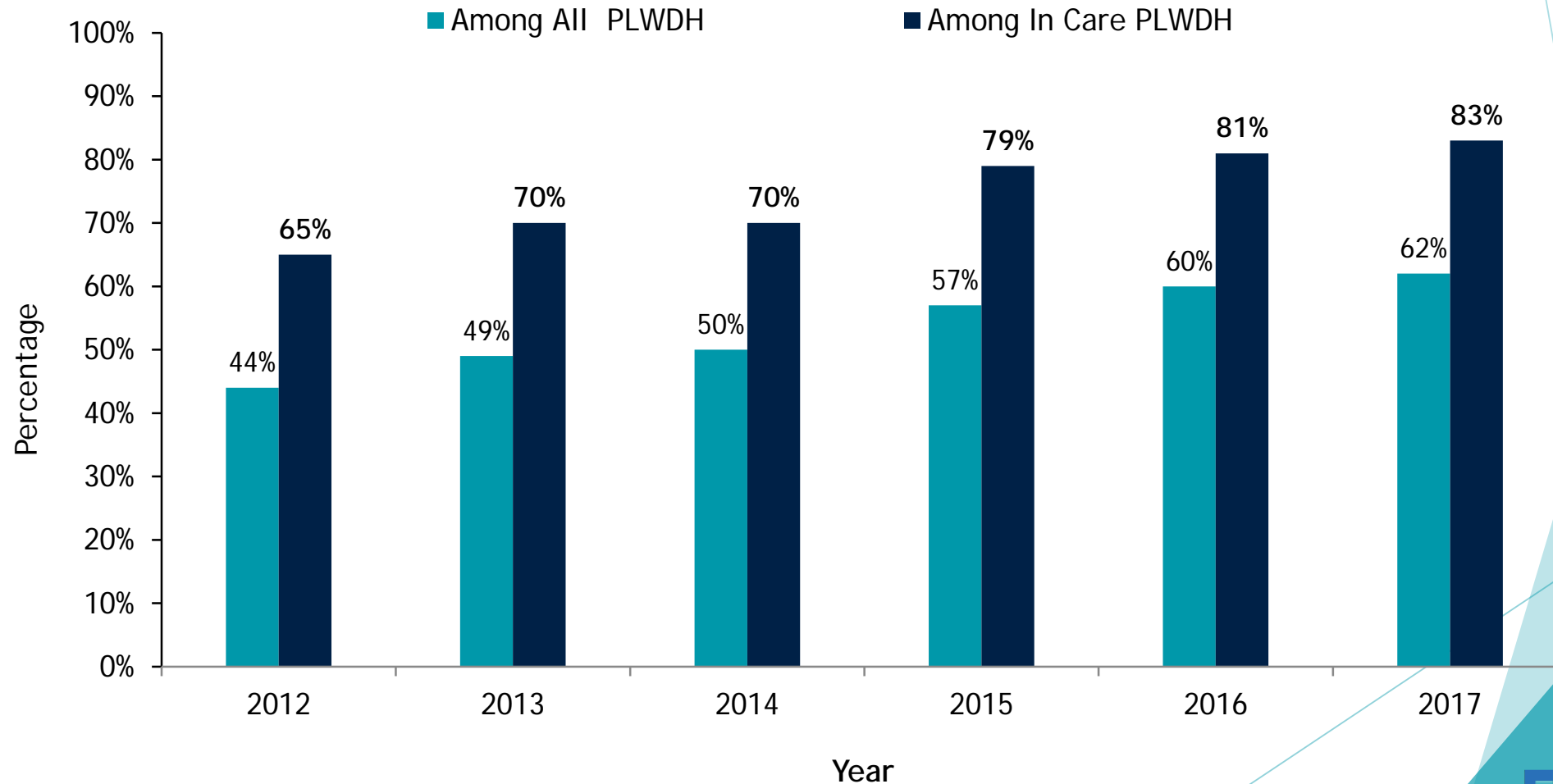
** In 2014, a new case definition for the surveillance definition of AIDS was established that no longer acknowledged a CD4 percent below 14% as AIDS defining if the CD4 count was 200 or greater.

HIV Continuum of Care Louisiana, 2017



Percent of People Virally Suppressed among All PLWH and PLWH in Care, 2012-2017

Louisiana



★ ROADMAP TO ENDING THE HIV EPIDEMIC

~December 2016~



Massachusetts Comprehensive Plan to Eliminate HIV Discrimination, AIDS Related Deaths, and New HIV Infections

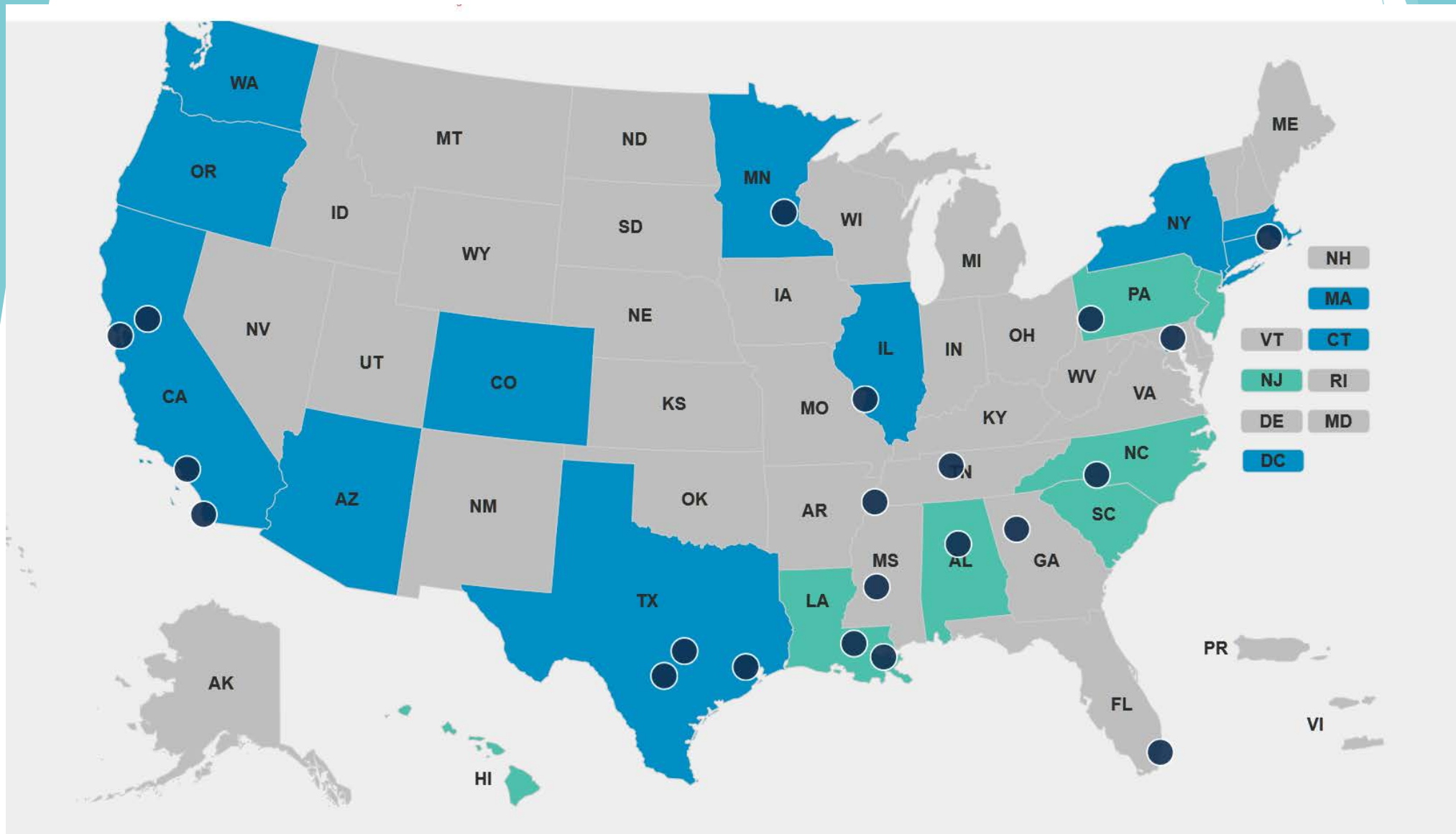
A Report of the Massachusetts Getting To Zero Coalition



December 1, 2016

Status of Ending the Epidemic Jurisdictional Plans

January 2019



Reference: NASTAD Website, January 2019

Ending the Epidemics

- ▶ 26 jurisdictions have released Ending the Epidemic (ETE) or Getting to Zero plans
 - 14 States
 - 12 Cities or Counties
- ▶ 17 additional jurisdictions are in the process of developing an EtE Plan
 - 6 States
 - 11 Cities or Counties

Why Develop an Ending the Epidemic Plan?

- ▶ Outward Facing Plan
 - Collaborative Process – Multiple Types of Participants
 - ◆ Garner commitment from Political and Community Leaders
 - Community User-Friendly – Simple/Concise compared to Integrated Plan
- ▶ Provides Aspirational Message/Vision
 - **“WE ARE GOING TO END OUR HIV EPIDEMIC. JOIN US!”**
- ▶ Statewide Integrated Plan
 - Incorporate bold strategies external to Integrated Plan
 - Use 2016 Integrated Plan as Foundation and Expand

Process of Developing an EtE Plan

- ▶ Identify and Define Leadership/Facilitator Roles
- ▶ Form a Steering Committee
 - Membership
 - Workgroups
- ▶ Formulate Guiding Principles and Prioritize Focus Areas
 - Guiding Principles
 - Focus Areas

Guiding Principles

- ▶ Social Justice
- ▶ Equity
- ▶ Integration
- ▶ Empowerment
- ▶ Advocacy
- ▶ Community
- ▶ Accountability
- ▶ Transform Institutions

Focus Areas

Texas

- ▶ Cultivate a **Stigma-Free Climate** of Appreciation and Inclusion
- ▶ **Address Mental Health, Substance Use, Housing, and Criminal Justice**
- ▶ **Collaborate, Cooperate, and Coordinate** Across Systems
- ▶ **Connect** Clients, Providers, and Communities Across the State
- ▶ Provide **Culturally Appropriate** HIV Prevention, Care, and Treatment
- ▶ Promote the **Continuum** of HIV Prevention, Care, and Treatment

Oregon

- ▶ **Testing** is Easy
- ▶ **Prevention** Works
- ▶ **Treatment** Saves Lives

Process of Developing an EtE Plan

- ▶ Draft the Plan
- ▶ Distribute the Plan
- ▶ Implement and Monitor the Plan

Ending the Epidemic in Louisiana

- ▶ Attended EtE in the South in May 2017
 - Partnership with the Treatment Action Group and Southern AIDS Coalition
- ▶ Established Core Planning Group
- ▶ Facilitated Kickoff Meeting in October 2017
- ▶ Formed Steering Committee
 - Biweekly Conference Calls
 - Collaborative Leadership Approach
- ▶ Identified External Facilitator

Ending the Epidemic in Louisiana (cont.)

- ▶ Contracted with Women with a Vision, a community-based organization
- ▶ Convened a Statewide Meeting in January 2019
 - Identified Priorities and Gaps/Barriers
 - Focus Areas
 - ◆ Prevention Education and Stigma
 - ◆ Access to Care and Supportive Services
 - ◆ Data-Driven Policy and Advocacy
 - ◆ Community-Building Among PLWH and Allies
 - ◆ Centering Smaller Cities and Rural Communities

Ending the Epidemic in Louisiana (cont.)

► Next Steps

- Conduct Regional Focus Groups
- Facilitate Workgroups to Formalize Goals and Objectives
- Continue to Garner Key Stakeholders, including political leaders
- Draft and Release EtE Plan

Lessons Learned/Recommendations

- ▶ Study other jurisdictions' plans and processes
 - No “one-size-fits all” approach
- ▶ Build collaborative partnership between community leaders and health department
 - Define role of community members and health department
 - Determine infrastructure and identify resources
 - Need both dedicated community leaders and HD leaders
 - Bottom up and top down document: Not another integrated care, treatment, and prevention plan
- ▶ Be inclusive and invite persons beyond traditional HIV players
- ▶ Garner interest from political leaders

Lessons Learned/Recommendations

- ▶ Align with existing plans
 - Incorporate work plans that have already been developed
 - Include baseline data and milestones
- ▶ Plan enough time to be comprehensive and mindful
 - Be prepared for difficult conversations about drivers of health disparities and ending the epidemic
 - Do not rush the process
- ▶ Develop materials and a distribution plan that will be dynamic and user friendly

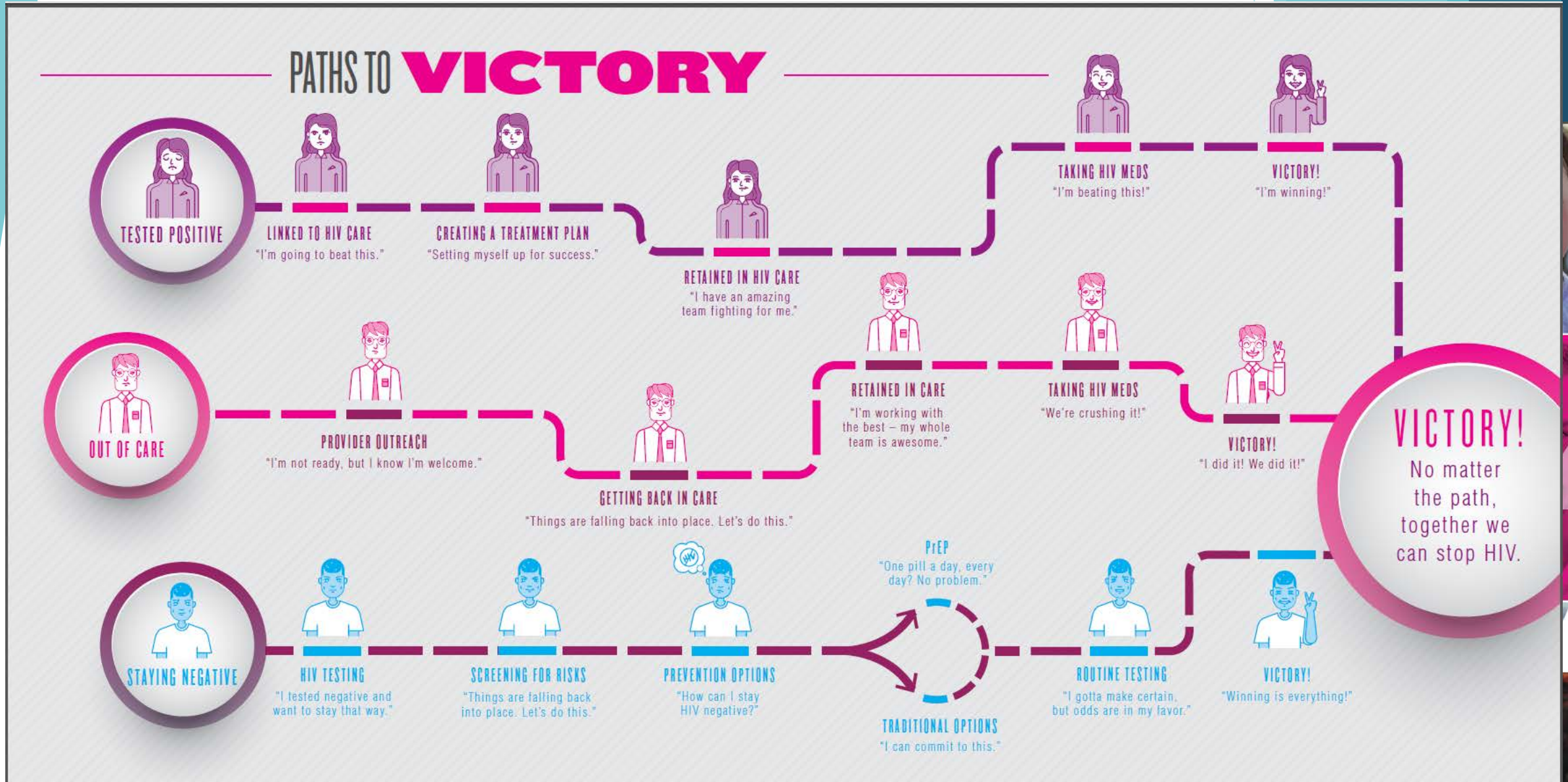
Arizona: Victory Over HIV



Arizona: Victory Over HIV



Arizona: Victory Over HIV



The Work Continues.

Will You Unite with Me and Other
Jurisdictions to End the
Epidemic?