Washington State
Getting to the End of AIDS

Claudia Catastini
Washington State Department of Health

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

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
Washington Strengths

- State HIV Resources
- Affordable Care Act -- Insurance Coverage
- Health System Transformation / Healthier WA
- Needle Exchanges (22)
- Project ECHO
- PrEP DAP
- Dedicated Network: Researchers, Public Health, Community Partners, Medical Providers, Affected Communities and PLWH
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

- HIV-Infected (estimated): 14,042/14,042 (100%)
- Ever Diagnosed: 12,677/14,042 (90%)
- New Cases Linked to Care †: 376/447 (84%)
- Engaged in Care *: 10,151/14,042 (72%)
- Suppressed Viral Load **: 8,608/14,042 (61%)
HIV Care Continuum: WA State vs the U.S.

- Ever diagnosed (among estimated PLWH): WA State 90%, U.S. 87%
- Initial Linkage to Care, 90 Days (among New HIV Dx): WA State 84%, U.S. 82%
- Engaged in Any Care (among PLWDH): WA State 80%, U.S. 64%
- Suppressed Viral Load (among PLWDH): WA State 68%, U.S. 50%
The Governor’s Proclamation

Reference to the HIV Strategic Framework and six outcomes

History of the epidemic in Washington

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

Reference to ACA and health systems transformation/Healthier Washington

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

Assignment of Leadership to HIV Planning Steering Group
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
Community Input: Process

Recommendation Development

- **How:** Webinars. Town Halls. Surveys. Targeted Conversations.
- **Questions:** What needs to happen to End AIDS in Washington? Given all that we know, why is it still so hard to prevent HIV? What is the most important thing to consider? If you could do anything to end AIDS, and money and politics were not issues, what would you do?

Draft Report and Recommendations

- **How:** Email and web-based questionnaires.
- **Questions:** What are the strengths? What are the weaknesses – and what would correct them? What is missing?
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
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.
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Reducing Health Disparities: 10 Objectives

<table>
<thead>
<tr>
<th>Measure</th>
<th>Population</th>
<th>2014 Baseline Difference*</th>
<th>2020 Target Difference*</th>
</tr>
</thead>
<tbody>
<tr>
<td>New HIV Dx Rate</td>
<td>U.S.-born Black</td>
<td>14.6 per 100K</td>
<td>≤ 7.3 per 100K</td>
</tr>
<tr>
<td></td>
<td>Foreign-born Hispanic</td>
<td>8.9 per 100K</td>
<td>≤ 4.5 per 100K</td>
</tr>
<tr>
<td>Late HIV Diagnosis</td>
<td>Foreign-born Black</td>
<td>4% late</td>
<td>≤ 2% late</td>
</tr>
<tr>
<td></td>
<td>Foreign-born Hispanic</td>
<td>10% late</td>
<td>≤ 5% late</td>
</tr>
<tr>
<td></td>
<td>Ages 45 and older</td>
<td>10% late</td>
<td>≤ 5% late</td>
</tr>
<tr>
<td>Linkage to Care (in 30 days)</td>
<td>U.S.-born Black</td>
<td>4% linked</td>
<td>≤ 2% linked</td>
</tr>
<tr>
<td>Engagement in Care</td>
<td>Foreign-born Hispanic</td>
<td>14.5% engaged</td>
<td>≤ 7.3% engaged</td>
</tr>
<tr>
<td>VL Suppression</td>
<td>U.S.-born Black</td>
<td>8.1% suppressed</td>
<td>≤ 4.0% suppressed</td>
</tr>
<tr>
<td></td>
<td>Foreign-born Hispanic</td>
<td>10.5% suppressed</td>
<td>≤ 5.2% suppressed</td>
</tr>
<tr>
<td></td>
<td>Persons Who Inject Drugs</td>
<td>20% suppressed</td>
<td>≤ 10% suppressed</td>
</tr>
</tbody>
</table>

* Difference compared to aggregate value among all PLWH, statewide
# Improving Quality of Life: 3 Objectives

<table>
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<tr>
<th>Measure*</th>
<th>2014 Baseline</th>
<th>2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent who rate their overall health as good, very good, or excellent (includes both physical and mental health).</td>
<td>81%</td>
<td>≥ 82%</td>
</tr>
<tr>
<td>Mean numbers of days in which poor physical or mental health prevented normal activity, during past 30-day period</td>
<td>3.6 days</td>
<td>≤ 3.0 days</td>
</tr>
<tr>
<td>Summary index of healthy days: mean number of healthy days (mental and physical; limit 30) reported during past 30-day period</td>
<td>19.8 days</td>
<td>≥ 22.0 days</td>
</tr>
</tbody>
</table>

Source: Medical Monitoring Project (MMP) surveys conducted annually with PLWH. Note: All measures based on CDC’s HRQoL Core Module (4 questions)
The Recommendations
Recommendations: The Task

Achieve the Goals
1. Reduce Rates
2. Increase Viral Suppression
3. Reduce Morbidity
4. Address Disparities
5. Improve Life Quality

Build on Present Work

Encorporate Public In-Put
• Address Stigma
• Reduce Disparities
• Community Engagement
Recommendations

1. Reduce HIV related Stigma
2. Reduce HIV Health Disparities
3. Routine HIV Screening
4. PrEP
5. Sexual Minority Healthcare
6. Substance Users
7. Insurance
8. Housing
9. Whole Person Healthcare
10. Youth
11. Include Meaningful Community Engagement
What We Learned

• No Single Answer
  11 Recommendations each with Action Steps
• Need Change Across Multiple Systems
  Health Care, Insurance, Policy / Regulations
• New Partnerships / New Relationships
  Health Care Authority, Insurance Commissioner, Legislature, Health Care Organizations and Systems
What Next?
Next Steps

Release of final recommendations
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
Example: PrEP
End AIDS WA Marketing Campaign
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.

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.
What Will Get Us There?
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.
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.
CONTACT INFORMATION

Claudia Catastini, MA
Director, Office of Infectious Disease
Washington State Department of Health
claudia.catastini@doh.wa.gov

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