Utilizing Data to Inform and Change the Landscape for Black and Latino Gay Men: UCHAPS MEMBER HIGHLIGHTS

2016 NASTAD Prevention and Care Technical Assistance Meeting

July 29, 2016

ABOUT UCHAPS
The Urban Coalition for HIV/AIDS Prevention Services (UCHAPS) is a national collaboration of community partners and health departments dedicated to preventing new HIV infections and reducing health disparities, morbidity, and mortality.

UCHAPS member jurisdictions are among the epicenters of the urban HIV epidemic and are often at the forefront of piloting new intervention strategies.

UCHAPS MEMBER JURISDICTIONS
- Atlanta
- Baltimore
- Chicago
- Fort Lauderdale
- Houston
- New York City
- Philadelphia
- City and County of San Francisco
- Washington, DC
BALTIMORE

Targeted Testing: STATUS UPDATE Campaign

- Focus is African American MSM
- Connect with Ballroom Community
- Promote Knowing Your Status Campaign
- Baltimore City Health Department Sponsored Ball

Results

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Tested</th>
<th>New HIV</th>
<th>New Syphilis</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>107</td>
<td>6 (4.6%)</td>
<td>2</td>
</tr>
<tr>
<td>2011</td>
<td>83</td>
<td>3 (3.4%)</td>
<td>6</td>
</tr>
<tr>
<td>2012</td>
<td>103</td>
<td>7 (6.8%)</td>
<td>6</td>
</tr>
<tr>
<td>2013</td>
<td>90</td>
<td>6 (6.7%)</td>
<td>2</td>
</tr>
<tr>
<td>2014</td>
<td>121</td>
<td>6 (5.0%)</td>
<td>3</td>
</tr>
<tr>
<td>2015</td>
<td>110</td>
<td>6 (5.4%)</td>
<td>2</td>
</tr>
</tbody>
</table>

Outcomes

- Meaningful and respectful engagement of community
- Trusting relationship built between Baltimore City Health Department and Ball Community
- Community engaged in HIV/STD testing
Public Health Detailing

To promote use of essential clinical preventive services, the New York City Department of Health and Mental Hygiene developed the Public Health Detailing Program, a primary care provider outreach initiative modeled on pharmaceutical detailing.

Public Health Detailing:
PrEP/PEP in NYC

- Launched October 2014
- Utilized HIV and STD surveillance data to identify clinics will be prioritized for visits
- Initially prioritized sites that had diagnosed a black or Latino MSM with HIV in the most recent years for which surveillance data were available (2012 and 2013 initially)

Detailing kit contents:
- For providers: clinical guidelines pocket cards, FAQ, information on practical aspects of prescribing (e.g., billing codes); invitation to subsequent workshops, trainings
- For patients: educational materials, waiting room self-assessment
NEW YORK CITY

OUTCOMES

Data will remain critical component of evaluation of the activity.

Clinical Services

Utilize STD surveillance data to make the case that the STD clinics are a great hub for HIV prevention and care services in NYC. To explain further, we found that STD clinics diagnosed a disproportion number of MSM of color with syphilis in NYC, whereas white MSM seemed to be diagnosed elsewhere. Given the high association of syphilis with HIV acquisition, we felt that a focus on service provision in STD clinics was an extremely high impact approach.

Challenges

- Surveillance data is often unavailable in a timely way to programs and local health departments.
- Regional data sharing agreements are needed
Community partnerships: Health department and community partnerships provide a new opportunity for utilizing data to identify *Right People, Right Places, Right Practices* whether through HIV planning process or other community engagement activities (CABs, State/local plans to ending AIDS epidemic).

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Going Beyond Surveillance Data: Jurisdictions are increasingly relying on additional data sources, such as Electronic Medical records (EMR) and medication prescription data, to evaluate programs and identify opportunities to strengthen program successes.

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**How Local Data Informs Prevention and Care Efforts for Young BMSM in the South**

Andrea Stubbs, MHA

Multi-disciplinary pediatric and adolescent HIV Prevention and Treatment Program

Department of Infectious Diseases

St. Jude Children’s Research Hospital

Tennessee’s Largest City (pop. 938,069)

- 52% African American
- Median income - $46,213
- Elvis Country
- Best Barbecue ANYWHERE!!

HIV/AIDS Epidemiology Profile 2013

- Memphis Shelby County has a low number of new infections, but an HIV incidence rate equal to or higher than major urban areas. (Ranked 7th in MSAs)
- There were approximately 8,100 PLWHA in Memphis Shelby County
- The majority of these were among African Americans (87%), females (49%), and occurred between the ages of 15-24 yrs of age (39%).
- 39% of new diagnoses were among MSM. 29% attributed to heterosexual transmission and 48% had an identified risk factor.
- Memphis Shelby County has the highest Chlamydia, Gonorrhea and P&S Syphilis rates among all MSAs in the nation.

Sources: 1. EHARS: 2013 Memphis Transitional Grant Area, estimates subject to change.

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Connect to Protect

- Launched October 2008 with approx. 22 consistent members representing AID service organizations, local government, faith-based & social service organizations.
- Target Geo Area: Memphis
- Target population: Youth & young adults aged 13-24 years
- Vision: Reduce new HIV infections in Memphis’ most vulnerable youth


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SMILE Memphis

• Launched in 2010
• Goal: To link all youth (13-24) with HIV diagnosis, into medical care
• MOU between St. Jude’s Infections Disease Department & the Shelby County Health Department
  – A dedicated case manager/adolescent outreach expert (i.e., SMILE Linkage to Care Coordinator)
  – Provides linkage to and retention in care services for HIV+ adolescents & young adults referred to the program by the testing location.

Brief Data Summary - Memphis

<table>
<thead>
<tr>
<th>SMILE 2 Program data August 2010 - October 31, 2015</th>
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</thead>
<tbody>
<tr>
<td>Total Number of Cases Referred</td>
<td>655</td>
</tr>
<tr>
<td>Average Number of Referrals per Month</td>
<td>10</td>
</tr>
<tr>
<td>% of Cases Linked to Care (LTC)*</td>
<td>78%</td>
</tr>
<tr>
<td>Of LTC, % Engaged in Care (EIC)**</td>
<td>96%</td>
</tr>
<tr>
<td>Of EIC, % Retained in Care (RIC)**</td>
<td>90%</td>
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</table>

*Linked to Care is defined as having attended a 1st medical appointment within 42 days after referral
**Engaged is defined as having attended a 2nd medical appointment within 16 weeks after the 1st medical appointment.
***Retained is defined as having attended a 3rd medical appointment no earlier than 30 days after the 2nd medical appointment.

Brief Demographic Data Summary

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<thead>
<tr>
<th>SMILE 2 Program data through October 31, 2015</th>
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<tr>
<td>Mean Age</td>
<td>21</td>
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<tr>
<td>Range</td>
<td>13-24</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>62%</td>
</tr>
<tr>
<td>Female</td>
<td>17%</td>
</tr>
<tr>
<td>TGW</td>
<td>6%</td>
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<tr>
<td>Race and Ethnicity</td>
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</tr>
<tr>
<td>Black</td>
<td>93%</td>
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<tr>
<td>White</td>
<td>3%</td>
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<tr>
<td>Other</td>
<td>&lt;6%</td>
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<tr>
<td>Most Likely Mode of Acquisition</td>
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<tr>
<td>Male to Male</td>
<td>62%</td>
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<tr>
<td>Hetero-sexual</td>
<td>18%</td>
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A Linkage to Care (LTC) Scenario

- 22 y.o. MSM, referred to SMILE program by his partner, reports being well
  - Diagnosed with HIV Infection & Syphilis
  - Referred to the Health Department (HD) as a first step toward linking him to medical care

Barriers Identified: Health Department Policies
- Confirmatory testing results not given w/o state issued I.D.
- Additionally, Ryan White certification related paperwork could not be completed

Solution: Remove the existing barrier of requiring a state issued ID such as driver's license to do confirmatory HIV testing and complete Ryan White certification related paperwork.

- SCO: Shelby County Health Department modified policies to accept alternate identifiers from individuals seeking test results.
- Key Actors: Shelby County Health Department Managing Staff, Surveillance Staff, Medical Case Manager, Clinic Nurse Manager

LTC Barriers Identified through SMILE

Problem #2: ALL preliminary positives were required to obtain verification of Ryan White Medical Care Services from the Shelby County Health Department before services were rendered.

- 3 SCO's: 2 new policies now reduce lag time between preliminary positive and initial appointment by allowing others (youth/adult service providers) to verify eligibility.
- Key Actors: TN Dept. of Health Central office Ryan White Staff; Assistant Manager of Infectious Diseases Shelby County HD; Lead Social Workers at medical care sites
Data in the 21st Century

Travis A. Gayles, MD, PhD
Chief Medical Officer, HIV/AIDS, Hepatitis, STD, and TB Administration
Division Chief, STD and TB Control

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<tr>
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Prevalence Rates of HIV/AIDS in DC in 2009 – 2013


Fig 1: Posterior expected relative risk 2010 – 2014 (spatial × time model for STD infection, District of Columbia, 2010 – 2014)
Advantages

- Evaluating the outcomes of HIV treatment regimens over time
- Examining resistance patterns over time in relationship to treatment patterns, patient characteristics
- Assessing the extent and impact of co-morbidities
- Advancing research on emerging issues in HIV and its treatment