Healthy People 2020: Who’s Leading the Leading Health Indicators?
Carter Blakey
Deputy Director, Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services
Leading Health Indicators are:

- Critical health issues that, if addressed appropriately, will dramatically reduce the leading causes of preventable deaths and illnesses
- Linked to specific Healthy People objectives
- Intended to motivate action to improve the health of the entire population

LHIs are a subset of Healthy People objectives

1200 Healthy People objectives
Who’s Leading the Leading Health Indicators?

Featured Speakers:

• **Don Wright, MD, MPH** – Director, Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services

• **Norma Harris, PhD, MSPH** - Senior Advisor, Division of HIV/AIDS Prevention, Centers for Disease Control and Prevention

• **Jenny McFarlane** - HIV Prevention Manager, Texas Department of State Health Services
Don Wright, MD, MPH
Director, Office of Disease Prevention and Health Promotion,
U.S. Department of Health and Human Services
Importance of Reproductive Health and Sexual Health

- Reproductive and sexual health is critical to the overall health and quality of life for both men and women.
- Regular and reliable access to reproductive and sexual health services may reduce the rates of HIV and other sexually transmitted diseases (STDs), infertility, fetal and prenatal health problems, and cancer.
- Access to reproductive health services may reduce overall healthcare costs by screening for reproductive cancers, STDs intimate partner violence, and substance use disorders.
Reproductive Health and Sexual Health
Leading Health Indicators

• Sexually active females receiving reproductive health services (FP-7.1)

• Knowledge of serostatus among HIV-positive persons (HIV-13)
HIV: Know Your Status

• Everyone should get tested at least once, and people at high risk should be tested at least once a year.

• Knowledge of HIV status can begin the process of linkage to care.

• Knowledge of HIV status can serve as a tool for prevention.

NOTES: \(=95\%\) confidence interval. Data are for females aged 15 to 44 years who are sexually active (had sex in the past 3 months) and have received at least one of the following reproductive health services in the past 12 months: a birth control method; birth control counseling; birth control checkup or test; sterilization counseling; emergency contraception counseling; pelvic exam; pap smear; pregnancy test; and STD counseling, testing, or treatment. Persons of Hispanic origin may be any race. Single race categories are for persons who reported only one race group.

SOURCE: National Survey of Family Growth (NSFG), CDC/NCHS.

Obj. FP-7.1
HIV Serostatus Awareness Among Persons Aged 13+ Living with HIV, 2015

NOTES: *2010 Total = HP2020 baseline. Data are for persons aged 13 years and over who were aware of their HIV infection. Persons of Hispanic origin may be any race. American Indian includes Alaska Native. Native Hawaiian includes other Pacific Islander. The Asian category includes Asian/Pacific Islander legacy cases (cases that were diagnosed and reported under the old Office of Management and Budget race/ethnicity classification system). Respondents were asked to select one or more races. Single race categories are for persons who reported only one race group.

SOURCE: National HIV Surveillance System (NHSS), CDC/NCHHSTP.
Healthy People 2020 Leading Health Indicator: Knowledge of HIV Status

Norma Harris, PhD
Senior Advisor Strategic Indicators and Data for Impact
Division of HIV/AIDS Prevention
Centers for Disease Control and Prevention
Estimated HIV Incidence and Prevalence among Persons Aged ≥13 Years, 2010–2015, United States

Note. Estimates were derived from a CD4 depletion model using HIV surveillance data.

*Difference from the 2010 estimate was deemed statistically significant (p < .05). Source: CDC Estimated Incidence and Prevalence, 2018.
HIV Care Continuum Outcomes, 2015—United States

Note. Receipt of medical care was defined as ≥1 test (CD4 or VL) in 2015. Retained in continuous medical care was defined as ≥2 tests (CD4 or VL) ≥3 months apart in 2015. Viral suppression was defined as <200 copies/mL on the most recent VL test in 2015. Source: CDC Monitoring Report, 2018.
HIV Care Continuum Outcomes, 2015—United States

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Knowledge of HIV Status among Persons Aged ≥13 Years Living with HIV Infection, 2010-2015--United States

Note. Estimates were derived from a CD4 depletion model using HIV surveillance data. Denominator includes persons living with diagnosed and undiagnosed HIV infection. Source:

*Difference from the 2010 estimate was deemed statistically significant (P < .05). Source: CDC Estimated Incidence and Prevalence, 2018.
Importance of Knowledge of HIV Status

1 in 7 people with HIV don’t know they have it.

Get the facts. Get Tested. Get involved.

Find out more about HIV, including where to get tested, at gettested.cdc.gov

About 40% of new HIV infections come from people who don’t know they have HIV.

CDC Monitoring Report 2016; CDC Vital Signs 2017; Gopalappa, 2017
Importance of Knowledge of HIV Status

- In 2017, 38,739 people in the US received an HIV diagnosis

1 in 2 people had been living with HIV for 3 years before diagnosis

7 in 10 people at high risk who weren’t tested for HIV in the past year saw a healthcare provider during that time. More than 75% of them weren’t offered a test.

CDC Vital Signs, 2017
Importance of Knowledge of HIV Status
CDC’s Strategic Priorities

- Increase Knowledge of HIV Status
  - Testing
- Prevent New HIV Infections
  - PrEP
  - HIV Prevention Education and Risk Reduction
  - SSPs
- Reduce Transmission of HIV
  - Viral Suppression
- Rapidly Detect and Interrupt Active HIV Transmission
  - Cluster Detection, Investigation and Response
- No New HIV Infections
  - Reduce HIV-Related Health Disparities
What CDC is doing to Increase Knowledge of Status

- Promoting the implementation of guidelines for HIV testing

Clinical setting

- Improving testing methods

Non-clinical setting
What CDC is doing to Increase Knowledge of Status

- Promoting routine screening and targeted testing
  - State and local health departments and community based organizations

~3,000,000
DHAP funded HIV tests, 2016

~12, 500
new HIV positives persons identified

Note: DHAP funded tests occur in the 61 CDC-funded jurisdictions in the United States, Puerto Rico, and the U.S. Virgin Islands.
What CDC is doing to Increase Knowledge of Status

- Promoting HIV testing through Campaigns (Act Against AIDS)
What CDC is doing to Increase Knowledge of Status

- Promoting HIV testing through Campaigns (Act Against AIDS)
Summary

- Knowledge of status is the 1st step to the HIV Care Continuum, a series of steps that are needed to get to the ultimate outcome of HIV treatment, viral suppression
  - Can only be achieved through HIV testing
- HIV testing is the gateway to lifesaving treatment and prevention
- Increases in HIV prevalence increase potential for ongoing HIV transmission
- To get to the 2020 national goal of 90%, enhanced efforts are needed to reduce diagnosis delays and missed opportunities for HIV testing
  - Creating systems in clinical settings to implement routine HIV screening to identify undiagnosed HIV persons
  - Providing guidance and training on conducting HIV testing in clinical and non-clinical settings
  - Working with providers and consumers to reduce bias and stigma related to HIV testing
  - Understanding why persons are not being diagnosed soon after infection
For more information, please visit:
https://www.cdc.gov/hiv/testing/index.html
Knowledge of serostatus among persons living with HIV in Texas

HIV Prevention and Program Evaluation Groups
Jenny R. McFarlane, Sarah Norkin, Justin Irving, Ann S. Robbins

*There is a two-year lag in availability of complete death data*
Estimated 18,400 Texans do not know that they are living with HIV
Proportion of all Texans with HIV who had diagnosed HIV infections was significantly higher in 2016 compared to 2010-2012

(KNOW THEIR STATUS)

(DSHS data using CD4 depletion model)
In 2016, 7 out of 10 Texans with undiagnosed HIV infections were MSM.
Texas’ Strategies to Increase Knowledge of HIV Status
Strategies

- Public Health Follow-Up
  - Lowest volume, most focused, related to disease investigation
- Focused Testing
  - Moderate Volume, focuses on priority populations, out in the field
- Routine Screening
  - Highest volume, no focus, occurs in health care settings, routine, opt-out, integrated
# Focused and Routine HIV testing

<table>
<thead>
<tr>
<th></th>
<th>Focused testing</th>
<th>Routine screening</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who is the focus?</strong></td>
<td>Persons at very high risk of acquiring HIV infections</td>
<td>People getting routine health care</td>
</tr>
<tr>
<td><strong>Where is it appropriate?</strong></td>
<td>Areas and populations with high numbers of new HIV diagnoses and PLWH</td>
<td>Health care settings in areas with high numbers of new HIV diagnoses and PLWH and that serve high number of uninsured, Black, and Hispanic persons</td>
</tr>
<tr>
<td><strong>Productivity expectation</strong></td>
<td>&gt;1% of persons tested will get a first-time diagnosis (new positive)</td>
<td>At least 0.1% of persons tested will have a positive test</td>
</tr>
</tbody>
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Most people with undiagnosed HIV had previous visits to a medical facility where they were not tested for HIV.

Routine HIV testing is an opportunity for earlier diagnosis and treatment.

Learn more at:
www.testtexashiv.org

testTEXS
HIV Coalition

Strategies

- Matching testing data to established data systems to validate new or previous diagnosis and care
- Expand PrEP services
  - More frequent testing and earlier diagnosis
- Cluster Response
  - Leading to more frequent testing of high priority populations and implementation of interventions
- Public Health Detailing
  - Communicating directly with medical providers
- Public Health Campaigns
  - Greater than AIDS
Late HIV DIAGNOSIS contributes to increased transmission of HIV.

People who don’t know about their HIV infection are more likely to transmit it to others.

Learn more at: www.testtexashiv.org
Increase Testing

Focused and Routine Tests Performed

- **Focused**: 49385 (2015)

![Graph showing the number of routine and focused tests performed from 2010 to 2017.](chart-image)
Improve Focused Testing
2015-2017 Previous and New Diagnoses

Focused
- New: 1660 (68%)
- Previous: 773 (32%)

Routine
- New: 3164 (77%)
- Previous: 955 (23%)
Where positives are diagnosed in Routine, new vs. previous 2015-2017

<table>
<thead>
<tr>
<th>Location</th>
<th>New</th>
<th>Previous</th>
</tr>
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<tbody>
<tr>
<td>Emergency Center</td>
<td>517</td>
<td>1314</td>
</tr>
<tr>
<td>Corrections</td>
<td>80</td>
<td>687</td>
</tr>
<tr>
<td>Community Health Centers</td>
<td>34</td>
<td>68</td>
</tr>
</tbody>
</table>
Patient Profile for New Diagnoses: Birth Sex

Targeted

- Male: 92%
- Female: 8%

Routine Testing

- Male: 74%
- Female: 26%
Patient Profile for New Diagnoses: Age Group

Bar graph showing the number of new HIV diagnoses by age group for both focused and routine cases. The bar graph is divided into four age groups: 0-14, 15-24, 25-34, and 45+. The pie charts on the right show the percentage distribution for each age group for focused and routine cases.

- **Focused Cases:**
  - 15-24: 30%
  - 25-34: 44%
  - 35-44: 15%
  - 45+: 11%

- **Routine Cases:**
  - 15-24: 20%
  - 25-34: 32%
  - 35-44: 21%
  - 45+: 27%

The bar graph indicates a significant concentration of cases in the 25-34 age group, with a peak at 25-34 for both focused and routine cases. The pie charts further illustrate the distribution, with the 25-34 age group being the most prevalent in both categories.
Patient Profile for New Diagnoses: Race/Ethnicity

Focused
- White: 20%
- Black: 20%
- Hispanic: 43%
- Other: 4%
- Unknown: 0%

Routine
- White: 20%
- Hispanic: 30%
- Black: 48%
- Other: 2%
- Unknown: 0%
Next Steps

• Evaluation Questions
  • Level of investment?
  • Responsive to epidemic?
  • Productivity?
  • Reducing undiagnosed infections?

• Community Engagement and Planning
  • Effective strategies for marketing and engagement
  • Address bias, stigma, and disparities

90 percent of all persons living with HIV know their status.

Achieving Together: A Community Plan to End the Epidemic in Texas
Thank you

Sarah Norkin, MPH
Ann S. Robbins, PhD
Justin P. Irving
Jenny R. McFarlane
Roundtable Discussion
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