Healthy People 2020: Who’s Leading the Leading Health Indicators?
“Who’s Leading the Leading Health Indicators?”

- Sixth installment of the monthly series, “Who’s Leading the Leading Health Indicators?”
- Highlight organizations using evidence-based approaches to address one of the Healthy People 2020 Leading Health Indicator (LHI) topics.
Webinar Agenda

- Don Wright, MD, MPH
  HHS Deputy Assistant Secretary for Disease Prevention and Health Promotion

- Howard K. Koh, MD, MPH
  HHS Assistant Secretary for Health

- Monica Sweeney, MD, MPH
  Assistant Commissioner for the Bureau of HIV/AIDS Prevention and Control
  New York City Department of Health and Mental Hygiene
What is Healthy People?

- A comprehensive set of national 10-year health objectives
- A framework for public health priorities and actions
- Roadmap for prevention
What are the Leading Health Indicators (LHIs)?

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.
Howard K. Koh, MD, MPH
Assistant Secretary for Health
Impact & Context: Reproductive and Sexual Health

- Reproductive and Sexual Health Services
  - Sexually Transmitted Diseases (STDs)
  - Impact on Reproductive and Sexual Health

- HIV testing, access to medical care and treatment
  - Health impact
  - Economic impact
Indicators for reproductive and sexual health:

- Sexually experienced females aged 15 to 44 years who received reproductive health services in the past 12 months
- Persons living with HIV who know their serostatus
Estimated number of adults and adolescents living with HIV, 2009

Note: Data are for persons aged 13 years and older. Persons of Hispanic or Latino origin may be any race.
Source: National HIV Surveillance System, CDC, NCHHSTP
Estimated number of adults and adolescents living with HIV, 2009

Note: Data are for persons aged 13 years and older. Transmission categories are mutually exclusive.
Source: National HIV Surveillance System, CDC, NCHHSTP
Estimated National HIV Prevalence Rate per 100,000 Persons, 2009

Note: Data are for persons aged 13 years and older. Persons of Hispanic or Latino origin may be any race.
Source: National HIV Surveillance System, CDC, NCHHSTP.
Proportion of HIV-infected Persons Aged 13+ who are Aware of their Infection, 2009

2020 Target: 90%

Percent

Note: Data are for persons aged 13 years and older.
Source: National HIV Surveillance System, CDC, NCHHSTP
Proportion of HIV-infected Persons Aged 13+ who are Aware of their Infection, 2009

Transmission category

- Men who have sex with men
- Heterosexual male
- Heterosexual female
- Injection drug users, male
- Injection drug users, female
- MSM and IDU (male)

Age Group

- Total
- 13-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

2020 Target: 90%

Note: Data are for persons aged 13 years and older. Transmission categories are mutually exclusive.
Source: National HIV Surveillance System, CDC, NCHHSTP
Reproductive and Sexual Health: Federal Actions

- National HIV/AIDS strategy (NHAS)
- National Prevention Strategy
- Title X Family Planning Program
- Minority AIDS Initiative
- HIV Testing and Care Services Locator: locator.aids.gov
Healthy People 2020: The Bronx Knows

M. Monica Sweeney, MD, MPH
Assistant Commissioner
Bureau of HIV/AIDS Prevention and Control
Who’s Leading Health Indicators?
June 21, 2012
The History of HIV in New York City, 1981-2010

Clinical Milestones in the History of the HIV/AIDS Epidemic:
- 1987: AZT
- 1988: PCP prophylaxis
- 1992: Combination therapy
- 1994: ACTG 076: AZT reduces perinatal transmission
- 1995: Protease inhibitors
- 1996: HAART

New HIV Diagnoses
Reported Persons Living with AIDS
Deaths to Persons with AIDS

Number of Reported PLWHAs

- First cases of PCP, KS reported from NYC, LA
- AIDS case reporting mandated by NYS
- AIDS enters the nomenclature
- HIV identified as causative agent
- CDC AIDS case definition (23 OIs) implemented
- First commercial EIA, screening of US blood supply begins
- Calendar Year
- AIDS case definition expanded (CD4 <200, 26 OIs)
- NYS expands AIDS reporting to include HIV
- NYS HIV reporting law takes effect
- HIV surveillance expands to include incidence surveillance
- Data on deaths outside New York City are incomplete
In 2007...

- **Population: 1.3 Million**
  - Larger than New Hampshire and Maine
- **Mostly Black and Latino**
  - 31.2% Black
  - 48.4% Latino
- **One of the poorest Congressional districts in the country**
  - 30.7% of population living below the poverty line

Source: US Census Bureau, 2000
• Epidemiologic risk
• Fewer medical networks than other boroughs
• Collaborative health-care & community service delivery system
• Two major demographic groups
• More manageable population size
Objective: Increase voluntary HIV testing, so that every Bronx resident learns his or her HIV status and has access to quality care and prevention.

Three pronged approach:
Implementation

- HIV rapid test kits—for uninsured
- Technical assistance
- Borough-wide social marketing/media
- Testing event support
- Training on web-based reporting system
- HIV billing and reimbursement tutorial
- Activity coordination
The Bronx Knows Partners
Community Buy-in AND Engagement

78 partners representing over 140 sites

- Colleges and Universities
- Community-Based Organizations
- Community Health Centers
- Correctional Facility
- Health Dept TB and STD clinics
- Faith-Based Organizations
- Hospitals
- Pharmacies

Bronx HIV Testing Locations
The Bronx Knows
Social Marketing Campaign Artwork
Results

- Significant increase in testing
- Consistently high linkage to care rates
- Coordinated collaboration/referrals among community partners
Linkage To Care

Rates were higher for Bronx residents testing HIV+ during *The Bronx Knows* initiative, 2007-2011

For events reported to the New York City Department of Health and Mental Hygiene by March 31, 2012.

*Linkage-to-care was considered to have occurred if any HIV viral load or CD4 test within 3 months (91 days) of HIV diagnosis, following a 7-day lag, was reported to DOHMH.*
Lessons Learned:

- Allow ample time for planning process
- Get buy-in early
- Address challenges of HIV billing and reimbursement
- Provide ongoing TA to partner agencies
- Have adequate DOH staffing
- Plan for sustainability

Keys to Success:

- Multi-sector approach
- Strong collaboration between municipal government and community partners
The Current State of
The Bronx Knows

What happened to *The Bronx Knows* after June, 2011?

*The Bronx Knows*...

- lives on as an HIV testing network led by community partners
- continues to encourage collaboration among partner agencies and other Bronx organizations
- continues to maximize routine HIV screening in clinical settings and target case-finding in non-clinical settings
- shares best practices to enhance prompt linkage to care and supportive services.
Acknowledgements

Bureau of HIV/AIDS Prevention and Control

Blayne Cutler, MD, PhD, MS
Director, HIV Prevention

Andrea Mantsios, MHS
Director, Jurisdictional HIV Testing Initiatives

Mohini Persaud, MPH
Technical Assistance Coordinator

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Thank You
Question & Answer Session
Please take a moment to fill out our brief survey.
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