Ending the HIV Epidemic: A local perspective from Baltimore

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HIV Diagnoses, Baltimore 1985 - 2018

- 80% decrease new infections
- 1,831 people living with HIV per 100,000 population
- 1 in 33 men and 1 in 73 women in Baltimore are living with HIV
- 36.6% new infections <30 years old
Proportion of Total People Aged 13+ Living with Diagnosed HIV, by exposure category, race/ethnicity, and sex at birth, 2018

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Exposure Category</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black SGLM</td>
<td>IDU</td>
<td>27.7%</td>
</tr>
<tr>
<td>Black Men</td>
<td>IDU</td>
<td>16%</td>
</tr>
<tr>
<td>Black Men Het</td>
<td>Het</td>
<td>8.7%</td>
</tr>
<tr>
<td>Black Women Het</td>
<td>Het</td>
<td>18.5%</td>
</tr>
<tr>
<td>Black Women IDU</td>
<td>IDU</td>
<td>10.6%</td>
</tr>
<tr>
<td>White, Hispanic, and women who identify as other races/ethnicities</td>
<td>IDU</td>
<td>4.4%</td>
</tr>
</tbody>
</table>

HIV Care Cascade, Baltimore City, 2018*

*Prevalence-based estimate.
Source: Baltimore City Annual HIV Epidemiological Profile 2018, Center for HIV Surveillance, Epidemiology and Evaluation, Maryland Department of Health, Baltimore, MD 2019; HRSA 2018 Client Level Data Report, Baltimore EMA.
HIV Care Cascade, Baltimore City, 2018*

Work before the work

- Stigma
- Medical/public health mistrust
- Status neutral care

- 100.0%
- 88.4%
- 71.9%
- 59.4%

HIV Infected 12,484
HIV Diagnosed 11,036
Retained in HIV Care 8,970
Suppressed VL 7,412

Ryan White Recipients 100%
Ryan White Suppressed VL 89%

*Prevalence-based estimate.
Source: Baltimore City Annual HIV Epidemiological Profile 2018. Center for HIV Surveillance, Epidemiology and Evaluation, Maryland Department of Health, Baltimore, MD 2019; HRSA 2018 Client Level Data Report, Baltimore EMA.
HIV Care Cascade, Baltimore City, 2018*

Work before the work →
- Stigma
- Medical/public health mistrust
- Status neutral care

Work around the work ←
- Co-endemics
  - HCV
  - Drug Use
  - Syphilis
- Social determinants
  - Poverty
  - Homelessness
  - Mental health
  - Access to food

*Prevalence-based estimate.
Source: Baltimore City Annual HIV Epidemiological Profile 2018, Center for HIV Surveillance, Epidemiology and Evaluation, Maryland Department of Health, Baltimore, MD 2019; HRSA 2018 Client Level Data Report, Baltimore EMA.
Social determinants in Baltimore

• 20 year difference in life expectancy between neighborhoods

• 31% city’s youth have 2 or more adverse childhood experiences
  (US average: 23%)  

• 18% population lives below the poverty level
  (US average: 13%)  

Sources: BCHD calculations of data provided by the Maryland Department of Health Vital Statistics Administration; American Community Survey, 2018, 1-year estimate, Table S1701; https://www.childhealthdata.org/docs/default-source/local-area-synthetic-estimates/adverse-childhood-experiences-among-baltimore-maryland-s-children.pdf
HIV Transmission and Poverty, Baltimore City

Note: Two CT areas (245101000300, 245102024600) have no poverty data, which were highlighted by white color.

Source: Baltimore City Health Department, Maryland Department of Health and Mental Health, 2012 American Community Survey.
Ending the HIV Epidemic: A Plan for America

- **Diagnose** all people with HIV as early as possible.
- **Treat** people with HIV rapidly and effectively to reach viral suppression.
- **Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).
- **Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

**Stigma**

**Mistrust**

**Status Neutral**

**Syndemics**

**Social determinants of health**

_Bernard C. "Jack" Young_
Mayor, Baltimore City

_Dr. Letitia Dzirasa, M.D._
Commissioner of Health, Baltimore City
EHE Pilot Initiatives

**DIAGNOSE**
- Home self-testing (STI and HIV)
- New clinical partner (ED)
- Expanded non traditional testing (SSP & youth)

**TREAT**
- Provider response warm line
- Getting to zero
- Linkage to care

**PREVENT**
- PrEP navigation in FQHCs
- Transgender persons friendly engagement, empowerment, and training
- Undetectable=Untransmittable campaign
- Provider detailing

**RESPOND**
- Collaboration with MDH
- DIS response

**WORK FORCE**
- Trauma informed training and self-care support for outreach staff
- Cross-departmental outreach staff training in HIV/STI

**Community engagement and awareness**
- Listening sessions
- Media campaign
- Storytelling
- Social innovation and design
Social Marketing

GOAL:
75% reduction in new HIV infections in 5 years
and at least 90% reduction in 10 years.

www.hiv.gov

Social Innovation

Systemic change
Self advocacy
Grassroots
Empathy
Pride
Thrive

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Challenges

- Trust
  - Meaningful engagement
  - Deliver

- Collaboration & Coordination
  - Between federal agencies, research partners, and local health departments
  - Integrated HIV/STI/Hep C/Drug use funding streams
  - HIV as sentinel event

Innovation

- Think National - Act Local
  - Timeline
  - PrEP implementation

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Next steps in innovation

• Incorporation STI’s and opioid and other drug use epidemic

• Incorporate EHE into ongoing and successful HIV prevention and treatment work

• Surveillance activities foundation

• Innovative delivery of Ryan White services

• Reporting enhances work

• Vaccine and cure

• Social determinants of health

• Stigma

• Community engagement