



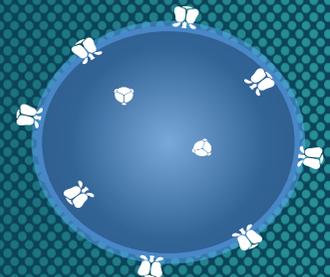
University of Washington
Public Health Capacity Building Center

Public Health 
Seattle & King County

Ending the HIV Epidemic: Lessons Learned and Thoughts from Jurisdictions with END AIDS Plans Washington State & King County

PACHA Meeting: Mississippi

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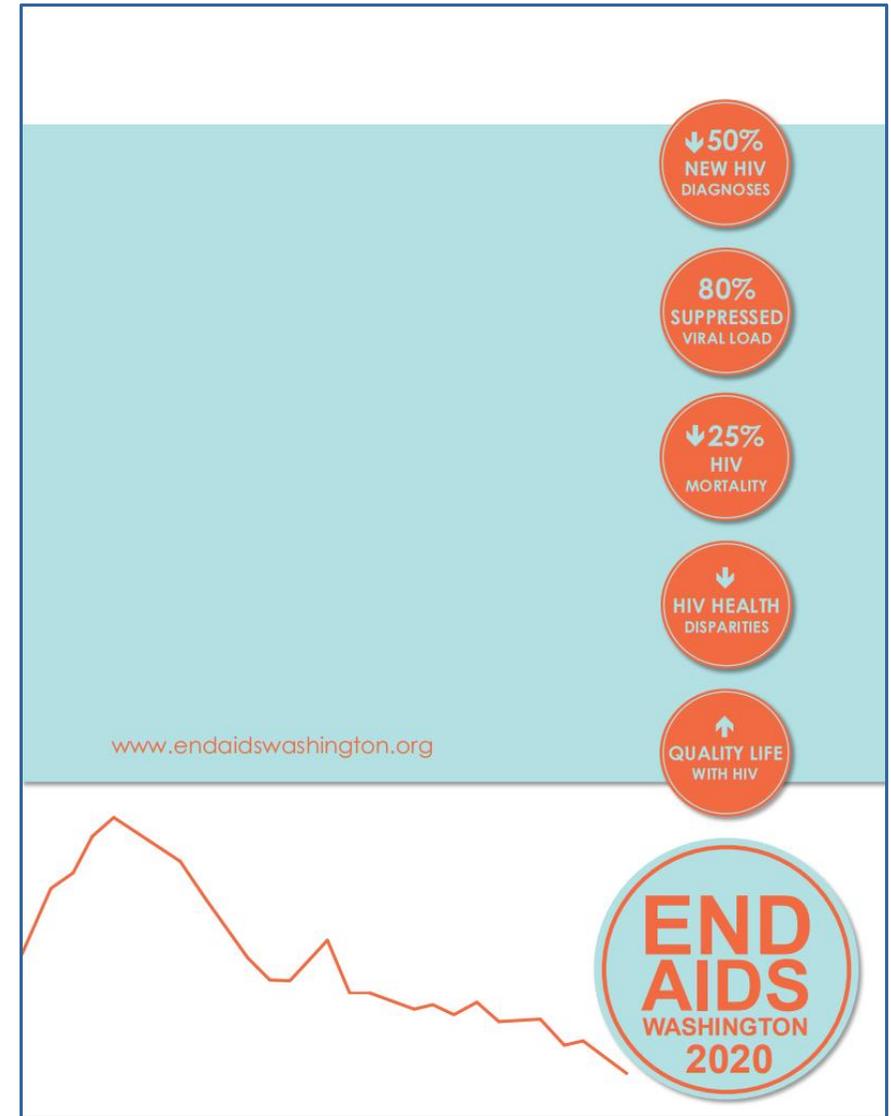


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Lessons from Plan End AIDS Washington Planning

- Developed 2014-16
- Process initiated by leadership of a large CBO (Lifelong) and supported by Governor Inslee
- Organization
 - Developed under the auspices of an existing statewide planning group
 - Small steering group assigned to do most of the work
 - Project coordinator did much of the organizational work and writing
 - Public comment period and presentations to Ryan White Planning County and full statewide planning body



Lessons from End AIDS Washington Planning

What Worked and What Didn't Work?

What Worked?	What Didn't Work?
We completed the plan!	Only 2 people on the initial steering group saw the project to completion
Plan includes explicit goals <ul style="list-style-type: none">- ↓ New HIV diagnoses 50%- 80% Viral suppression- ↓ disparities in care continuum measures by race/ethnicity 50%	This mostly worked <ul style="list-style-type: none">- Monitoring has not been as consistent as would be ideal
Plan includes many explicit steps	Plan probably includes too many explicit steps without clear prioritization

Lessons from End AIDS Washington Execution

What Worked and What Didn't Work?

What Worked?	What Didn't Work?
<ul style="list-style-type: none"> • Some specific goals have been accomplished <ul style="list-style-type: none"> - Steps to increase PrEP use - Community-driven PrEP navigation funded - Statewide recommendations to improve care of gender & sexual minorities developed and endorsed by healthcare organizations 	<ul style="list-style-type: none"> • Many steps not taken to date <ul style="list-style-type: none"> - Plan probably has too many steps - Limited funding for some activities - Limited band width at DOH and in local health departments
<ul style="list-style-type: none"> • Some progress toward goals <ul style="list-style-type: none"> - King County reached 90-90-90 goal - ~50% ↓ new HIV diagnoses over ~10 years 	<ul style="list-style-type: none"> • More limited progress statewide <ul style="list-style-type: none"> - Difficult to measure some goal outcomes - No clear acceleration in decline in new HIV diagnoses in King County with EAW • New epidemic in heterosexuals who inject drugs in King County <ul style="list-style-type: none"> • 300% ↑ 2017-2018

Lessons Learned from End AIDS Washington

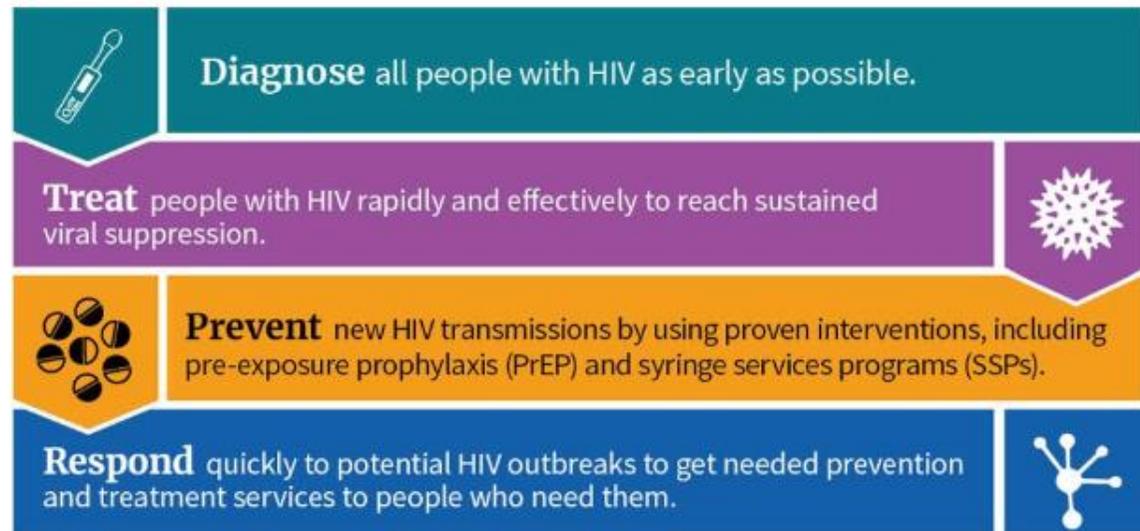
- Planning process
 - Important to have a coordinator – Assures that work progresses and acts as a mediator among diverse interests
 - Try to have a small group of people committed to working on the plan and seeing it to completion
 - Accelerate the planning process – ours was probably too long
- Try to prioritize steps
 - Clear work plan
 - Realistic alignment of recommendations and resources
- Your plan will need to be adaptive
 - Highlights needs for ongoing evaluation
 - Don't over plan – You'll always get it wrong

Over planning is the mark of a rookie!

Thoughts on EtHE Plans

Strategies vs. Tactics

- **Strategies**
 - What do we want to do
 - Federal government has defined core EtHE strategies
- **Tactics**
 - How do we want to do it and who will do what?
 - Needs to be defined at the local level

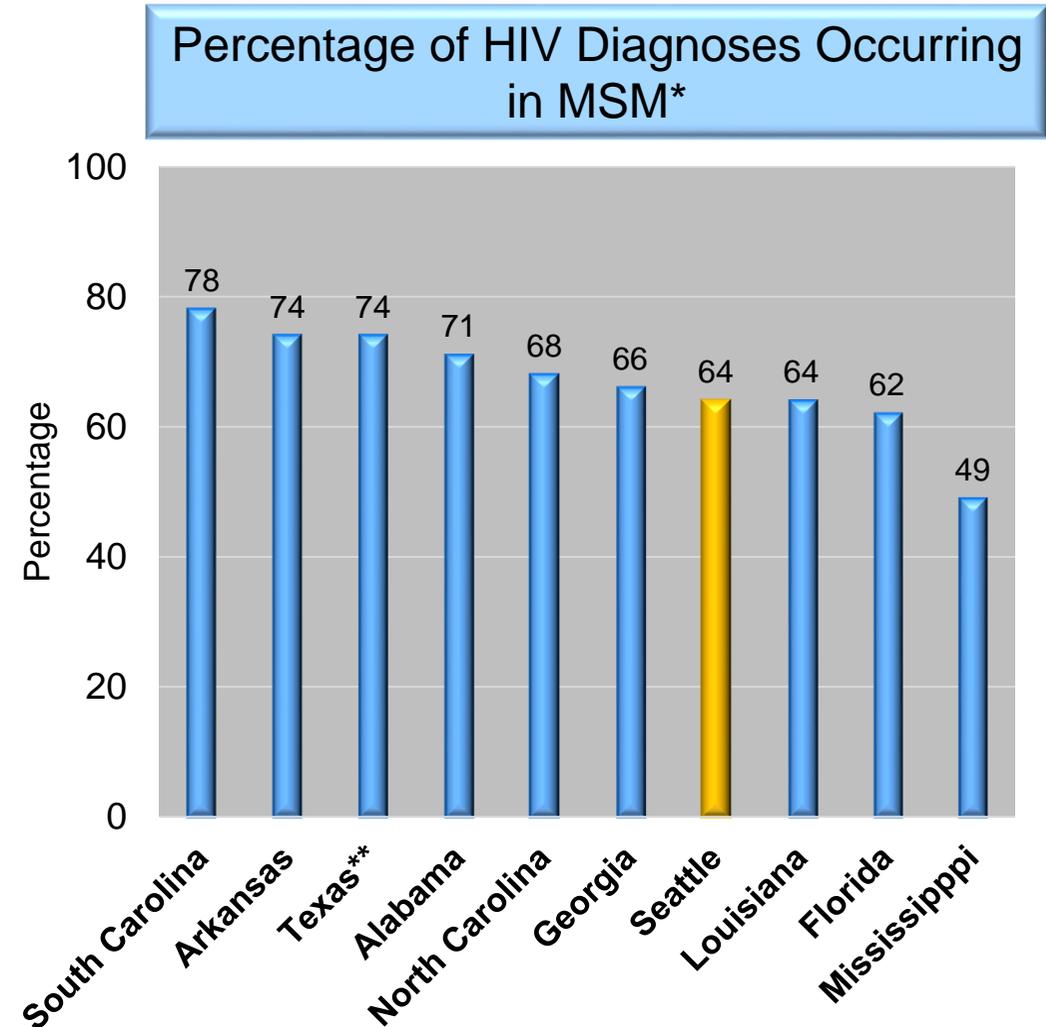


Clinical Infrastructure is Essential to Success

- EtHE strategy rests on the clinical system's ability to test, treat (ART and PrEP) and retain people
- Rapid situational analysis
 - What is your clinical system's current capacity?
 - HIV testing, HIV treatment & PrEP
 - Access to any medical care is not access to care that works
 - Emphasize health care system change!
- Two pronged approach
 - Generalized infrastructure – entire healthcare system
 - Specialized infrastructure
 - STD clinics
 - Clinics & systems focusing on MSM and trans communities
 - Clinics & systems that work for the most marginalized populations

Specialized Clinical Infrastructure Gender & Sexual Minorities

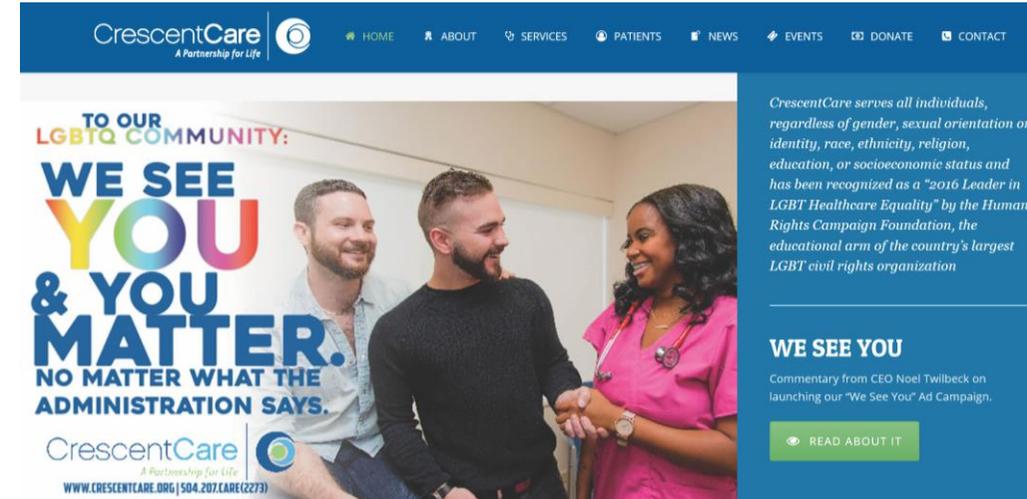
- The MSM epidemic is not just a New York, San Francisco and Seattle problem
- We won't end the HIV epidemic if we can't create a clinical infrastructure for MSM and trans persons



* Includes MSM/IDU ** Limited to 5 largest jurisdictions

Specialized Clinical Infrastructure Gender & Sexual Minorities

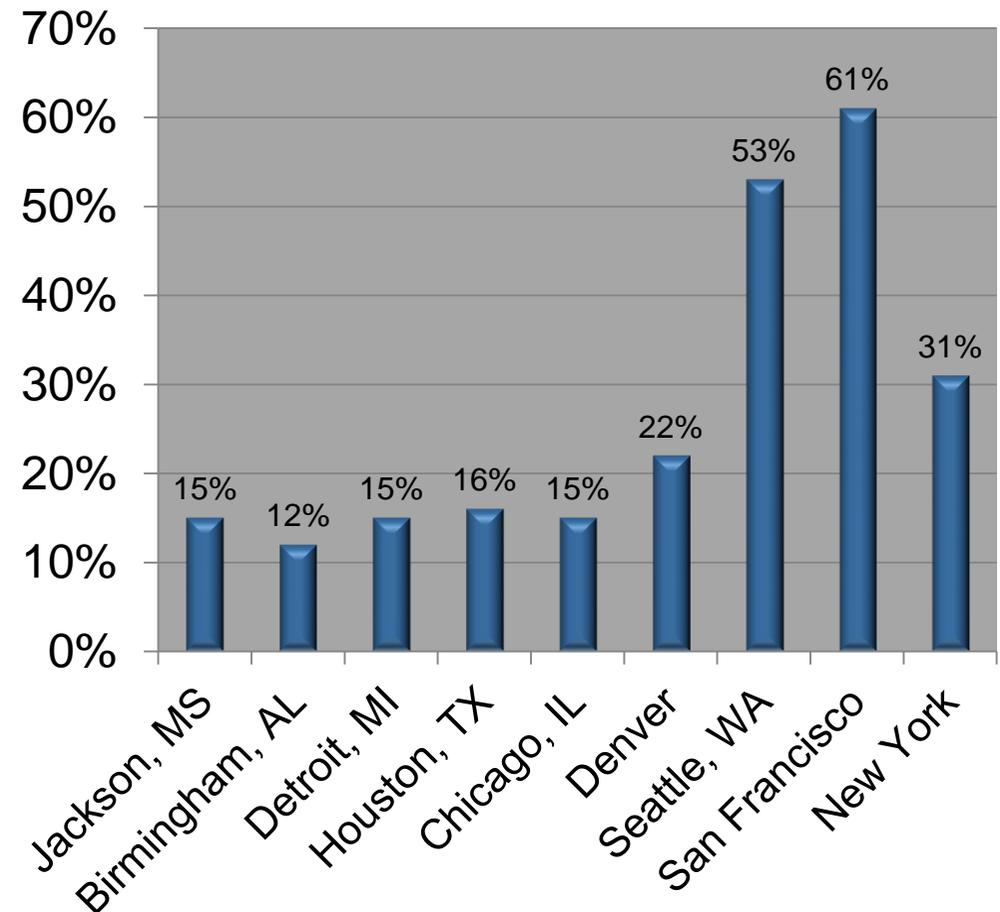
- Many places in the south are creating clinical infrastructure to meet the needs of MSM & and trans communities
- EtHE will require expanding access to clinics like these



Specialized Clinical Infrastructure Gender & Sexual Minorities

- STD Clinics play a critical role in HIV control
 - Often the largest single source of HIV diagnoses & PrEP
 - Link between public health outreach & the medical care system
- Success in reaching MSM is highly variable
- **Ending the epidemic should involve expanding and improving STD clinics**

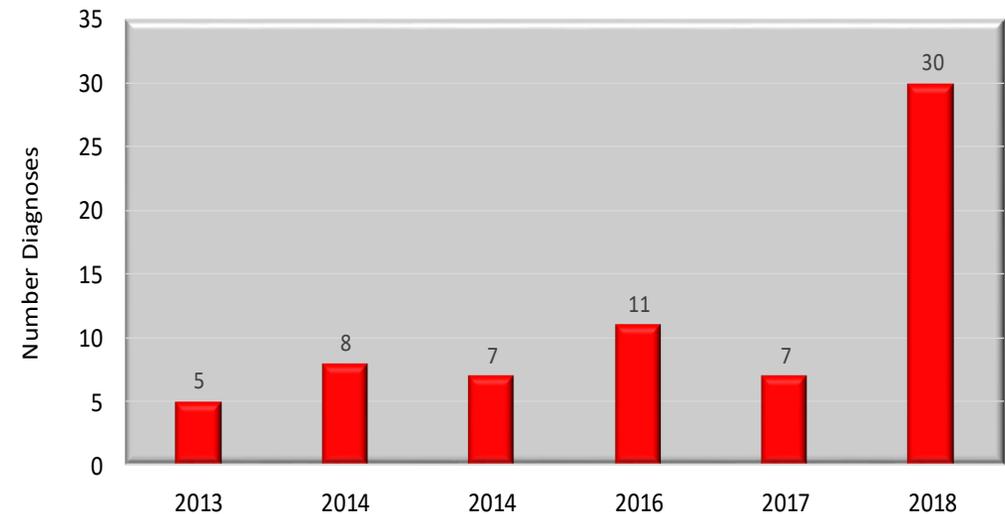
Percentage of STD Clinic Patients Who are MSM



Even Seattle is Not Safe!

- Seattle has reached 90-90-90
 - 50% ↓ in new HIV 2008-2017
 - But we are still vulnerable
 - ~1000 unsuppressed PLWH
 - 300% ↑ heterosexual HIV cases among PWID
- The patients with the hardest lives cannot play by the rules of the existing healthcare system
- I doubt you can change these patients or really change their lives
- **CHANGE THE HEALTHCARE SYSTEM**
 - Walk-in care
 - Enhanced support services
 - Small incentives

Annual Number of New HIV Diagnoses Among Heterosexual PWID in King County, WA, 2009-2018



Conclusions

- EtHE is a great opportunity
- Success is in no way assured
- Next step is to develop a plan
 - Balance desire for a comprehensive plan involving all stakeholders with the need to get going
 - Seattle has reached 90-90-90
- Success will require health care system change