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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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?**

<table>
<thead>
<tr>
<th>What Worked?</th>
<th>What Didn’t Work?</th>
</tr>
</thead>
<tbody>
<tr>
<td>We completed the plan!</td>
<td>Only 2 people on the initial steering group saw the project to completion</td>
</tr>
<tr>
<td>Plan includes explicit goals</td>
<td>This mostly worked</td>
</tr>
<tr>
<td>- ↓ New HIV diagnoses 50%</td>
<td>- Monitoring has not been as consistent as would be ideal</td>
</tr>
<tr>
<td>- 80% Viral suppression</td>
<td></td>
</tr>
<tr>
<td>- ↓ disparities in care continuum measures by race/ethnicity 50%</td>
<td></td>
</tr>
<tr>
<td>Plan includes many explicit steps</td>
<td>Plan probably includes too many explicit steps without clear prioritization</td>
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</table>
Lessons from End AIDS Washington Execution
What Worked and What Didn’t Work?

<table>
<thead>
<tr>
<th>What Worked?</th>
<th>What Didn’t Work?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Some specific goals have been accomplished</td>
<td>• Many steps not taken to date</td>
</tr>
<tr>
<td>- Steps to increase PrEP use</td>
<td>- Plan probably has too many steps</td>
</tr>
<tr>
<td>- Community-driven PrEP navigation funded</td>
<td>- Limited funding for some activities</td>
</tr>
<tr>
<td>- Statewide recommendations to improve care of gender &amp; sexual minorities developed and endorsed by healthcare organizations</td>
<td>- Limited band width at DOH and in local health departments</td>
</tr>
<tr>
<td>• Some progress toward goals</td>
<td>• More limited progress statewide</td>
</tr>
<tr>
<td>- King County reached 90-90-90 goal</td>
<td>- Difficult to measure some goal outcomes</td>
</tr>
<tr>
<td>- ~50% ↓ new HIV diagnoses over ~10 years</td>
<td>- No clear acceleration in decline in new HIV diagnoses in King County with EAW</td>
</tr>
<tr>
<td>• New epidemic in heterosexuals who inject drugs in King County</td>
<td>• New epidemic in heterosexuals who inject drugs in King County</td>
</tr>
<tr>
<td>• 300% ↑ 2017-2018</td>
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</tr>
</tbody>
</table>
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
• 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.

**Specialized Clinical Infrastructure**

**Gender & Sexual Minorities**

- Includes MSM/IDU
- Limited to 5 largest jurisdictions

<table>
<thead>
<tr>
<th>State</th>
<th>Percentage of HIV Diagnoses Occurring in MSM*</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Carolina</td>
<td>78</td>
</tr>
<tr>
<td>Arkansas</td>
<td>74</td>
</tr>
<tr>
<td>Texas**</td>
<td>71</td>
</tr>
<tr>
<td>Alabama</td>
<td>68</td>
</tr>
<tr>
<td>North Carolina</td>
<td>66</td>
</tr>
<tr>
<td>Georgia</td>
<td>64</td>
</tr>
<tr>
<td>Seattle</td>
<td>64</td>
</tr>
<tr>
<td>Louisiana</td>
<td>62</td>
</tr>
<tr>
<td>Florida</td>
<td>49</td>
</tr>
<tr>
<td>Mississippi</td>
<td>49</td>
</tr>
</tbody>
</table>

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

- Jackson, MS: 15%
- Birmingham, AL: 12%
- Detroit, MI: 15%
- Houston, TX: 16%
- Chicago, IL: 15%
- Denver, CO: 22%
- Seattle, WA: 61%
- San Francisco, CA: 53%
- New York, NY: 31%
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
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