The Engagement Cascade: Bringing the Gaps to Light

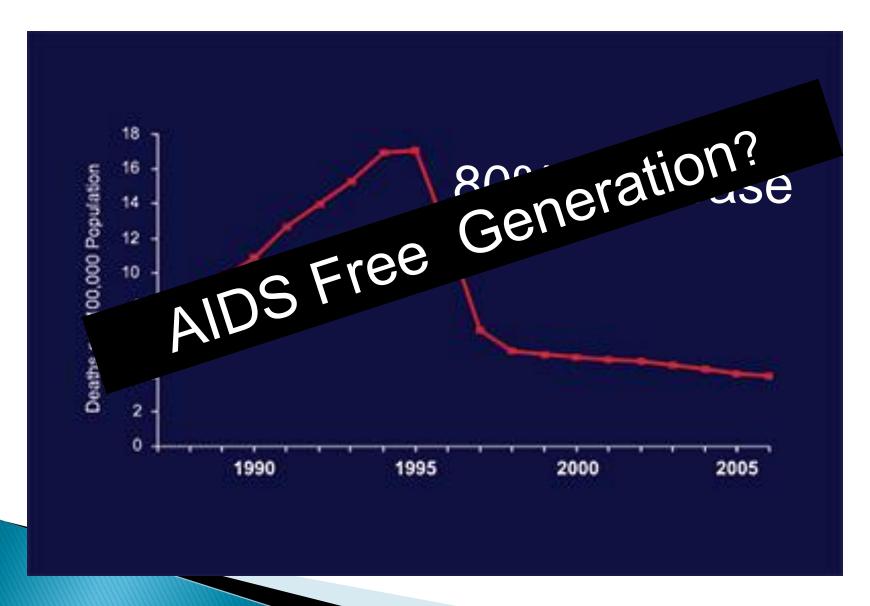
Kathleen Clanon, MD
Clinical Director
Pacific AIDS Education and Training Center

Times of Great Change:

Farthest reaching health law since Medicare and Medicaid in the 1960s.

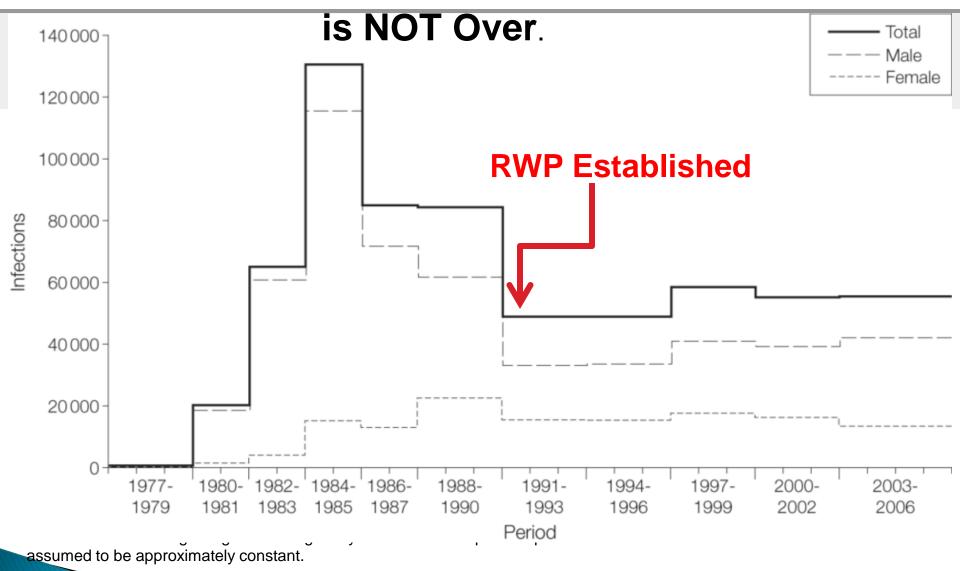


Dramatic Decline in HIV Deaths





Incidence of HIV in the U.S: AIDS





Why Are You Here?

What Keeps You in this Work?

- Honoring people I lost.
- Working against stigma and injustice.
- Great coworkers, stimulating work.
- I need the money.

What is the Most Important Thing We Need to do to Reach an AIDS Free Generation?

- More funding for prevention
- Reduce Stigma
- Make testing truly routine
- Tighter linkages to care for HIV positive people

Continuum Engagement in Care

Not in Care



Fully Engaged

Unaware of HIV Status (not tested or never received results)

Know HIV
Status
(not
referred to
care; didn't
keep
referral)

May Be Receiving Other Medical Care But Not HIV Care

Entered HIV
Primary
Medical Care
But Dropped
Out
(lost to follow-up)

In and Out of HIV Care or Infrequent User

Fully
Engaged in
HIV
Primary
Medical
Care

Non-engager

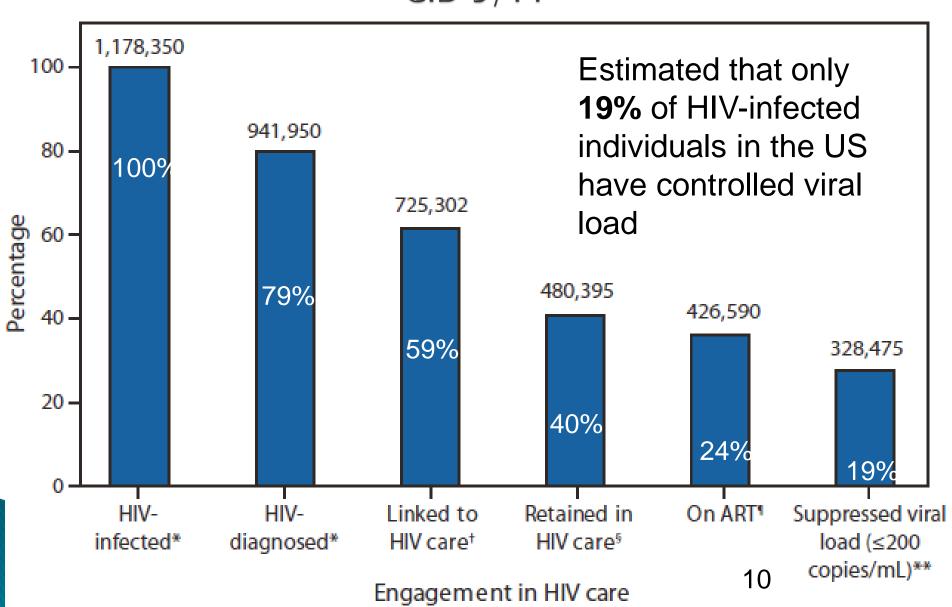
Sporadic **User**

Fully Engaged

Health Resources Service Administration (HRSA)

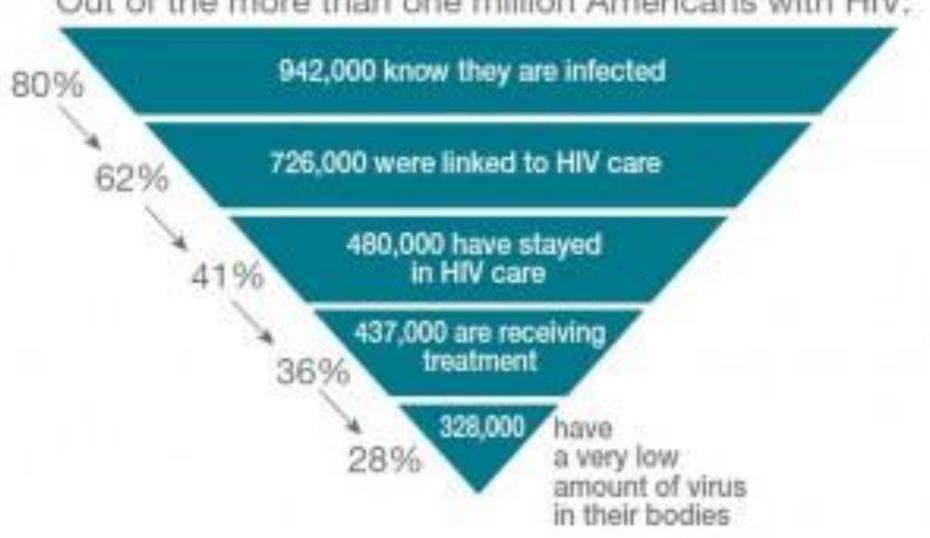
Gardner Cascade

CID 5/11



CDC's Similar Analysis MMWR 12/11

Out of the more than one million Americans with HIV:



Cascade is Worse for Some....



CENTERS FOR DISEASE CONTROL AND PREVENTION

For Immediate Release: Friday, July 27, 2012

Contact:

National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention 404-639-8895, NCHHSTPMediaTeam@cdc.gov

African-Americans and younger people least likely to be successfully treated for HIV

Only a quarter of all Americans with HIV have their virus under control, and African-Americans and younger people are least likely to receive ongoing care and effective treatment, according to an analysis by the Centers for Disease Control and Prevention. The CDC study is the first national look at the proportion of HIV-infected Americans – by race/ethnicity, age, risk group and gender – who have a suppressed viral load, which means that the virus is under control at a level that helps keep people healthy and reduces the risk of transmitting the virus to others. The study was presented today by CDC epidemiologist Irene Hall, Ph.D., at the XIX International AIDS Conference in Washington, D.C.

Using data from CDC surveillance systems, researchers examined the proportion of HIV-

Medical Mistrust May Mediate the Relationship Between Perceived Discrimination and Adherence in Latino Men

Laura M. Bogart¹, Frank H. Galvan², Glenn Wagner³, Lori Mizuno⁴, & David J. Klein¹

¹Children's Hospital Boston/Harvard Medical School ²Charles Drew University of Medicine and Science ³RAND Corporation ⁴Bienestar Human Services, Inc.











Results: Bivariate Tests

Medical mistrust was related to nonadherence
 OR (CI) = 0.42 (0.26 – 0.69), p < .001







The Ryan White Program has cultivated a workforce keyed to the unique racial, ethnic, sexual, and gender needs of PLWHA to effectively deliver treatment and encourage retention in care.

Ryan White "in Care" Treatment Cascade, 2009

Number of Individuals







John Q. Public

- 25 yo MSM. Unemployed. Struggles with alcohol and meth. PTSD from childhood physical abuse.
- Tests at a bar venue. Testing outreach agency the AIDS Care Team refers him to BEST HIV Clinic, appt in two days.
- He does not show up at clinic.

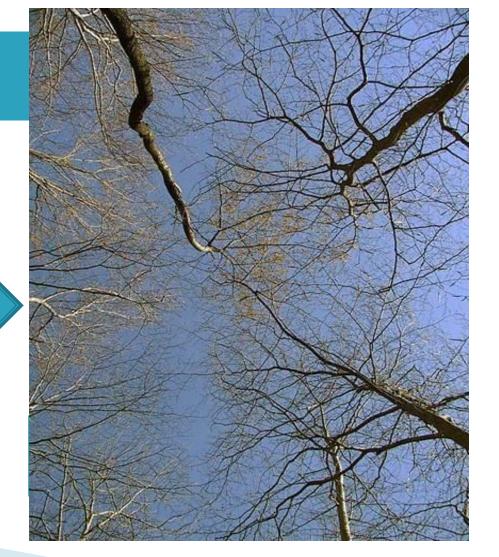
In your community, who is responsible for a next step?



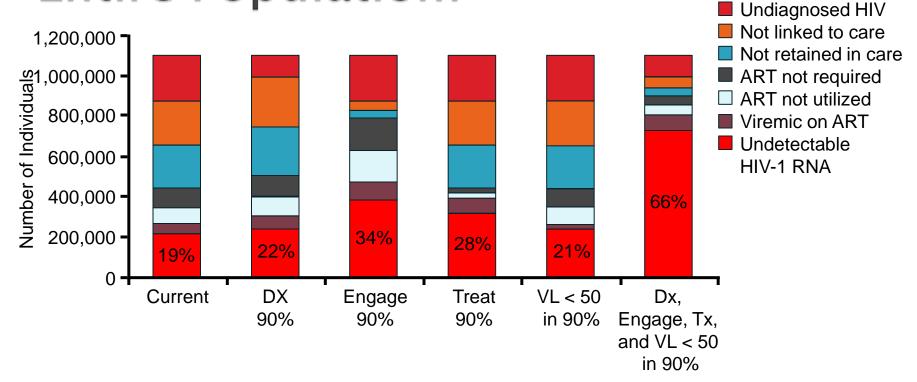
Time for a Paradigm Shift.....

Increasing Interconnectedness





What Will It Take to Substantially Reduce HIV Transmission in an Entire Population?



Answer: Treatment AND Prevention

Los Angeles County Conceptual Model for Continuum of HIV Services

No HIV, Low

Risk





HIV+ Aware, But Not in Care



PLWHA Linked to Care



PLWHA Retained in Care

- •Social marketing
- Capacity building
- •Routine HIV testing
- •Targeted & Routine HIV Testing
- •HE/RR
- Social Marketing
- SyringeExchange

Programs

- •Biomedical (PEP)
- Partner Services
- STI Screening and Treatment
- •Substance use programs

- •Targeted & Routine HIV Testing
- Social

Marketing

- Partner
- Services
- •Substance use programs

- Outreach
- •Early Intervention Programs
- Mental health and substance use programs
- Ancillary support
- services
- Social Marketing

- •STI screening and treatment
- •HIV medical care and ART
- Treatment adherence
- Ancillary services
- Mental health and substance use programs
- •PS
- •HE/RR
- Social marketing





New Opportunities

- Linkage to care "SWAT Teams"
- Incentives for clients to attend care (contingency management)
- Stronger messaging to clients about treatment
- Better partner testing
- More use of PEP/PrEP
- Collaborations with senior, substance abuse, mental health and other non-HIV services
- Trusting and challenging clients more.....

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