

HIV/AIDS
in the
District of Columbia:
Part of the World Response

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Raising Expectations....

Why We Can
Why We Must

The Washington Post

November 26, 2007

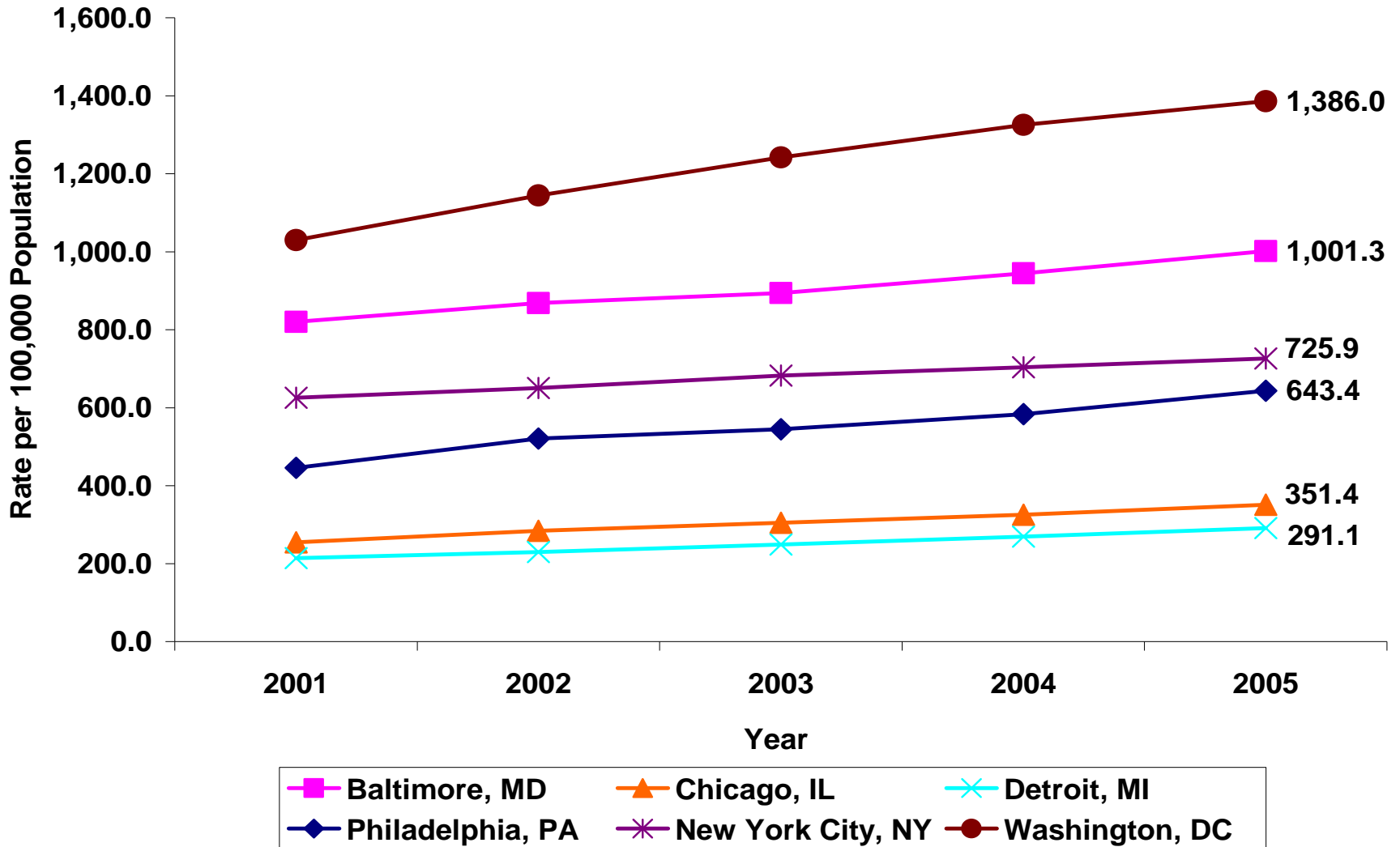
Study Calls HIV in D.C. a “Modern Epidemic”

The New York Times

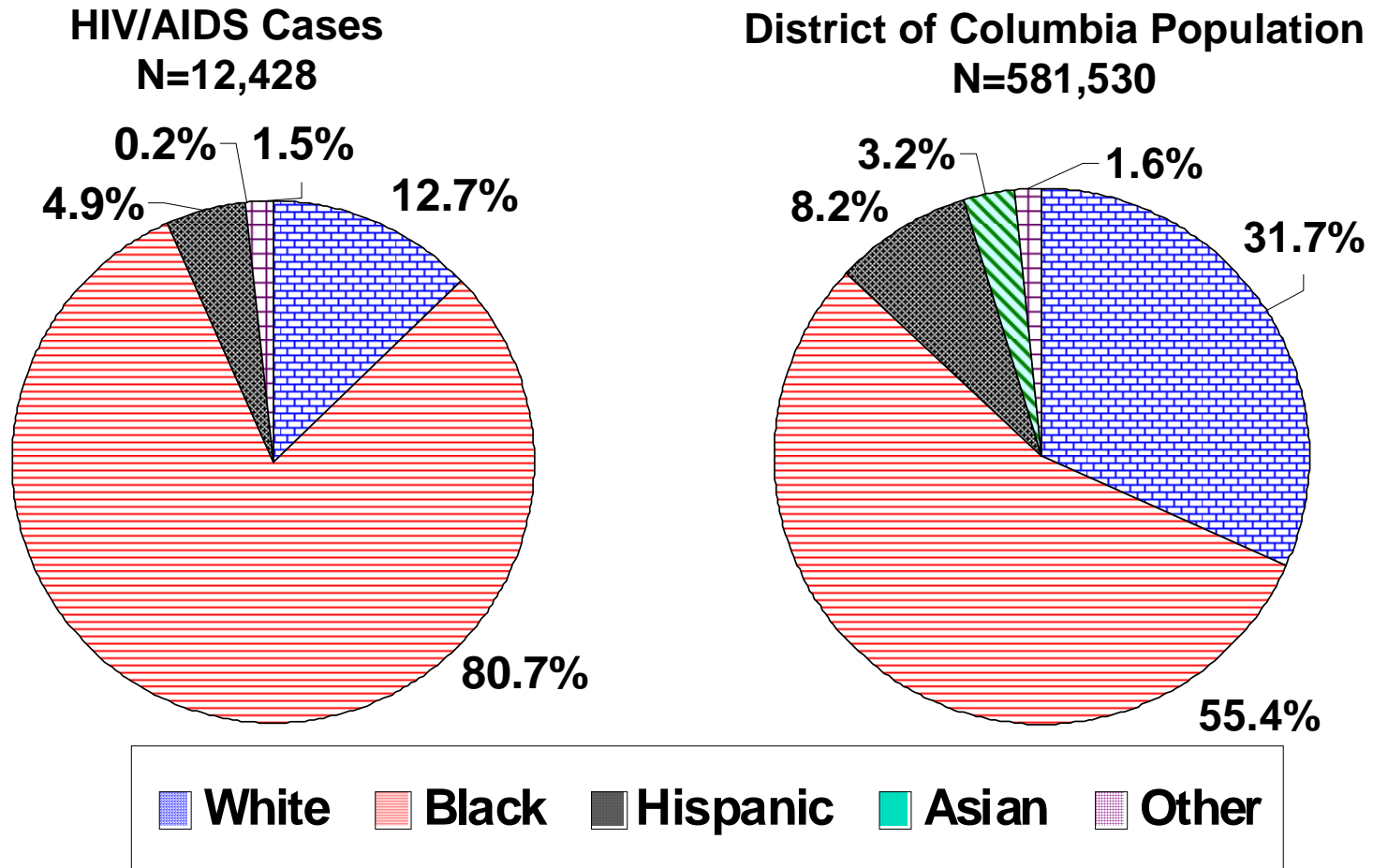
November 27, 2007

Report Finds Washington Has Highest AIDS Infection Rate Among U.S. Cities

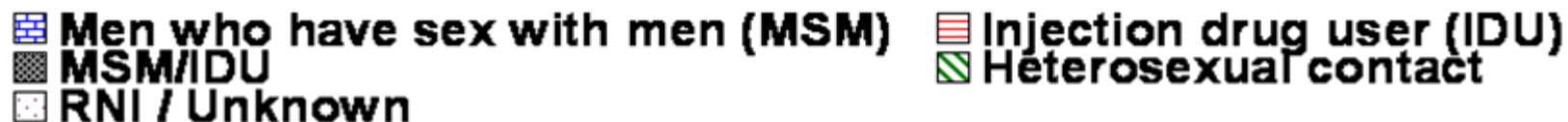
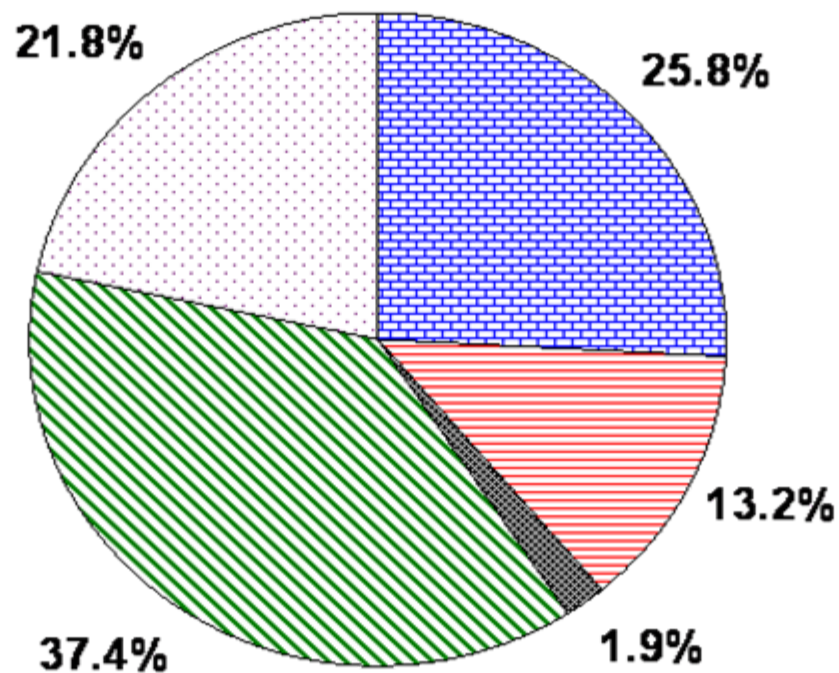
Rates for People Living with AIDS by Year and City, 2001-2005



Proportion of Reported Living HIV/AIDS Cases and Population, by Race/Ethnicity - District of Columbia, 2006



Proportion of Newly Reported HIV (not AIDS) Cases among Adults and Adolescents, by Mode of Transmission – District of Columbia, 2001-2006 [N=3,259]



Number and Proportion of Adults and Adolescents Reported Living with HIV/AIDS, by Age at Diagnosis — District of Columbia, 2006,

13-19	211	1.7%
20-29	2,079	16.7%
30-39	4,438	35.7%
40-49	4,012	32.3%
50-59	1,352	10.9%
≥60	336	2.7%
Total	12,428	100.0%

Late Testing and Progression From HIV to AIDS

- “Late Testers”—AIDS diagnosis within 12 months of initial HIV diagnosis
- More than 2/3 (69%) of AIDS cases were Late Testers
- Similar across gender, age, race/ethnicity, and mode of transmission
- Thirty eight percent (38%) of late testers were diagnosed with AIDS based an opportunistic infection (OI)

 *Nationally, 39% of AIDS cases are late testers*

HIV Testing: a Core Part of Health

Leadership Directives...

- **HIV/AIDS: Priority of Mayor Fenty**
 - “Go Fast”
 - Strengthen partnerships
 - Set the bar high



Mayor Fenty's Focused Improvement Areas
**Making Our Communities Safer From
Crime and Better for Your Health**

The District of Columbia has one of the highest rates of HIV infection in the country. The D.C. Department of Health asks you to get tested for HIV once a year. Take this card for a free HIV test.

Free HIV Test With This Card

Routine Voluntary HIV Testing

- **Step 1:** 2006 DC HIV Testing Campaign
 - Partnered with 49 organizations to scale up testing
 - Initial 38,000 persons tested with rapid tests
 - 2.2% preliminary positive rate
 - ~75% with Health Care Contact within past year*
- **Step 2:** Opt-out testing in medical settings
 - Doing well at STD clinics, jail
 - Intensive focus in FY09 on:
 - Labor and Delivery
 - Emergency Rooms
 - Primary Medical Care

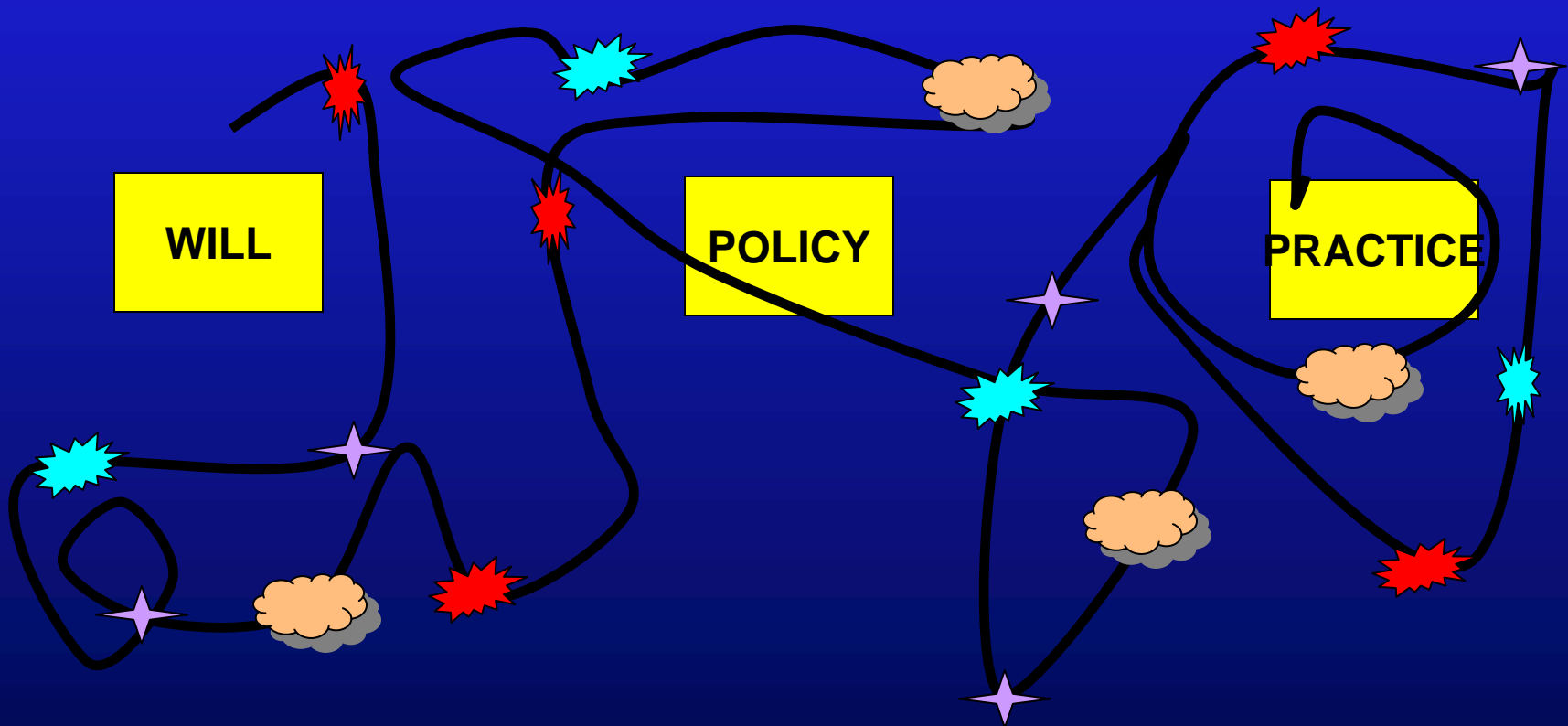
Step 3: New Standards of Care: Where is risk management?

- New environment => evolving standard of care
 - New high-risk environment
 - New guidelines & policies
 - Expanded tool-kit (rapid tests)

- Implications for the Individual—IF I was:
 - Dx'd with OI and HIV at the same time
 - Mother to an HIV-infected baby
 - And I had health care contact in the past year
 - THEN I would...hold health care accountable...

Innovation: From Quick Start...

Hurdling the barriers, clearing the way



....to Sustainable Systems

Working out the kinks

Not getting 'stuck' in history....



A “Modern Response” to a “Modern Epidemic”

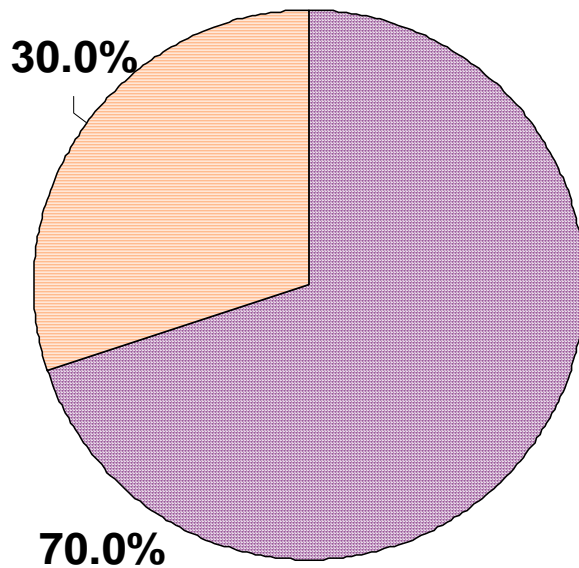
- “Modern Epidemic”
 - High rates, multiple high risk populations
- Updating community perceptions
- “Owning” the epidemic we have now
- Innovation, Scale, Impact
- Updating the Federal Response
 - Leadership
 - Scale and Accountability
 - Coordination

Thank You

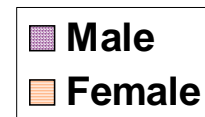
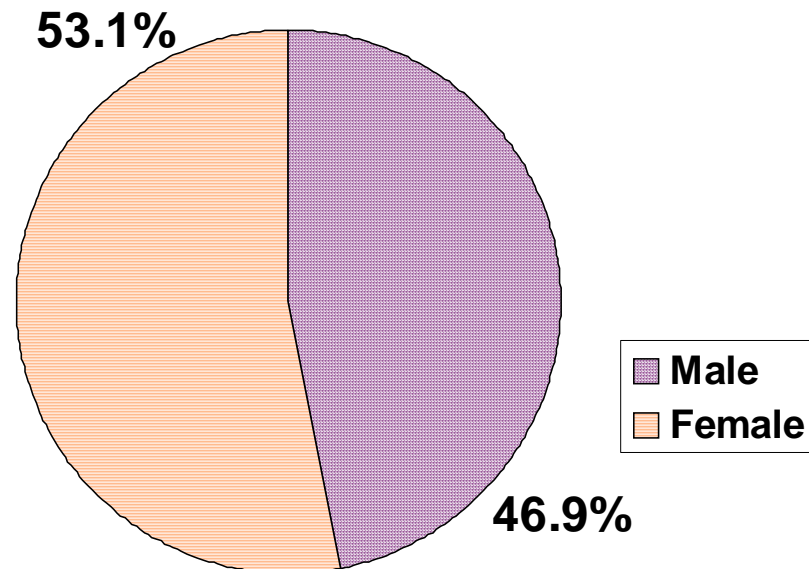
Preview

Proportion of Reported Living HIV/AIDS Cases and Population, by Sex - District of Columbia, 2006

HIV/AIDS Cases
N=12,428



District of Columbia Population
N=581,530



Volunteerism, Mobilization, & Making an Impact

The Community of the HIV Response

Fed Gov:
 \$\$\$, TA,
 Guidelines

Media:
 info, ads

**Health Care
 Providers:**
 services, pops

**Families, Social Networks,
 Individuals: CHANGE**

GOV
 Leadership,
 Coordination,
 \$\$\$

**Academia: TA,
 Research, Services**

**NGOs,
 CBOs:**
 program, pops

FBOs:
 leaders,
 stigma,
 support,
 services

**DC Planning
 Councils:**
 Priorities, \$
 direction/advice

Private/Business
 insurance-SOC,
 prevention

Priorities
 Experiences & Approaches
 Reality & Implementation
 Best Practices
 Service Gaps
 Effect Gaps
 Intention Gaps
 Cost-efficiency, Resources
IMPACT

A “Modern Response” to a “Modern Epidemic”

- “Modern Epidemic”
 - Multiple high risk populations
 - Cross-cutting issues
 - STD, TB services & expertise vital
- Not just for Youth...
- Updating community perceptions
- “Owning” the epidemic we have now
- Innovation, Scale, Impact

Current Initiatives...

- PMTCT: Elimination of transmission
- Routine Testing:
 - All ERs implementing by 2009
 - All L&Ds implementing by 2009
 - Model primary care network by 2009
 - Hospitals & Health Centers with a plan by 2009
- Earlier Care and Treatment
 - Max out current ADAP/Medicaid programs—
 - ~60 new clients/month on antiretroviral treatment
 - Improve efficiency and comprehensiveness of services
- Condom Distribution
 - Increase venues, #'s (3 million by 2009)

Current Initiatives...

- Comprehensive Substance Abuse and HIV Prevention
 - Including Needle Exchange with wraparound services
 - Increased focus on hepatitis also
- Community Capacity and Engagement
 - Effi Barry Initiative
 - Ward-based Fact Sheets
 - Faith-based Leadership
 - Enhanced media outreach
- Focused programs for specific populations
 - Youth; Incarcerated; Latinos; Black MSM; Mothers and fathers, etc
- Integration with other DC government services
 - APRA, DMH, DPR, DCFS, DOE, etc

**Updating the US Response

- “Coordination” among federal agencies
 - No more 12 core grants/5 fiscal years/fragmented app & review & decision process
- Innovation
 - Revising stagnant structures and policies
 - Strategic increased investments to drive innovation
- Not accepting the status quo
 - Overcoming complacency & the futility myth: high incidence is not okay
 - Invisibility breeds contentment
- Raising expectations—and demanding results
 - Revising ‘scale’
 - Core accountability factors & indicators of progress
 - Population-level data investments where appropriate