

Local Health Department Perspectives on Community Health Center Engagement in Ending the HIV Epidemic

NACCHO

National Association of County & City Health Officials

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HIV in the United States

An estimated **1.2 million people** are living with HIV (PLWH) in the U.S. & up to **50,000 Americans** become infected each year.

We can end the HIV epidemic in the U.S.

We can **prevent** new cases with pre-exposure prophylaxis (PrEP) & syringe services programs. But access is limited: only **25% of people** who could benefit from PrEP are on it.

By **diagnosing** cases as early as possible, we can ensure access to care & prevent further transmission. But **1 in 7 PLWH** don't know their status & 80% of cases are from PLWH who don't know their status or aren't in care.

We have effective **treatments** & PLWH on treatment with an undetectable viral load have effectively no risk of transmitting HIV sexually. But **less than half** of PLWH with a diagnosed infection are virally suppressed.

We cannot end the epidemic without addressing inequities: people of color, men who have sex with men, transgender women, & young people are disproportionately impacted by HIV, due to social & structural factors such as discrimination & stigma, poverty, & inequitable access to healthcare.

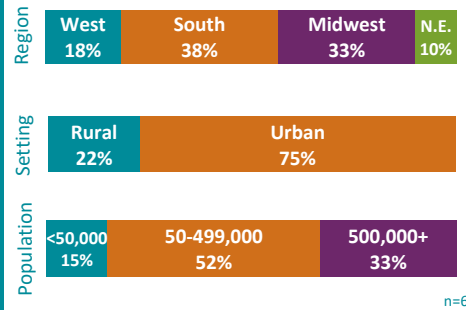
Ending the HIV Epidemic

In 2019, the U.S. government launched an initiative to **end the HIV epidemic in America** by reducing new infections by 75% by 2025 & 90% by 2030. The initiative includes **significant funding for community health centers (CHCs) to scale up testing, PrEP, & linkage to care**. In 2018, CHCs conducted over 2 million HIV tests & connected 86% of patients to care within 90 days. However, CHCs cannot do this work alone, & **local partnerships are critical to addressing gaps in HIV services & reaching populations disproportionately affected by HIV.**

Methodology

In November 2019, NACCHO surveyed its Sentinel Network—a convenience sample of local health department (LHD) staff working in HIV, STI, & hepatitis programs—to better understand the role CHCs play in local HIV efforts & to assess partnerships between LHD HIV programs & CHCs. 60 of 128 members responded (47% response rate).

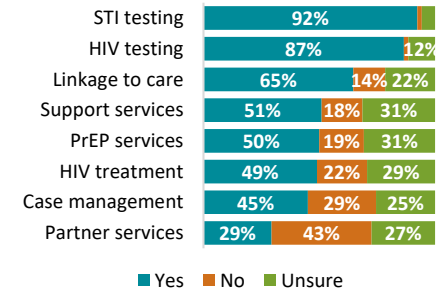
Respondents



Results

87% of LHDs report that there are CHCs in their jurisdiction

Services Offered by CHCs



57% of LHDs report that they've worked with their local AIDS Education & Training Center n=51

“Only one HIV provider at CHC in county of 700,000...AETC communicates poorly with LHD concerning educational needs of the CHCs.”

Conclusion

The results provide insights into the role of LHDs & CHCs in ending the HIV epidemic:

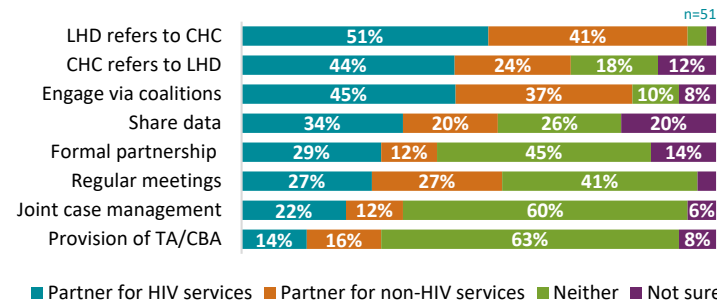
LHDs can support CHCs to scale up HIV services, complementing their clinical care with public health interventions

CHCs can partner with LHDs to provide community outreach, enhanced case management, treatment adherent & support services, & trauma-informed & culturally competent care—which are **critical to addressing inequities**

There is a need to **strengthen communication & partnerships** between CHCs & LHD HIV programs

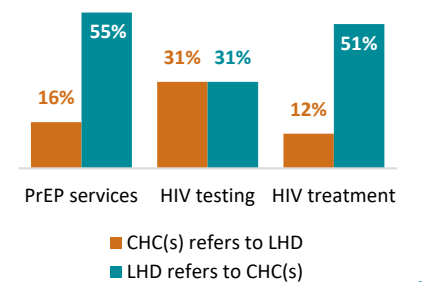
We have the tools to end the HIV epidemic, but achieving these goals requires **strong public health & healthcare partnerships.**

LHD-CHC Partnership Activities

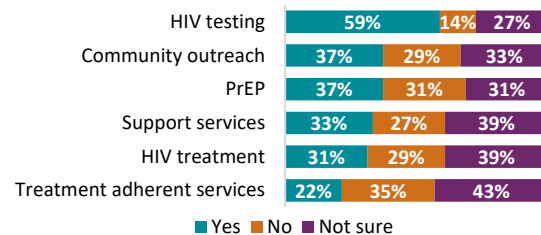


Referrals Between LHDs & CHCs

46% report that CHCs participate in local HIV planning efforts



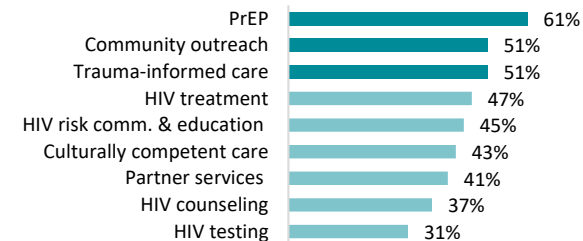
LHD Perceptions: CHC Readiness for Scale-Up of HIV Services



“In the past 2 years I have not seen any involvement from the CHCs in this area.”

“We have no formal interactions with our CHC.”

LHD perceptions: CHC Technical & Capacity Building Needs



References

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