

Measuring the HIV Care Continua – Re-imagining the Basics of Monitoring the AIDS Response

Local Health Departments as Community Chief Health Strategists to Achieve 90-90-90

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Screening and treatment for diseases and conditions provided directly in the past year

	All LHDs	Size of population served			Degree of urbanization		
		Small (<50,000)	Medium (50,000–499,999)	Large (500,000+)	Urban	Suburban	Rural
Screening for diseases/conditions							
Tuberculosis	84%	81%	89%	94%	76%	90%	86%
Other STDs	65%	57%	75%	92%	59%	71%	64%
HIV/AIDS	62%	53%	74%	93%	58%	69%	57%
Blood lead	61%	60%	63%	56%	49%	66%	72%
High blood pressure	54%	56%	51%	51%	51%	53%	62%
Body Mass Index (BMI)	53%	53%	53%	57%	43%	57%	65%
Diabetes	34%	33%	35%	43%	32%	34%	37%
Cancer	32%	28%	38%	41%	30%	35%	29%
Cardiovascular disease	25%	23%	28%	34%	26%	23%	28%
Treatment for communicable diseases							
Tuberculosis	79%	75%	85%	87%	72%	86%	79%
Other STDs	63%	56%	73%	89%	57%	70%	63%
HIV/AIDS	35%	32%	39%	48%	30%	40%	34%

n=1,777–1,898

Epidemiology and surveillance services provided directly in the past year

	All LHDs	Size of population served			Degree of urbanization		
		Small (<50,000)	Medium (50,000–499,999)	Large (500,000+)	Urban	Suburban	Rural
Communicable/infectious disease	93%	90%	96%	97%	90%	94%	94%
Environmental health	85%	82%	89%	88%	88%	85%	79%
Maternal and child health	69%	64%	75%	82%	59%	74%	76%
Syndromic surveillance	61%	56%	66%	84%	61%	61%	60%
Chronic disease	49%	44%	56%	65%	51%	49%	47%
Behavioral risk factors	45%	39%	53%	59%	44%	46%	45%
Injury	32%	25%	40%	54%	34%	31%	29%

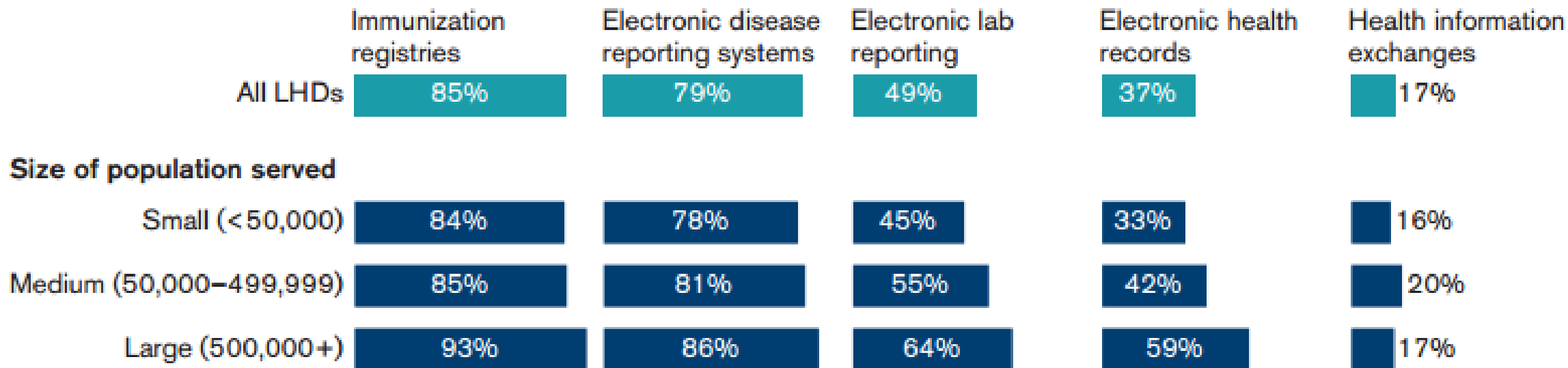
n=1,622–1,898

Only 26% of all LHDs employ epidemiologists/statisticians, though this is higher among LHDs serving larger populations:

79% (250,000-499,999); 92% (500,000-999,999); 95% (1,000,000+)

Current implementation in information technology systems

Percent of LHDs that have implemented technology



n=459

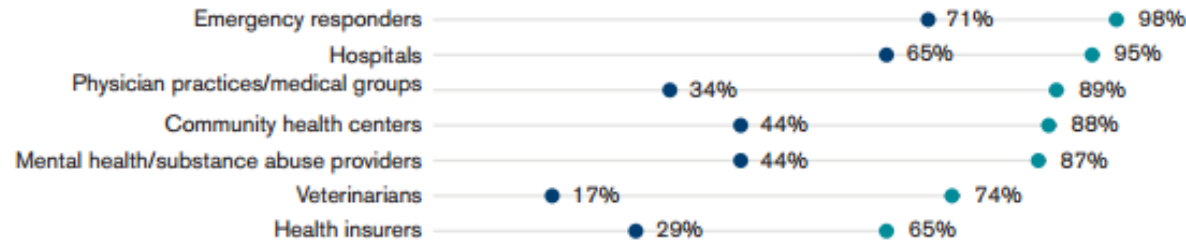
Only 18% of all LHDs employ information systems specialist, though LHDs serving larger populations are more likely to:

57% (250,000-499,999); 66% (500,000-999,999); 76% (1,000,000+)

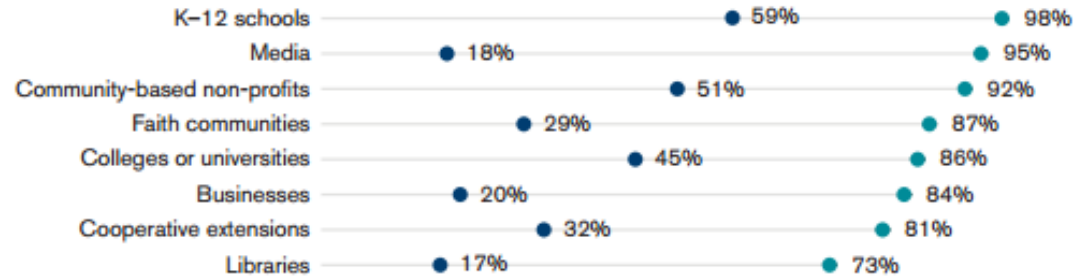
LHD partnerships and collaborations in the past year

- Percent of LHDs working with partner in any way (exchanging information, regularly scheduling meetings, with written agreements, or sharing personnel/resources)
- Percent of LHDs regularly scheduling meetings, with written agreements, or sharing personnel/resources with partner

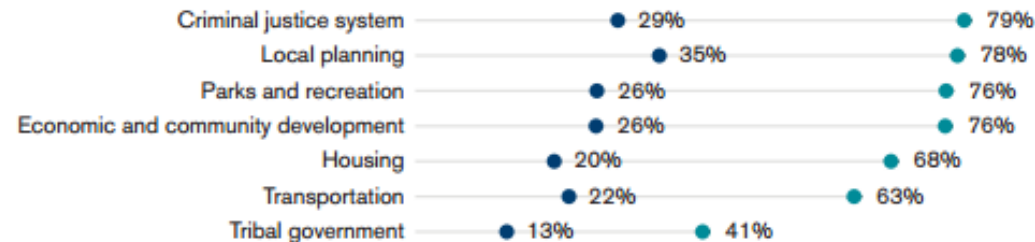
Health care partners



Community-based partners (e.g., education, non-government)



Government agencies



n=218-483 (among LHDs that reported presence of organization)

Community chief health strategist and public health 3.0

The High Achieving Governmental Health Department in 2020 as the Community Chief Health Strategist

Public Health Leadership Forum

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RESOLVE

May 2014



Public Health 3.0

A Call to Action to Create a 21st Century Public Health Infrastructure

Office of the Assistant Secretary for Health
U.S. Department of Health and Human Services

PUBLIC HEALTH 3.0

NACCHO
National Association of County & City Health Officials

LHDs as Community Chief Health Strategists

- Builds on past and present functions, but requires new practices and skills
- LHDs will be more likely to design policies than provide direct services, convene coalitions than work alone, and **access and have real-time data than await the next annual survey**
- Public health's role as the primary collector of data will be reduced as new, diverse and real-time databases emerge, however the role as interpreter and distributor of information will become more pronounced
 - Responsibility for surveying and aggregating the many sources of data, and ensuring accessibility of the essential information in understandable formats
 - Strive for increased accessibility of information to the community by means such as friendly interfaces to information

LHDs as Community Chief Health Strategists

- With increased range, freshness, and subtlety of data, LHDs will be able to:
 - Focus interventions to more effectively serve populations with disparities
 - Evaluate ongoing interventions with more precision and accuracy
 - Respond quickly and inventively to clusters and outbreaks
- However, new knowledge and skills will be needed, including:
 - Familiarity with multiple data sources
 - Ability to advocate for access to those data sources
 - Ability to extract and interpret new data

LHDs as Community Chief Health Strategists for 90-90-90

- Must form close and interactive relationships with clinical providers and health insurers in their jurisdiction
- Must lead the charge in using technology and data to enhance health equity and address the social determinants of health¹
 - Use data layered with local contexts to guide actions and track progress
- Must participate in and support community-based coalitions that examine health data, set goals, and develop plans to improve health
- Must re-imagine the basics of measuring, monitoring, and utilizing their HIV care continua

¹ DeSalvo K, Wang W. Health Informatics in the Public Health 3.0 Era: Intelligence for the Chief Health Strategists. *J Public Health Manag Pract.* 2016;22(suppl 6):S1-



Thank you

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