

Health



in

Motion

Building stronger communities.

Colleen DiLiddo, John Peebles, & Diane McLawhorn

ASTHO-NACCHO
September 11, 2008

Objective

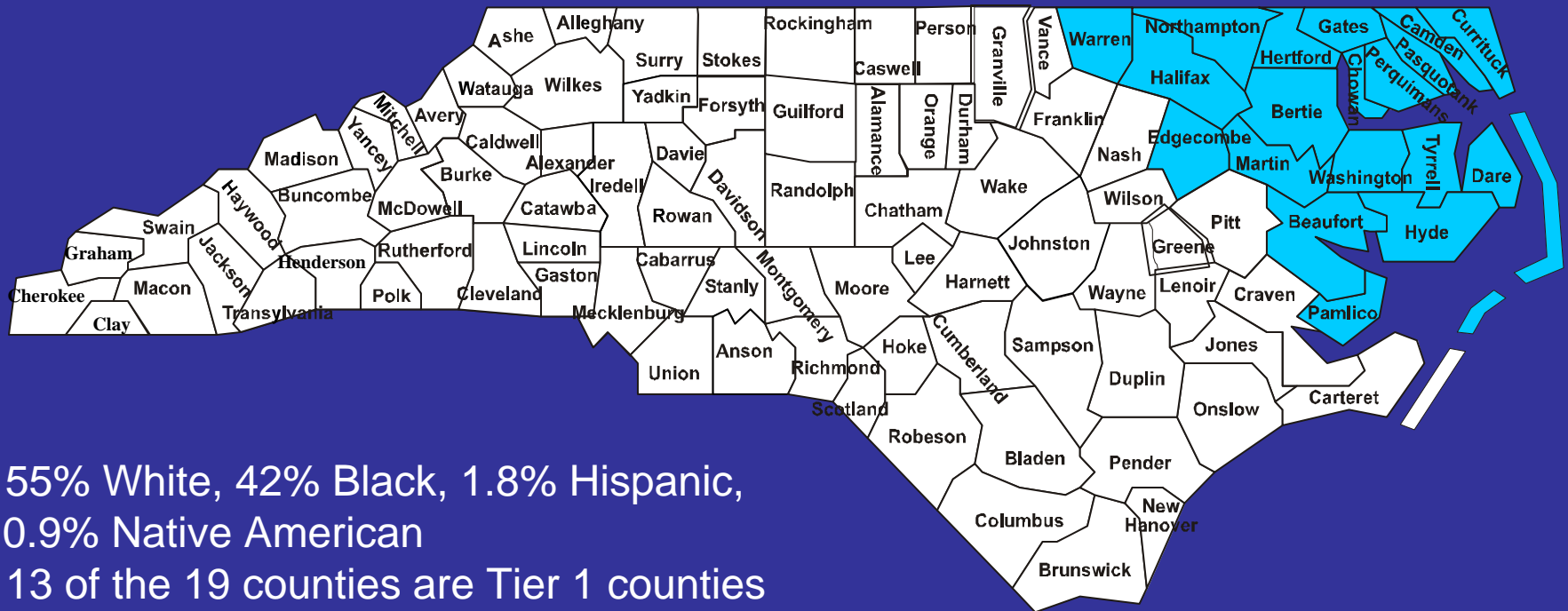
- To describe how local, regional, state, and federal collaboration developed a viable regional HIV care, prevention, and testing program



The Local Perspective



Northeastern North Carolina



- 55% White, 42% Black, 1.8% Hispanic, 0.9% Native American
- 13 of the 19 counties are Tier 1 counties
- An average of 19% of the population in lives in poverty
- Between 16 and 24% of residents do not have health insurance

Northeastern North Carolina Partnership for Public Health

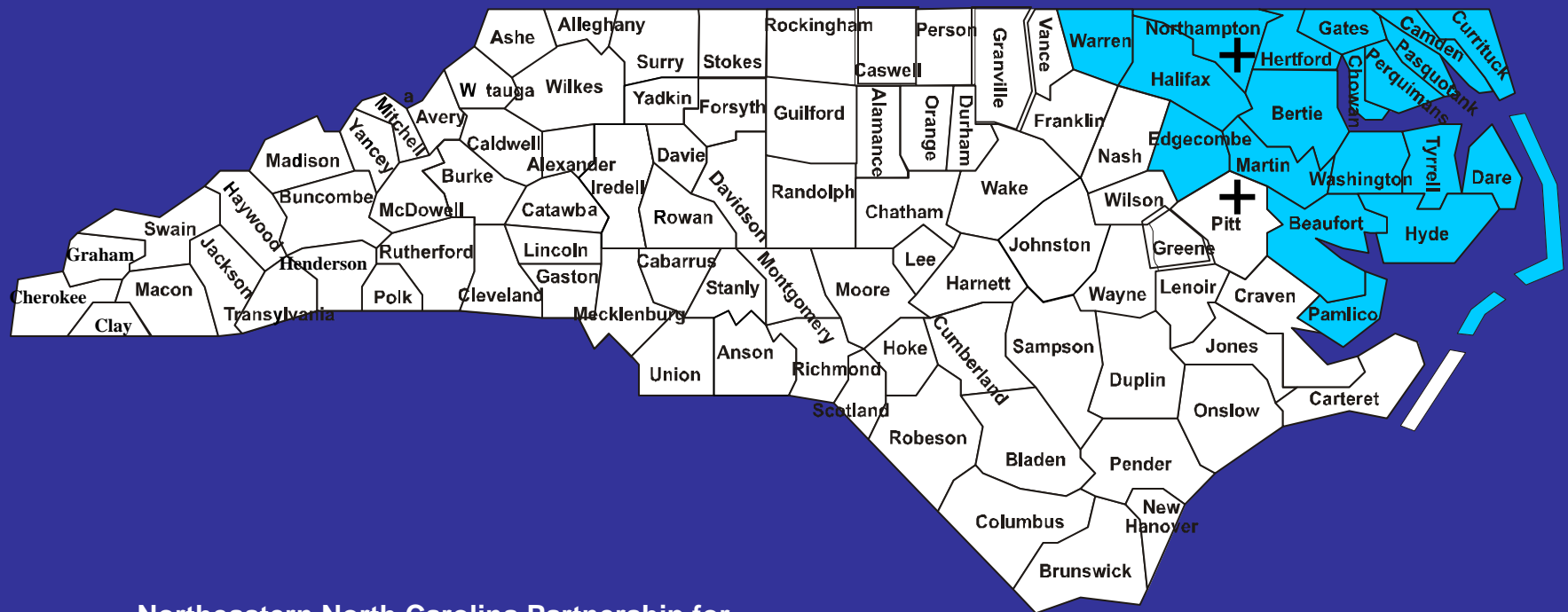
- First public health “Incubator” in North Carolina
 - A voluntary association of public health agencies in the region
 - Membership includes health directors who serve 19 counties



Regional HIV Disease Assessment 2004

- In 2003 the regional HIV disease rate was 27% higher than the state rate
- During 2000-2002, 39% of new cases diagnosed at the stage of AIDS
- During 2000–2003:
 - Six counties in the region ranked among the highest in the state for HIV disease rates
 - 82.9% of new HIV disease cases were among blacks

Northeastern North Carolina HIV Specialty Care Sites in 2003



 Northeastern North Carolina Partnership for Public Health Region

 Location of HIV Specialty Care Sites in 2003

2005 NENCCPH Strategic Planning

- Invited representation from the North Carolina Division of Public Health to discuss barriers to HIV care in the region
 - Limited resources to provide services
 - Traditional jurisdictions or turf issues
 - Limited number of care sites in large geographic area
 - Transportation
 - Stigma

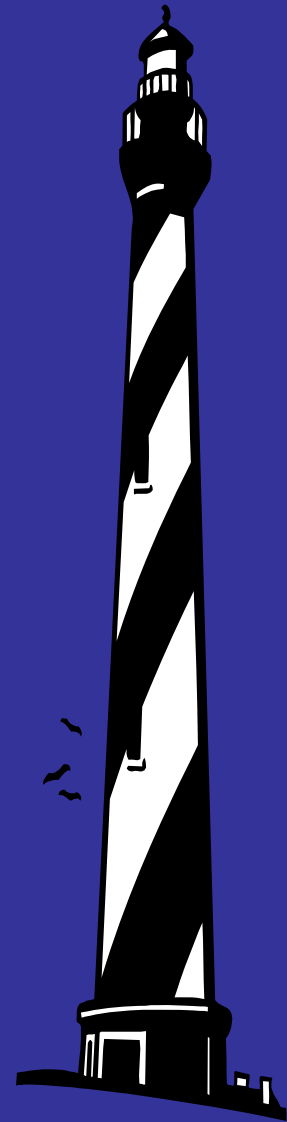


Next Steps

- Develop incremental plan to expand existing care program to serve 19-county region through the use of a mobile unit
- Secure resources
 - Ryan White carry-over funding for purchase of the mobile unit
 - Kate B. Reynolds to support development of expansion
 - Public Health Prevention Specialist
- Strengthen partnerships with the key stakeholders in the region

Partners

- HRSA
 - *Funding to the State*
- HIV/STD Prevention and Care Branch
 - *Funding, Guidance, & Support*
- NENCPPH
 - *Leadership*
- Hertford County Public Authority
 - *Management and Administration*
- ECU Brody School of Medicine
 - *Contracted Provider*
- ECHAP
 - *Regional HIV Consortium*
- Kate B. Reynolds
 - *Development and Prevention Funding*
- Local Health Departments
 - *Support and leveraging of resources*



The State Perspective



HIV in North Carolina*

- 2,022 new HIV diagnoses were reported for an overall rate of 23.3 per 100,000
- The rate of infection for non-Hispanic blacks was more than eight times greater than for non-Hispanic whites
- The highest rate was among non-Hispanic blacks at 103.3 per 100,000 – seven times the rate for non-Hispanic whites
- The greatest disparity was for black, non-Hispanic females with a rate of 42.2 per 100,000 which was almost seventeen times higher than that of white non-Hispanic females

– *all data is 2006

HIV in North Carolina*

- Men who have sex with men (MSM) was the principal risk category at 51 percent of reports
- Approximately 30 percent of new individuals reported each year with HIV disease also represent new AIDS cases
- Since the early 1900s, about 25 percent of NC's HIV disease reports have consistently come from rural areas
- Hertford County had the highest county HIV infection rate in the state at 162.7 per 100,000 average over 2004-2006

– *all data is 2006

NC's Goals in the HIV Arena

- To increase the level of testing across the state
- To get new positives into care as quickly as possible
- To keep clients in care

NC and the Southern AIDS Coalition (SAC)

- Original SAC Manifesto published in March, 2002:
 - Described disproportionate impact of AIDS on the South
 - Called for funding to be redistributed accordingly
 - The Ryan White reauthorization took major steps to address the funding inequity
- The 2008 Manifesto Update was published in July, 2008:
 - Described the continued disproportionate impact of AIDS on the South
 - Seeks additional adjustments to funding patterns

Genesis of the Mobile Clinic Concept

- Attended the 2005 Northeast Partnership strategic planning meeting
- Discussion involved several disease topics, HIV among them
- Greatest challenges for the local health departments were:
 - Transportation
 - Stigma

Genesis of the Mobile Clinic Concept (cont.)

- Transportation to provider hindered by distance and expense
- Stigma exacerbated by the rural nature of the area – “everybody knows everybody”

Genesis of the Mobile Clinic Concept (cont.)

- The utility of a mobile clinic to address both challenges to the provision of care was a topic of discussion in the meeting
- The state was pending a request for Ryan White carryover funds from HRSA
- The offer was made to ask HRSA for approval to purchase a mobile clinic

From Concept to Reality

- Discussed the clinic purchase with our grant project officer – sold her on the idea
- Our Statewide Coordinated Statement of Need had identified the issues of transportation and stigma for years
- HRSA has a policy specifically addressing the purchase of vehicles
- NC provided the required information and was awarded \$250k of the carryover for purchase of the mobile clinic

State Motives

- Address transportation and stigma issues in the region – the obvious
- Work towards our statewide goals of getting new clients into care and keeping them there
- Allocating funds at the state level consistent with our calls for national funding allocations

The Clinical Perspective

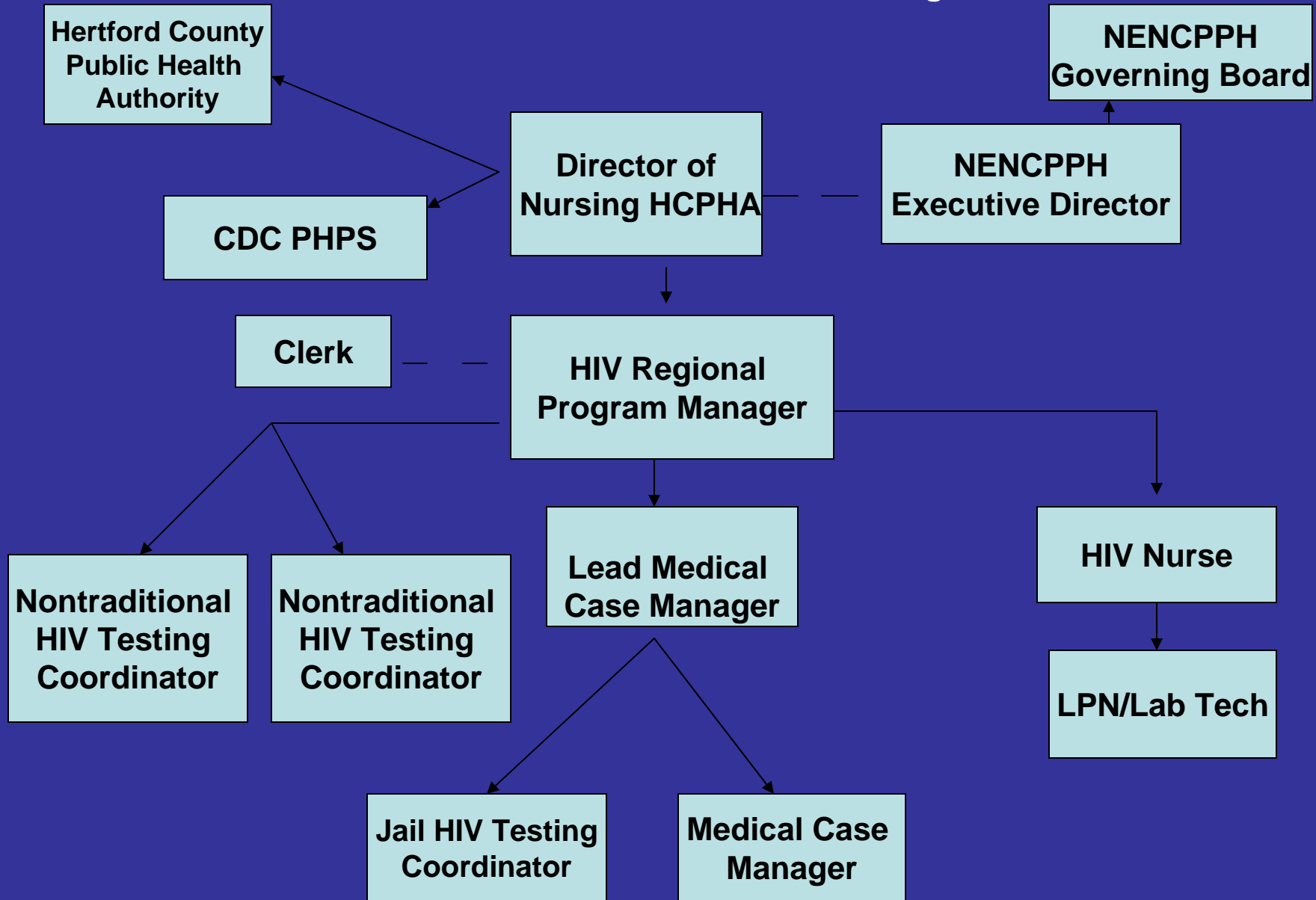


Accomplishments

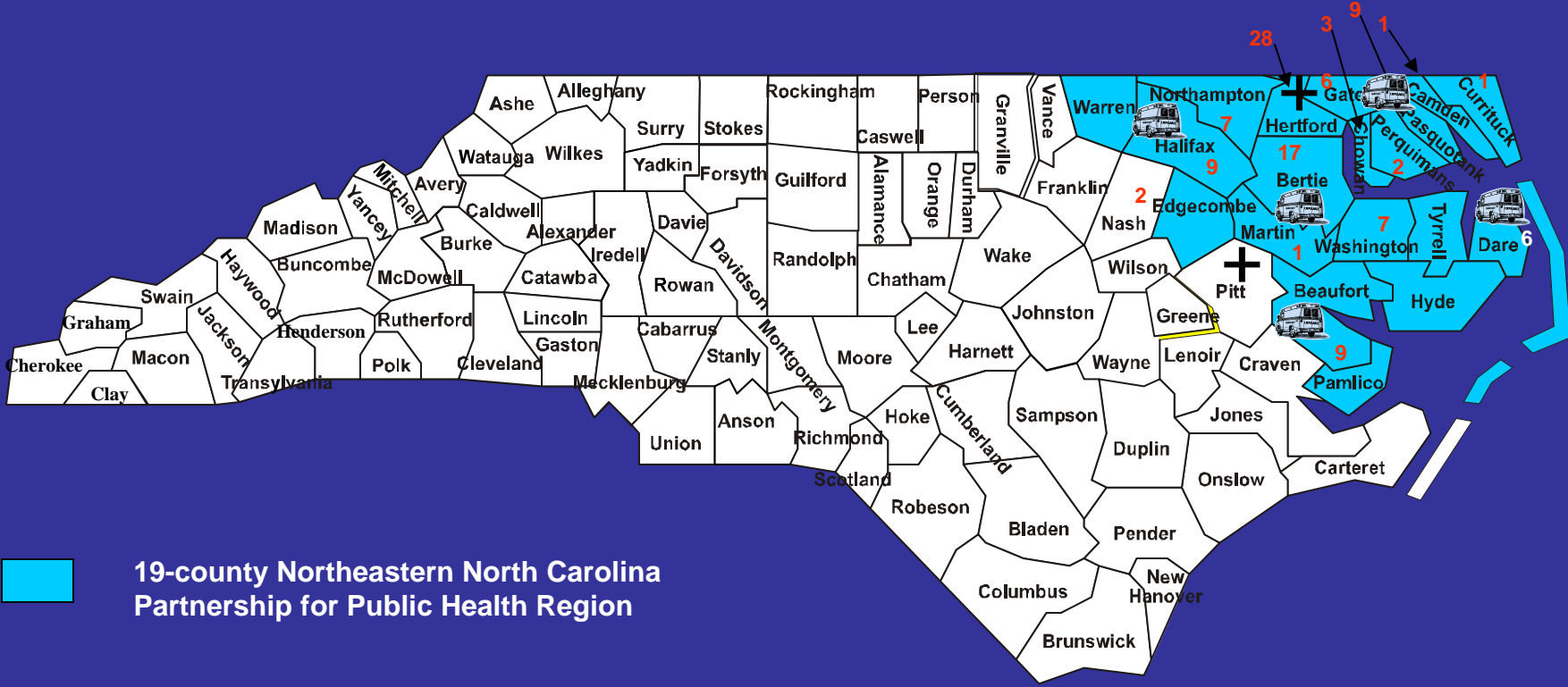
- Established 5 mobile regional care sites
- Developed “Health in Motion” as wellness service in the community
- Enrolled 47 new clients in mobile sites and 29 new clients in fixed site
- Tested 1,063 for HIV and provided HIV prevention education to 1,826 individuals



HIV Care, Prevention, and Detection Program



County Residents receiving Health in Motion HIV Care Services



19-county Northeastern North Carolina Partnership for Public Health Region



Counties with Regional HIV Mobile Primary Care Sites



Ahoskie and Greenville fixed HIV Primary Care Sites

Why it worked?

- Engaged the partners early on and kept them engaged in the process
- Started with a clear plan & identified a leading partner
- Minimized the negative impact of political considerations on good service delivery
- Continued public health buy-in to serve the community

Conclusion



Stakeholders have collaborated to develop an innovative HIV care, prevention, and detection program through the use of a mobile clinic.

Contacts

For more information:

Colleen DiLiddo

CDC Public Health Prevention Specialist

Northeastern North Carolina Partnership for Public Health

eug4@cdc.gov

John Peebles

Operations Unit Manager

Communicable Disease Branch-North Carolina Division of Public Health

john.peebles@ncmail.net

Diane McLawhorn

Director of Nursing/Interim Health Director

Hertford County Public Health Authority

diane.mclawhorn@ncmail.net