

**Health**



**in**

**Motion**

*Building stronger communities.*

Colleen DiLiddo and John Peebles

ASTHO-NACCHO  
September 11, 2008

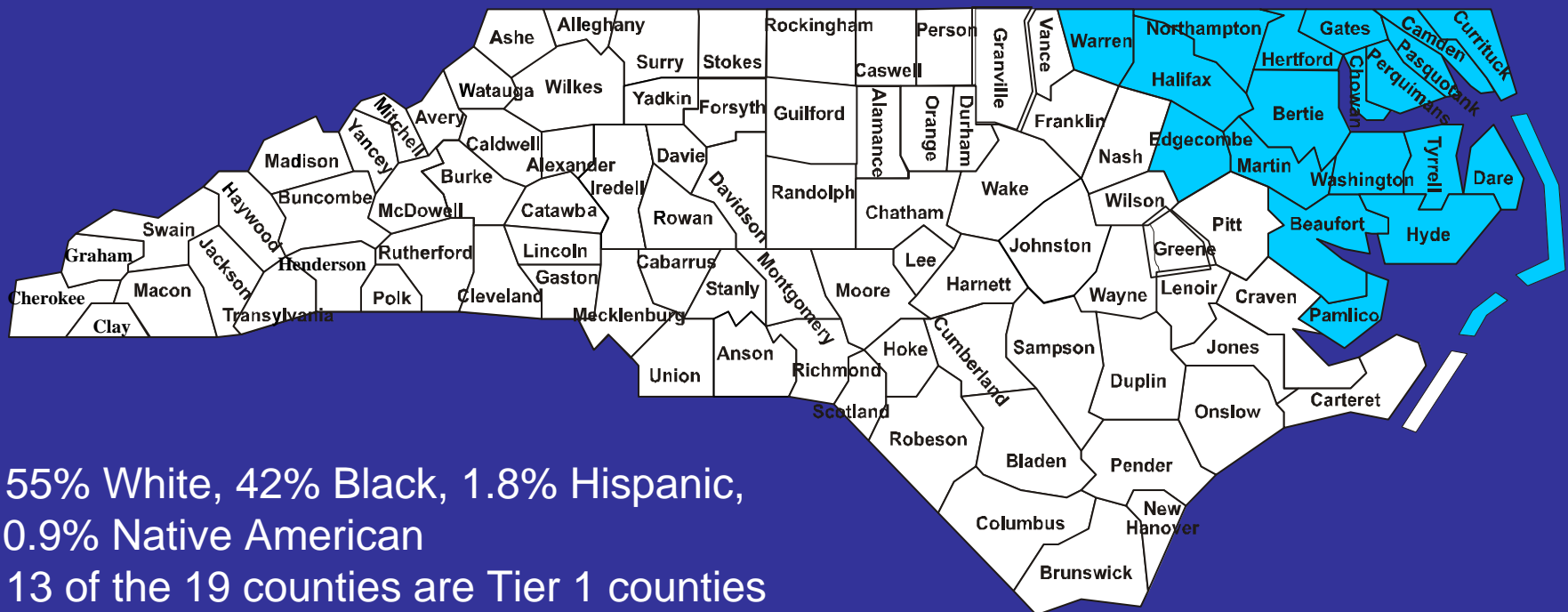
# Objective

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





# 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

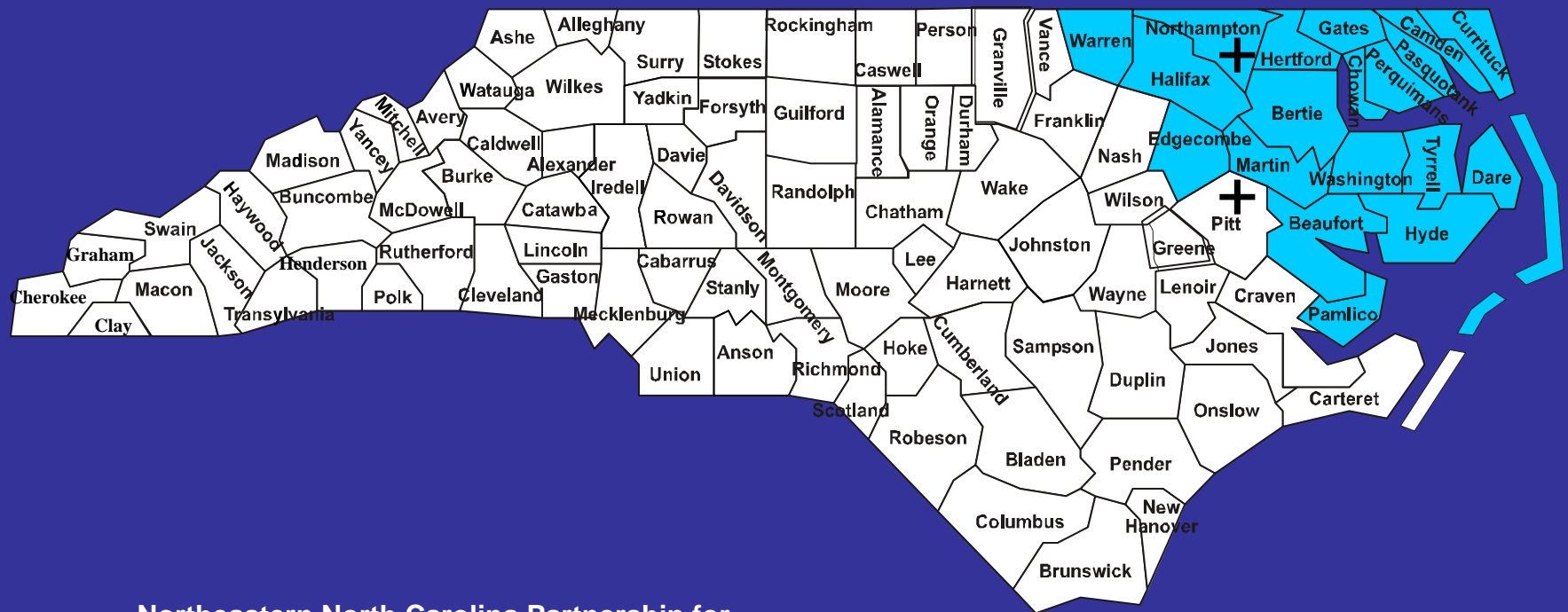
- First public health “Incubator” in North Carolina
  - A voluntary association of public health agencies in the region
  - Membership includes health directors who serve 19 counties



# 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 NENCPPH 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

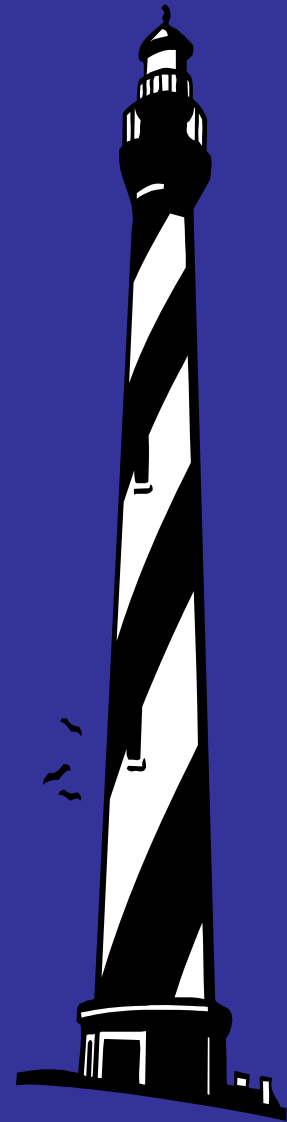


# Next Steps

- 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*



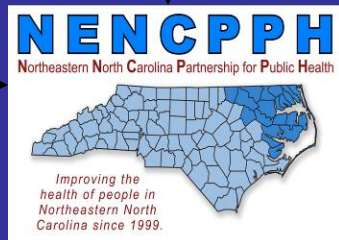
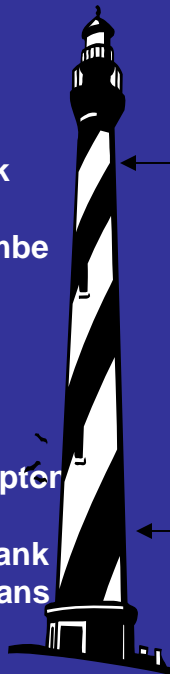


# Partners

## ECHAP



- Bertie
- Beaufort
- Camden
- Chowan
- Currituck
- Dare
- Edgecombe
- Gates
- Halifax
- Hertford
- Hyde
- Martin
- Northampton
- Pamlico
- Pasquotank
- Perquimans
- Tyrrell
- Warren
- Washington



## ECHAP



# 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 1990s, 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

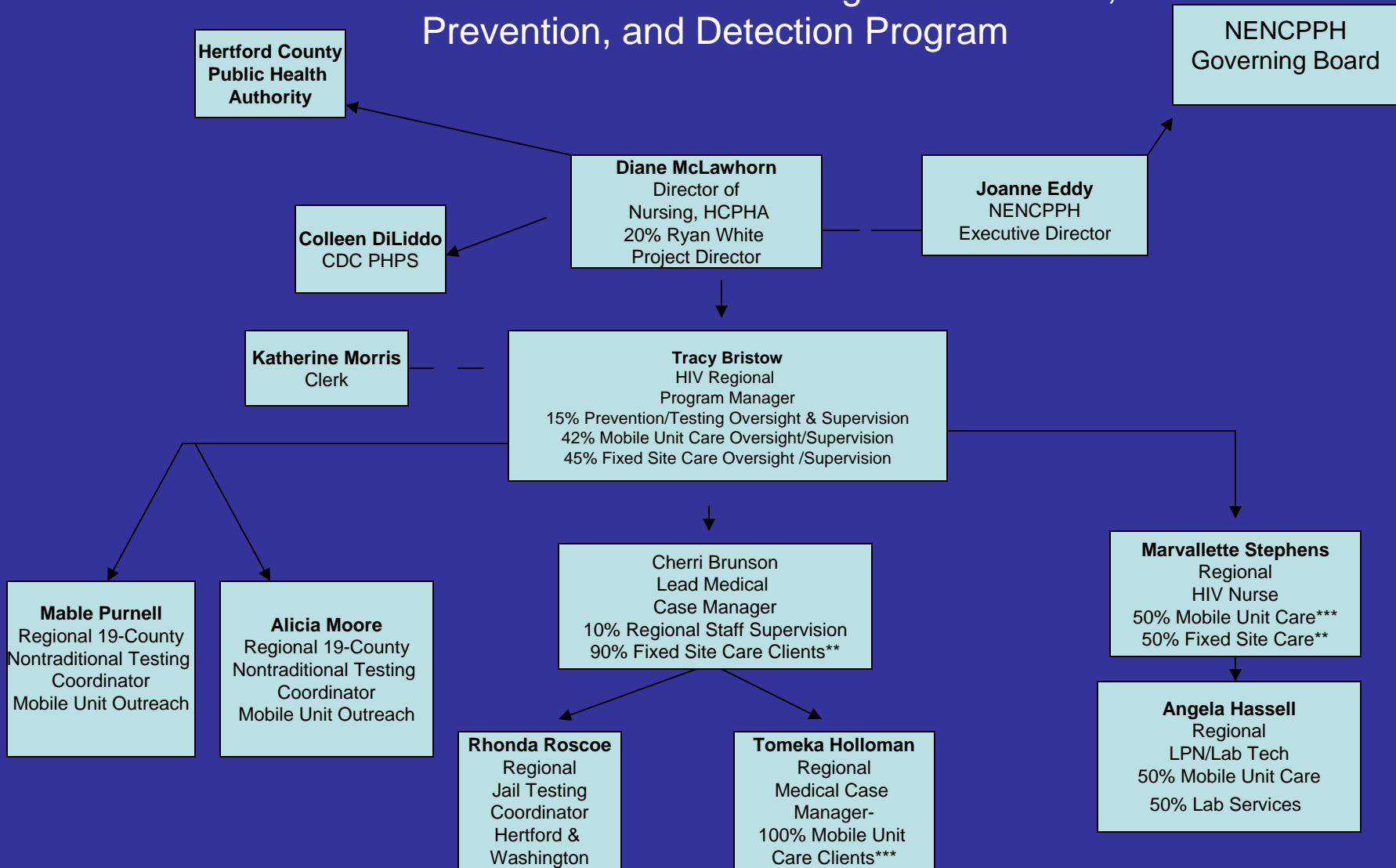
- Address transportation and stigma issues in the region – the obvious
- Work towards our statewide goals of getting new clients into care and keeping them there
- Allocating funds at the state level consistent with our calls for national funding allocations

# 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



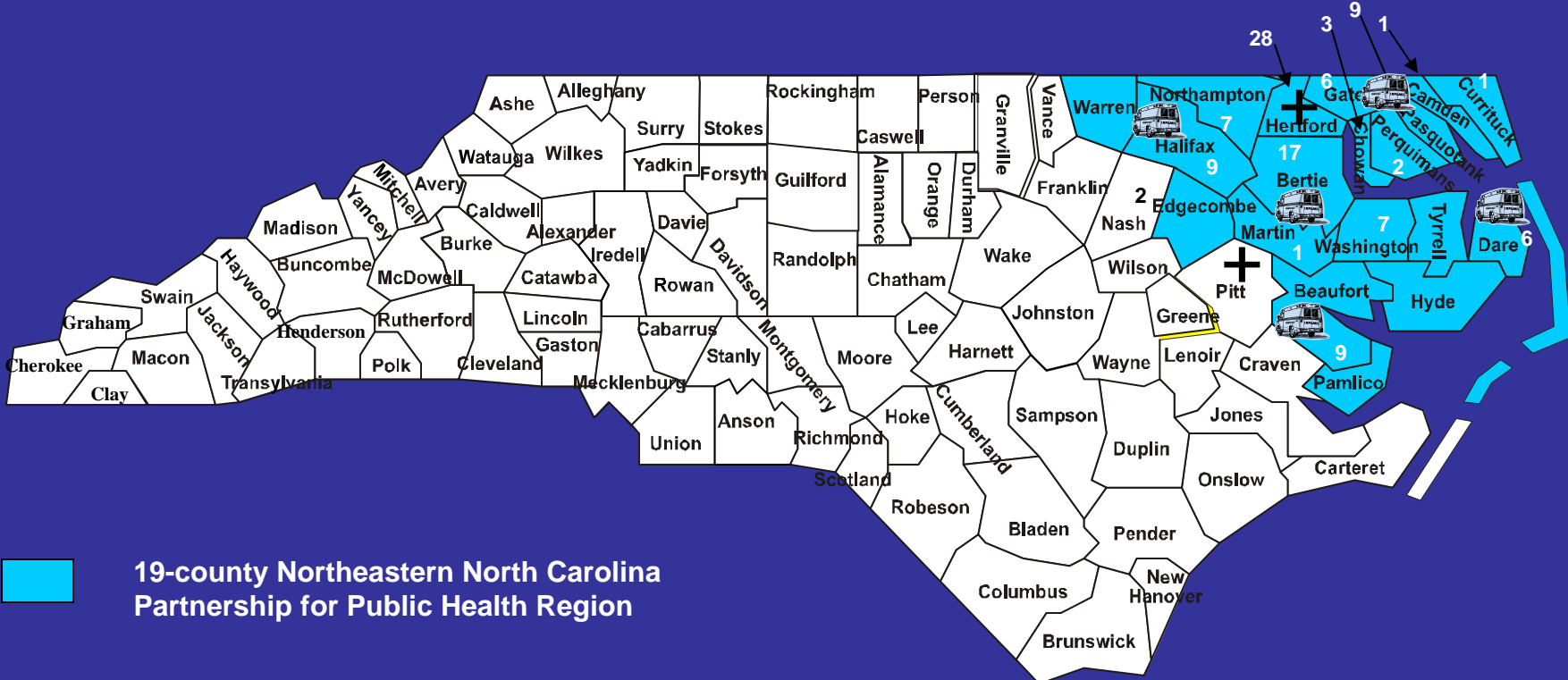
# Northeastern North Carolina Regional HIV Care, Prevention, and Detection Program



\*\*Fixed Site Care located in Ahoskie includes clients from Beaufort, Bertie, Chowan, Gates, Hertford, Martin, Northampton, Pasquotank, Perquimans, and Washington Counties.

\*\*\*Mobile Site Care located in Bertie, Beaufort, Dare, Halifax, and Lenoir includes clients from Beaufort, Bertie, Dare, Halifax, Lenoir, and Perquimans Counties.

# County Residents receiving Health in Motion HIV Care Services



19-county Northeastern North Carolina Partnership for Public Health Region

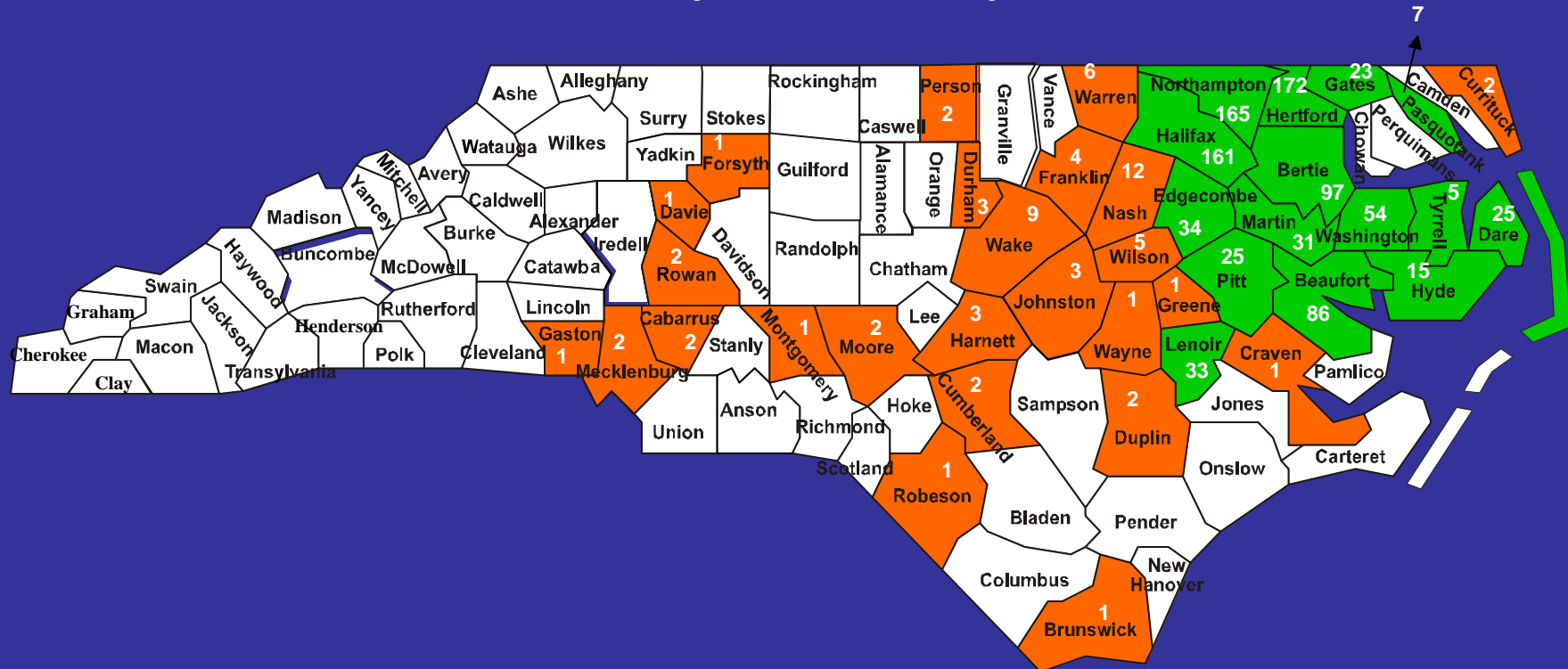


Counties with Regional HIV Mobile Primary Care Sites



Ahoskie and Greenville fixed HIV Primary Care Sites

# Health in Motion HIV Testing Number Tested by County Residence



- Counties where Health in Motion HIV testing activities occurred from January 2007-August 2008. A total of 1063 HIV tests were administered.
- Counties with residents receiving HIV testing where no Health in Motion HIV testing activities occurred. A total of 60 out of state residents were tested.

# What have we learned?

- Start with a clear plan & identify lead partner
- Develop relationships with local Health Director and staff and follow their lead
- Engage the state
- Learn and understand partners' political considerations
- Communication (oral), communication (written), communication (informative, brief, and results oriented)

# Challenges

- Helping the partners to understand the program at every level from each perspective
- Minimizing the negative impact of political considerations on good service delivery
- Ensuring that all partners are actively engaged in decision making

# Conclusion



Stakeholders have collaborated to develop an innovative HIV care, prevention, and detection program that works across 19-county lines, serves the distinct needs of each county, and provides services in a nontraditional manner through the use of a mobile clinic.