

2017-2021 MIAMI-DADE COUNTY INTEGRATED HIV PREVENTION & CARE PLAN

NHAS Goals, Local Continuum Goals and Strategies

-- DRAFT --

All CDC/DHAP and HRSA/HAB funded jurisdictions are required to have a planning process that includes the development of a Comprehensive Plan...The Integrated HIV Prevention and Care Plan is a vehicle to identify HIV prevention and care needs, existing resources, barriers, and gaps within jurisdictions and outlines the strategies to address them.

The Integrated HIV Prevention and Care Plan is required to align with the goals of the National HIV/AIDS Strategy (NHAS) and to use the principles and the intent of the HIV Care Continuum to inform the needs assessment process and the service delivery implementation. Jurisdictions funded by both CDC DHAP and HRSA HAB should submit a single Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need.

NHAS GOAL 1: Reduce New HIV Infections
NHAS GOAL 2: Increase Access to Care and Improve Health Outcomes for People Living with HIV [or AIDS] (PLWHA)
NHAS GOAL 3: Reduce HIV-related health disparities and health inequities

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NHAS GOAL 1: REDUCE NEW HIV INFECTIONS

Continuum of Care Goals

1. Prevention:

Objectives:

- Reduce the new infection rate (per 100,000 population) by at least 25% by 2021.
- Eliminate the number of HIV-infected infants born in Miami-Dade by 2021.

Strategies

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2. Diagnosis

Objective:

- Increase the number of PLWHA who know their serostatus to at least 90% by 2012.

Strategies

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NHAS GOAL 2: INCREASE ACCESS TO CARE AND IMPROVE HEALTH OUTCOMES FOR PEOPLE LIVING WITH HIV [OR AIDS] (PLWHA)

Continuum of Care Goals:

1. *Linkage to care*

Objectives:

- Increase the percentage of PLWHA linked to medical care 30 days post-diagnosis to 85% by 2021.
- Increase the percentage of PLWHA with a CD4 or Viral Load lab test within 30 days post-diagnosis to at least 85% by 2021.

Strategies:

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2. *Retention in care*

Objective:

- Increase the percentage of PLWHA who had at least two HIV medical visits [or CD4/VL lab tests, or prescriptions filled for ARV medications, or any combination of two or more of these metrics] at least 90 days apart within a 12 month period to at least 90% by 2021.

Strategies:

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3. *Access To ARVs*

Objective:

- Increase in the percentage of PLWHA receiving ARV medications within 90 days of diagnosis to at least 80% by 2021.

Strategies:

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4. *VL suppression*

Objective:

- Increase the percentage of PLWHA with a viral load of <200 copies/mL to 80% by 2021.

Strategies:

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NHAS GOAL 3: REDUCE HIV-RELATED HEALTH DISPARITIES AND HEALTH INEQUITIES

Continuum of Care Goals

*Note: the local continuum of care goals for this NHAS goal will be generally quite similar. We envision an analysis that cascades specific “disproportionately affected sub-populations” -- provisionally, Black MSM, Black IDU, Black heterosexual, Hispanic heterosexual, young MSM, and White MSM – to see at what point the disproportions are most compelling. Some of these may be visible at the point of entry (i.e., diagnosis); other disproportions may be more troublesome because they contribute to significant losses at linkage, engagement and retention. **The BASELINE identification of “real disparities” rather than “statistically visible differences” actually depends on this “risk group cascade” analysis as a precursor to setting all subsequent disparity goals.** We are suggesting “key disparate groups” as a gloss for these identified prioritized groups, and we are suggesting that once these groups are identified, they should be prioritized in a sequential year-by-year implementation program so as to concentrate FDOH/Part A/ADAP efforts on achievable annual disparity-reduction goals.*

1. *Diagnosis*

Objectives:

- Increase the number/percentage of PLWHA in key disparate groups who receive HIV testing through routine HIV screenings in healthcare and non-healthcare settings.
- Increase the number/percentage of PLWHA in key disparate groups who receive HIV testing through targeted FDOH testing activities and initiatives.

Strategies:

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2. *Linkage*

Objective:

- Increase the number/percentage of PLWHA in key disparate groups who are linked to medical care 30 days after diagnosis.

Strategies:

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3. Retention in Care

Objective:

- Increase the number/percentage of PLWHA in key disparate groups who are retained in medical care.

Strategies

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4. Access to ARVs

Objective:

- Match the percentage of PLWHA in key disparate groups who are receiving ARVs with the proportions of PLWHA in care.

Strategies

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5. VL Suppression

Objective:

- Match the percentage of PLWHA in key disparate groups who have suppressed VL with the proportions of PLWHA in care.

Strategies

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