

CAN **WE** GET THERE FROM HERE?

90 – 90 - 90

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VISION FOR NEW JERSEY

- 90% of people living with HIV (PLHIV) knowing their HIV status
- 90% of PLHIV who know their HIV-positive status on antiretroviral therapy (ART)
- 90% of PLHIV on ART achieving viral suppression
- Zero discrimination and stigma
- Attaining the 90-90-90 and zero discrimination and stigma targets is grounded in HIV care continuum optimization.

ULTIMATE SHARED GOAL FOR PREVENTION AND CARE

Viral suppression

RECOGNIZE

*The benefits of therapeutic and
high impact prevention interventions
of HIV treatment*

MAINTAIN FOCUS ON

Health Equity

Speedy Linkage to Care

Eliminate Stigma and Discrimination

Decriminalization of HIV

Partner, Collaborate

IMPACTING THE HIV CONTINUUM

HIV care continuum 3-point implementation strategy through:

- 1) delivering technical assistance to grantees;
- 2) facilitating consensus-building and coordination among key local stakeholders; and
- 3) providing capacity-building support for clinical and service providers, community-based organizations, and affected communities

Source: 90-90-90\Fast-Track Cities Initiative.htm

POSSIBLE NEXT STEPS

- Pilot to incentivize viral suppression among gay youth;
- Flagging EMR within the hospital so that if an out of care patient showed up in the ED or another clinic, ID is immediately informed.
- Utilizing our already placed Community Health Workers
- Utilizing Navigators
- Increasing emphasis on HIV data to care utilizing DIS to locate patients showing up as out of care in eHARS
- ID clinics increasing coordination among all DHSTS-funded staff (MCMs, NMCMs, CHWs, Navigators) by regularly meeting to identify lost to care patients and the strategy to get them back into care

POSSIBLE NEXT STEPS

- Constructing a Continuum of Care Cascade that would compare Essex to the State (geographic table) to see if there are any significant differences upon which we could collectively focus to improve a particularly low “bar” on the graph.
 - Track path of the epidemic, particularly those who remain unsuppressed yet still in care. Where are they coming from Essex. County. Expanding access to the Navigators; using eHARS, we could determine the top five to ten private practices submitting HIV reports and offer them the service of the Navigators when referring to the ID docs.
- Requested a fact sheet on Latinos with trends over the last 10 years. Both Barbara and Steve noticed an increase and that the epidemic among Latinos is creeping up NJ, with more in the North now and in the South in the past.
- The topic is prisons vs. jails. HIV among inmates in State facilities is an historic low (possibly linked to the dramatic decline among IDU over the past decade). How can DHSTS shift its focus from prisons to jails where there are likely to be more PLWH to test and link them to care.

POSSIBLE NEXT STEPS

- Working with pharmacies to set up systems to notify MDs when prescriptions are not picked up.
- Can we take a closer look at the 20% of patients who remain unsuppressed yet still in care to better characterize this population? Could this be done using the eHARS data?
- A recognition that among those who remain unsuppressed yet still in care, mental health issues/needs may be the single most common characteristic, which would not show up in eHARS



THANK YOU