

ARE YOU THE

DIFFERENCE?



STRATEGIC INITIATIVE
FOR HIV/AIDS CARE
& PREVENTION

OUR VISION: STRIVING TO END NEW INFECTIONS OF HIV IN SACRAMENTO IN 5 YEARS

- Every person knows their HIV status.
- Early HIV diagnosis is the norm.
- Behaviors that lead to HIV infection are understood by all.
- All communities are open and accepting of people with HIV/AIDS.
- The disproportionate impact of HIV/AIDS among social and ethnic minorities, particularly gay men, African Americans, and Latinos is a priority.
- Funding is sufficient for services needed by those with HIV/AIDS.

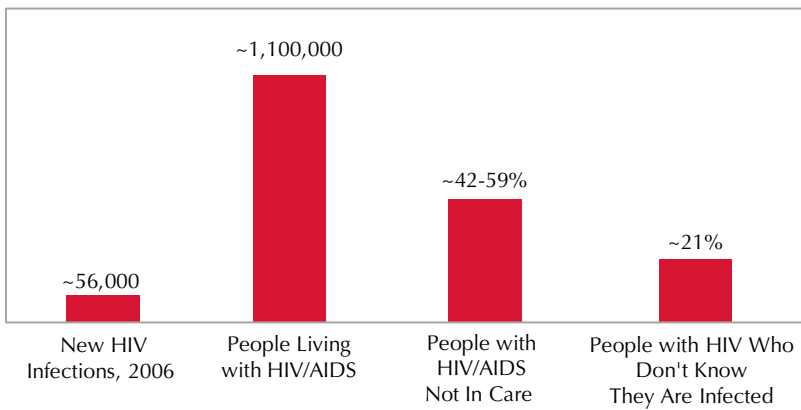
CORE VALUES OF THE STRATEGIC PLAN

- Diagnosing HIV at the earliest possible time.
- Addressing the disproportionate impact of HIV on gay men and communities of color.
- Informing every person about HIV/AIDS.
- Empowering individuals and communities to take responsibility for HIV prevention and education.
- Engaging political and community leaders to help in the effort to end new HIV infections.
- Maintaining a realistic understanding and nonjudgmental approach to sexual behavior and drug use.
- Informing people of all ages about sexual behavior and drug use.

MAJOR OBJECTIVES OF THE STRATEGIC PLAN

- HIV testing is understood, accessible and available to all.
- Public awareness of HIV/AIDS prevention is a constant focus.
- Opportunities for public participation in HIV/AIDS care and prevention are available.
- Innovative strategies for HIV/AIDS care and prevention are developed.
- Collaborations/partnerships for HIV/AIDS care and treatment are leveraged.
- Measurement of the effectiveness of HIV/AIDS care and prevention is ongoing.
- The written five year *Strategic Initiative for HIV/AIDS Care & Prevention* plan is endorsed by key stakeholders and is disseminated to influence public policy.
- Semi-annual forums are held to receive input and to review progress of the plan. A report is issued each year and disseminated to key stakeholders to influence public policy.

The Continuing HIV/AIDS Epidemic in the United States

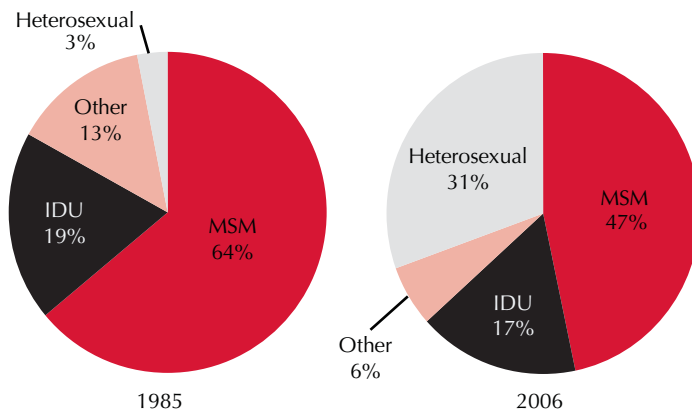


NOTE: Data are estimates.

SOURCE: Hall HI, et al., "Estimation of HIV Incidence in the United States". JAMA, Vol. 300, No. 5, August 2008; CDC, MMWR, Vol. 57, No. 39, 2008; Fleming P, et al., "HIV Prevalence in the United States 2000", 9th Conference on Retroviruses and Opportunistic Infections, 2002.



AIDS Diagnoses by Transmission Category, United States, 1985 & 2007



NOTE: Data are estimates. MSM=Men who have sex with men (gay and bisexual men); IDU=Injection drug-use

SOURCE: Kaiser Family Foundation, based on CDC, Presentation by Dr. Harold Jaffe, "HIV/AIDS in America Today", National HIV Prevention Conference, 2003; CDC, HIV/AIDS Surveillance Report, Vol. 19, 2009.



CHANGEHOPELIVE



ACCESSIBLE AND AVAILABLE TESTING

People know their HIV status; early diagnosis and linkage to care and treatment is the norm.

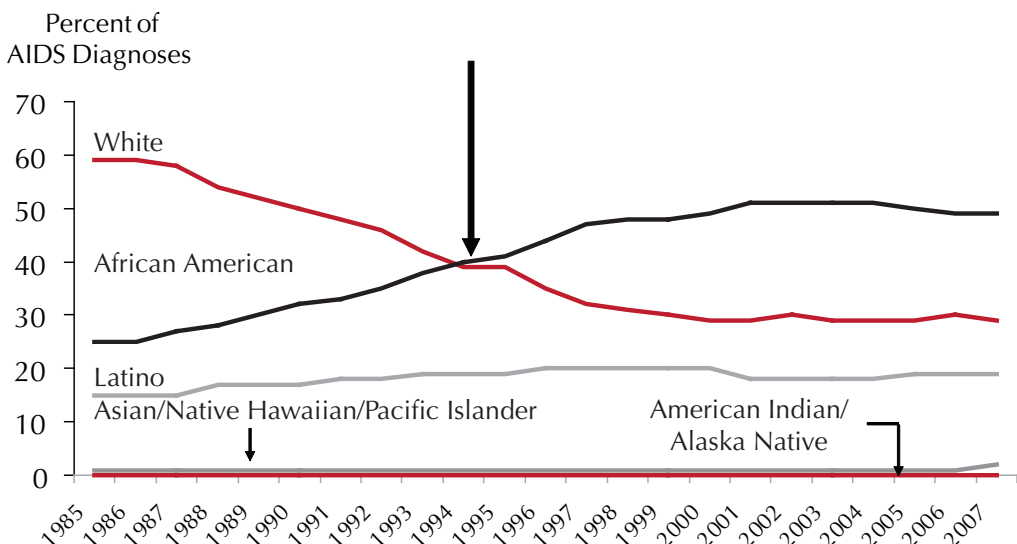
Strategy	Indicators of Achievement
Expand HIV testing locations.	Increased walk-in locations, emergency department testing, mental health facilities, jails/prisons, and STI clinic testing.
Expand testing of HIV positive partners.	Social Network Testing programs exist at HIV care locations.
Place special emphasis on high risk internet sexual venues.	Online outreach is ongoing and updated as needed.
Educate medical providers on all aspects of HIV testing and referral resources.	Increased HIV testing in private practices and increased referrals for HIV services.
Advocate for routine testing of HIV.	Routine HIV testing is a normal part of one's annual health care exam.

The bottom line: 1000 new infections of those who don't know their status must be detected in the next 5 years.



It only takes one person to change the world, one voice to silence the doubters, one belief to restore hope. Help us end HIV.

Proportion of AIDS Cases, by Race/Ethnicity, United States, 1985-2007



NOTE: Data are estimates and represent AIDS diagnoses by year.
 SOURCE: Kaiser Family Foundation, based on CDC, Data Request, 2006; CDC, HIV/AIDS Surveillance Report, Vol. 19, 2009.

HIV PREVENTION IS A CONSTANT FOCUS

Behaviors that lead to HIV infection are understood by all.

Strategy	Indicators of Achievement
Train individuals in affected communities to effectively communicate accurate health information about HIV.	Peer based programs promoting effective health messages exist for African Americans, Youth, Latinos, Gay Men, Injection Drug Users, and Women.
Engage and prepare people living with HIV/AIDS to inform others about HIV infection.	“Positively Speaking” program is being provided to all area high schools, middle schools, and other venues as requested.
Provide free condoms, lube, safer injection kits and needle exchange.	Materials are available in high risk areas, health fairs and other locations.
Training for healthy relationships is provided.	Empowerment and sexual health workshops are being presented in specific communities.
Priority is placed on “Prevention with Positives” by all HIV care providers.	Increased evidence of provider emphasis on prevention of HIV transmission with patients.

The bottom line: Peers are the most effective prevention messengers. Prevention efforts must continue to incorporate those who are HIV positive.

COMMUNITY AWARENESS REDUCES HIV STIGMA

All communities are open and accepting of people with HIV/AIDS.

Strategy	Indicators of Achievement
Provide opportunities for people to help end HIV in the way that best suits their interests.	A fully executed, comprehensive multi-media public awareness campaign.
Create opportunities for people sheltered from HIV/AIDS to learn about those infected.	Volunteer opportunities for faith communities and other organizations to work with and care for people with HIV have been developed.
Reduce the stigma found in some religious institutions that inhibits people from getting tested or seeking care.	A comprehensive plan to educate congregants, reduce HIV stigma and increase awareness is developed and executed.
Engage community leaders and community members to help maintain HIV/AIDS as a priority.	There is widespread advocacy and support of important activities and legislation surrounding HIV/AIDS issues.

The bottom line: Stigma is a powerful deterrent to many in seeking care for this disease, as well as in community and personal receptivity to prevention messages.

CARE AND TREATMENT

HIV care is comprehensive and multi-faceted to produce optimal patient outcomes.

Strategy	Indicators of Achievement
Retaining patients in care is key to the best possible health outcomes and to HIV prevention.	Those who have dropped out of care are located and those in care are retained in increasing numbers.
The HIV/AIDS care system is well coordinated and understood by all providers and patients.	Patient care is seamless between organizations and patients utilize all services needed for optimal care.
Medical expertise is expanded to ensure accessibility of care for all and to ensure continued HIV specialty care.	Rural areas receive training/resources to provide HIV care. Ample providers are trained to meet future needs.

The bottom line: HIV/AIDS care is prevention.

SUSTAINABILITY

HIV/AIDS service providers provide quality and efficient care by maximizing community resources.

Strategy	Indicators of Achievement
Optimize HIV/AIDS service providers' available resources to provide cost effective, efficient care.	<p>The AIDS Service Coalition is established to maximize collaboration and eliminate duplication of services.</p> <p>A shared service information system and a shared data collection system are uniformly adopted for clients and service providers.</p> <p>Grant applications and scheduling of events are collaborative (when appropriate).</p> <p>Community prevention activities are collaborative (when appropriate).</p>

The bottom line: Working together provides the best care for our patients.



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Be the difference. Visit:

www.areyouthedifference.org



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