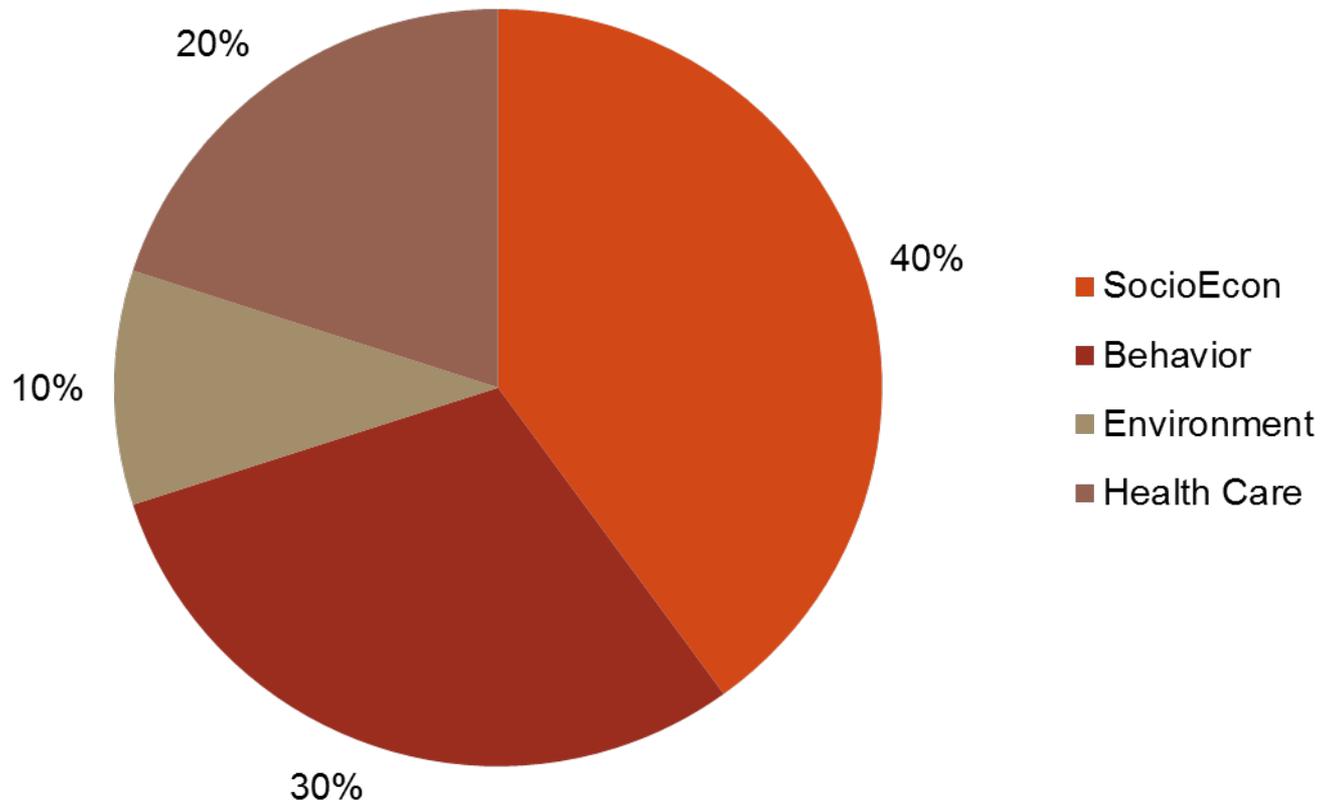


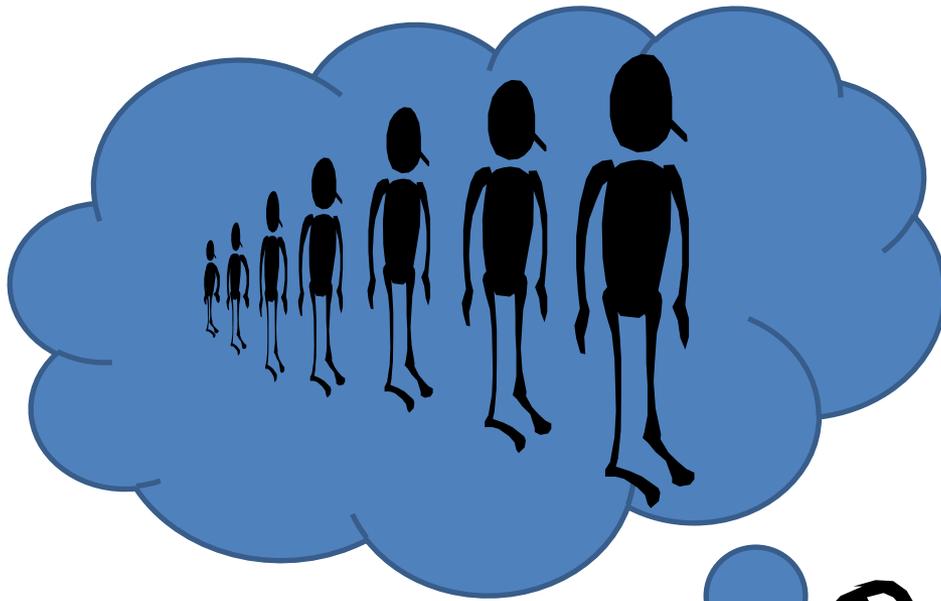
# The Work of 2014

Office of Infectious Disease

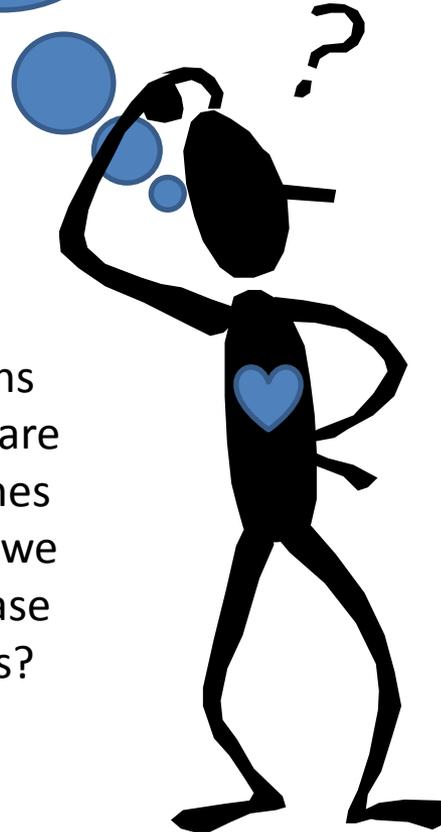
February 6, 2014

# What determines health? And where are the resources?

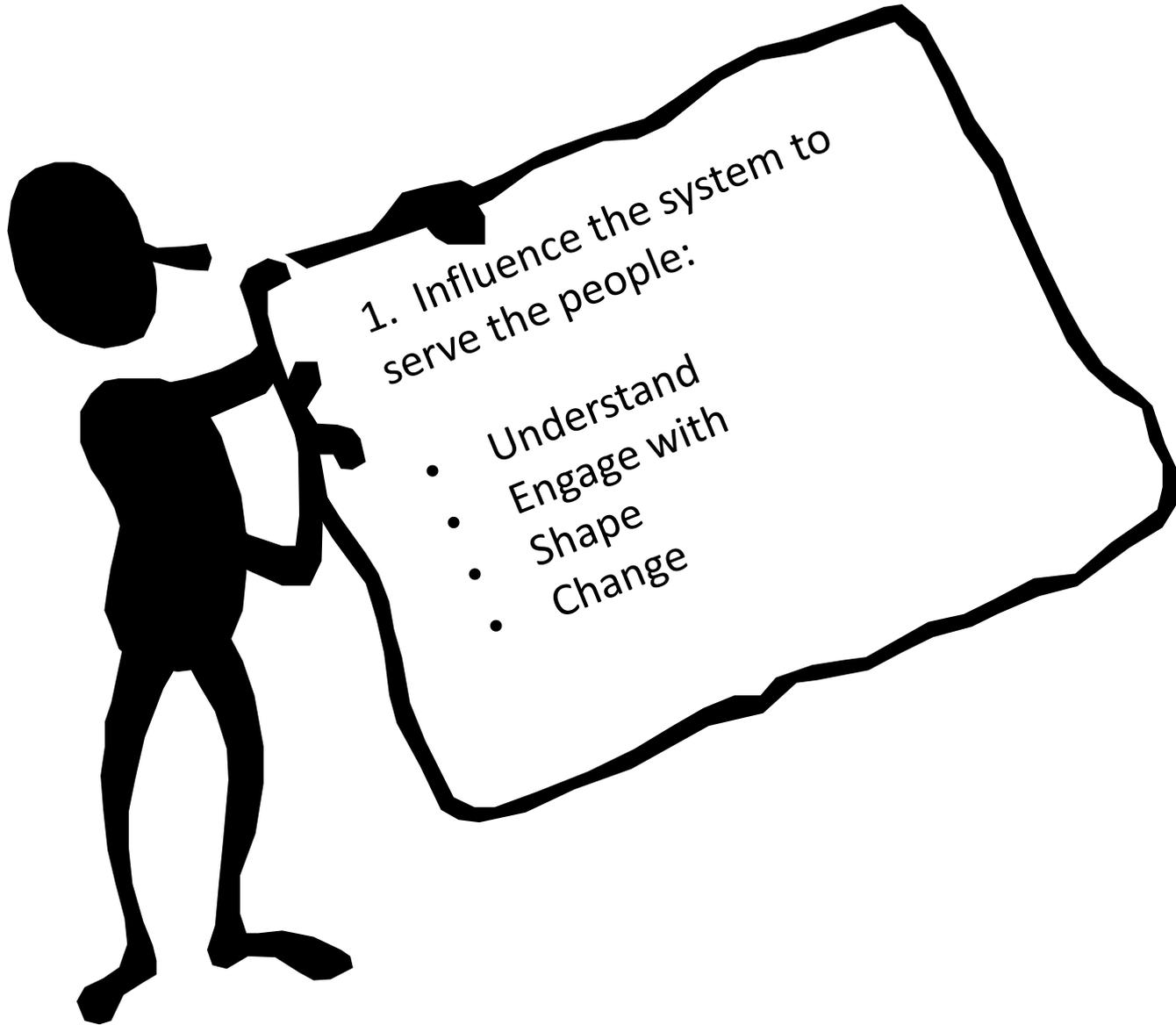


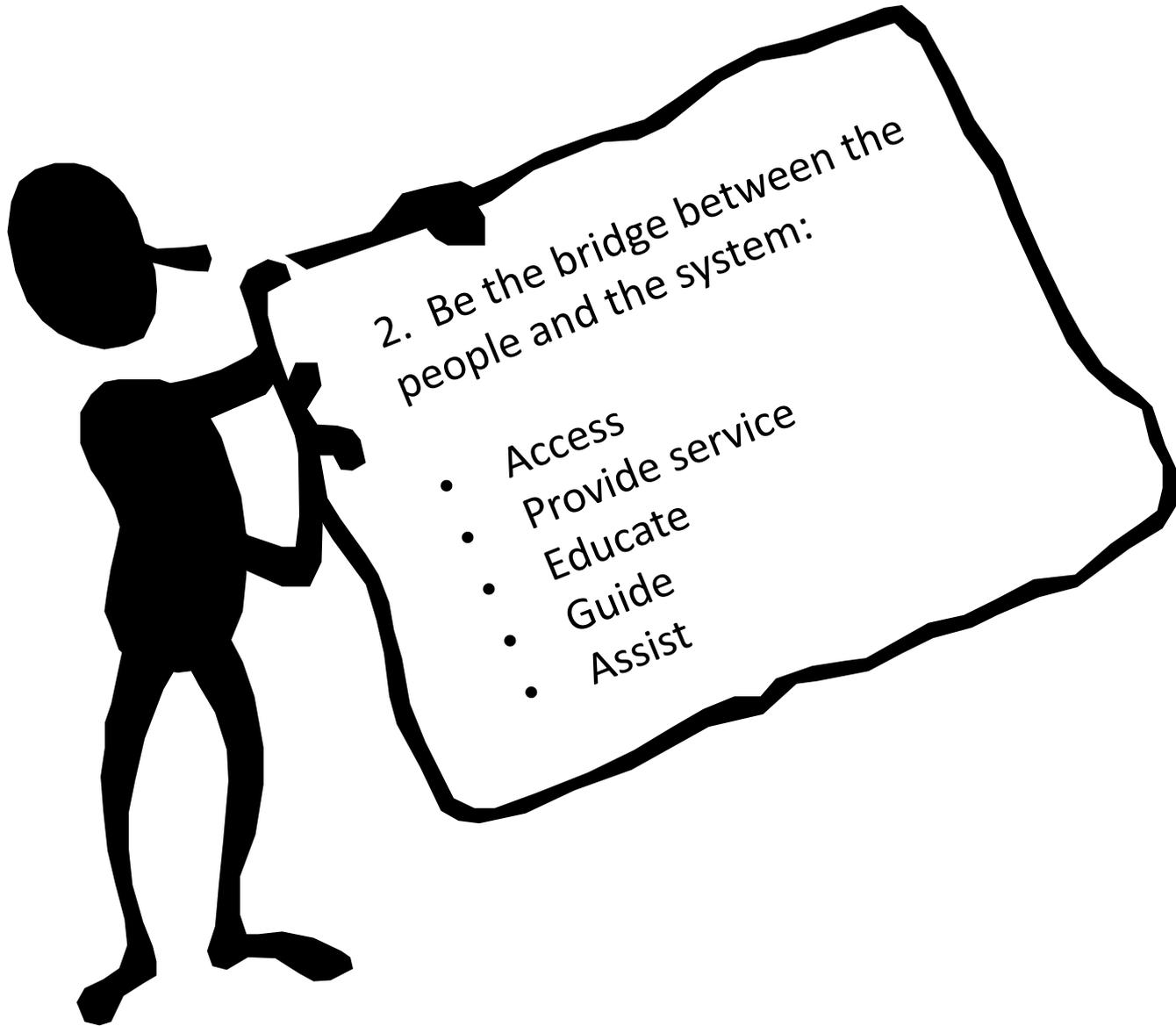


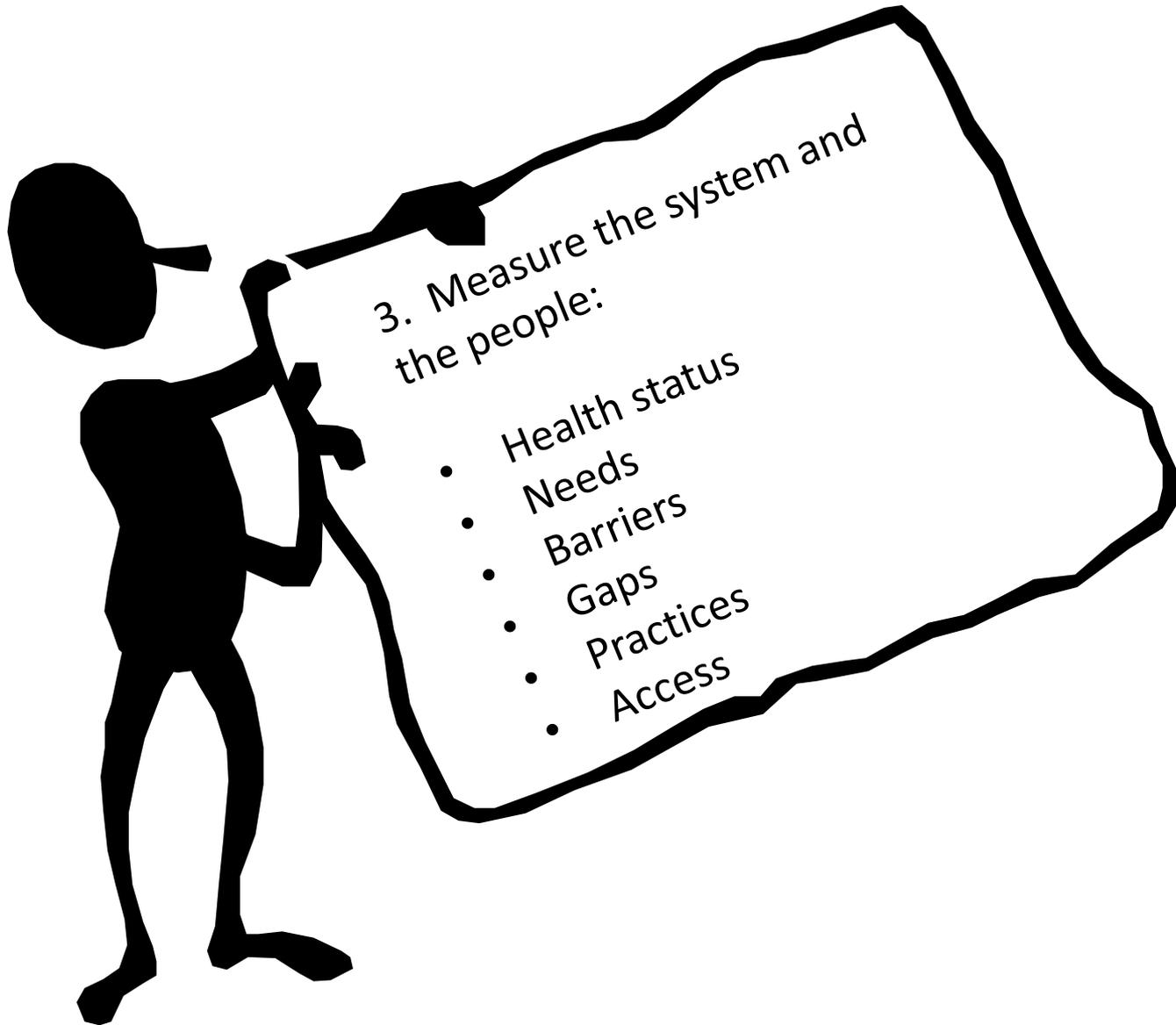
What we care about is the people...how can we make sure that the people/populations who have STDs/HIV/hepatitis/TB are diagnosed and treated (sometimes over the course of their lives) so we can reduce transmission of disease and the overall number of cases?



What is public health's role?





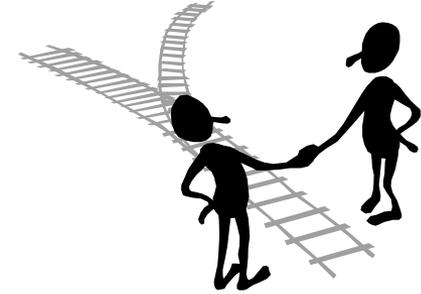


3. Measure the system and the people:

- Health status
- Needs
- Barriers
- Gaps
- Practices
- Access

# Planning system representation

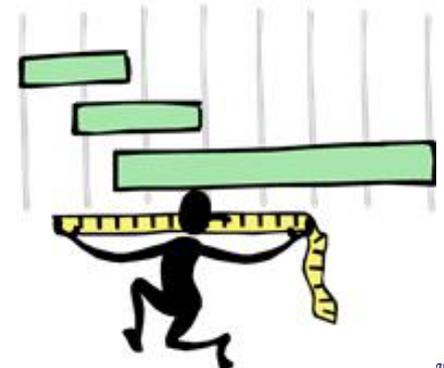
- Influence the system to serve the people



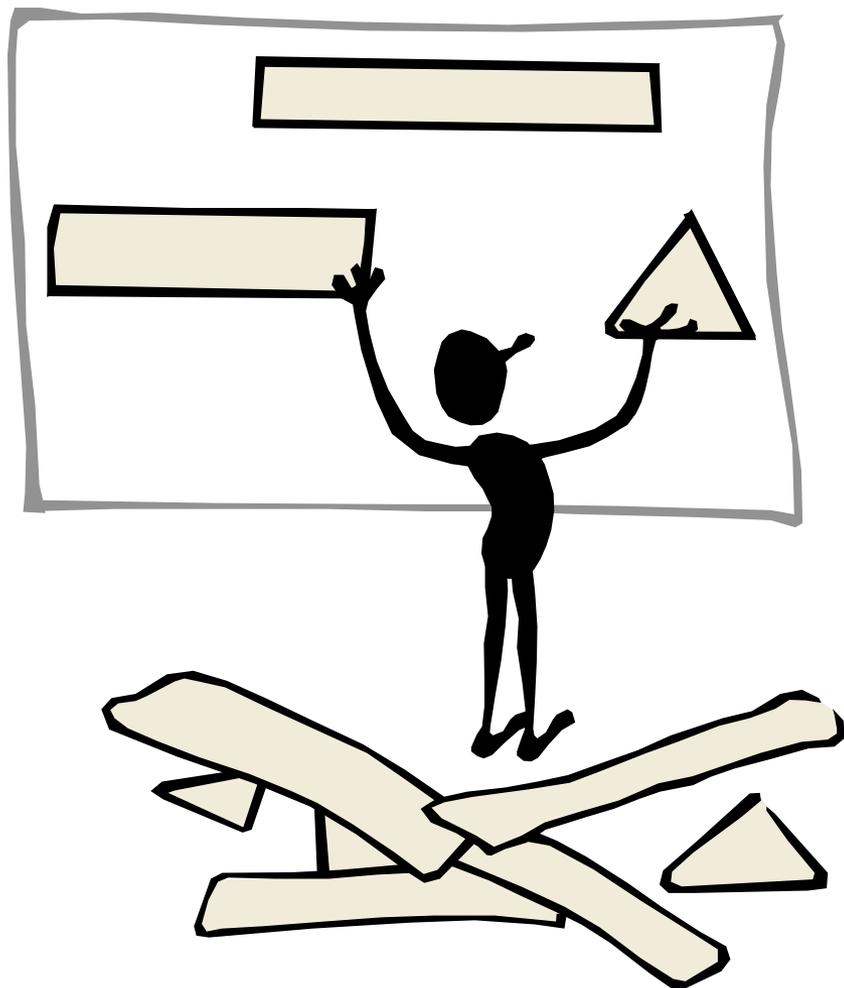
- Be the bridge between the system and the people



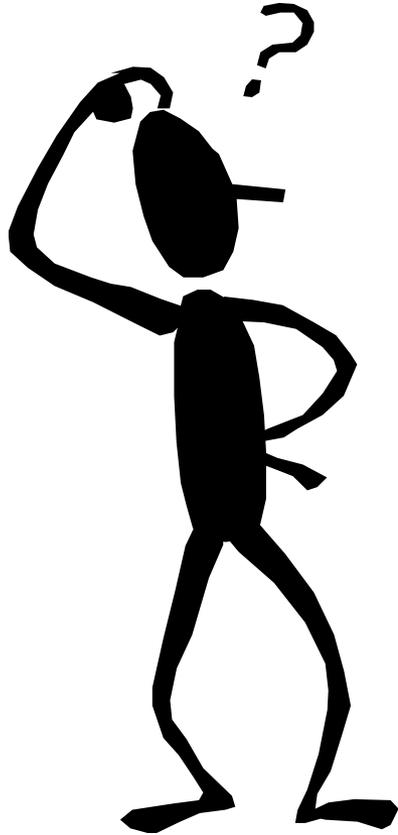
- Measure the system and the people



## Right work, right scope



- Defined outcomes
- Activities disciplined to outcomes
- Adequate scale and scope to influence population health
- Fills a unique niche that other entities can't do more effectively or efficiently
- Makes best use of limited public health resources



Questions?



# **PUBLIC HEALTH**

**ALWAYS WORKING FOR A SAFER AND  
HEALTHIER WASHINGTON**

Washington State  
HIV Planning System  
February 6, 2014

## Washington State HIV Planning System

### GUIDING PRINCIPLES

Plan for the end of the epidemic

Plan for the entirety of the continuum

Use scientifically proven, cost-effective, and scalable interventions

Monitor and evaluate progress towards ending the epidemic

### INTENTIONS

**DOH will:**

Align with NHAS:

- Reduce the number of people who become infected with HIV
- Increase access to care and optimize health outcomes for PLWH
- Reduce HIV related health disparities
- Reduce HIV Infections in WA state by 25% by 2016

**DOH will:**

Include interventions and strategies that work along the entire continuum and serve:

- HIV Positive
- High Risk HIV Negative
- HIV Diagnosed
- Linked to care
- Retained in Care
- Antiretroviral Adherent
- Suppressed Viral Load

**DOH will:**

Prioritize:

- Prevention and quality care for PLWH and their partners
- HIV testing and linkage to care
- Antiretroviral therapy
- Access and use of condoms and sterile syringes
- Prevention programs for persons at high risk of HIV infection
- Substance abuse and mental health treatment
- Screening and treatment for other STIs

**DOH will:**

- Build transparent accountability mechanisms that are shared with HIV affected, infected and the greater community.
- Implement outcomes based monitoring, evaluation and quality management.

# Washington State HIV Planning System

**Vision:** End the HIV epidemic in Washington State

**Mission:** Engage a broad spectrum of HIV stakeholders to add value to the Washington State Strategic HIV Plan

**Goals:** The Plan describes a strategic HIV prevention, care and treatment continuum that:

- Prevents the maximum number of new HIV infections in Washington State; and,
- Assures individual level and core public health outcomes for all persons living with HIV regardless of health care coverage or geographic location in Washington State.

**Guides:**

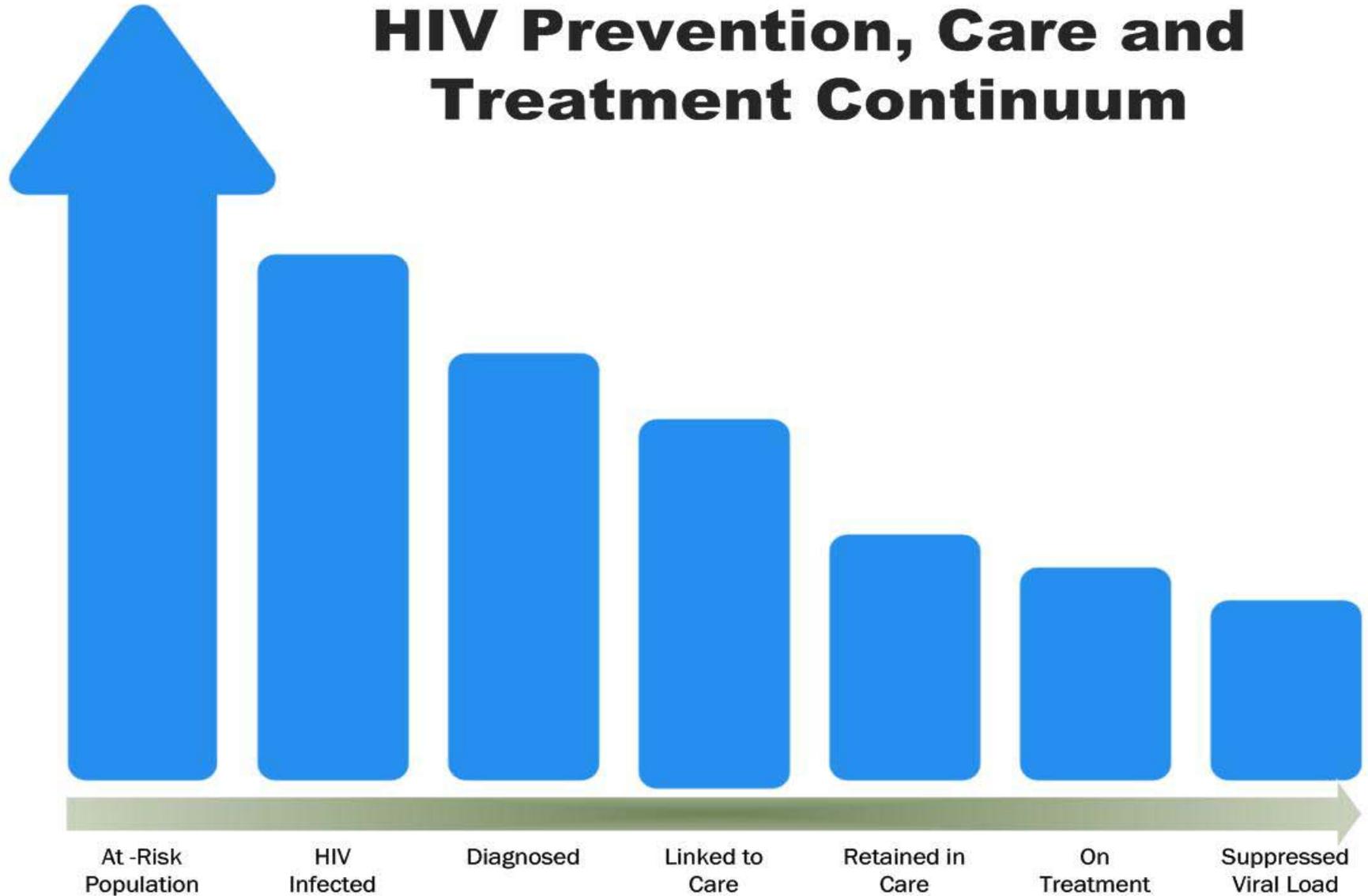
- The National HIV / AIDS Strategy
- High Impact Prevention
- Outcomes Based HIV Programming
- Affordable Care Act

# Washington State HIV Planning System

## **Scope:**

HIV planning activities focus on improving, adding insight and value to the HIV prevention, care and treatment continuum in order to assure optimal health outcomes for HIV negative at-risk populations and HIV infected persons.

# HIV Prevention, Care and Treatment Continuum



# Washington State HIV Planning System

## Stakeholder Groups:

DOH consistently provides information to, and elicits input from, three primary stakeholder groups on current and proposed Plan interventions and strategies.

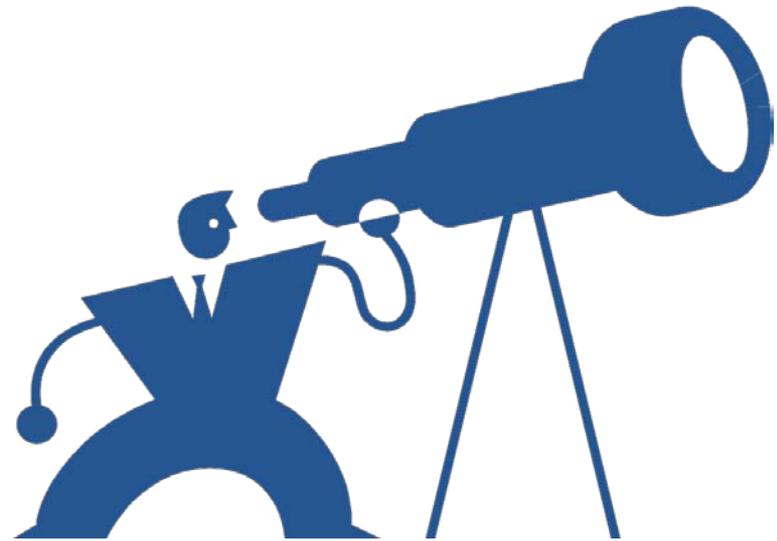
- HIV Planning Steering Group
- HIV Stakeholder Village
- HIV Special Emphasis Workgroups

DOH is committed to ensuring the inclusion and participation of People Living with HIV in the planning system

# HIV Planning Steering Group (HPSG)

- Formal standing advisory group
- Frequency – quarterly, in person
- Facilitated by DOH designated HIV Planner

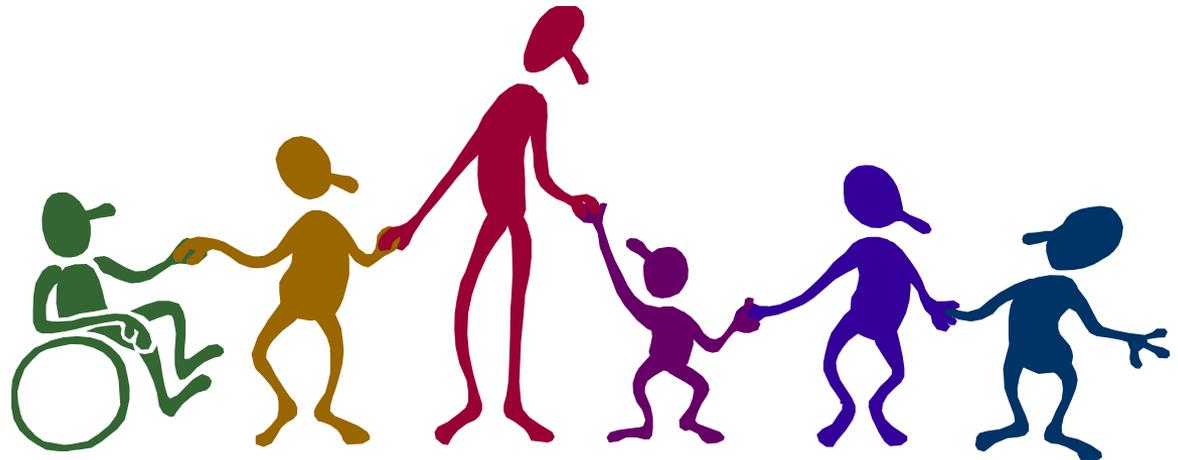
**Big Picture**



# HIV Stakeholder Village

- No formal membership
- Open to everyone
- Frequency - similar in number to HPSG
- In coordination with local organizations
- Varied formats

**Broad**



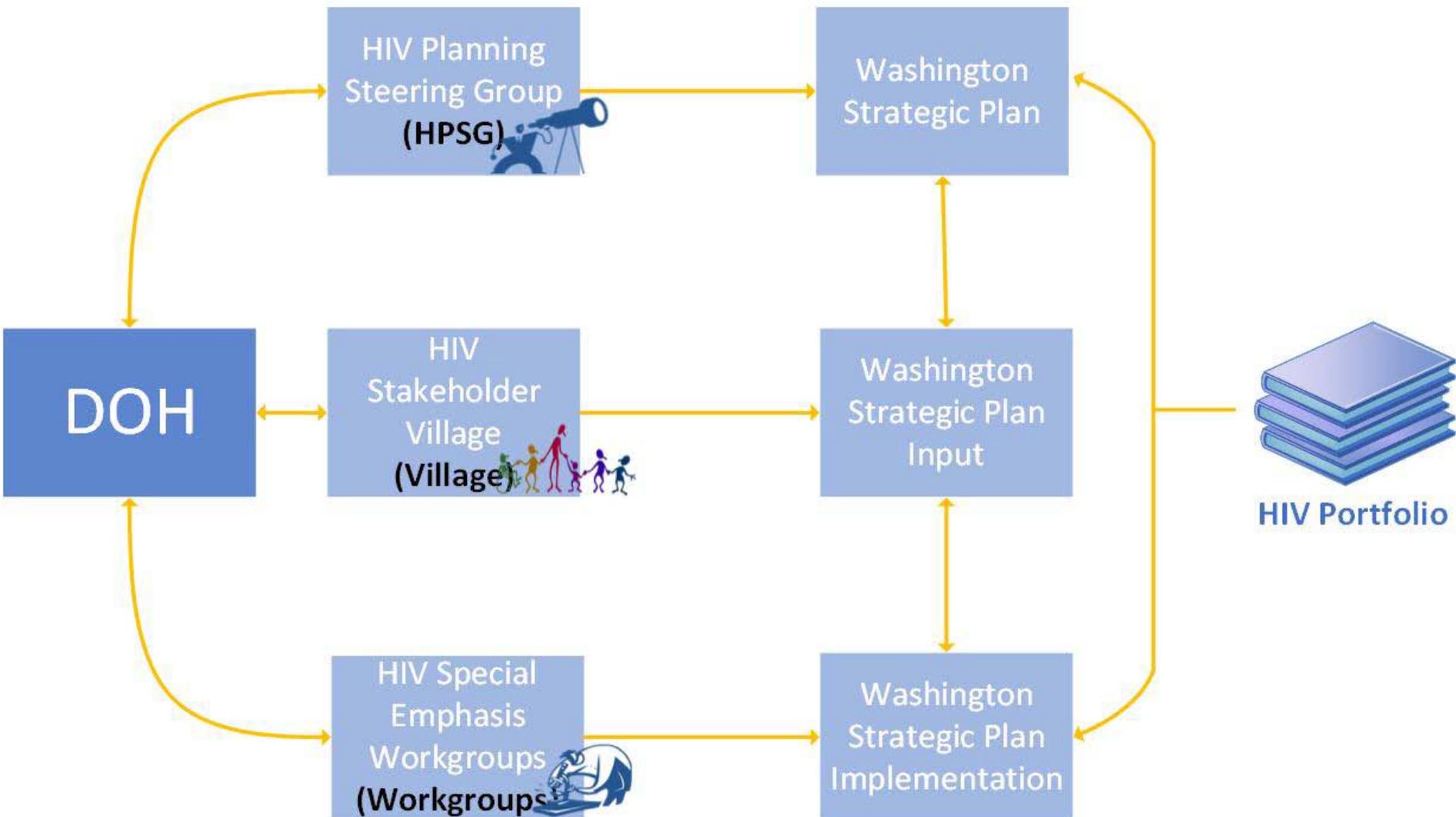
# HIV Special Emphasis Workgroups

- Informal ad-hoc advisory bodies
- Variable meeting format
- Project specific
- Facilitated by staff responsible for project implementation and management
- Membership consists of subject matter experts

Small Picture

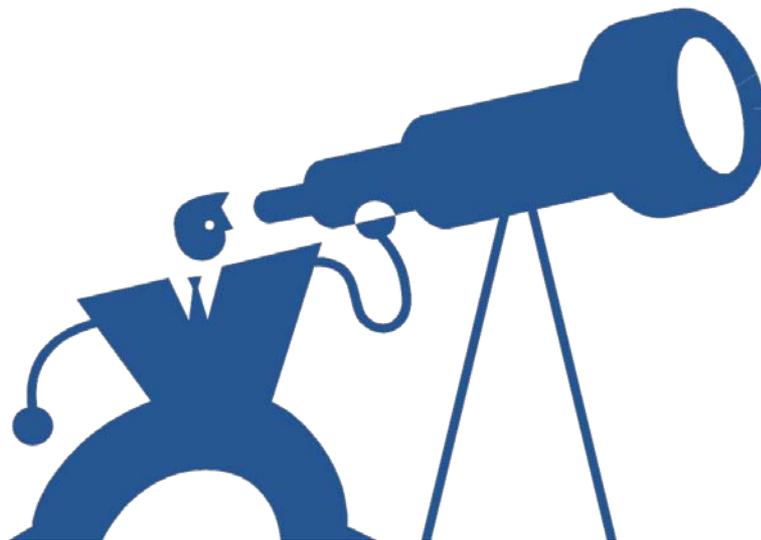


# Washington State HIV Planning System



# HIV Planning Steering Group

Membership Opportunity



# Application

## Membership Criteria

- HPSG Qualities
- Skills & Expertise
- Demographics

## Packet Contents

- HPSG Application
- HPSG Qualities Description
- HIV Framework
- HPSG Job Description



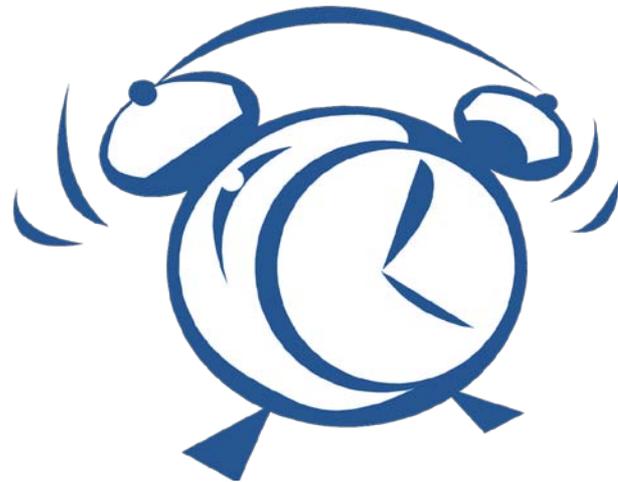
# Application Evaluation

- Application Evaluation Committee
- Evaluation based on
  - HPSG Qualities
  - Skills & Expertise
  - Demographics



# Timeline

- Application available today (February 6, 2014)
- Application due (March 7, 2014)
- HPSG applicants notified (April 1, 2014)
- HPSG meeting and orientation (April 17 & 18, 2014)



# Questions



# **PUBLIC HEALTH**

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