

# Evaluation of the Twelve Cities Project: a Roadmap for Operations Research

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# Twelve Cities Project (12CP)

*(“coordinate federal resources and actions across categorical program lines”)*

An unfunded initiative that sought to improve coordination, collaboration, and integration of HIV/AIDS Services among federal funders so as to improve local service delivery in the following 12 jurisdictions\*\*:

1. New York
2. Los Angeles
3. Washington, DC
4. Chicago
5. Atlanta
6. Miami
7. Philadelphia
8. Houston
9. San Francisco
10. Baltimore
11. Dallas
12. San Juan

*\*\* highest to lowest AIDS prevalence*



# 12CP Foundation and Partners

Twelve Cities Project built on CDC's "Enhanced Comprehensive HIV Prevention Planning and Implementation for Metropolitan Statistical Areas Most Affected by HIV/AIDS" (ECHPP) by involving:

- Centers for Medicare and Medicaid Services
- Health Resources and Services Administration – HIV/AIDS Bureau (HAB)
- Health Resources and Services Administration – Bureau of Primary Health Care (BPHC)
- Indian Health Service
- National Institutes of Health
- Substance Abuse and Mental Health Services Administration
- Office of the Assistant Secretary for Health
- U.S. Department of Housing and Urban Development



# Purpose of 12CP Evaluation

1. Whether federal efforts had produced any impact on coordination, collaboration and integration (CCI) at the local level
2. Document whether local jurisdictions had undertaken any CCI efforts of their own



# Sources of Qualitative Data

1. Document/materials review ( ECHPP plans, etc.)
2. 8 calls with 27 federal partners across 5 agencies
3. Discussions with NASTAD and UCHAPS
4. Key stakeholder site visits/discussions\*\*
  - 11 site visits
  - 1 telephone discussion

*\*\*health department staff, community partners, consumers, other stakeholders*



# Positive Findings from the 12CP Evaluation

- 12CP has reinforced, locally, the importance of integrating HIV prevention & care
- Localities perceive improved communication across Federal funders
- New federal and local partners have been “brought to the table”
- Increased emphasis on using data to drive decision-making



# Challenges Highlighted by the 12CP Evaluation

- Need for better description of federal HIV/AIDS resources, by jurisdiction
- Collaboration is resource intensive; need processes that support coordination
- Legislative and other barriers impede program integration (and resource sharing)
- Cross-agency differences in data collection terms and processes are barriers to joint prevention/care planning
- Recurrent concerns about NGO role in new HIV prevention paradigm



**MOVING BEYOND THE 12 CITIES:  
IMPROVING DATA COLLECTION  
(aka “INDICATORS PROJECT”)**





Measure	Numerator	Denominator
<b>HIV positivity</b>	Number of HIV positive tests in the 12-month measurement period	Number of HIV tests conducted in the 12-month measurement period
<b>Late HIV diagnosis</b>	Number of persons with a diagnosis of Stage 3 HIV infection (AIDS) within 3 months of diagnosis of HIV infection in the 12-month measurement period	Number of persons with an HIV diagnosis in the 12-month measurement period
<b>Linkage to HIV Medical Care</b>	Number of persons who attended a routine HIV medical care visit within 3 months of HIV diagnosis	Number of persons with an HIV diagnosis in 12-month measurement period
<b>Retention in HIV Medical Care</b>	Number of persons with an HIV diagnosis who had at least one HIV medical care visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between the first medical visit in the prior 6 month period and the last medical visit in the subsequent 6 month period	Number of persons with an HIV diagnosis with at least one HIV medical care visit in the first 6 months of the 24-month measurement period
<b>Antiretroviral Therapy (ART) Among Persons in HIV Medical Care</b>	Number of persons with an HIV diagnosis who are prescribed ART in the 12-month measurement period	Number of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12-month measurement period
<b>Viral Load Suppression Among Persons in HIV Medical Care</b>	Number of persons with an HIV diagnosis with a viral load <200 copies/mL at last test in the 12-month measurement period	Number of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12-month measurement period
<b>Housing Status</b>	Number of persons with an HIV diagnosis who were homeless or unstably housed in the 12-month measurement period	Number of persons with an HIV diagnosis receiving HIV services in the last 12 months



**MOVING BEYOND THE 12 CITIES:  
CARE AND PREVENTION OF HIV  
IN THE U.S. (CAPUS)**



# CAPUS Goals

The primary goals of the project:

- For racial/ethnic minorities with HIV, increase the proportion who have diagnosed infection by expanding and improving HIV testing capacity
- Optimize linkage to, retention in, and re-engagement with care and prevention services for newly diagnosed and previously diagnosed racial/ethnic minorities with HIV

These two goals are to be achieved by addressing social, economic and structural barriers to HIV testing, linkage to, retention in and re-engagement with care and prevention among racial/ethnic minorities.



# CAPUS Grantees

- Georgia Department of Public Health
- Illinois Department of Public Health
- Louisiana State Department of Health and Hospitals
- Mississippi State Department of Health
- Missouri Department of Health and Senior Services
- North Carolina State Department of Health and Human Services
- Tennessee State Department of Health
- Virginia State Department of Health



# Selected Examples of CAPUS Activities

- Develop a clinical alert system for missed lab appointments
- Launch text message service to promote retention in care
- Hiring peer navigators to outreach clients who've dropped out of care
- Recruit/train navigators to assist clients meet housing needs
- Enhance transportation services for rural residents



# Examples of Operational Research Priorities (post 12 CP)

- Modeling to characterize persons with HIV who have fallen out of care
- Develop and evaluate novel systems to ensure timely linkage to care
- Identification of organizational characteristics and circumstances predictive of enhanced coordination across prevention, care and treatment programs
- Enhanced use of surveillance data for HIV program quality assurance



“...Operational research studies can help translate modeled scenarios to real-world settings...”

—Herbst, et al., *“Operational Research to Improve HIV Prevention in the U.S.”* JAIDS 2012; 59: 530-536

