Ending the HIV Epidemic in Kentucky

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April 17, 2025

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Learning Objectives

- Examine the Implementation of the Routine, Opt-out Testing (ROOT) Program in Federally Qualified Health Centers (FQHCs) and Local Health Departments
- Identify Key Strategies for Addressing Barriers in HIV Prevention and Care
- Apply Lessons Learned to Strengthen HIV Programming in Varied Healthcare Settings

The State of HIV in Kentucky

- Since the HIV epidemic began in 1982:
  - Total of 12,793 cumulative HIV infections diagnosed and reported
  - About 2/3rd (58%) have progressed to AIDS
  - Majority (10,568) of HIV cases diagnosed reported among males (83%)
  - 2,225 cases have been diagnosed among females (17%)

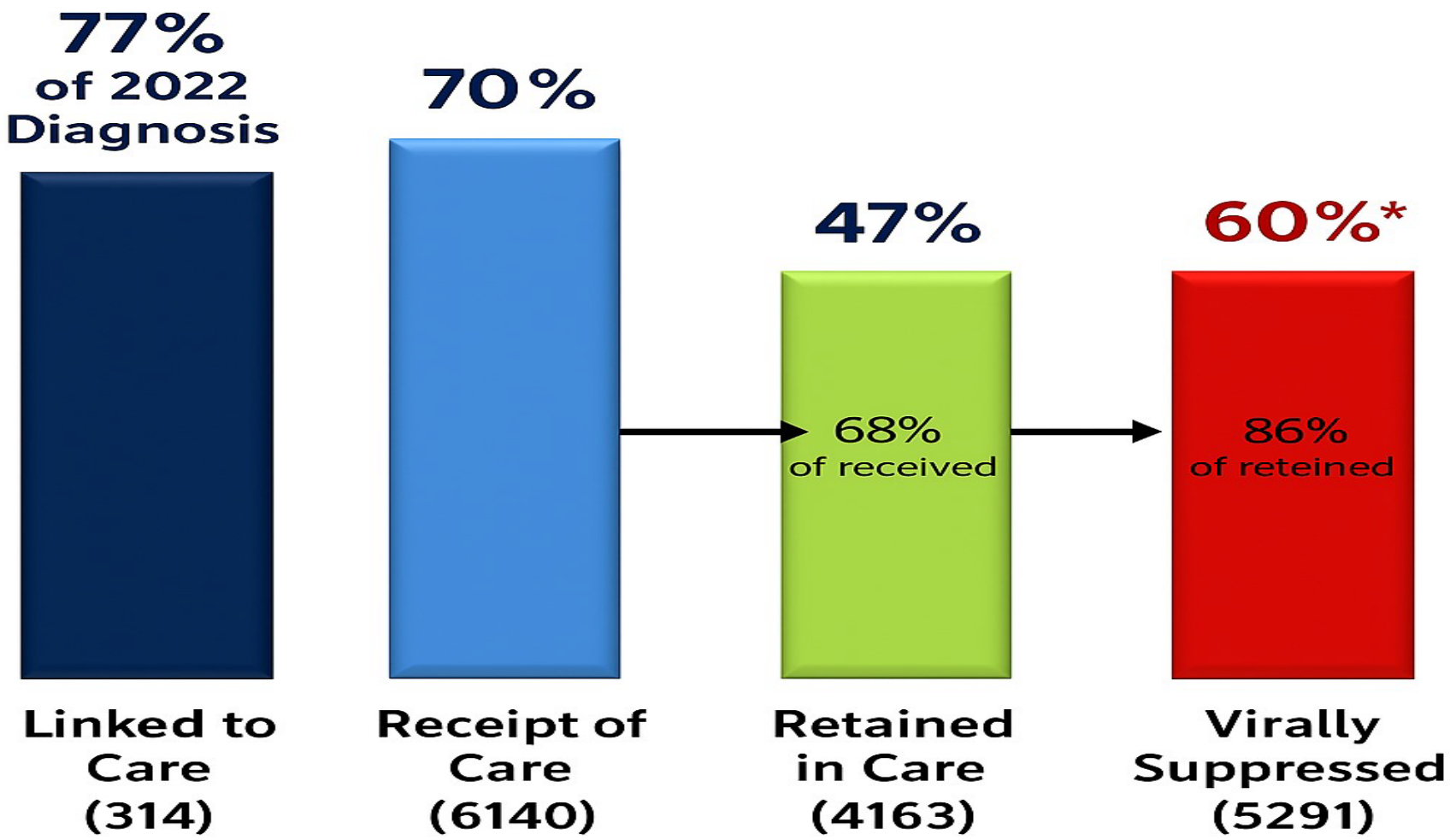
Kentucky HIV/AIDS Surveillance Data as of December 31. 2024

The State of HIV in Kentucky

- As of December 31, 2024
  - In 2023, 401 new HIV infections diagnosed (2022= 404)
  - From January 1, 2015 to December 31, 2024
    - » Concurrent diagnosis (diagnosed with HIV and AIDS at the same time or within a short time frame) in 21.7% of the 3,595 persons diagnosed
    - » Late diagnosis (diagnosed years after initial infection) in 26.0% of the 3,595 persons diagnosed

Kentucky HIV/AIDS Surveillance Data as of December 31. 2024

Kentucky Diagnosis- based HIV Continuum of Care, 2022



Kentucky HIV/AIDS Continuum of Care Report 2023

Enduring Challenges

- Overall stigma surrounding HIV
- Public health mistrust
- Identifying rural area partnerships
- Misinformation regarding HIV

The Opportunity to End the HIV Epidemic

Key EHE Strategies | HIV.gov

Kentucky HRSA EHE Goals

- Increase linkage to care activities
- Increase public awareness focused on getting persons with HIV into care
- Reduce barriers to accessing treatment services
- Increase provider education on HIV treatment and quality of care
- Increase capacity for rapid detection and response to active HIV transmission clusters
- Increase community engagement and input

Kentucky EHE Strategic Plan Activity - ROOT

- Implemented Routine Opt-Out Testing FQHCs to increase routine HIV testing and enhance linkage to care for people with HIV
- Development of patient materials and provider detailing to remove barriers to screening and HIV treatment
- Tailored HRSA EHE programming specific to FQHC location in Kentucky
- Increased community outreach and reduced stigma

What is Routine, Opt-Out HIV Testing

Routine HIV Screening Recommendations

- 2006, CDC
  - Routine, voluntary HIV screening for all persons 13-64 years in healthcare settings, not based on risk
  - Screen pregnant women during each pregnancy
  - Annual screening for persons at increased risk
- 2019, U.S. Preventive Services Task Force
  - HIV screening for all adolescents and adults ages 15-65 years – GRADE A
  - All pregnant women – GRADE A
  - Periodic screening of persons at increased risk – reasonable

Guidelines and Recommendations | HIV Partners | CDC | Recommendation: Human Immunodeficiency Virus (HIV) Infection: Screening | United States Preventive Services Taskforce

Question

- The last time you saw your Primary Care Provider, were you told an HIV test would be completed during your annual visit?

- Yes, I remember it!
- No, we already knew my HIV status
- No, it hasn’t come up
- I’m not sure

How does ROOT end the HIV Epidemic?

Why Implement ROOT at FQHCs?

- FQHCs
  - Serve medically underserved populations
    - Rural
    - Low income
    - Under-insured or no insurance
    - Promote access to healthcare by eliminating barriers
    - Strong community relationships
  - Promote patient engagement and appointment adherence to manage health conditions

Kentucky's FQHC Criteria for EHE

- High-burdened areas or remote/rural
- Established community partners to support rapid linkage to HIV medical care
- Partnerships with key stakeholder groups to support client engagement
- Willingness to implement and grow EHE programming

Current FQHC Sites

- Grace Health – Eastern Kentucky
- Park Duvalle Community Health Center – West Louisville
- Pennyroyal/Community Medical Clinic – Southwest Kentucky
- Little Flower Clinic/Kentucky Mountain Health Alliance – Eastern Kentucky
- Regional Health Care/Health First Community Health Center– Western Kentucky

Implementation Approach

- STEP 1
  - Engage leadership and foster shared ownership
- Step 2
  - Develop screening and linkage to care guidelines
- Step 3
  - Train staff on ROOT and linkage in Primary Care settings
- Step 4
  - Provide ongoing assistance, resources, and support

Evaluating Success

- The number and proportion of people in the age cohort with an appointment who receive an HIV test
- Number of clients who test positive that are linked to care within 30 days
- Qualitative data from community outreach and provider education

Implementation at Park Duvalle

- Provided in-service trainings on ROOT to medical and administrative staff
- Supported the Pharmacy-led HIV team to identify ways they can support the implementation of ROOT
- Supported the creation of HIV screening and linkage to care procedures
- Supported Park Duvalle to pursue the addition of HIV care services

Outcomes: Park Duvalle

Measure	Goal	Outcome
Increase in HIV screening for people 18-65 (in %)	10%	2023 - 12% 2024 - 41.2%
Total Tests Administered	N/A	2024 - 2553
Persons with HIV Identified & Engaged in Care	N/A	9

Strengthening Linkage to Care

- To ensure seamless engagement in care, KDPH:
  - Facilitates connections between the regional linkage staff and FQHCs
  - Ensures linkage and referral processes includes a “warm hand-off”
- KDPH is working to enhance the linkage navigation program and is in the process of improving resources to increase capacity and identify best practices.

Other Signs of Impact

- All 5 contracted FQHCs have shown buy-in from leadership
- Some FQHCs incorporated ROOT into other programs (e.g., mobile clinics)
- Other Community Based Organizations, CBOs, and FQHCs have expressed interest in ROOT
- Some FQHCs are exploring offering HIV treatment within their clinics
- Prevention and treatment are a frequent topic of conversation
- Increased EHE spending by FQHCs by 213% from Year 4 to Year 5
- Innovative ideas to reach different populations

Discussion

- Now that you've heard about Kentucky's experience with ROOT in FQHCs, what questions or ideas do you have?
- What could be revised to fit into LHD workflow?

Thank you

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