Office of Disease Prevention and Health Promotion
Healthy People 2020: Who's Leading the Leading Health Indicators?
Reproductive and Sexual Health Webinar, June 21, 2012, 12:00 p.m. ET

OPERATOR: Good afternoon and thank you for registering to the webinar on the Leading Health Indicators. You are now in listen-only mode. Please use the Q&A feature on the right side of your screen to submit any questions. You can also follow live tweets from Healthy People. The handle is at sign, GoHealthyPeople (@GoHealthyPeople). And we encourage you to tweet your questions live using the hashtag LHI. Your questions will be answered at the end of the webinar.

I would now like to introduce Dr. Don Wright, Deputy Assistant Secretary for Health Promotion and Disease Prevention at the Department of Health and Human Services.

DR. DON WRIGHT: Thank you, moderator. Welcome to the sixth installment of the monthly series Who's Leading the Leading Health Indicators? Each month this series will highlight an organization that is using evidence-based approaches to address one of the Healthy People 2020 Leading Health Indicator topics. The series includes a monthly webinar, email bulletin, and active conversations via twitter and LinkedIn.

During today's webinar you'll hear from distinguished speakers. First of all, Assistant Secretary for Health, Dr. Howard Koh, will introduce this month's LHI topic, Reproductive and Sexual Health. Dr. Koh will also be releasing 2006 to 2009 data from the Centers for Disease Control and Prevention on the number of adults and adolescents living with HIV and those that are aware of their infection.

Secondly, from the New York City Department of Health and Mental Hygiene, Dr. Monica Sweeney will discuss The Bronx Knows. The New York City Department of Health partnered with community agencies to implement activities that focused on raising awareness and demand for HIV testing, making HIV testing more accessible and a routine part of medical care, increasing testing in community settings, and improving prompt linkages to medical care.

Before we hear from our speakers, let me give you some background on Healthy People and the Leading Health Indicators. For four decades Healthy People has provided a comprehensive set of national 10-year objectives that has served as a framework for public health activities at all levels and across the public health community. Often called a roadmap for national health promotion and disease prevention efforts, Healthy People is about understanding where we are now and taking informed actions to get where we want to go over the next decade. Please visit http://www.healthypeople.gov for more information.

The Leading Health Indicators, the focus of this series, represents critical health issues that, if addressed appropriately, will dramatically reduce the leading causes of preventable deaths and illnesses. These indicators or critical health issues are linked to specific Healthy People objectives. They've been selected to communicate high-priority health issues to the public along with the actions that can be taken to address them with the overall goal of improving the health of the entire population. There are 12 Leading Health Indicator topics, and this month we are focusing on Reproductive and Sexual Health. For the complete list of Leading Health Indicators and to view our past webinars, please visit http://www.healthypeople.gov. At this point I'd like to turn the podium over to Dr. Howard Koh.

DR. HOWARD KOH: Thank you, Dr. Wright, for your leadership, and many thanks to all my wonderful colleagues at the Office of Disease Prevention and Health Promotion who are doing such a great job hosting these monthly webinars. Today's webinar is particularly timely because next week on June 27th the nation is celebrating National HIV Testing Day, which encourages Americans of all ages to take the test and take control.

So right now I'd like to spend just a couple minutes reviewing this month's Leading Health Indicator topic, Reproductive and Sexual Health. This topic is a critical area for public health for a number of reasons. First, an estimated 19 million new cases of sexually transmitted diseases are diagnosed each year in the U.S. leading to health care costs of some 17 billion dollars. Untreated sexually transmitted disease can lead to serious long-term health consequences, especially for adolescent girls and young women, including reproductive health problems and infertility, fetal and preconception health problems, cancer, and very importantly, sexual transmission of HIV.

A second important reason to focus on this topic is that many who seek reproductive and sexual health services do so at clinics and settings that are the entry point for them into the medical care system. So as a nation we can be proactive by meeting people where they care, covering pregnancy prevention services, prenatal care, and testing and treatment for HIV and sexually transmitted diseases and also advancing prevention such as screening for intimate partner violence and reproductive cancers, providing substance abuse treatment referrals and counseling on nutrition and physical activity.

And a third critical reason is to advance prevention of HIV transmission, testing to diagnose HIV, and prompt referral to care for HIV infection once it's diagnosed. So knowing your HIV status is absolutely essential for treatment and prevention. And in fact, researchers have estimated that preventing just one HIV infection saves about $380,000 in medical costs.

On the next slide we see the two reproductive and sexual health indicators. And they are first, that sexually experienced females aged 15 to 44 years receive reproductive health services in the past 12 months and second, persons living with HIV who know their serostatus. In the next few slides I will present some new data on this second indicator and review the estimated number of adolescents and adults living with HIV and the percent of those aware of their status.

This slide shows new 2009 CDC data on estimated numbers of adults and adolescents living with HIV. That number is now 1,148,200 persons up from 1,061,100 in 2006. And then looking more closely, you can see that many more men are affected with HIV than women. In fact the ratio is some three to one. And then among racial ethnic groups a higher number of Black non-Hispanic persons were living with HIV compared to other groups. And in fact Blacks account for some 44 percent of all persons living with HIV in 2009.

On the next slide we show the number of persons living with HIV by age and mode of transmission. Of the age groups listed here, those between 45 and 54 had the highest number of persons living with HIV. And among the transmission categories the highest number of persons living with HIV were men who have sex with men.

The next slide shows estimated HIV prevalence rate that is numbers per 100,000 by age and race/ethnicity. Again, you can see that persons 45 to 54 had the highest rates of HIV infection. And then if you look at the lower set of bars, you will see again that non-Hispanic Black and African Americans

have the highest rate of HIV infection while Asian Americans had the lowest rate. In short, there are profound disparities by age and race/ethnicity.

The next slide gets to the heart of today's discussion, and that is the proportion of HIV-infected persons aged 13 and older who are aware of their infection according to 2009 data. And new data also being released today shows that in 2009 the proportion of adults and adolescents living with HIV who know their serostatus was 81.9 percent up from 80.6 percent in 2006. You can see by that dotted vertical line that the Healthy People target for 2020 is 90 percent. So we have much more work to do. If you look more closely by gender, you see that a higher proportion of women know their serostatus compared to men, and among racial ethnic groups the highest percentage of those aware were White non-Hispanics compared to persons of color.

The next slide shows the proportion of HIV-infected persons aged 13 or older who are aware of their infections by age and mode of transmission. And when you look at these 2009 data, you can see that a higher percentage of persons aged 55 to 64 knew their serostatus, some 89.4 percent compared to less than half that to those in the age 13 to 24 year category. So we have tremendous work to do, particularly for the younger generation who are at risk or are infected.

And then in terms of HIV transmission risk, the higher percentages of male and female injection drug users who are aware are noted here compared to other groups. So awareness of serostatus was lower among persons where HIV exposure was only attributed to sexual activity that is men who have sex with men, heterosexual males, and heterosexual females.

And then the next slide shows reproductive and sexual health federal actions, and we are very proud that at the Department we have a number of activities that are aiming to increase awareness of serostatus and make a big difference in the future of the epidemic in the United States. Hopefully everybody knows that the National HIV/AIDS Strategy was released by the President in July of 2010. And I personally want to thank Dr. Ron Valdiserri who is on this webinar from our Office of HIV and AIDS and Infectious Disease Programs who is leading that work for the Department. We have a National Prevention Strategy that has a lot of attention to HIV. Title X Family Planning Programs advanced by our Office of Population Affairs where we are meeting people with screening and education. A Minority AIDS Initiative that has been promoting efforts in minority populations in the country since 1999; and then, of course, the HIV Testing Services and the National HIV Testing Day next week that I mentioned. And if you want to find a site to have that testing, you can go to http://www.locator.aids.gov. So at this point let me turn this back to Dr. Wright.

DR. DON WRIGHT: At this time I believe Dr. Sweeney will share The Bronx Knows Project in New York.

DR. MONICA SWEENEY: Good afternoon and thank you. I'm always happy to talk about The Bronx Knows, a large-scale public health initiative designed to increase voluntary HIV testing in one of New York City's most heavily impacted boroughs.

I first want to set the stage and give you the big picture of what HIV looks like in New York City. New York City has the country's oldest and largest AIDS population. We often say that New York City has more AIDS cases than Los Angeles, San Francisco, and Washington, D.C. combined. This slide represents much of the history of the last 30 years, but there's much more to this story. One important aspect of New York City's HIV epidemic that this graph helps to illustrate is the complexity behind reaching the

national HIV/AIDS Strategy goal number one, which is reducing HIV incidence. Because as the pool of persons living with HIV/AIDS increases, as you can see on the far right side of the slide the double colored bar graph, so does the opportunity for transmission and new infection.

Now we'll travel back in time a few years to talk about why we chose to expand HIV testing in the Bronx. In 2007, the Bronx had a population of over 1.3 million people, which is larger than 11 U.S. states. Thirty percent of the residents were foreign-born, and more than half spoke a language other than English at home. It was comprised mostly of Blacks and Latinos, which make up about 80 percent of the population. Sadly the Bronx had and still has one of the poorest congressional districts in the country with about 30 percent of the population living below the federal poverty line. The 16th Congressional District is one of the five poorest in the U.S. where only 8.6 percent of the adults have a college degree and the median annual income for a household was just over $19,000.

So why did it make sense to start rolling out our HIV testing initiative in the Bronx rather than one of the other boroughs? From an epidemiologic perspective in 2007 we knew that the Bronx residents accounted for about 17 percent of New York's population but one-fourth of New York City's HIV infections and nearly one-third of New York City's total AIDS-related deaths each year. In terms of HIV diagnosis, the Bronx and Manhattan had the highest HIV diagnosis rate in New York City with approximately two to five times higher than the other boroughs.

In addition to the epidemiologic risk, there were also a number of logistical reasons why we launched a borough-wide HIV testing initiative in the Bronx. There are fewer medical networks than in other boroughs. For example, the Bronx has eight hospitals whereas Brooklyn has 19. There was a history of collaborative relationships between community organizations and medical providers in the Bronx, more collaborative than competitive. As mentioned, there are just two major demographic groups. And where the other boroughs have many more diverse populations concentrated in specific neighborhoods which makes it hard to target messaging during the initiative. And the Bronx is one of the smaller boroughs in terms of population making it a more manageable place to start.

Our approach, The Bronx Knows was a public health initiative aimed at making HIV testing a routine part of medical care so that every Bronx resident between the ages of 13 and 64 learned his or her HIV status and, if positive, was linked to quality care and preventive services. The Bronx Knows was New York City's first borough-wide HIV testing initiative and one of the largest HIV testing initiatives in the country.
I want to stress that this initiative was not just about diagnosing new cases but an equally important part was linking people to care.

The key to our success included a three-pronged approach. One, to make HIV testing more accessible. And this was prior to our passing of the 2010 bill to make HIV testing a mandatory offer. Two, to use social marketing and social media to raise awareness among Bronx residents of the importance of knowing their HIV status. The onus of getting an HIV test was not just on medical providers but also on patients themselves. And three, making sure that those who tested positive, whether for the first time or because they had fallen out of care, were promptly linked to care. This is where those critical partnerships between clinical and non-clinical settings became most important.

Implementation. Part of what was key to launching and successfully implementing this initiative was a good deal of planning and engaging partners that went on for about a year before the public launch. We began in July 2007 with initial outreach to providers, political leaders, local CBOs and other stakeholders.

We then coordinated HIV testing conferences and workshops and began collecting data before officially launching The Bronx Knows on World Testing Day, HIV Testing Day, June 2008.

I cannot stress too much how important it is for the Bronx Steering Committee and the partner organizations for their leadership and their guiding the success of the initiative. The group itself let us know what needs had to be fulfilled and where our support as the Department of Health would be best utilized. This is how we knew technical assistance and HIV billing and reimbursement was a great need at one of our workshops.

The Bronx Knows Partners. So who were they? Partners included colleges and universities, community-based organizations, community health centers, correctional facilities, health departments TB and STD clinics, faith-based organizations, hospitals. And as I described earlier, partners from across these sectors were engaged early in the planning process and played a key role in gaining institutional and community support. By the end of the initiative we had more than 78 partners representing over 140 testing sites.

In conjunction with Bronx area providers, the Health Department developed numerous marketing products to inform community members of testing facilities and to encourage testing as a primary form of HIV prevention. Social marketing strategies included radio PSAs, radio-sponsored testing events, print materials such as billboards and station domination in subways. That's where the only poster you see in the subway station had to do with our HIV testing. And also they were in English and Spanish. And in this slide you can see a couple of the sites in addition to the subways is a hair salon.

So I'm proud to say that along with our partners we observed three very important changes in the Bronx during the life of the initiative. Marked increase in testing, which we had been able to measure not only through testing and linkage to care data reported by initiative partners but also through data reported from our 2009 Community Health Survey. When we look at the map on this slide, which shows the percent of New Yorkers ever tested for HIV by neighborhood, we see that the Bronx is highlighted in the darkest colors, which represents rates of testing. And it shows far more testing rates than any other borough.

Through The Bronx Knows 607,507 HIV tests were conducted; 4,820 of those tests were confirmed positive, which identified 1,731 new cases of HIV. By the end of the initiative, The Bronx Knows partners as a group had experienced an increase of almost 50 percent in HIV testing from baseline; secondly, consistently high linkage to care rates which I'll address in the next slide; and thirdly, a network of collaboration of 78 community partners worked together to raise HIV awareness.

In terms of partner collaboration, here are just a few important highlights of significant shifts in the landscape that took place during the initiative. Increased testing in non-traditional venues such as places of worship, college campuses, pharmacists, dental settings, and local businesses such as hair and nail salons was made possible by our dedicated and committed Bronx Knows partners; numerous high-profile testing events for all major HIV/AIDS Awareness Days. The Bronx Knows helped to coordinate education and testing efforts at least monthly at many non-HIV related events such as faith-based gatherings, business expos, help and job fairs, youth mobilization events, LGBT Pride. We also had great events at the beach, nightclubs, art museums, and one final fantastic hip-hop concert.

So as you can see from this slide, linkage to care rates increased more among The Bronx Knows partner agencies than residents in other boroughs.

Lessons learned. What we learned from this approach is that a coordinated routine HIV screening initiative in health care setting paired with increased targeted testing in the community can effectively improve HIV case finding and linkage to care on a municipal scale. We believe the keys to our initial success were taking a multi-sector approach to increase HIV testing throughout the borough and the strong collaboration between the Health Department and our community partners.

Our key lessons learned include allowing ample time for the planning process. Invest more time into the planning process than you think you'll actually need. Get early buy-in from key stakeholders. Make your list inclusive and think outside of the box. Some of the biggest advocates of what went on were non-traditional HIV care from not the care provider world. Address challenges of HIV billing and reimbursement. Ask your partners what type of technical assistance would be most beneficial to you. Provide ongoing TA to partner agencies. The Department has to have adequate staffing. And plan – start planning for sustainability early in the process. Both you and your partners need to plan beyond the initiative. What is your end goal? Do you want to make institutional changes or just increase HIV testing for a finite time?

So what happened to The Bronx Knows after June 2011? I'm very happy to say The Bronx Knows does indeed live on as an HIV testing network led by community partners with some health department assistance. It encourages, continues to encourage collaboration among partner agencies and other Bronx organizations. It continues to maximize routine HIV screening in clinical settings and target case-finding in non-clinical settings and to share best practices to enhance prompt linkage to care and support services.

I would like to acknowledge my colleagues who were responsible in helping me put together this presentation. For more information you can log onto our Facebook page. You can also find a full report of this three-year initiative at http://www.nyc.gov/bronxhivtesting. Thank you.

DR. DON WRIGHT: Thank you, Dr. Koh and Dr. Sweeney. At this point I invite participants who have not already done so to send their questions through the WebEx Q &A feature or via Twitter using the hashtag LHI. Meanwhile you'll be prompted to fill out a survey about your experience with this webinar. We encourage you to complete the survey so that we can improve future webinars in our series. And again thank you in advance for your feedback.

We already have a number of questions lined up and first of all to Dr. Sweeney. You mentioned engaging community partners from the outset. How did you go about doing that?...We'll go on with Dr. Koh. Dr. Koh, there's a question here for you. What impact will the Affordable Care Act have on access to HIV testing for at-risk populations and care and treatment for persons living with HIV?

DR. HOWARD KOH: Well, the Affordable Care Act and Health Reform advances HIV work in so many ways. We have a pre-existing condition insurance plan that covers people who have been chronically ill and have not been able to get insurance for at least six months. So that's an advance for people in need right away. So that's on the coverage part. For the testing aspects, Health Reform promotes prevention in so many ways and expands access to HIV testing in particular, especially for high-risk people. So these

are just some of the examples of how Health Reform can advance public health with respect to HIV and also many other critical areas.

DR. DON WRIGHT: Thank you, Dr. Koh. Let me say that we're very pleased in addition to Dr. Koh and Dr. Sweeney to have Dr. Ron Valdiserri with us today. He's Deputy Assistant Secretary for Health and Director of the Office of HIV/AIDS and Infectious Disease Policy. Dr. Valdiserri, I think this question is appropriate for you as one of the architects for the National HIV/AIDS Strategy. What needs to be done to meet the goals of Healthy People and the National HIV/AIDS Strategy?

DR. RON VALDISERRI: Thank you, Dr. Wright. Well, let me start out by saying for those of you who've read the National HIV/AIDS Strategy, you know that there's a very strong and bold statement in the strategy that says that there are too many people in the United States who are infected with HIV and don't know it. And that's why I think talking about this particular leading health indicator and having an opportunity to hear from frontline community leaders like Dr. Sweeney is so important.

If we want to reduce the number of new HIV infections in the United States, a critical component of that response is getting people diagnosed in a timely manner and, as Dr. Sweeney noted, making sure that if they are diagnosed positive, that they're linked into systems of care. This is good medicine certainly. We all understand why it's important with any kind of condition to have early rather than late diagnosis, but it's also very good public health. We know now because of the results of a large study that got a lot of publicity last summer that actually treating people early for HIV infection results in not only improvements to their health, which we already knew about, but results in substantial decreases in transmission of the virus to their partners.

So what I would say is that having better information about what populations are infected and may not be aware of their infection, whether that information is by gender or race/ethnicity or geography is really, really helpful for health departments and community-based organizations and other primary care providers to target their HIV testing practices.

DR. DON WRIGHT: Thank you, Dr. Valdiserri. Dr. Sweeney, I think we have a question for you. You mentioned engaging community partners from the outset and its importance. How did you go about doing that?

DR. MONICA SWEENEY: The team here at DOH, we started by going to opinion leaders and we got political buy-in. The borough president lent us Borough Hall in the Bronx whenever we needed it. And we got these opinion leaders and each person and we started inviting the community-based organizations and the hospital leadership. And they were at the table from the beginning. And so that's how we were able to have such buy-in because they were there from the very beginning using these opinion leaders and champions from the various organizations.

DR. DON WRIGHT: Thank you, Dr. Sweeney. Dr. Koh, I'm going to throw this question to you. It's very troubling to see that so many young people do not know that they have HIV. Why is that?

DR. HOWARD KOH: Well, this is one of the most striking conclusions from the new data that we released just now. And we clearly have the next generation of Americans who are less aware of the urgency of this issue than prior generations. And we are very, very concerned about complacency in younger people. So the fact that we only have some 40 percent of people who are aware of their status

between the ages of 13 and 24 if they are HIV infected is very, very troubling. So part of the efforts of the strategy of webinars like this, of HIV Testing Day is to send the message particularly to younger people and make sure that we promote the power of prevention for the next generation and beyond.

DR. DON WRIGHT: Thank you, Dr. Koh. A couple more questions for you, Dr. Sweeney; can you talk about some of the challenges to HIV reimbursement and how you overcame those challenges?

DR. MONICA SWEENEY: One of the challenges we had is not – in New York State and New York City I am happy to say once you're HIV positive, there is a mechanism in place between our Medicaid system and our Ryan White system to cover everyone who is HIV positive to make sure they're treated. So the challenge is not once you're diagnosed. And we wanted everyone to know that getting a test was not a challenge either because what we did is the Department of Health gave test kits to many of the community-based organizations who did not have resources to fund testing. And we have a public health lab that was able to do the confirmatory test again without charge to the organizations; and so we patched together the wherewithal, the resources to go from testing into treatment without the person having to be concerned about that because we just patched it together. And one other thing we worked on during the planning phase was to contact various HMOs to make sure that they would pay also for testing for their members. And they were… [inaudible].

DR. DON WRIGHT: Thank you, Dr. Sweeney; another question for you that has two parts. First of all, what was the length or timeframe of this initiative? And secondly, what strategies did The Bronx Knows use to promote linkages to HIV primary care?

DR. MONICA SWEENEY: The strategies for promoting – I'm sorry. What was the first part?

DR. DON WRIGHT: What was the length or timeframe of this particular initiative?

DR. MONICA SWEENEY: Oh, yes. Well, from startup to "completion" when DOH was no longer in the lead was four years. One year for planning and three years of the initiative. We launched on June 27, 2008 and the official end of the initiative was June 27, 2011. And so it was a total of four years including the year of planning. And so we were able to get many of our partners to be prepared and that was part of our planning to take over the initiative once the Department of Health was no longer involved.

Linkage to care. We had workshops throughout the initiative bringing together partners from all the different sectors and many of the activities that we had we matched clinical to non-clinical partners but it ended that we didn't have to match them. They started doing this networking and self-matching. And so by the time the initiative was over, they had figured out, oh, you're very near us, we will whenever we get a positive and it was absolute linkage. We stopped using the word referral because they had actually identified somebody who would be the receiver of the person that needed to be linked to care.

We also are participants in the ARTAS, which is – we call it ARTAS. It's A-R-T-A-S, Antiretroviral Treatment Access Study, and it's a CDC DEBI, which is training on linkage to care. And all of the organizations that were involved we engaged in this training as well.

DR. DON WRIGHT: Thank you, Dr. Sweeney. Dr. Koh, I have another question for you. What guidelines or recommendations are currently being used for HIV testing?

DR. HOWARD KOH: Well, we are promoting the CDC guidelines for HIV testing. And those include recommending that people ages 13 to 64 be tested and be aware of their status, increased testing for people who are at risk, and then there are also new revised recommendations for people in health care settings as well. So these are CDC guidelines. There are of course other recommendations that are out there, but these are ones that we believe can increase testing awareness and meet the goals of the strategy going forward.

DR. DON WRIGHT: Thank you, Dr. Koh. Dr. Valdiserri, we have another question for you. How does the HHS plan to engage youth and young adults to attain this Healthy People Objective?

DR. RON VALDISERRI: Thank you for that question, Dr. Wright. I would say through a number of different mechanisms. First of all, let me say that in the National HIV/AIDS Strategy a very strong case is made for the importance of continuing to educate all young people about sexual health and healthier sexual behaviors. So we're not making a distinction here between high risk, low risk, but that all young people need to understand how the virus is transmitted and how they can prevent transmission. And as probably many of the participants know, there is a specific Office of Adolescent Health within Dr. Koh's office who deal with those issues. In addition to that, the CDC has a specific division of adolescent and school health that deals with those issues. So those are some examples of what I would say are general outreach approaches to adolescents.

In addition to that, there are a number of programs that are targeted to high-risk youth. And so for instance Dr. Koh went through some of the statistics from CDC. And CDC indicates that when they look at estimates of new HIV infections in the United States between 2006 and 2009, the only group where they believe that the number of new infections has actually increased are young gay and bisexual men, especially young African American gay and bisexual men. So there are also specific prevention programs that are targeted to high-risk youth whether those are gay-identified or questioning youth or transgender youth. So I would say there are a number of different approaches. And that just, as you know, scratches the surface, but I think that gives an example of some of the efforts underway at HHS.

DR. DON WRIGHT: Thank you, Dr. Valdiserri. This questioner gets to the issue of the success of your program. Did The Bronx Knows have an impact on testing or HIV testing practices in other parts of New York City or New York State? And do you know other cities or states that are replicating this initiative based on its success?

DR. MONICA SWEENEY: I'm very happy to answer that question because based on the success of Bronx Knows, we were ready to take on the challenge of Brooklyn. And on World AIDS Day 2010 we launched Brooklyn Knows. And Brooklyn Knows is a similar testing initiative, but the population of Brooklyn is double that of the Bronx. But in addition to that we have expanded testing throughout New York City; and so all of our testing rates are increasing greatly.

The other point is, is that we have been talking to other people in HIV prevention throughout the city through UCHAPS, the, I'll tell you in a minute what UCHAPS stands for, but it's a prevention organization of the 13 major cities affected by HIV. And so we have been talking to other cities and dealing with expanded testing and talking to them about our initiative just as Oakland did with us when we were first starting and so forth. So, yes, it's expanded, but we're doing it throughout New York City now. We have New York City Knows now. So UCHAPS is the Urban Coalition for HIV Prevention Services. And so

working with the organizations that are members, we are all working together to expand testing throughout the United States in the major urban areas.

DR. DON WRIGHT: Thank you, Dr. Sweeney. I think we have time for one more question and it's directed to you as well. And I think it focuses on implementation and execution. The questioner asks how do you propose advocating for collaboration with the existing HIV/AIDS prevention organizations? And what were your successful points for encouraging cooperation between independently running – run groups?

DR. MONICA SWEENEY: That's an important question because as I mentioned during the presentation, that in the Bronx there was a history of collaboration. And that really helped us get the program started and expanded in the Bronx. But the way to – that we have felt that it works in Brooklyn even where there is a very large health care system, is to bring people together. And we go straight to the tops of the organizations. So we had the Commissioner of Health, Dr. Farley, meet with the executive directors of the major organizations to let – to get them behind the initiative. So I think that's one way to get buy-in is to get champions in the organizations who can be supportive and then it makes it much easier when organizations know that it's being supported from the top and then buy-in is much easier.

We also get community advocates and we also have peer advocates or people who are supporting HIV testing. And what we do is we use data to show the need. We always support everything with data. And once the data is up there in front of you, it's hard to negate the fact that you need to do something. And so putting all those together; and we have open lines of communication including websites specifically for The Bronx Knows Initiative, for The Brooklyn Knows Initiative, and we have the team at DOH who makes themselves completely available to all of the people participating to support them with technical assistance with whatever they need.

DR. DON WRIGHT: Thank you, Dr. Sweeney. And I'd also like to thank Dr. Koh and Dr. Valdiserri for their expertise in today's panel discussion. But let me say thank you to the participants for joining today's webinar. This webinar is part of a series and we hope you'll continue to join us. Healthy People is looking for real stories from organizations that are working to make its goals a reality. If your organization is doing great work on specific leading health indicator topics, we want to learn about those. Please go to http://www.healthypeople.gov to submit your story. Follow us on Twitter or join the Healthy People 2020 group on LinkedIn to continue the conversation on this LHI topic, Reproductive and Sexual Health and to learn more about the other leading health indicators. To receive notices about upcoming events, please sign up for our email announcements on the Healthy People website, http://www.healthypeople.gov. On behalf of HHS, I'd like to say thank you to today's presenters and to everyone who's been involved with planning and implementing Healthy People 2020.

OPERATOR: Thank you for joining the sixth of the LHI webinar series. Your session is now ending.

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