

#AIDSFreeJAX Campaign Facts

Campaign Dates: 12/1/2015 – 12/1/2018

Summary: With HIV infection rates moving at an alarming speed among young people in Jacksonville, JASMYN Board and Executive leadership determined that expanding the level of service offered to those living with HIV and working to prevent its spread is the highest priority for the organization through 2018. To achieve an AIDS-Free Generation in Jacksonville, JASMYN will expand its proven, targeted education and intervention programs to address the HIV epidemic in Northeast Florida for LGBTQ young people at the greatest risk, including African-American young men and youth experiencing homelessness.

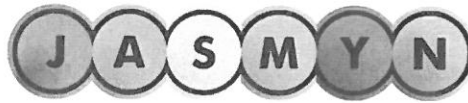
Funding: The Delores Barr Weaver Fund at The Community Foundation for Northeast Florida is providing a \$500,000 matching grant to support this expansion over three years. The first \$100,000 match is secured by a grant from the Hall-Halliburton Foundation. The remaining funds will be raised from the community.

The fundraising campaign to support #AIDSFreeJAX launches on World AIDS Day 2015, which coincidentally falls on “Giving Tuesday” this year. #GivingTuesday is a global day dedicated to giving back. On Tuesday, December 1, 2015, charities, families, businesses, community centers, and students around the world will come together for one common purpose: to celebrate generosity and to give. JASMYN supporters can donate securely online throughout the day, and each dollar will be matched by the Delores Barr Weaver Fund.

By the Numbers: Each year, JASMYN plans to serve an additional 80 HIV+ youth with the intensive, wrap-around case management model developed at JASMYN over the past five years that leads to improved health outcomes for young people in care, and that also reduces the risk of HIV transmission to their partners.

JASMYN’s case management model has as a core component a lower case manager to client ratio than most programs, at 1 manager per 20 clients (1:20). Funding will help secure the additional staff needed to expand the existing program.

Through our community partners, especially the Northeast Florida AIDS Network (NFAN), we identified 86 HIV+ young people in our age range that are not currently in care. Our teams will be working closely to engage each of them in JASMYN’s program and connected to the critical medical care and treatment they need.



HIV/AIDS Facts

- FACT:** Worldwide, the number of adolescent deaths from AIDS has tripled over the last 15 years, according to data released just last week by UNICEF.
- FACT:** During the first quarter of 2015, there was a 59% increase in new HIV cases in Duval County over the same period in 2014, according to the Health Department's surveillance.
- FACT:** Youth, ages 13-24, represent a significant portion the of new HIV cases reported, and are specifically a population of focus in the National HIV/AIDS Strategy 2020.
- FACT:** According to the CDC, of the 79,000 young people ages 13 – 29 living with HIV in the United States:
- Only 25% are engaged in care
 - Only 11% are prescribed antiretroviral therapy (ART), which is key to suppressing viral loads and reducing the chance of transmission to another person
 - Only 6% have achieved viral suppression
- FACT:** JASMYN has developed an innovative, youth-centric model for HIV testing, counseling, and intensive case management services. We connect new clients to medical care within 45 days, support their engagement in ART, and monitor their viral loads and adherence to the program to help them reach suppression.
- FACT:** As of 10/31/2015, for those young people living with HIV served by JASMYN's intensive case management program since January:
- 89% are engaged in care
 - 74% have initiated antiretroviral therapy (ART)
 - 35% of those have achieved viral suppression
- FACT:** JASMYN's intensive case management program for HIV positive youth has served 51 young people since January.
- FACT:** JASMYN educates young people to reduce risk behaviors that might lead to infection and supports testing on the JASMYN campus, in the community, and through four teen health clinics held in collaboration with Duval Public Schools.
- FACT:** During the first 10 months of this year, JASMYN staff completed 645 HIV tests. Of these, 16 cases (2.5%) were reactive.
- FACT:** The Center for Health Policy & Inequalities Research at Duke University cited JASMYN's innovative programs as one of the strengths in the Jacksonville HIV Infrastructure in its 2015 report.
- FACT:** The stigma still attached to HIV, and the homophobia and transphobia that persists in our community, are themselves drivers of the epidemic. JASMYN works with young people who have been rejected at home, at school, or in the community. This rejection correlates with greater risk of experiencing homelessness, and engaging in behaviors that enhance risks.

NATIONAL HIV/AIDS STRATEGY: UPDATED TO 2020

WHAT YOU NEED TO KNOW

THE VISION

The United States will become a place where new HIV infections are rare, and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance will have unfettered access to high quality, life-extending care, free from stigma and discrimination.

THE GOALS

-  Reducing new HIV infections
-  Improving access to care and health outcomes
-  Reducing HIV-related health disparities
-  Achieving a more coordinated national response

OUR STRATEGY

This is a national Strategy, not just a Federal one. Everyone is needed to put this Strategy into action and end the HIV epidemic. The updated Strategy calls for coordinated efforts from all sectors of society. The many Federal agencies and offices engaged in HIV activities will develop a Federal Action Plan to guide implementation of the Strategy across the U.S. government.

THE UPDATED STRATEGY DETAILS 11 STEPS AND 37 ACTIONS THAT FOCUS ON RIGHT PEOPLE, RIGHT PLACES, RIGHT PRACTICES

RIGHT PEOPLE KEY POPULATIONS

- **Gay, bisexual, and other men who have sex with men of all races and ethnicities** (noting the particularly high burden of HIV among Black gay and bisexual men)
- **Black women and men**
- **Latino men and women**
- **People who inject drugs**
- **Youth aged 13 to 24 years** (noting the particularly high burden of HIV among young Black gay and bisexual men)
- **People in the Southern United States**
- **Transgender women** (noting the particularly high burden of HIV among Black transgender women)

RIGHT PLACES PRIORITY AREAS

- **Major metropolitan areas** have higher rates of HIV than other areas of the country.
- **Southern United States:** more than 1/3 of the population lives in southern states, but the region accounts for more than 1/2 of all HIV diagnoses.



RIGHT PRACTICES



Widespread HIV testing and linkage to care enabling people living with HIV to access treatment early.



Broad support for people living with HIV to remain engaged in comprehensive care, including support for treatment adherence.













Full access to PrEP services for those whom it is appropriate and desired, with support for medication adherence for those using PrEP.



Universal viral suppression among people living with HIV.

THE OUTCOMES BY 2020

-  Increase the percentage of people living with HIV **who know their serostatus** to at least **90 percent**.
-  Reduce the **number of new diagnoses** by at least **25 percent**.
-  Reduce the percentage of young gay and bisexual men who have **engaged in HIV-risk behaviors** by at least **10 percent**.
-  Increase the percentage of newly diagnosed persons **linked to HIV medical care** within one month of their HIV diagnosis to at least **85 percent**.
-  Increase the percentage of persons with diagnosed HIV infection who are **retained in HIV medical care** to at least **90 percent**.
-  Increase the percentage of persons with diagnosed HIV infection who are **virally suppressed** to at least **80 percent**.
-  Reduce the percentage of persons in HIV medical care who are **homeless** to no more than **5 percent**.
-  Reduce the **death rate** among persons with diagnosed HIV infection by at least **33 percent**.
-  Reduce **disparities in the rate of new diagnoses** by at least **15 percent** in the following groups: gay and bisexual men, young Black gay and bisexual men, Black females, and persons living in the Southern United States.
-  Increase the percentage of youth and persons who inject drugs with diagnosed HIV infection who are **virally suppressed** to at least **80 percent**.