

District of Columbia Partnership for AIDS Progress

Overview: Federal government, local government and academic medical centers developed a partnership to reduce the impact of HIV/AIDS on Washington, D.C. and create a model for urban America to deal more effectively with HIV/AIDS.

In 2007, Washington, D.C. for the first time collated its epidemiologic data on the incidence of HIV/AIDS in the city and reported that its rates were the highest for any urban area in the United States. Different health care providers worked in silos, although most were highly dedicated and proficient. Very little HIV research was being done in the city. Research characteristically provides granular information about health care in the locale where it is performed, attracts talented health care providers to the projects, and can attract considerable financial support from the Federal government, state government, pharmaceutical companies, and foundations.

Working from the National Institutes of Health, we created a partnership with the DC Department of Health and the George Washington University School of Public Health to perform research to reduce the impact of HIV/AIDS on the city, and to create models for dealing with HIV/AIDS that other cities could emulate.

The project developed three arms. First, a city-wide cohort was established at all major health provider organizations to encourage patients to allow their data to be entered into a common electronic data base for epidemiologic analysis. This was enormously successful, with over 11000 patients of 16000 total in the city agreeing to be part of this study. This was a major accomplishment in a city where there was considerable mistrust of the Federal government and of medical research. This study developed granular information on the dynamics of the epidemic, leading to many publications, and opportunities to improve focus of public health efforts on prevention and treatment.

Second, a center for an NIH prevention clinical trials network was facilitated in the city, which became very successful in terms of recruiting patients into study and became sustaining with NIH grants.

Third, program physicians worked collaboratively in clinics in the most affected areas of the city, bringing clinical research to underrepresented, often overlooked populations. The focus included men having sex with men, but also commercial sex workers, persons with substance use disorder, and transgender persons. The program became a global leader in dealing with HIV related complications. The oral hepatitis C drugs that have revolutionized treatment of hepatitis C were in many instances first used in DC, almost entirely in minority populations rather than the typical caucasian populations, which ultimately increased confidence in minority communities of the relevance of the research to them.

While cause and effect are difficult to attribute, during the course of this project Washington DC has seen the largest decline in HIV incidence of any of the top urban "hot spots" in the

nation and has attracted new talented investigators to come to DC and increased funded research in HIV in DC substantially.

The project is currently focusing on opioid use disorder and stimulant use which are major influences on high-risk behaviors that enhance HIV transmission and reduce compliance with therapy. This work has relevance to HIV infected on uninfected residents of the city.

The program publishes widely, assuring that the lessons learned in DC can be evaluated and considered in other localities. Washington has been transformed by many forces, but now is a leader in innovative and effective approaches to dealing with HIV/AIDS, rather than being a poor performer. Talented health care providers are attracted to work in DC, and research grant funding has contributed vitality and resources to the DC health care system.

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