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Challenges and Opportunities to Optimize HIV Responses in US Fast-Track Cities

Dashiell Sears¹, Sindhu Ravishankar¹, Dr. José M. Zuniga^{1,2}

¹Fast-Track Cities Institute; ²International Association of Providers of AIDS Care

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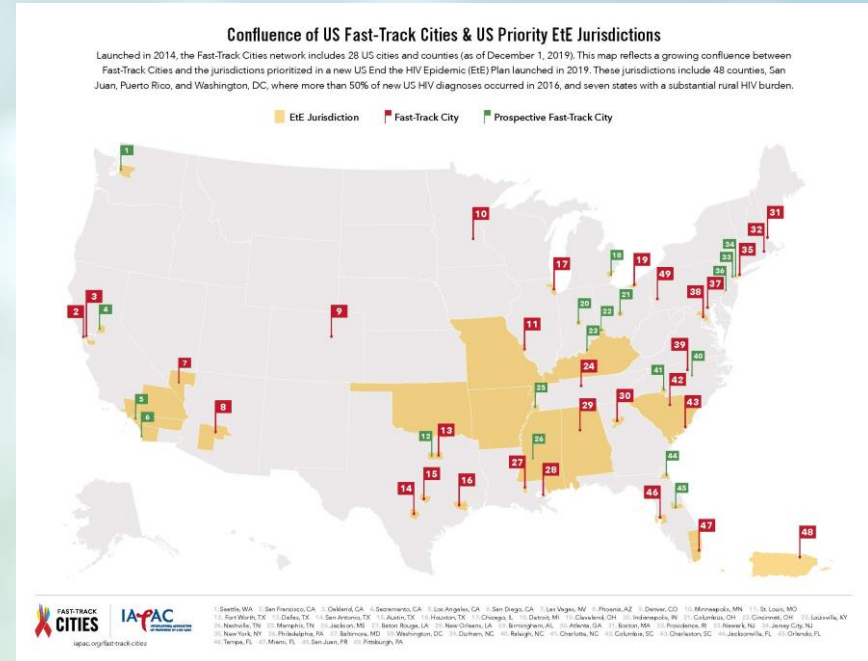
Disclosures

- No conflicts



Introduction

- Global Fast-Track Cities (FTC) Network includes 500 cities, including 42 US cities and counties
- The goal of FTC is to attain the UNAIDS 95-95-95 goals for HIV epidemic elimination
- Ending the HIV Epidemic in the US Strategy (EHE) aims to attain the similar 95-95-95 goals and a 90% reduction in new HIV infections through 48 counties, District of Columbia, San Juan, PR, and 7 States
- There are 29 overlapping FTC and EHE jurisdictions
- Alignment of the two initiatives and strategies can optimize local HIV responses



Intra-Jurisdictional EHE-FTC Alignment Workshop Series

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16 Workshops

- Atlanta/Fulton County* - February 15, 2023
- Baton Rouge/East Baton Rouge Parish* - March 8, 2023
- Dallas/Dallas County* - April 7, 2023
- Charleston and Columbia/South Carolina* - April 21, 2023
- Tampa/Hillsborough County – June 6, 2023
- Fort Lauderdale/Broward County – June 27, 2023
- Baltimore/Baltimore City* - July 27, 2023
- Phoenix/Maricopa County – August 17, 2023
- Houston/Harris County – August 22, 2023
- Miami/Miami-Dade County* - August 29, 2023
- Birmingham/Jefferson County* - August 31, 2023
- New Orleans/Orleans Parish – September 15, 2023
- San Antonio/Bexar County[†] - December 13, 2023
- New York City/New York Brougths – January 17, 2024
- San Juan/San Juan Municipality – March 26, 2024
- Washington DC/Washington DC – April 30, 2024

Future workshops

- Chicago/Cook County – June 26, 2024
- St. louis/Missouri – August 9, 2024
- Cleveland/Cuyahoga County – October 2024
- Inter-Jurisdictional EHE/FTC Alignment Workshop - TBD

Fast-Track City and associated EHE
Jurisdiction – Date IJAW Convened

*Denotes a signing ceremony occurred

[†]Denotes a signing ceremony occurred later



Intra-Jurisdictional EHE-FTC Alignment Workshop Series

Workshop Objectives

- To convene local HIV stakeholders in a communal setting to discuss challenges and barriers to achieving shared FTC and EHE goals
- Identify strategies to overcome identified challenges relative to attaining the 95-95-95 goals, eliminating stigma, and improving HIV health outcomes utilizing resources from the FTC network

Workshop Goals

- Optimize the local social determinants of health to achieve higher undetectable viral rates harnessing the science of undetectable = untransmissible (U=U)
- Align county and state HIV policies and health financing
- Address barriers to optimizing HIV prevention and treatment, and
- Implement HIV status neutrality frameworks in various settings



Intra-Jurisdictional EHE-FTC Alignment Workshop Agenda

- Welcome
- Session 1: Overview of Local EHE Status
- Session 2: Identifying Cross-Cutting Challenges to Achieving EHE and FTC Objectives
- Session 3: Moderated Discussions on Implementation Opportunities for EHE and FTC
- Rapporteur and Wrap-Up



Participating Stakeholders for Intra-Jurisdictional EHE-FTC Alignment Workshops



Participants

- **Jurisdictional Chief Executives**
 - Mayors, County Executives
 - Mayoral/County Executive Health Cabinet Members
 - Appointed Representatives
 - Housing Opportunities for People Living With AIDS (HOPWA) directors and program directors
- **Public Health Administrations**
 - City/County Public Health Directors
 - HIV Departmental Directors
 - Epidemiologists and HIV program strategists
 - Ryan White (RW) and EHE Council Chairs and Members
- **Local Clinic and HIV/Sexual Health Service Providers**
 - Federally Qualified Health Centers (FQHCs)
 - RW affiliated clinics
 - Community clinic subcontractors
 - Harm Reduction/Syringe Service organizations
 - Frontline and service program directors and managers
 - Peer support specialists
- **Community organizers and intersectional sexual health rights advocates**
 - Community Members on RW and EHE planning bodies
 - Minority health and intersectional LGBTQ health advocacy community groups

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Lessons Learned

Among the 16 cities that convened Intra-Jurisdictional EHE-
FTC Alignment Workshops, 5 cross-cutting themes were
presented linking all 16 cities and their challenges to achieve
EHE and FTC HIV elimination goals



1. Engaging affected communities and non-traditional partners is critical for scaling up services and addressing HIV-related stigma

Challenge/Barriers:

- Insufficient funding and staffing bandwidth restrict scale up of test-and-treat to meet existing community demand

Opportunities

- Identify and engage non-traditional partners who may not currently be working in HIV but are engaged in social and health justice related work to expand HIV testing and linkage locations and opportunities. For example, national civic and civil rights service organizations with local chapters may be engaged in efforts to scale up and normalizing HIV testing and education.



2. Partnerships with faith leaders to effectively address stigma-related barriers to HIV prevention and treatment

Challenge/Barriers:

- HIV-specific or gender/sexuality-based perceived or experienced stigma from faith-based communities is often a barrier to accessing testing, treatment, and PrEP.

Opportunities

- Engage faith-based leaders as key partners to assist in enhancing the holistic community health strategy and alleviate HIV and gender/sexual orientation stigma
- Leverage the power of the pulpit and houses of worship as opportunities to strengthen ties to congregates who fear their needs will lead them away from strong faith-based ties
- Leverage the power of mayors to convene faith and health roundtables to educate and strategize the needs of closing health disparities impacting congregations across all faiths



3. Reforming criminal statutes ranging from HIV criminalization to regressive harm reduction policies

Challenge/Barriers:

- Criminal statutes – both enforced and not enforced – targeting a range of sexual health, HIV transmission, and drug paraphernalia laws facilitate a stigmatizing environment negatively impacting HIV test-seeking behaviors and opportunities
- HIV treatment and PrEP uptake challenges inside of local jails and those transitioning back to community

Opportunities:

- Advocate for statewide reform against criminal statutes and harm reduction policies through existing examples. For example, the Center for Law and HIV Policy has successfully challenged HIV criminalization statutes utilizing the Americans with Disabilities Act as HIV
- Educate local, county, and state-level executive leadership on the harms of HIV criminalization and regressive policies



4. Addressing inequalities in funding which favor more established organizations over smaller key population-led organizations

Challenge/Barriers

- The current structure of federal grants award structure was identified as disproportionately favoring larger, more established organizations resulting in funding disparities among the landscape of HIV service and clinical organizations

Opportunities

- Create partnership opportunities between larger established organizations with smaller community-led organizations to bolster testing and linkage efforts funded by large federal grants and listing smaller community-led organizations as lead organizations on applications
- Place concerted efforts to de-silo cross-departmental and clinical communication and grant applications by leveraging the Fast-Track Cities framework among community, clinical, and city administration bodies



5. Humanizing patients through culturally competent person-centered care practices and providing wrap around services for housing, employment, and other Social Determinants of Health (SDOH)

Challenges/Barriers:

- Person-centered and culturally competent training was universally identified as a large gap to ensuring competent care was extended to all communities and a needed skill to improve service follow up rates and overall quality of care.
- Social determinants of health (SDOH), such as stable housing, mental health needs, substance use needs, food, employment, transportation, and affordable childcare, were identified as higher immediate priorities for clients compared to HIV care

Opportunities:

- Conduct annual trainings on culturally competent, person-centered care involving all levels of clinical contact including reception, maintenance, and any staff that work in clinics on HIV basics, stigma, and culturally competent care and interaction.
- Develop funding streams and improve linkage services for wrap around services connected to social determinants of health for example creating partnerships between private employers and area SDOH resources
- Maintain traditional mediums of communication such as print and phone options for disseminating information



Recommendations

- The Intra-Jurisdictional EHE-FTC Alignment Workshop Series facilitated dialogue among local stakeholders and created a space for sharing best practices and identifying non-traditional collaboration opportunities to optimize the city/county HIV responses
- Multistakeholder dialogues around improving the HIV care continuum enabled opportunities for alignment at political, public health, and community levels
- Harmonizing strategies with shared goals can help optimize existing efforts to maximize collaboration and impact towards urban HIV elimination efforts



Thank You

Dashiell Sears
Regional Director -North America
Fast-Track Cities Institute
dsears@ftcinstitute.org

