INTRA-JURISDICTIONAL

EHE ⇄ FTC ALIGNMENT

2023/2024 WORKSHOPS

IAPAC INTERNATIONAL ASSOCIATION OF PROVIDERS OF AIDS CARE

FAST-TRACK CITIES INSTITUTE

Ending the HIV Epidemic

Washington, DC

April 30, 2024

WELCOME

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Washington, DC
April 30, 2024

Welcome and Setting the Stage

Dashiell Sears
Regional Director, North America
Fast-Track Cities Institute

Setting the Stage

Washington, DC, joined Fast-Track Cities December 1, 2015, and was identified as an Ending the HIV Epidemic (EHE) priority jurisdiction in 2019.

Fast-Track Cities	Ending the HIV Epidemic

• Global initiative, local implementation
• A technical and political initiative inclusive of engagement from Mayor offices, health departments, and affected communities
• Global targets, local action for impact:
  • 95-95-95-95 treatment/prevention targets
  • 30-80-60 community targets
  • Ending AIDS as public health threat by 2030
	• Federal initiative, local implementation
	• HHS inter-agency leadership engaging community and local stakeholders
	• National targets, local action for impact:
	  • Reduce # new HIV infections in the United States by 75% by 2025
	  • Reduce # new HIV infections in the United States by at least 90% by 2030

Setting the Stage…

The purpose of this workshop is to:

- Leverage synergistic efforts of EHE and FTC initiatives
- Discuss gaps in and opportunities to achieve common goals:
  - Prevention and treatment policy implementation
  - Community access to HIV services
  - Criminalization as a barrier to ending HIV
  - Equitable scale up of PrEP
  - Implementation of status neutrality
- Define short- and long-term next steps for closing EHE and FTC gaps

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Welcome Remarks

Dr. José M. Zuniga
President/CEO, IAPAC and FTCI
Chair, UNAIDS Task Force on Urban Health

- Significant **PROGRESS HAS BEEN MADE** in Washington, DC
- Yet, much work remains to ensure **EQUITABLE ACCESS** to:
  - HIV prevention/treatment, **PERSON-CENTERED CARE**, social support
    - Within context of environment enabled to respect every person's **DIGNITY**
- Multistakeholder **HIV COMMITMENT, LEADERSHIP** is critical
  - Including in relation to **POLITICAL DETERMINANTS OF HEALTH**
    - But also **COMMUNITY ENGAGEMENT** that places people at center of HIV response
- EHE and FTC are well **ALIGNED AND SYNERGISTIC**
  - Notably as we strive to attain EHE and FTC (and **NHAS**) objectives
    - On trajectory towards **ENDING AIDS AS A PUBLIC HEALTH THREAT** by 2030
- 1 year from deadline of **REDUCING NEW HIV INFECTIONS BY 75%**

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April 30, 2024

Welcome on Behalf of DC Health

Dr. Ayanna Bennett

Director

DC Health

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Welcome on Behalf of UNAIDS

Vinay Saldanha

Director of the U.S. Liaison Office

United Nations Joint Programme on HIV/AIDS

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April 30, 2024

Welcome from HHS

Dr. Marissa Robinson

Health Equity Specialist Lead

Office of Infectious Disease and HIV/AIDS Policy

Office of Assistant Secretary of Health

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Welcome on Behalf of Washington D.C. EHE

Clover Barnes
Senior Deputy Director
HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)
DC Health

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Welcome on Behalf of Community

George S. Kerr, III

Community Coordinator, DC CFAR

Chair, National CFAR CAB Coalition

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Welcome on Behalf of ViiV Healthcare

J. Maurice McCants-Pearsall
Director, Government Relations
ViiV Healthcare US

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Increasing Access to Treatment and Rapid START

Jason Beverley, MS, RN, FNP-BC
STD & TB Control Division Chief
DC Health HIV, AIDS, Hepatitis, STD, & TB Administration (HAHSTA)

DC Health and Wellness Center

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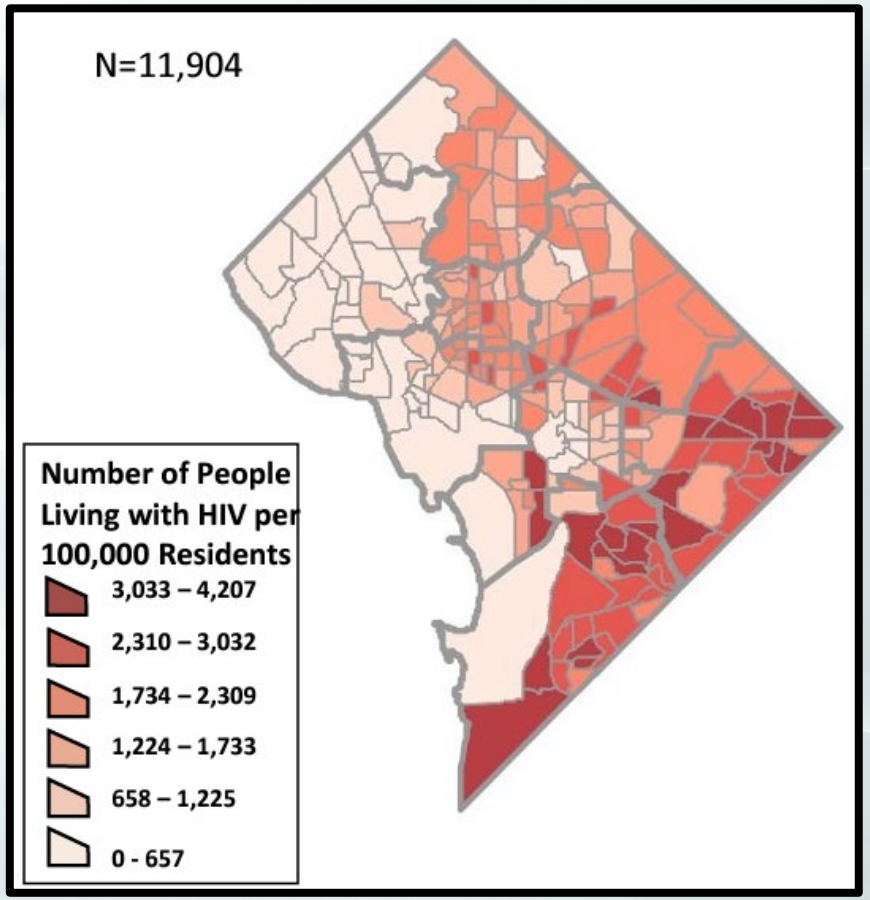
- >6000 encounters for ~3000 patients
- 500-600 PrEP patients
- 12% of GC cases in DC, 7% of CT cases
- Approximately 100 ART patients
- 75-80% patients are from highest HIV incidence wards



Rapid ART at DC Health and Wellness Center

- Rapid ART for all new HIV infections diagnosed at DCHWC
  - 11 new HIV infections at DCHWC last year
  - 100% were started on ART within 7 days (most same-day)

- Referral site for local community organizations who perform HIV testing but don't offer treatment.
- Rapid ART restart for patients who are reengaging in care

Rapid ART Process at DCHWC

- Same-day medication start and bridge supply
- Close follow-up
- Counseling/Case Management (ADAP enrollment, etc)
- Referral to community provider as appropriate

Local trends in Rapid ART

- Expanded awareness of clinical benefits of Rapid ART
  - Rapid ART Clinician Workgroup (currently inactive with plans to restart)
- Rapid ADAP enrollment
- ART covered fully by DC Medicaid programs

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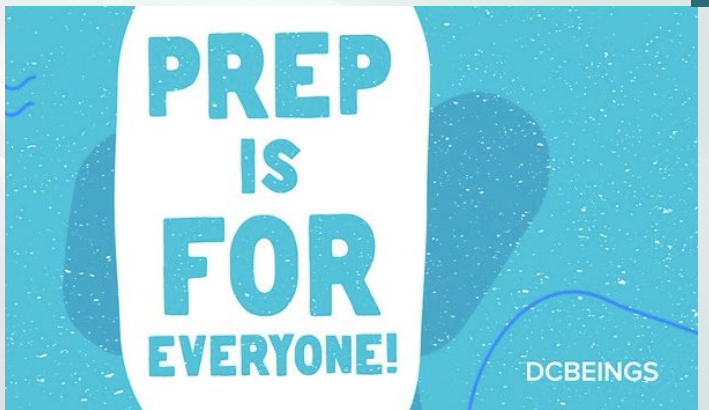
Increasing Access to Biomedical Prevention

Rachel Harold, MD
Supervisory Medical Officer
DC Health, HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)

PrEP Services at DCHWC

- Universal screening
- Referral site
- Same-day starter pack
- PrEP navigation
- TelePrEP
- Lab tests and appointments at low to no cost
- Long Active Injectable PrEP (LAIP)

"Are you aware of PrEP?"

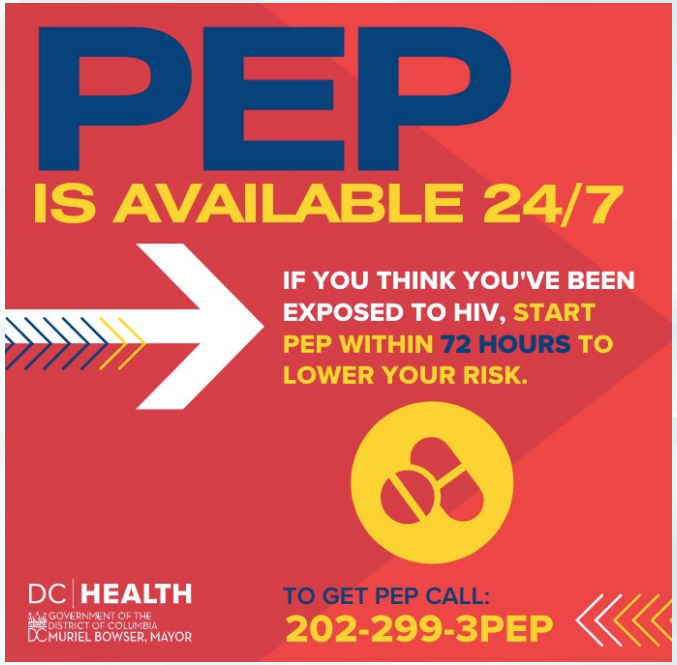


PEP to PrEP

Getting nPEP
to the people who need it,
when they need it

In first 18 months of the program: **407 nPEP initiations**

40% who started nPEP transitioned to PrEP after 28 days (163/407)



LAIP Program, May 2023-April 2024

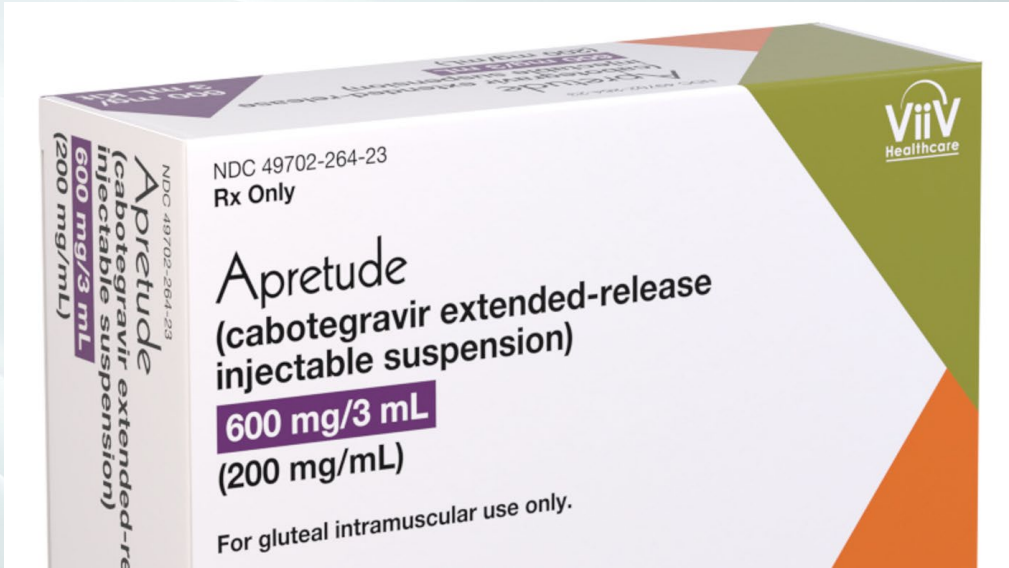
71 patients initiated the process for LAIP → 49 (69%) were approved by insurance or patient assistance program → 37 (75.5%) received first injection → 33 (89.2%) still actively enrolled in LAIP

Successes

- Wide interest
- Indicated for all genders
- Overall safe and low side effect profile

Challenges

- Logistical complexities
- Insurance coverage and prior authorizations
- Discontinuation due to side effects



DC HIV Behavioral Surveillance Study, 2017-2022

Year	2017	2018	2019	2020	2022**
Cycle (sample population)	**Men who have sex with men**	**People who inject drugs**	**High-risk Heterosexuals**	**Transgender women**	**People who inject drugs**
% of HIV+ tests were new infections	20%	12.5%	33%	4%	6%
Know their HIV status*	62%	65%	61%	52%	87%
Condom use at last encounter	30%	25%	20%	41%	33%
Knowledge of PrEP	94%	25%	49%	87%	30%
Use of PrEP	38%	0.9%	0.8%	8.5%	0.5%

*Self-reported HIV test in past 12 months
**No data collection occurred in 2021 due to the COVID-19 pandemic

Patient characteristics of PrEP users in DC, 2015-2020

Individuals on PrEP by year	
2015	2,524
2016	4,135
2017	5,131
2018	6,694
2019	7,542
2020	7,406

Next Steps:

- Broader PrEP promotion
- Increased outreach to priority populations
- Increased collaboration with community partners
- Easier access to PrEP medication and expansion of injectable PrEP

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Eliminating Disparities in HIV Health Outcomes

Dr. Ashley Elliott

Clinical Psychologist and Consultant

Vivid Wellness Collective

Current Disparities in HIV Infections

Statistics on HIV prevalence in Washington DC

17,975*/11,904** (71% of Residents were Black)

Demographic disparities in new HIV infections

230 New Cases Male (73.9%) Female (22.6%) Trans (3.5%)

Women(n=52) 8 out of 10 Black Women Trans(n=37) Older Adults (n=34) Youth (n=22)

Black Men, Latinx Men, & Black Women represent the highest proportion of residents living with HIV

Key socioeconomic factors contributing to disparities

Low/No-Income, Race/Ethnicity, Gender*, Ward Residence

Trends in Disparities

Wards 5,6,7 & 8 represent the highest rates of diagnosis

Black residents have the highest rates of newly reported cases since Covid-19 Pandemic

Resources removed from neighborhoods due to ward boundaries being shifted

Unhoused and immigrant/refugee population underreported

Factors Contributing to Disparities

Structural Barriers

Access to Healthcare

Housing

Employment

Socioeconomic Factors

Poverty

Education

Health Literacy

Impact of Stigma and Discrimination on Testing, Treatment, and Care

Strategies for Eliminating Disparities

Strengthening access to testing and prevention services

Improving access to treatment and care

Addressing structural and socioeconomic determinants

Combating stigma and promoting cultural competency

Improving assessment and intake systems

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Washington, DC

April 30, 2024

Reducing Stigma in Clinical Settings

Maranda C. Ward, EdD, MPH

Assistant Professor & Director of Equity

Department of Clinical Research and Leadership

GW School of Medicine and Health Sciences

Have you ever considered…

what HIV & COVID have in common?

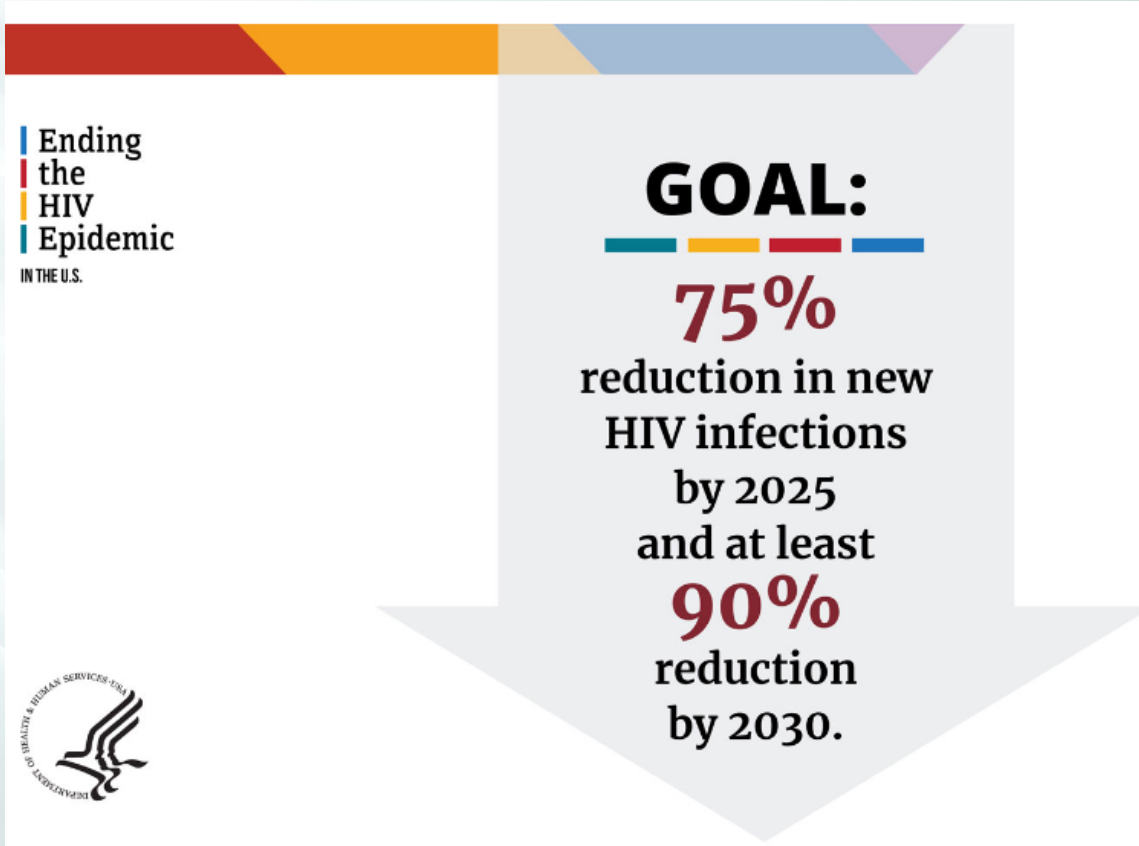
Why HIV & COVID?

- Racial, ethnic, sexual, and gender minoritized patients are disproportionately affected by HIV and COVID
- They are constantly burdened with discrimination, stigma, and prejudice
- The enduring impact of racism, heterosexism and gender oppression affect healthcare access and health outcomes

PCPs should be trained to be more culturally responsive when caring for racial, ethnic, sexual, and gender minoritized patients

Over the past four years, much attention, research, and resources have been paid to COVID (and rightly so), but unfortunately this has happened at the expense of HIV.

- Since 2006, the CDC has recommended opt-out HIV testing for anyone between the ages of 13 and 64 at least once as part of their routine healthcare (CDC, 2019).
- This recommendation was at the center of the 2019 launch of the U.S. Department of Health and Human Services *Ending the HIV Epidemic: A Plan for America* initiative to end the HIV epidemic by 2030 (CDC, 2021).



In response to this discrepancy, our Two in One Model aims to routinize COVID vaccine screening and HIV/PrEP screening for **all patients** in the primary care visit.

We also provide capacity building support for PCPs to engage in culturally responsive communication about HIV and COVID with their **racial, ethnic, sexual and gender minoritized patients**.

Terms	Definitions
Cultural "Competence"	• The ability to acknowledge and incorporate- at all levels- the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs (Cross, Bazron, and Isaccs, 1989)
Cultural Humility	• Having an interpersonal stance that is other-oriented rather than self-focused, characterized by respect and lack of superiority toward an individual's cultural background and experience (Hook, et. al., 2013)
Cultural Safety	• An examination by healthcare professionals of themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery. This requires a critical consciousness where healthcare professionals and organizations engage in ongoing self reflection and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities, and as measured through progress towards achieving health equity (Maier-Lorentz, 2008)

*There are many other terms: Cultural Awareness, Cultural Sensitivity, Cultural Respect, Cultural Mindfulness, Cultural Adaptation

Culturally Responsive Communication (CRC)

Email Qs: twoinone@gwu.edu

- The ability to translate diversity, equity, inclusion, and justice (DEIJ)-based **values** within patient interactions that stem from **reflexivity** and shared power of the health professional alongside the **culture** of racism.

- CRC is an extension of DEIJ-based policies, systems, and protocols that allow for effective cross-cultural safety and respect, as well as compassionate, nonjudgmental and antiracist care.

Curtis, 2019; Metzl & Hansen, 2014; Ring, et. al., 2009)

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Project Overview

Program Components & Logic Model

Overview

Problem & Approach

Problem: Racial, ethnic, sexual, and gender minoritized patients are disproportionately affected by HIV and COVID and are constantly burdened with discrimination, stigma, and prejudice. The enduring impact of racism, heterosexism, and gender oppression affect healthcare access and health outcomes.

Approach: Our Two in One Model aims to **routinize** COVID vaccine screening and HIV/PrEP/PEP screening for **all patients** in the primary care visit and to **build capacity for PCPs** to engage in culturally responsive communication (CRC) about HIV and COVID with their **racial, ethnic, sexual and gender minoritized patients**.

Theories of Change

Dimensionality and R4P Health Equity Framework (Hogan et. al., 2018)
Indicates equity-based actions to address harms and historical conditions perpetuating disparate HIV and COVID outcomes among minoritized populations.

Social Ecological Model (McLeroy et al., 1988)
Organizes what the literature describes as facilitators and barriers to care.

Queer Theory and CRT (Alexander, 2017; Bell, 1995)
Centers perspectives of patients in our social marketing messages, toolkit, and asynchronous training course to reflect decolonizing critique and analysis.

Design-Based Research Approach (Barab & Squire 2004)
Guides iterative refinement of these activities over time.

National Program

Research

- Interviews with racial, ethnic, sexual, and gender minoritized patients
- Interviews with PCPs
- Literature review on COVID and CRC
- Literature review on HIV, PrEP and CRC

Training

- 9 live CME-bearing webinars recorded for integration into online modules
- 9 online CME-bearing training modules
- Healthcare team toolkit (embedded in online training)

Policy/ Advocacy

- 3 white papers outlining policy recommendations (on website and embedded in online training)
- Clinician vignettes (support policy change)

notes that HIV testing should be an element of all prenatal testing and occur during the third-trimester of pregnancy in regions with high HIV transmission rates, unless they opt-out of testing. The guidance further notes that clinicians do not need to request separate written consent from patients to provide this screening.[1]

A stakeholder group including Primary Care Practitioners (PCPs), policy experts, public health practitioners, and academics vetted the following policy recommendations which address existing problems with the CDC's HIV Screening Guidelines.

Gap 1: HIV Screening Omits Discussion

HIV screening is **narrowly defined** as diagnostic testing, which **does not include the vital priming conversations and counseling** that should preface and follow all clinical testing. This is especially salient since the HIV screening guidelines rely on more than one HIV testing approach. The conversations that occur in a clinical setting between patient and practitioner are a critical part of screening and are not clearly addressed in any of the guidance documents

Policy Recommendations

- Include Discussion
- Reduce Bias
- Increase Testing
- Support Practitioners
- Focus on Patients

patients. The Give-Offer-Ask-Listen-Suggest (GOALS) framework[2] recommends that clinicians introduce sexual history taking as part of primary care that is not focused on risks but on health. In this way, patients may feel more comfortable talking about sex as a natural part of their lives and healthcare. Clinicians can **use the sex and STI counseling ICD-10 code (Z70)** to bill for time spent posing and fielding questions during limited clinical time. Policy makers can also investigate creating a CPT code and other billing codes for HIV screening discussions.

Gap 2: Testing Is Discretionary

HIV testing approaches are not implemented in a standardized and comprehensive way. CDC HIV screening guidance calls for a minimum of risk-based HIV testing. With this approach, clinicians use risk-based screening to determine which of their patients are suited for testing. The problem with this approach is that **when HIV testing is left to the discretion of clinicians, patients are inherently profiled for their perceived risks.** As implemented, risk-based screening increases the stigma associated with having HIV and getting

Screening for Preexposure Prophylaxis (PrEP) and Post-exposure Prophylaxis (PEP) for the Prevention of HIV Transmission in the United States, 2021 Guidelines: Policy Background and Recommendations

Abigail Konopasky, Maranda C. Ward, Leah Hoey, Patrick G. Corr

Background

Pre-exposure Prophylaxis (PrEP)

The Centers for Disease Control and Prevention's (CDC) 2021 guide recommends routinely taking a sexual history and **informing all adolescents and adults** who are sexually active or use intravenous drugs about daily use of PrEP and **recommending** it to **those with substantial risk** to help prevent HIV infection. Screening can occur virtually (e.g., phone- or web-based consultations with clinicians).[1]

Post-exposure Prophylaxis (PEP)

The CDC's 2016 guide recommends use of PEP within 72 hours for anyone who has been exposed to HIV to help prevent HIV transmission.[2]

This policy brief reviews current definitions of PrEP and PEP **screening**, outlines the **problems** with current practice around PrEP and PEP screening, and offers specific **policy recommendations** for addressing these problems.

Policy Recommendations

- Licensing bodies should require clinician training
- Insurance compaines should create new billing codes
- Clarify and expand the definition of screening
- Require more frequent discussions with patients
- Include resources for clinicians on not stigmatizing patients

PrEP and PEP Screening, Defined

For PrEP, HHS and the CDC recommend clinicians **initiate a conversation** around HIV transmission in order to determine whether patients have "substantial risk": a sexual partner who is HIV positive, a recent sexually transmitted infection, history of inconsistent condom use, or

Scoping Review

What is a scoping review?

*"Scoping reviews serve to **synthesize evidence** and assess the **scope of literature** on a topic."*

Do

- Follow a systematized process

Do Not

- Evaluate levels of evidence/quality of evidence

PRISMA, 2018

HIV PRISMA Diagram
(2019-2022: 49 studies)

Primary research question: "*What factors influence culturally responsive HIV and PrEP screening for historically marginalized populations?*"

Subquestion: "*What themes and gaps exist in the literature regarding culturally responsive HIV and PrEP screening for historically marginalized populations?*"

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Qualitative Research

Design, Analysis, & Next Steps

Qualitative Study Design

- ***Research Question*:** Which factors (multi-level) do **patients** and **PCPs** identify as important for receiving quality **HIV** and **COVID** prevention and/or care?
- ***Method***: Semi-structured focus group and individual interviews (n=9)
- ***Analysis***: Facilitators and barriers to culturally responsive communication at five levels:
  - Public Policy
  - Community
  - Institutional
  - Interpersonal
  - Individual

Socio-Ecological Model - Facilitators

Patient

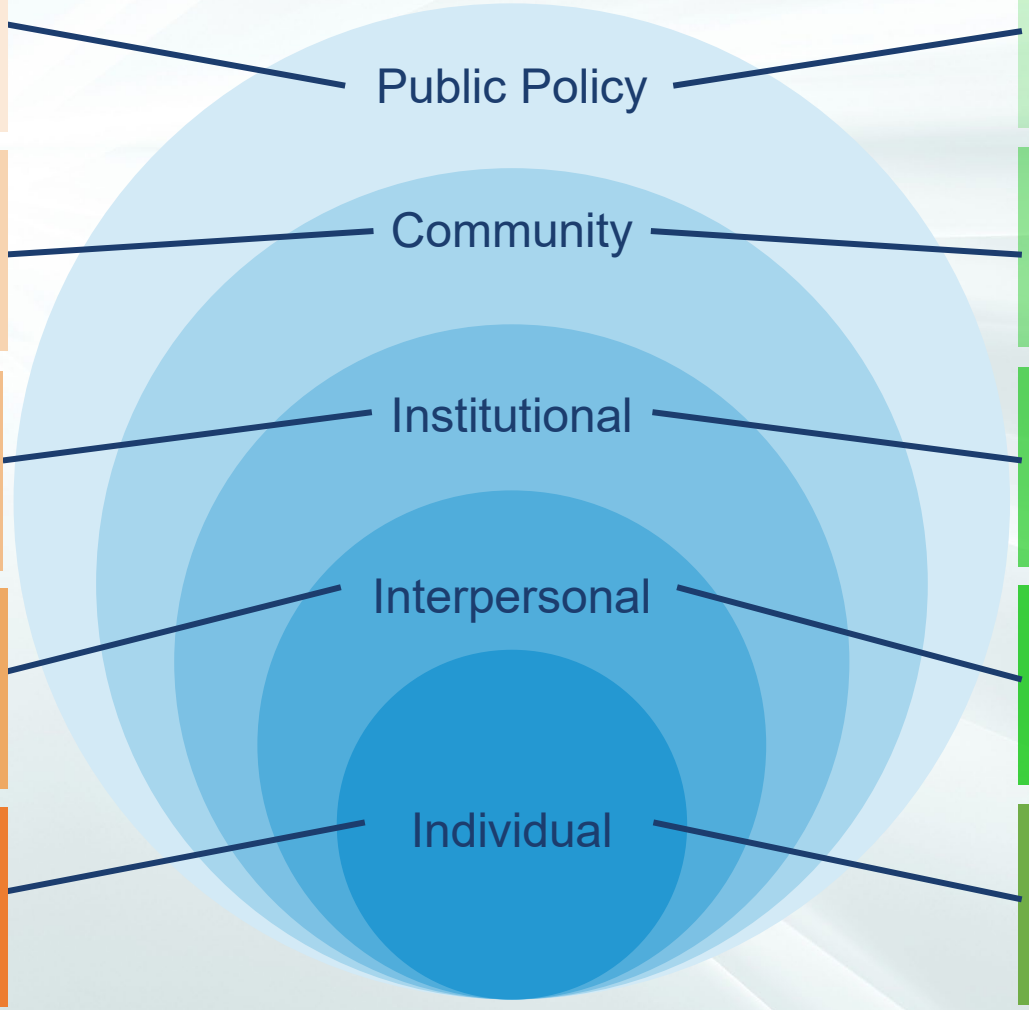
- Patient public health attitude
- Mandate

- Patient network and education
- PCP race
- Working for their community
- Access to community health workers

- Environmental factors
- Policies/approaches
- PCP availability

- PCP behavior
- PCP race
- Patient networks
- Work for their community

- Exhibit agency
- Initiate discussion
- Knowledge
- Attitude



PCPs

- PCP Education
- Policies

- Outreach
- PCP Patient Education

- Policies/approaches
- PCP behavior

- PCP behavior
- History and screening

- Initiating discussions
- Education and awareness
- PCP behavior

Adapted from McLeroy, K. R., Steckler, A. and Bibeau, D. (Eds.) (1988). The social ecology of health promotion interventions. Health Education Quarterly, 15(4):351-377.

Socio-Ecological Model - Barriers

Patient

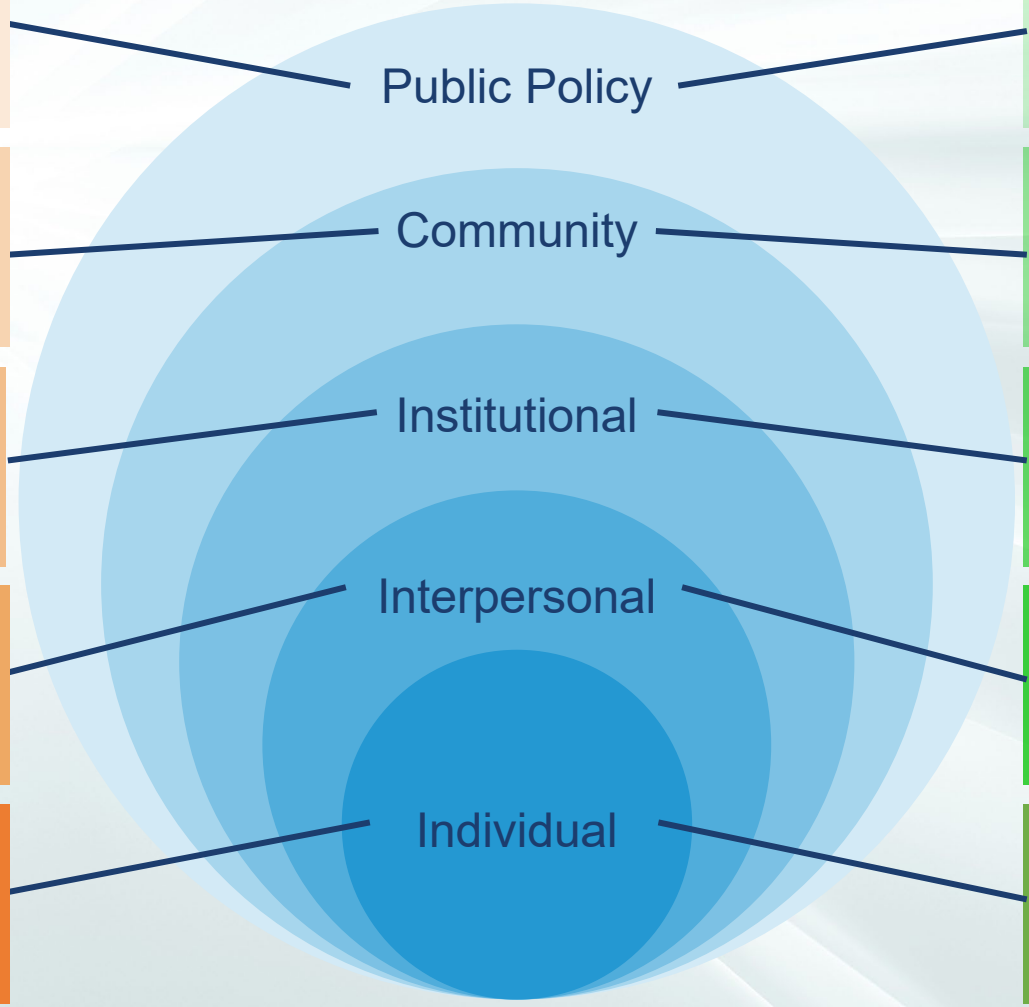
- Patient public health attitude

- Patient network
- Patient education

- Environmental factors
- Policies/approaches
- PCP availability
- Patient's work

- PCP behavior
- Racism
- Patient networks

- Patient agency
- Attitude
- Racism/racial profiling.
- Allergies to meds



PCPs

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- Policies/approaches
- PCP behavior

- PCP behavior

- PCP behavior
- Burnout

Adapted from McLeroy, K. R., Steckler, A. and Bibeau, D. (Eds.) (1988). The social ecology of health promotion interventions. Health Education Quarterly, 15(4):351-377.

Key Research Takeaways

- PCPs are largely **unaware** and/or unfamiliar with patient experiences and perceptions of care
- PCPs attend to individual-based, institutional-based, and policy-based **facilitators** to care (i.e. overlooking interpersonal-based and community-based facilitators)
- Patients and PCPs align on the community-based **barriers** to care

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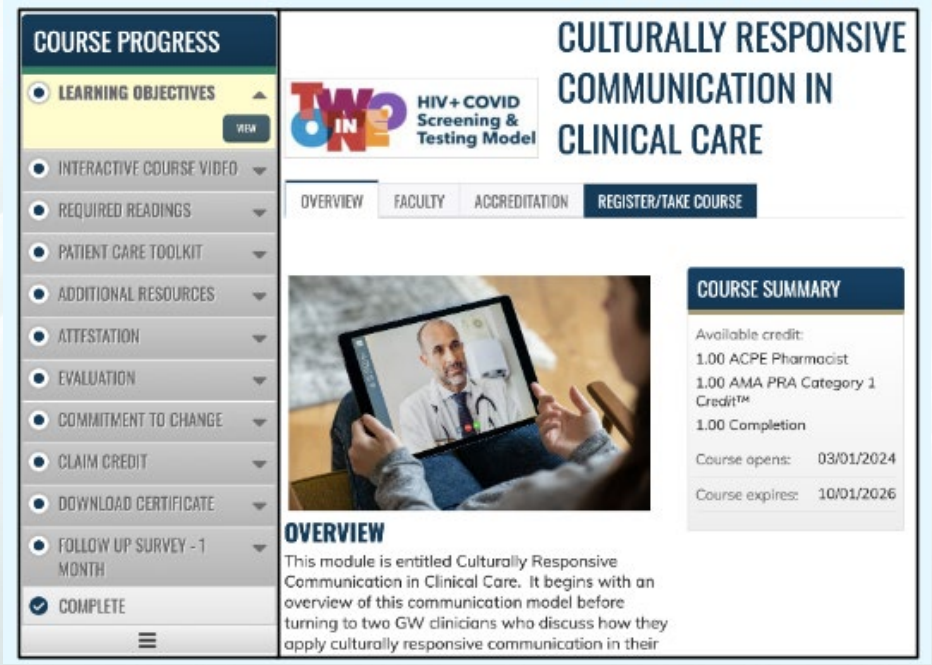
Online CME-bearing Course is Live!



Module #	Module Title	Speakers other than Maranda Ward, EdD
1	Confronting U.S. History: We must End Racism to End Disparities	Nikole Hannah-Jones
2	Culturally Responsive Communication in Clinical Care	Susan LeLacheur, DrPH Lalit Narayan, MD
3	How Clinicians Shape Community Narratives on HIV and COVID	Oni Blackstock, MD
4	Restoring Patient Trust Through a Health Justice Approach	Clover Barnes, RN, MSN
5	We Test Everyone, Unless You Say No: State Level HIV Opt Out Testing and Screening Guidelines	Philip Alberti, PhD
6	Primary Care IS Prevention: Why PrEP and PEP Belong in the Primary Care Setting	Adedotun Ogunbajo, PhD
7	Culturally Responsive Communication, Part II: Sharing Power with Patients	Stephen Lee MD, MA Edwin Corbin-Gutierrez, MA
8	Combatting PCP Burnout with Emergent Infections	Leon McCrea II, MD, MPH
9	Culturally Responsive Communication, Part III: Language and Literacy Access	Joaquín Carcaño

Anticipated Outcomes

Short-term

- Increased knowledge of population preferences
- Increased awareness of barriers and facilitators to culturally responsive communication

Medium-term

- Increased perceived capacity to act
- Improved self-efficacy to address barriers
- Increased culturally responsive communication on HIV, PrEP/PEP and COVID vaccines with racial, ethnic, sexual and gender minoritized patients

Long-term

- Changed narrative of patient populations
- Changed practice guidelines
- Changed clinical operations
- Routinized HIV, PrEP/PEP and COVID vaccine screenings for all patients

2023/2024 INTRA-JURISDICTIONAL EHE ⇄ FTC ALIGNMENT WORKSHOPS

TWO IN ONE HIV+ COVID Screening & Testing Model

TRG THE REIS GROUP

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Key Activities

- Developed a communications plan outlining tactics and strategies for promotion of the program.
- Researched and engaged with stakeholders to secure speaking opportunities, newsletter placements, social media posts, and podcast appearances.
- Conducted earned media outreach to clinician and consumer outlets and coordinated interview requests.
- Developed and distributed eleven press releases about the program on PR Newswire.
- Drafted and placed seven commentary articles in clinician and consumer-based outlets.
- Coordinated the distribution of four video vignettes through Medical Economics.

Reach and Impact

2.93 Billion — Total Impressions*

37 — Stories Secured

7 — Commentary Articles Placed

*Impressions represent combined unique monthly visitors from stories and press releases placed.

Secured and Upcoming Opportunities

Stakeholders

50+ Organizations Contacted

5 Social Media Posts

5 Newsletter placements

- Gay and Lesbian Medical Association
- American Association of Nurse Practitioners
- Association of American Medical Colleges
- Public Health Foundation

Stories and Commentary Articles

EBONY, WAMU 88.5, The Washington Post, Black Health Lit, dcist, WSJ, Patient Engagement HIT, Good Morning Washington, rollingout, HCP Live, 105.3, AAMC, xtelligent Healthcare Media, MedPage Today's KevinMD.com, Scripps News, Praise 100.9, Health Affairs, CDC, ATLANTA CW69, Transform Mid-Atlantic, GPB News, MNT MedicalNewsToday, The Washington Informer, Campus Compact, AREVA MARTIN, MEDPAGE TODAY, BLACK ENTERPRISE, The Lyndia Grant Show, POZ

Press Releases

4K Total Pick-Ups

2.1B Total Potential Impressions

5.1K Total Clicks

- Associated Press
- Yahoo Finance
- Los Angeles

Upcoming Opportunities

- Speaking Opportunity with The Moth
- Strategic Partnership with Blue Cross Blue Shield
- Prioritizing Equity Episode with the AMA
- Interview with POLITICO
- South Florida Sun Sentinel Interview
- Interview with Managed Healthcare Executive

2023/2024 INTRA-JURISDICTIONAL EHE ⇄ FTC ALIGNMENT WORKSHOPS

Two in One HIV+ COVID Screening & Testing Model

THE REIS GROUP

IAPAC International Association | Fast-Track Cities | Ending the HIV

Two in One Training Series Impact

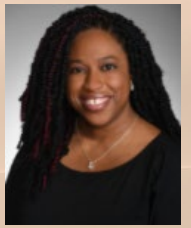
13	3K	2
Number of Speakers	Number of Learners	Viewing Parties

Two in One Black Women Thought Leaders as Webinar Speakers

Nikole Hannah-Jones
Pulitzer-prize-winning author and racial scholar

Oni Blackstock, MD
HIV physician, researcher, and founder of Health Justice

Clover Barnes, RN, BSN, MBA
Bureau Chief, DC Health HIV, AIDS, Hepatitis, TB Administration



Annette Gadegbeku, MD
Associate Professor of Community Health; Drexel School of Medicine, Faculty Director, Healing Hurt People

Collaborators

Co-Sponsoring Organizations:

- Latino Commission on AIDS
- National Alliance of State and Territorial AIDS Directors
- Drexel University
- GW SMHS Antiracism Coalition
- Association of American Medical Colleges
- GW SMHS Office of Diversity
- D.C. Center for AIDS Research
- D.C. Health

Promoting Organizations:

- Social Mission Alliance
- GW SMHS Office of Diversity
- Physician Assistant Education Association
- D.C. Center for AIDS Research

HIV+ COVID Screening & Testing Model

2023/2024 INTRA-JURISDICTIONAL EHE ⇄ FTC ALIGNMENT WORKSHOPS

THE REIS GROUP

IATPAC INTERNATIONAL ASSOCIATION

FAST-TRACK CITIES

Ending the HIV

Two in One Policy Recommendations

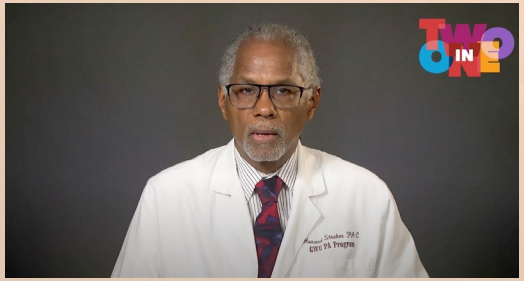
- **3** Policy White Papers
- **30** Organizations Identified for Endorsement of National Policy Strategy
- **10** Advisory Board Members Who Vetted White Papers
- **3** Policy Stakeholder Videos (Advocacy, Education and Medical)

Two in One Policy Vignettes Impact

- **75k** Clinicians Reached with Vignettes
- **4** Vignettes Promoting Value for Standard of Care Practice Changes

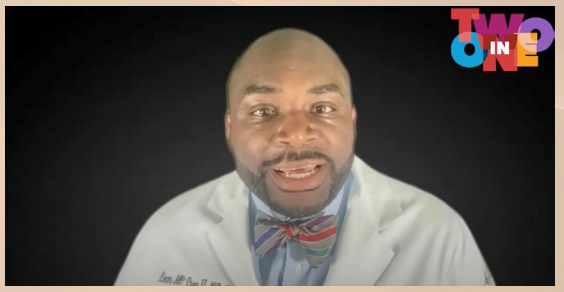
Two in One Policy Vignettes

Vignette #1:
Why Routinize HIV and Vaccine Screening in the Primary Care Setting.



Vignette #2:
Why Routinize HIV, PrEP/ PEP and COVID Vaccine Screenings?

Vignette #3:
What is Culturally Responsive Communication?



Vignette #4:
How Clinicians Can Reshape Community Narratives to Address HIV+COVID Stigma.

For more information

You can direct all questions to the study PI:

Maranda C. Ward, EdD, MPH
Assistant Professor & Director of Equity
Department of Clinical Research and Leadership
GW School of Medicine and Health Sciences

maranda@gwu.edu | (202) 994-0202

Scan for website + other details

Break until 11:15am

INTRA-JURISDICTIONAL

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2023/2024 WORKSHOPS

IATPAC INTERNATIONAL ASSOCIATION OF PROVIDERS OF AIDS CARE

FAST-TRACK CITIES INSTITUTE

Ending the HIV Epidemic

Washington, DC

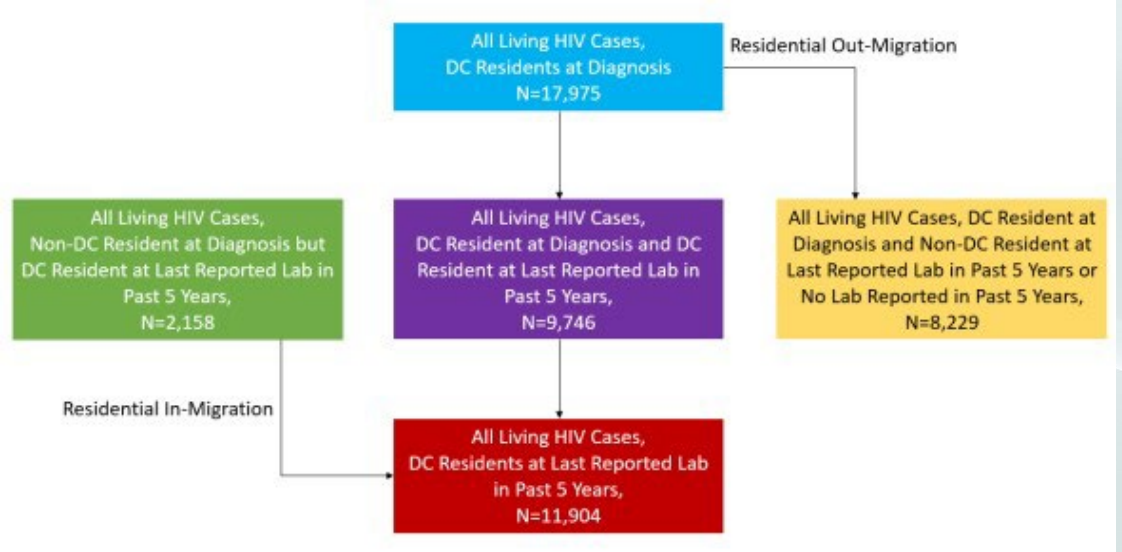
April 30, 2024

Enhancing HIV Prevention in Washington DC: Challenges, Opportunities, and Strategies

Kenya Hutton
Deputy Director
Center for Black Equity

Introduction

- Rates of HIV - By end of 2021: confirmed cases were 17,975
- Understanding risks = Better protection strategies
- Rates higher among:
  - ❖ Gay (MSM)
  - ❖ Those who use drugs
  - ❖ Occupational exposure



Source: (DC Health, 2022)

Challenges to Implementing Prevention Policies

- Complex policy implementation processes
  - ❖ Sensitive target population
  - ❖ Risk of stigma and discrimination
- Lack of resources/ need to renegotiate resource allocation

Cont.

- Need for compromises that may complicate policy implementation
  - ❑Conflicting interests among policy makers and healthcare leaders
- Unexpected policy outcomes during pilot implementation

Cont.

- Unexpected policy implementation requirements
  - ❑Additional documentation burden
  - ❑Integration with existing electronic health system
  - ❑Quality assurance monitoring

Cont.

- Challenges in addressing existing complications

  - ❑e.g. transmitted drug resistance

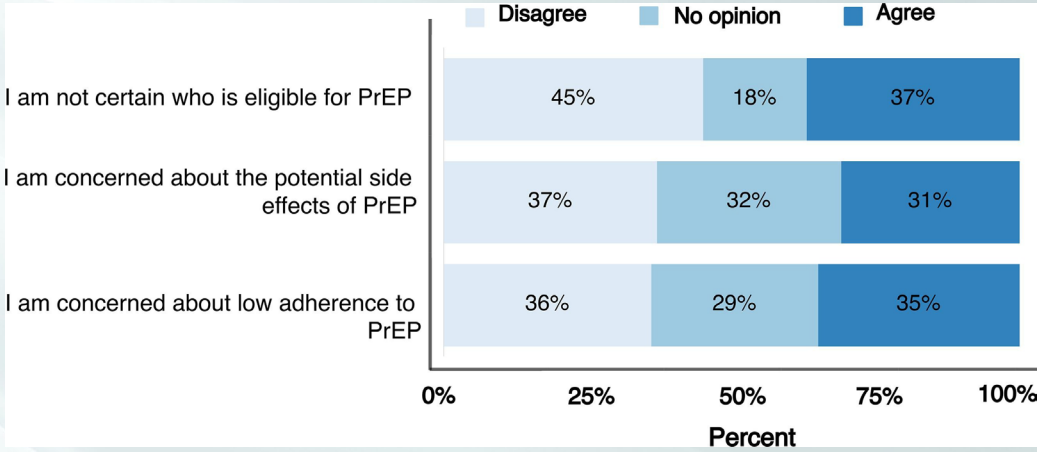
Antiretroviral Drug Classification	Antiretroviral Drug (ARV)	High-Level Resistance %	Intermediate Resistance %	Low-Level Resistance %	Susceptible %	N
Integrase Strand Transfer Inhibitors	Bictegravir	0.0	0.0	0.0	100.0	147
	Dolutegravir	0.0	0.0	0.0	100.0	147
	Elvitegravir	0.0	0.0	0.7	99.0	147
	Raltegravir	0.0	0.0	0.7	99.0	147
Non-Nucleotide Reverse Transcriptase Inhibitors	Doravirine	0.8	1.3	3.4	95.0	613
	Efavirenz	10.3	1.8	1.1	86.8	613
	Etravirine	1.0	1.5	1.6	95.9	613
	Nevirapine	11.3	1.8	0.8	86.1	613
	Rilpivirine	2.8	0.8	5.7	90.7	613
Nucleotide Reverse Transcriptase Inhibitors	Abacavir	0.5	0.5	2.4	96.6	613
	Didanosine	0.3	0.5	1.0	98.2	613
	Emtricitabine	2.8	0.0	0.0	97.2	613
	Stavudine	0.5	0.5	1.8	97.0	613
	Tenofovir	0.2	0.3	0.8	98.7	613
	Zidovudine	0.5	0.5	1.3	97.7	613

Source: (DC Health, 2022)

Opportunities for Improvement

For policy makers and healthcare providers

- Education and training to address:
  - ❑Limited knowledge on priority group for PrEP
  - ❑Limited knowledge of eligibility for PrE
- Advocacy for policy cycle flow improvement



Source: (Agovi et al., 2020)

Cont.

- For leaders in the healthcare industry
- Steps:
  - ❖Collaboration with policy makers developing HIV prevention policies
  - ❖Pushing for funding for PrEP kits
  - ❖Creating awareness about existing PrEP program
  - ❖Improved access to PrEP in communities

Cont.

- For Patients, family members, and caregivers
  - ❖Community outreach and engagement on HIV prevention
  - ❖Proper PrEP use education

Source: (Brito et al., 2021)

Gaps in Integrating Co-infections and Opportunistic/Emerging Conditions into HIV Prevention

- Lack of awareness
- Vaccine recommendations for HIV patients e.g. Mpox, Hepatitis, and flu vaccine
- Fragmented healthcare systems
- Limited resources

Cont.: Challenges

- Stigma and discrimination
- Complex treatment regiment
- Risks of drug resistance
- Healthcare service access barriers

Cont.: Opportunities

- Comprehensive care models
  - ❑ Promoting vaccinations for opportunistic infections (e.g. Mpox and Hepatitis)
  - ❑ Vaccination notification reminders for patients
- Community education programs on HIV opportunistic infections and co-infections
  - ❑ Education on STI pathophysiology and complications
  - ❑ Innovative education approaches like monthly movie screening at drive-in theaters
- Advocacy and policy change
  - Evidence-based approaches for policy promotion

References

- Agovi, A. M.-A., Anikpo, I., Cvitanovich, M. J., Craten, K. J., Asuelime, E. O., & Ojha, R. P. (2020). Knowledge needs for implementing HIV pre-exposure prophylaxis among primary care providers in a safety-net health system. *Preventive Medicine Reports*, *20*(101266),1-5. https://www.sciencedirect.com/science/article/pii/S2211335520302242.
- Brito, M. O., Dugdale, C. M., Collins-Ogle, M., Snowden, J., & Wheeler, D. A. (2021). ID/HIV Physician Ambassadors: Advancing Policy to Improve Health. *Journal of the Pediatric Infectious Diseases Society*, *10*(4), 432-439. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8087129/.
- Byrne, M., Akselrod, H., Monroe, A. K., Horberg, M., Lucar, J., Castel, A. D., . . . Squires, L. (2022). Identifying Geographic Areas of Washington, DC, With Increased Potential for Sexual HIV Transmission Among People With HIV With STIs and Concurrent Elevated HIV RNA: Data From the DC Cohort. *Open Forum Infectious Diseases*, 9(5), ofac139. https://academic.oup.com/ofid/article/9/5/ofac139/6550677.

References

- Campos, P. A., & Reich, M. R. (2019). Political Analysis for Health Policy Implementation. *Health Systems & Reform*, 5(3), 224-235. https://www.tandfonline.com/doi/full/10.1080/23288604.2019.1625251.
- CDC. (2023, March 9). Viral Hepatitis: Frequently Asked Questions for the Public. *Centers for Disease Control and Prevention*. https://www.cdc.gov/hepatitis/hbv/bfaq.htm#:~:text=show%20some%20abnormalities.-,How%20serious%20is%20chronic%20(long%2Dterm)%20hepatitis%20B%3F,liver%20cancer%2C%20and%20even%20death.
- CDC. (2024, April 22). Mpox and HIV. *Centers for Disease Control and Prevention*. https://www.cdc.gov/poxvirus/mpox/prevention/hiv.html

References

- DC Health. (2022). Annual Epidemiology and Surveillance Report: Data Through December 2021. *Columbia Department of Health, HIV/AIDS, Hepatitis, STI, & TB Administration*. https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/2022-Annual-Surveillance-Report_0.pdf
- DC.gov. (2024). Pre Exposure Prophylaxis Drug Assistance Program (PrEP DAP). *DC Health*. https://dchealth.dc.gov/DCPrEPDAP

References

- DCCFAR. (2022). HIV in Washington DC. *District of Columbia Center for AIDS Research.* https://dccfar.gwu.edu/hiv-washington-dc
- HIV.gov. (2023, July 11). Flu and People with HIV. https://www.hiv.gov/hiv-basics/staying-in-hiv-care/other-related-health-issues/flu-and-people-with-hiv#:~:text=People%20with%20HIV%20should%20get,shot%20and%20a%20nasal%20spray.
- Yabes, J. M., Schnarrs, P. W., Foster, L. B., Scott, P. T., Okulicz, J. F., & Hakre, S. (2021). The 3 levels of HIV stigma in the United States military: perspectives from service members living with HIV. *BMC Public Health*, *21*(1399), 1-11. https://bmcpublichealth.biomedcentral.com/counter/pdf/10.1186/s12889-021-11462-9.pdf.

References

- Yabes, J. M., Schnarrs, P. W., Foster, L. B., Scott, P. T., Okulicz, J. F., & Hakre, S. (2021). The 3 levels of HIV stigma in the United States military: perspectives from service members living with HIV. *BMC Public Health*, *21*(1399), 1-11. https://bmcpublichealth.biomedcentral.com/counter/pdf/10.1186/s12889-021-11462-9.pdf.

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2023/2024 WORKSHOPS

IAPAC INTERNATIONAL ASSOCIATION OF PROVIDERS OF AIDS CARE

FAST-TRACK CITIES INSTITUTE

Ending the HIV Epidemic

Washington, DC
April 30, 2024

Treatment Policy and Implementation

Dr. Susan Shepard
Executive Director
TERRIFIC, Inc.

Susan Shepard, DHA, MURP
Executive Director
TERRIFIC, Inc.

Intra-Jurisdictional EHE-FTC Alignment Workshop Series – Washington D.C.

DC Health HAHSTA

TERRIFIC, Inc.

TERRIFIC, Inc., an acronym for the Temporary Emergency Residential Resource Institute for Families In Crisis, Inc., founded in 1975 by The Reverend Debbie Tate and volunteers, is an internationally recognized, nonprofit housing and human service organization. Its mission is to meet the bio-psychosocial needs of "Families in Crisis" (people who share similar challenges that impede their access to care, resources and quality life). TERRIFIC, Inc. believes that all people should have access to affordable housing and quality support services. TERRIFIC, Inc. has received national/international recognition and media coverage for its quality services and program prototypes. Its programs have been visited and supported by dignitaries including the Late Princess Diana, First Lady Barbara Bush, First Lady Madam Museveni of Uganda, First Lady of France Madam Cherac; Countess Albina du Boisvouray; celebrities Patty LaBelle, Sugar Ray Leonard, Vivica Fox, Daryl Green and many others.

Ending the HIV Epidemic in the United States (EHE) initiative
Treatment and Policy

- Optimizing social determinants of health to achieve U=U,
- Aligning county and state HIV policies and health financing,
- Addressing barriers to optimizing HIV prevention and treatment, and
- Implementing HIV status neutrality frameworks in various settings

ENDING THE EPIDEMIC

IAPAC INTERNATIONAL ASSOCIATION OF PROVIDERS OF AIDS CARE

FAST-TRACK CITIES INSTITUTE

Ending the HIV Epidemic

GOAL:

75% reduction in new HIV infections in 5 years and at least **90%** reduction in 10 years.

HHS will work with each community to establish local teams on the ground to tailor and implement strategies to:

- **Diagnose** all people with HIV as early as possible.
- **Treat** people with HIV rapidly and effectively to reach sustained viral suppression.
- **Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).
- **Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

HIV Cases Living in DC

- Estimation of the Number of People Living in DC Of the 17,781 individuals diagnosed with HIV while a District resident, approximately 42% (n=7,520) were presumed to have moved outside of the jurisdiction (out-migration) prior to the end of 2019, as evidenced by a non-District residential address on their last reported laboratory report or the lack of any reported laboratory information for more than 5 years

Annual Epidemiology & Surveillance Report Data Through December 2019 District of Columbia Department of Health HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA)

FAST FACTS

The information refers to individuals ages 13 and older unless otherwise noted.

Approximately 1.2 million people in the U.S.[a] have HIV. About 13 percent of them don't know it and need testing.

HIV continues to have a disproportionate impact on certain populations, particularly racial and ethnic minorities and gay, bisexual, and other men who have sex with men (MSM).[b]

In 2021, an estimated 32,100 new HIV infections occurred in the U.S.*

Estimated new HIV infections declined 12% from 36,500 in 2017 to 32,100 in 2021.

In 2021, 36,136 individuals received an HIV diagnosis in the U.S. and 6 dependent areas.

HIV diagnoses are not evenly distributed across states and regions. The highest rates of new diagnoses continue to occur in the South.

According to the latest estimates from the Centers for Disease Control and Prevention (CDC), **approximately 32,100 new HIV infections occurred in the United States[c] in 2021**. Annual infections in the U.S. have been reduced by more than two-thirds since the height of the epidemic in the mid-1980s. Further, CDC estimates of annual HIV infections in the United States show hopeful signs of progress in recent years.

District of Columbia Eligible Metropolitan Area (EMA)

Table 1. Cumulative Number of People Diagnosed and Living with HIV by Jurisdiction, DC EMA, 2018-2022[a]

Jurisdiction	Number of People Living with HIV 2018		Number of People Living with HIV 2019		Number of People Living with HIV 2020		Number of People Living with HIV 2021		Number of People Living with HIV 2022	
	N	%	N	%	N	%	N	%	N	%
Washington, DC	17,830	46.4	17,781	45.6	18,087	45.8	17,948	45.5	17,829	44.8
Maryland	12,558	32.7	12,859	33.0	13,095	33.2	13,305	33.7	13,536	34.1
Virginia	7,761	20.2	8,100	20.8	8,301	21.0	8,207	20.8	8,360	21.0
West Virginia	265	0.7	247	0.6	NA	NA	NA	NA	NA	NA
Total	38,414	100.0	38,987	100.0	39,483	100.0	39,460	100.0	39,725	100.0

[a]The number of individuals diagnosed with HIV residing in WV is only available through 2019

All data in the following section are jurisdictional health department data submitted to the DC Health's Surveillance, and Investigation Division. Data for 2020 -2022 from the DC EMA Counties in West Virginia were not available at the time of the report due to limited staffing availability for required data cleaning and analysis.

Four Pillars of *Ending the HIV Epidemic in the U.S.*

IAPAC INTERNATIONAL ASSOCIATION OF PROVIDERS OF AIDS CARE
FAST-TRACK CITIES INSTITUTE
Ending the HIV Epidemic

Diagnose all people with HIV as early as possible

Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP)

Treat people with HIV rapidly and effectively

Respond quickly to potential HIV outbreaks to get vital prevention and treatment services to people who need them

SOCIAL DETERMINANTS OF HEALTH

IAPAC INTERNATIONAL ASSOCIATION OF PROVIDERS OF AIDS CARE

FAST-TRACK CITIES INSTITUTE

Ending the HIV Epidemic

Susan Shepard, DHA, MURP
Executive Director
TERRIFIC, Inc.
1222 I Street, NW Washington, D.C. 20009
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INTRA-JURISDICTIONAL

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2023/2024 WORKSHOPS

IAPAC INTERNATIONAL ASSOCIATION OF PROVIDERS OF AIDS CARE

FAST-TRACK CITIES INSTITUTE

Ending the HIV Epidemic

Washington, DC
April 30, 2024

City and Federal Policy Alignment

Greg Millett
Vice President and Director
The Foundation for AIDS Research

Federal, State and City Health Policy Alignment

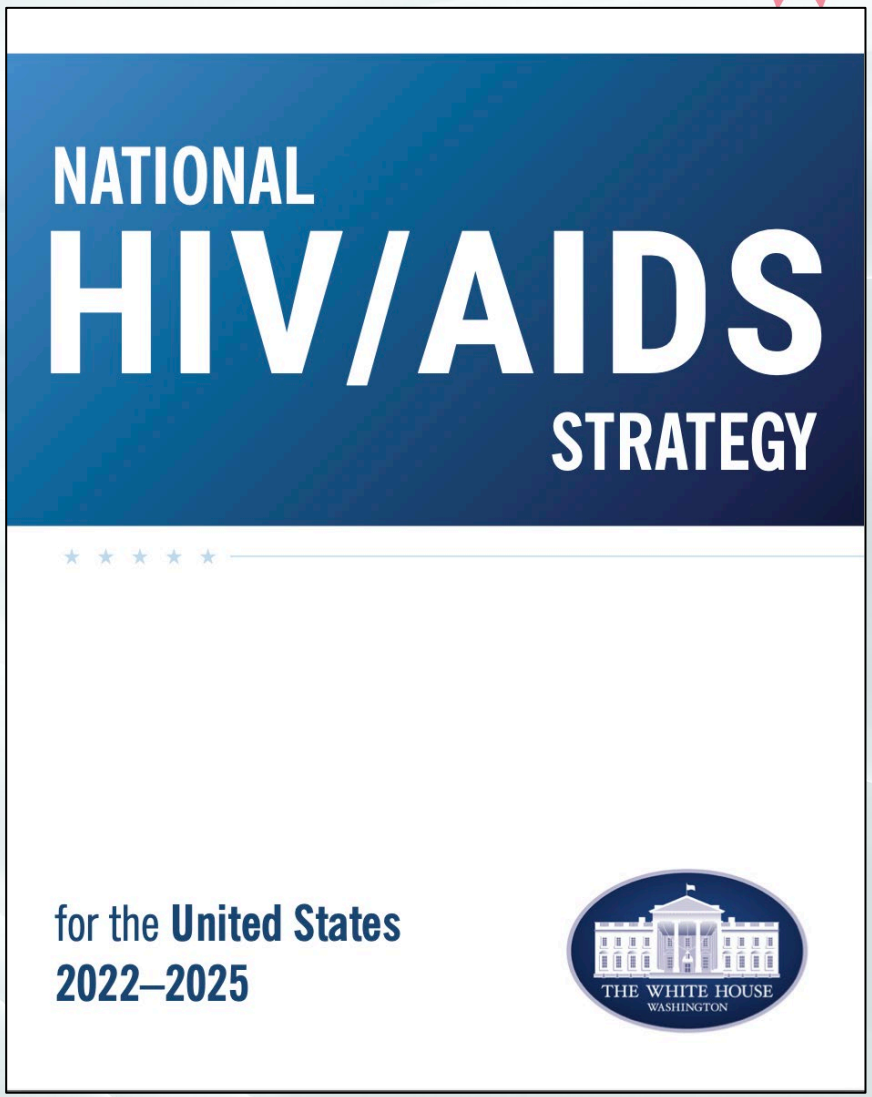
Greg Millett

amfAR

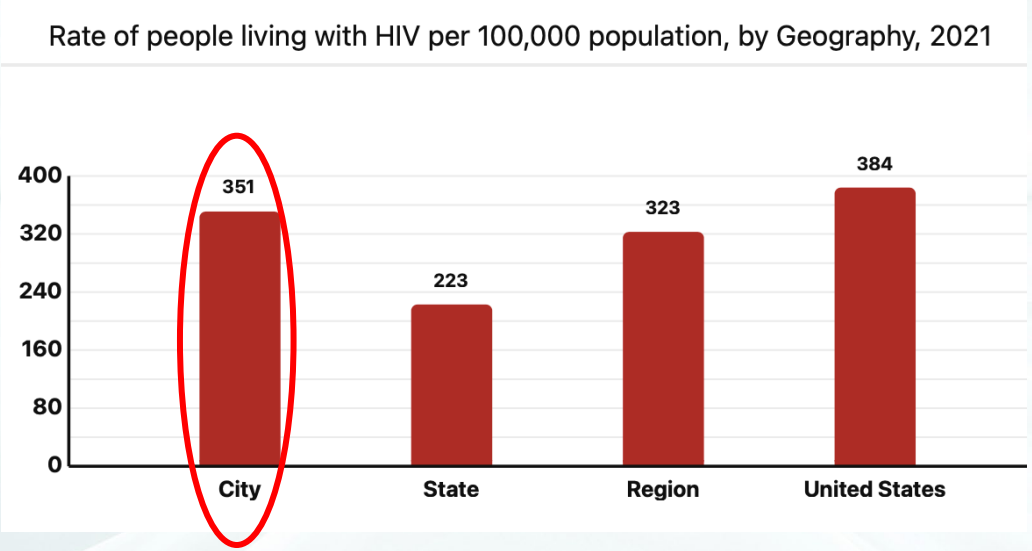
4/30/24

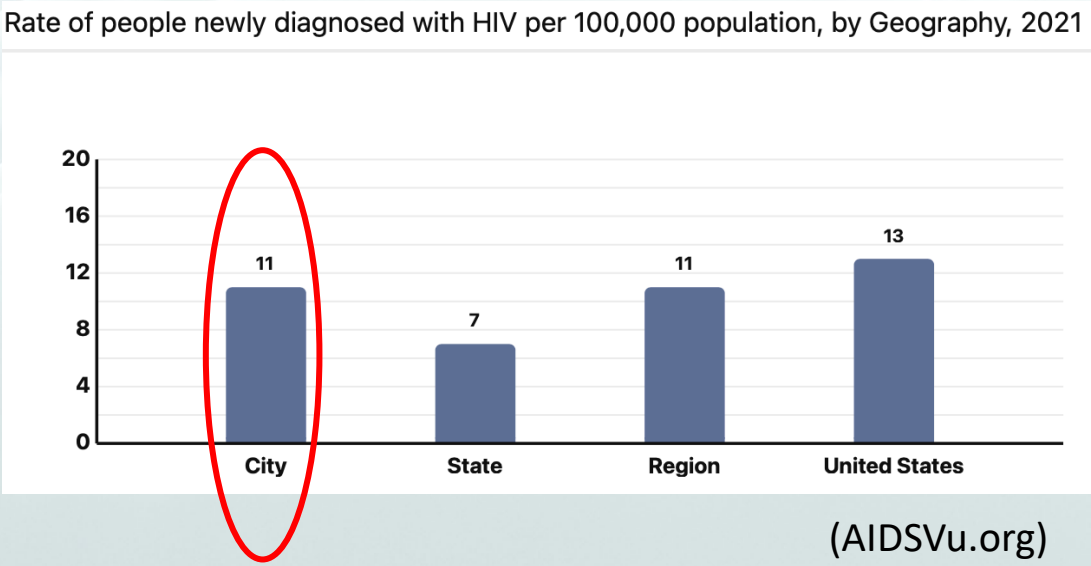
Health policies that may affect HIV epidemics

- Harm reduction
- Sexual health
- Gender affirming care
- Reproductive Health services
- Support for unhoused
- HIV criminalization
- Medicaid expansion
- PrEP DAP
- Reinforcing efforts to address overlapping epidemics

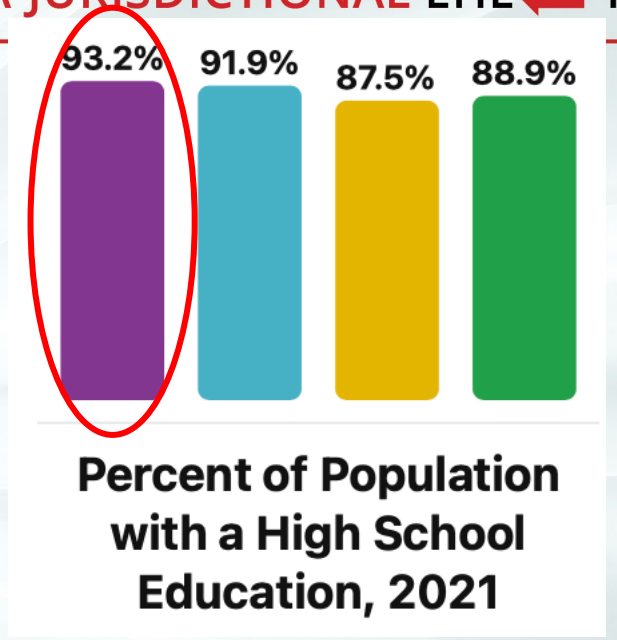


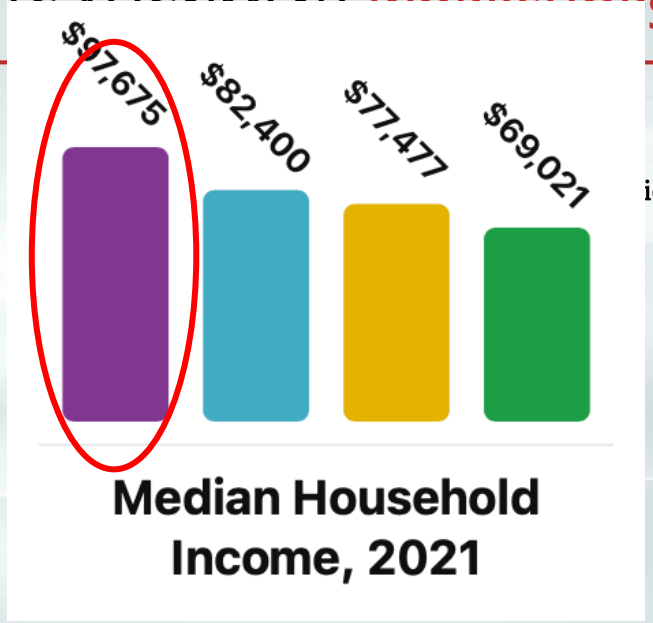
Seattle, Washington

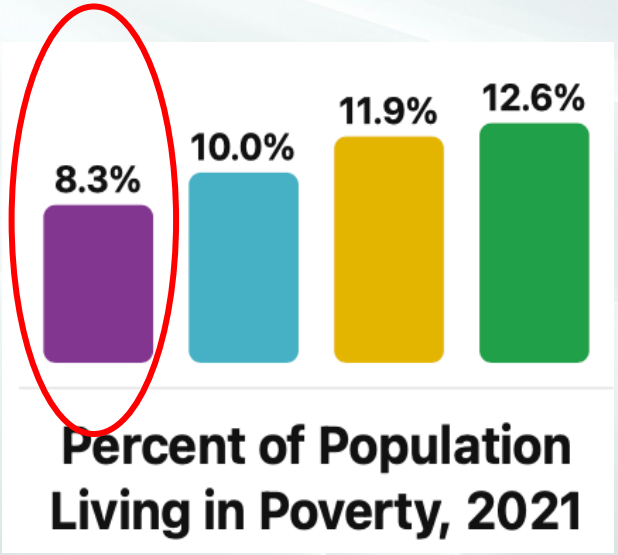


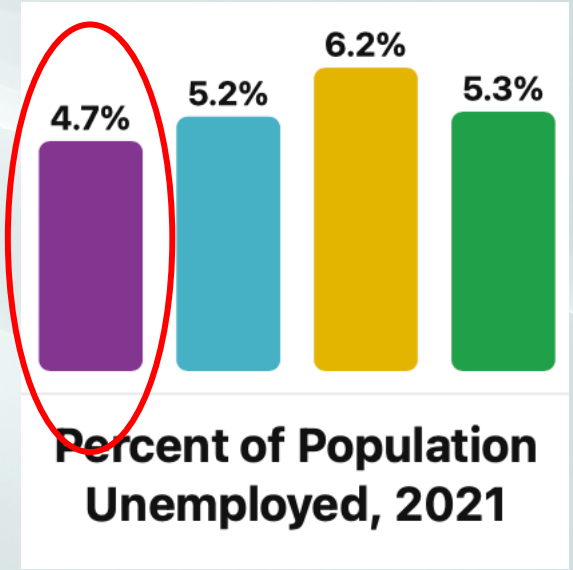


(AIDSVu.org)









Syndemics (Unhoused HIV Cases in Boston)

2023/2024 INTRA-JURISDICTIONAL EHE ALIGNMENT WORKSHOPS

170 HIV cases in 2022 reduced to 5 in 2023

IAPAC INTERNATIONAL ASSOCIATION OF PROVIDERS OF AIDS CARE · FAST-TRACK CITIES INSTITUTE · Ending the HIV Epidemic

NEWS › LOCAL NEWS

How a nonprofit dramatically lowered HIV rates among Boston's homeless population

LISTEN · 7:48 ALL THINGS CONSIDERED

SHARE

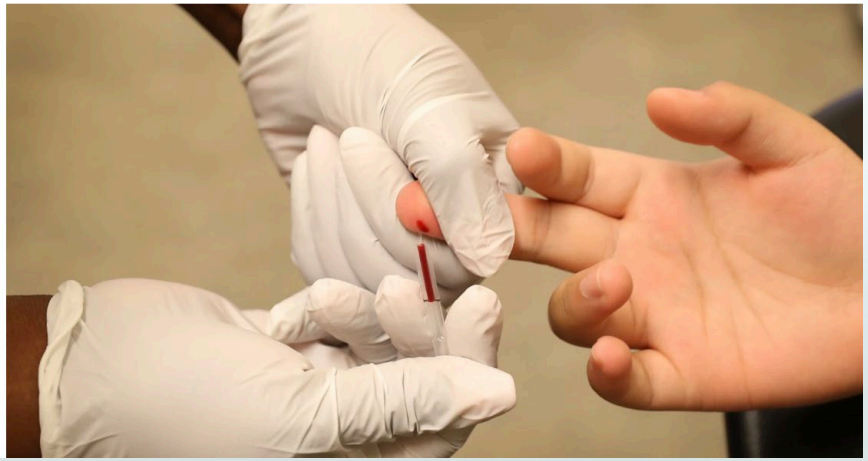
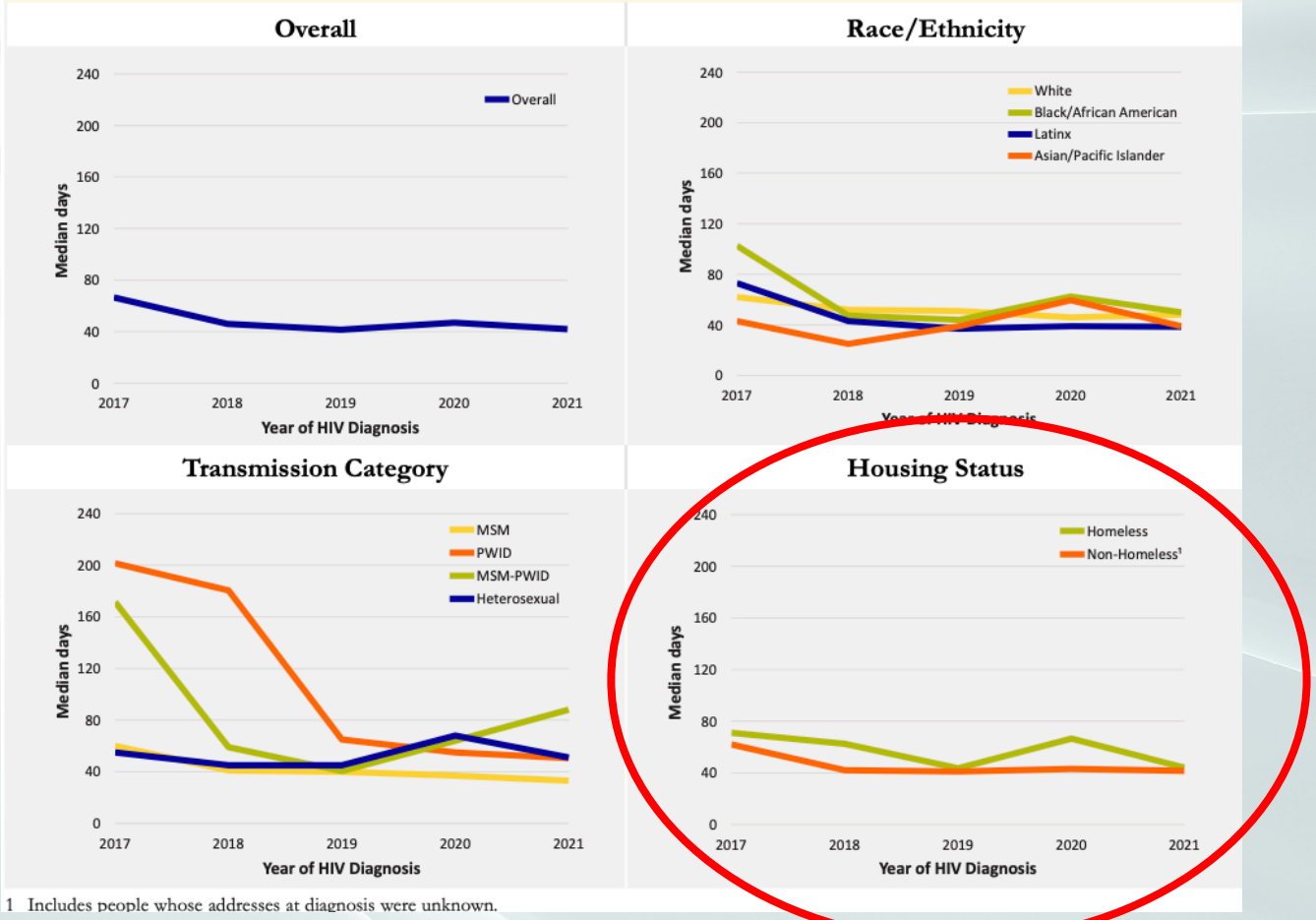


Figure 3.4 Trends in median time from HIV diagnosis to viral suppression by race/ethnicity, transmission category, and housing status, 2017-2021, San Francisco



1 Includes people whose addresses at diagnosis were unknown.

Successes in Rural Areas as Well

IATAC INTERNATIONAL ASSOCIATION OF PROVIDERS OF AIDS CARE

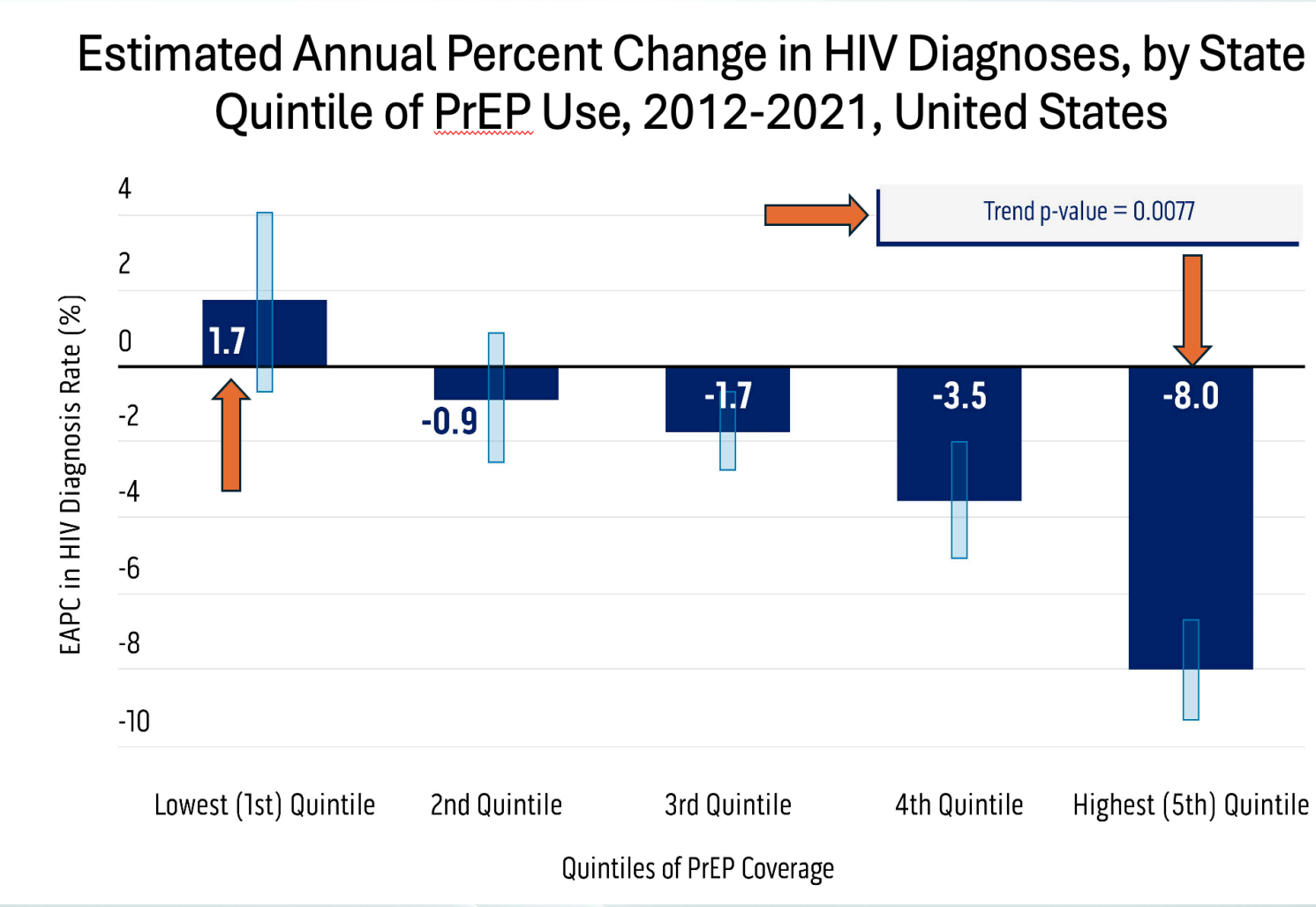
FAST-TRACK CITIES INSTITUTE

Ending the HIV Epidemic

Aug 17, 2023 - Health

Iowa leads U.S. in HIV suppression

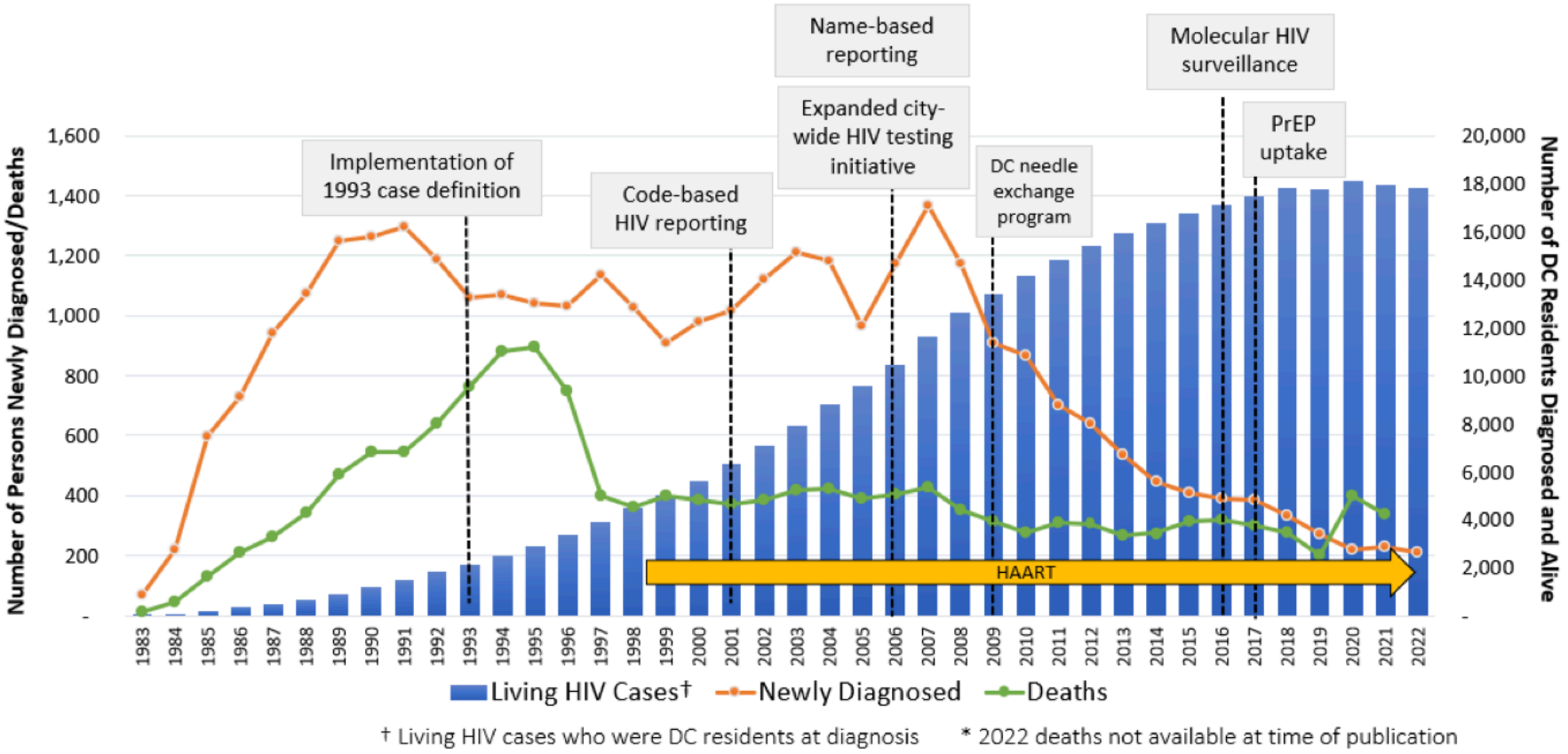
Linh Ta



The Right Policies Successes Can Reduce New Diagnoses, Washington, DC

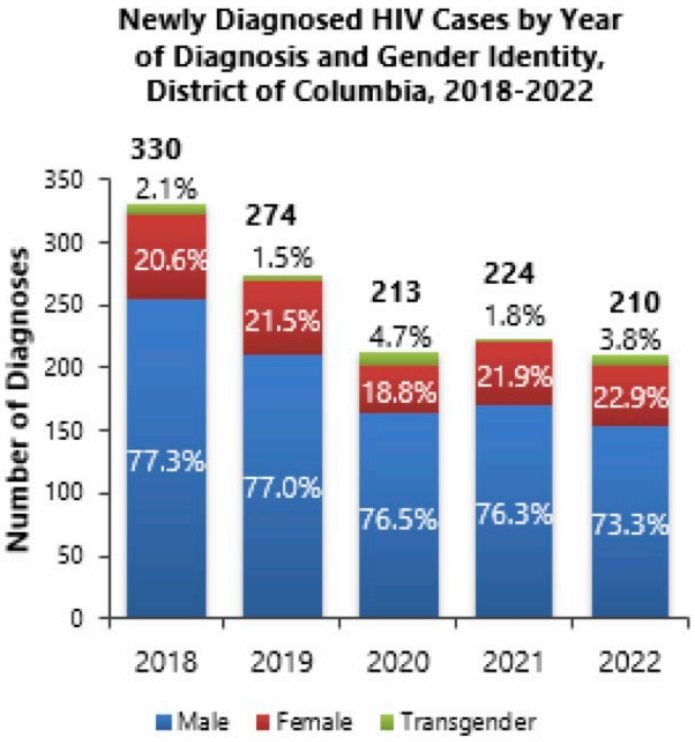
IAPAC INTERNATIONAL ASSOCIATION OF PROVIDERS OF AIDS CARE
FAST-TRACK CITIES INSTITUTE
Ending the HIV Epidemic

Figure 2. Newly Diagnosed HIV Cases, Deaths, and Living HIV Cases, by Year, District of Columbia, 1983-2022



† Living HIV cases who were DC residents at diagnosis

* 2022 deaths not available at time of publication



State Policies May Worsen Local Epidemics

Orlando Sentinel

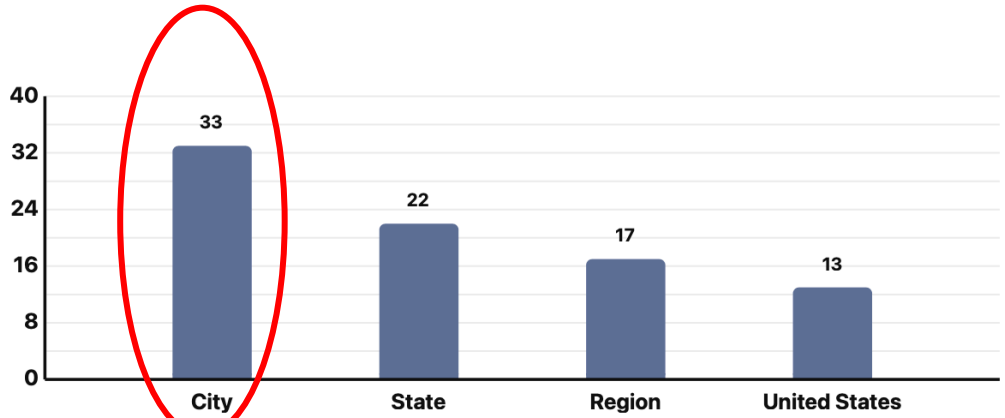
NEWS > HEALTH

SUBSCRIBER ONLY

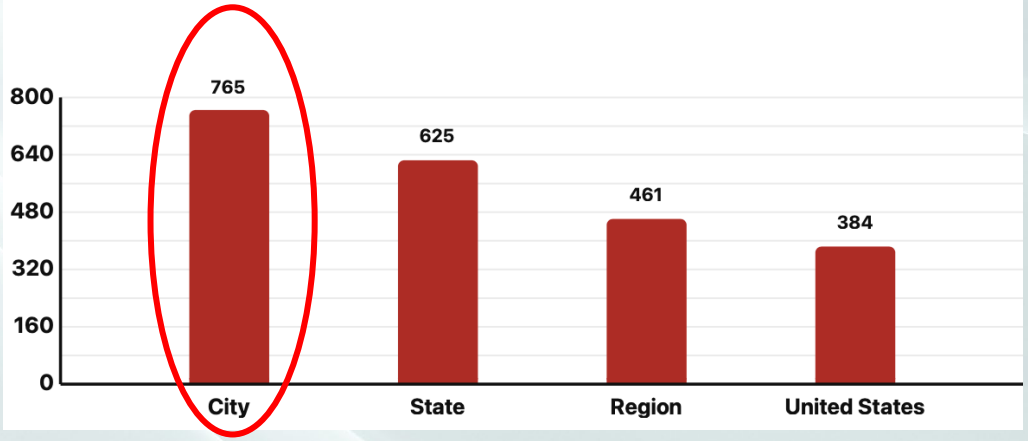
Orlando HIV rates continue to outpace national average

New analysis also raises concerns about whether those who ne
treatment are getting it

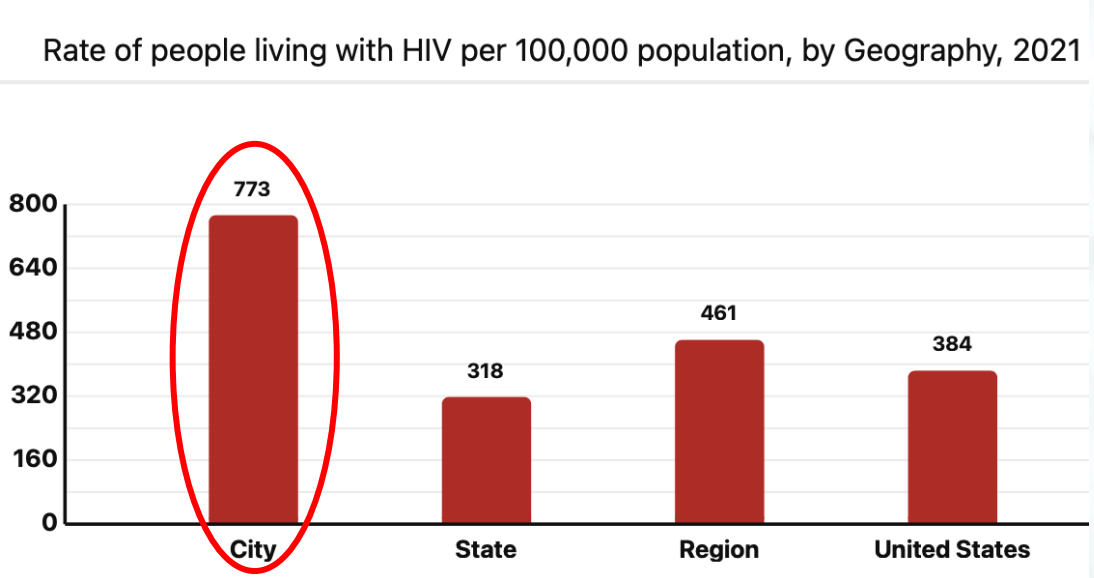
Rate of people newly diagnosed with HIV per 100,000 population, by Geography, 2021

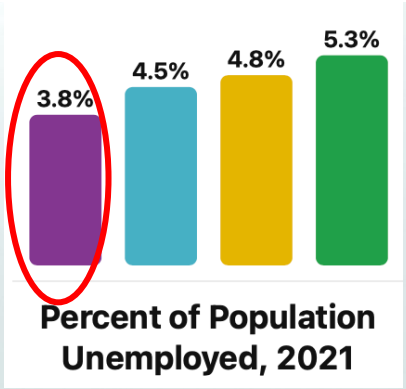


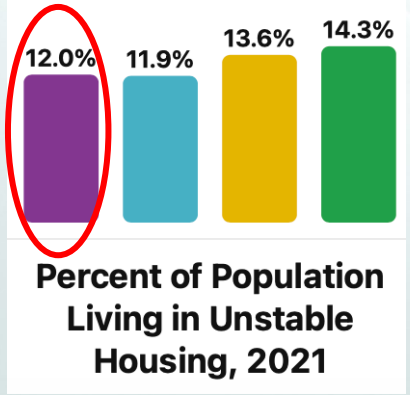
Rate of people living with HIV per 100,000 population, by Geography, 2021



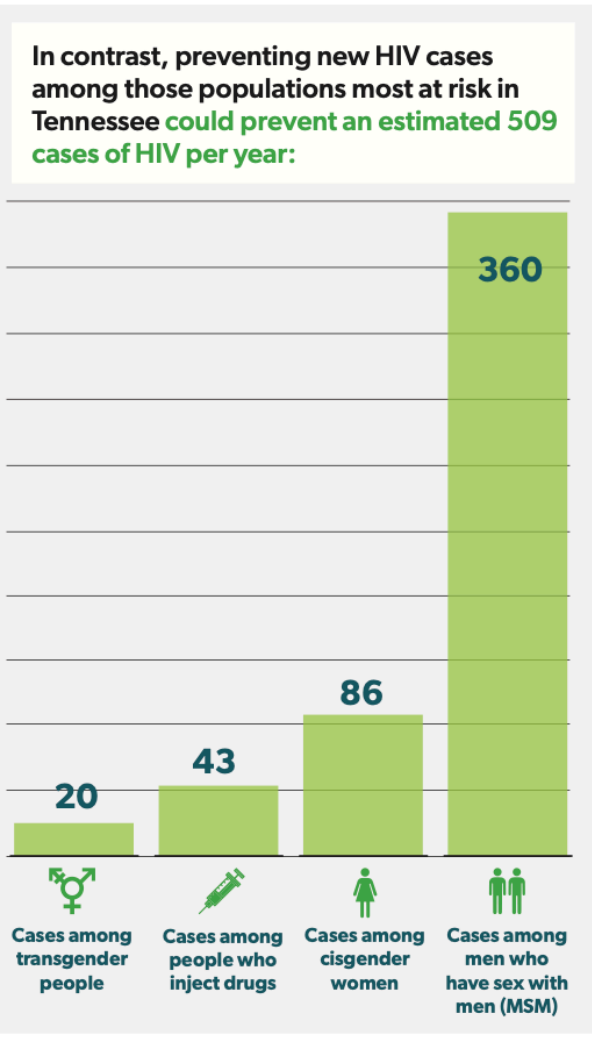
Nashville, Tennessee





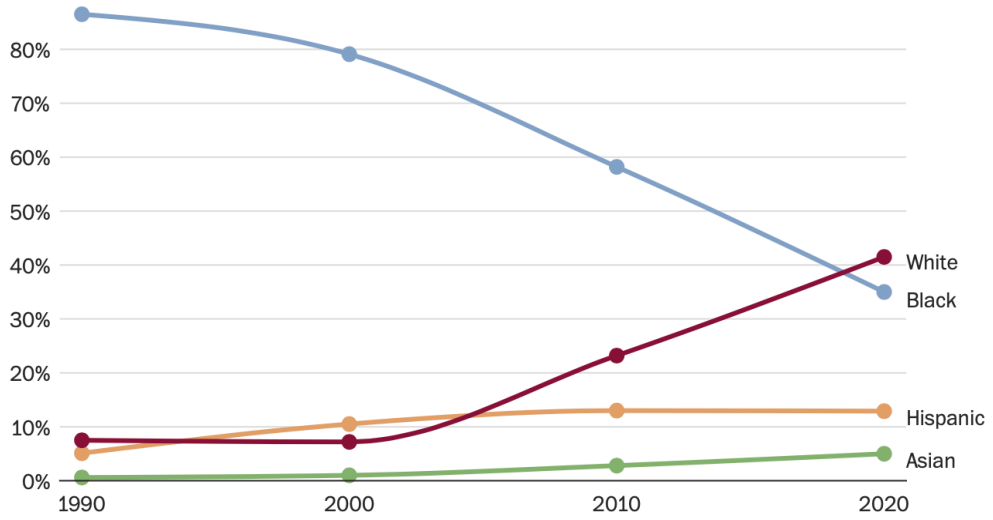


(AIDSVu.org)



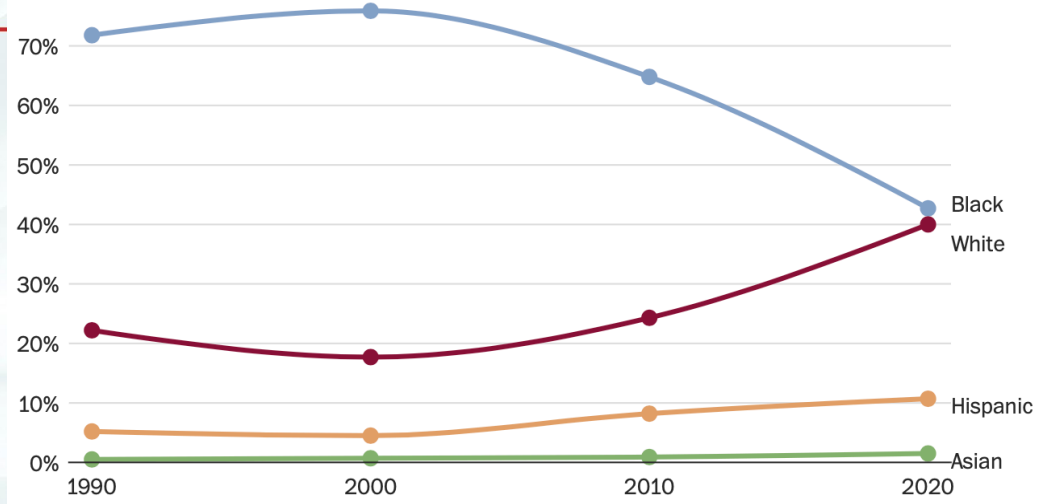
By limiting HIV prevention activities to only 2% of those "at risk," the missed prevention opportunities in the Tennessee state officials' plan could end up **adding $255 million in HIV treatment costs** per year for the state.*

How populations shifted in those 48 D.C. census tracts



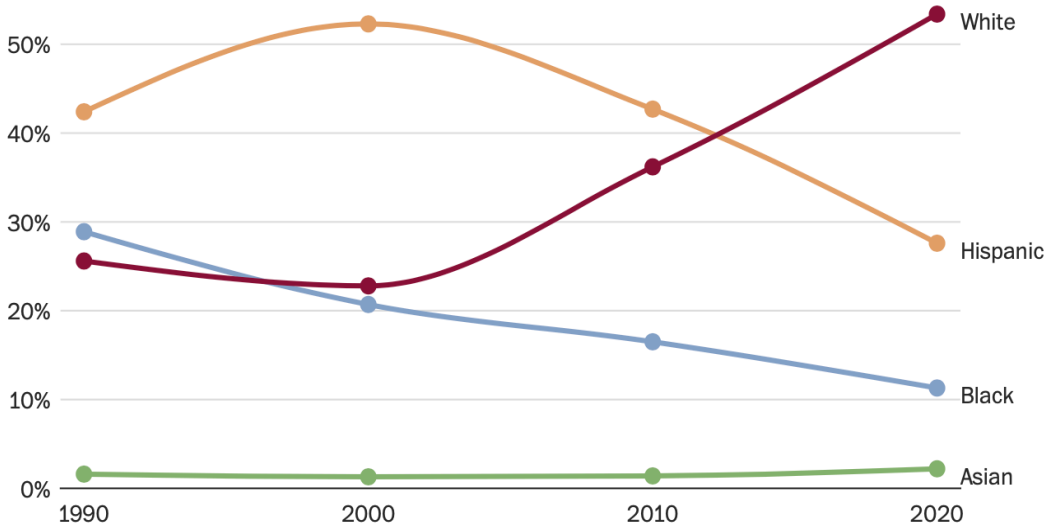
Source: U.S. Census Bureau

How populations shifted in those 35 New Orleans census tracts



Source: U.S. Census Bureau

How populations shifted in those 32 Denver census tracts



Source: U.S. Census Bureau

CITY (COUNTY)	WHITE	NON-WHITE	TRACTS
Brooklyn (Kings)	54,026	−18,784	75
Washington (District of Columbia)	37,473	−2,076	48
Denver (Denver)	25,429	−10,154	32
Philadelphia (Philadelphia)	21,735	−6,604	28
Austin (Travis)	21,116	−4,912	27

For tracts where White population share increased by more than 9 percentage points over the decade.

Source: Census 2010, 2020

THE WASHINGTON POST

Summary

- County and state policies affect HIV trajectories
- Successes in addressing HIV in urban and rural areas
  - Some populations still left behind
- Successes are not linear– sometimes there are steps back
- Policies that address overlapping epidemics (opioids, homelessness) are key
- Urban renewals and gentrification may displace HIV epidemics

INTRA-JURISDICTIONAL

EHE ⇄ FTC ALIGNMENT

2023/2024 WORKSHOPS

IATPAC INTERNATIONAL ASSOCIATION OF PROVIDERS OF AIDS CARE

FAST-TRACK CITIES INSTITUTE

Ending the HIV Epidemic

Washington, DC

April 30, 2024

Community Access to HIV Services

Dr. DeMarc Hickson

Executive Director

Us Helping Us, People Into Living, Inc.

US HELPING US
PEOPLE INTO LIVING

If You Build It, Will They Come?

Are we truly increasing access?

April 30, 2024

DEMARC A. HICKSON, PHD
EXECUTIVE DIRECTOR

US HELPING US
PEOPLE INTO LIVING

Us Helping Us: The Beginning

- Founded in 1985, and later incorporated on October 5, 1988.
- Self-help support group; followed principles of mind, body and spirit.
- Today, the oldest and one of the largest Black gay-founded/led, Black serving, HIV services organizations in the nation.
- **Mission:** To improve the health and well-being of Black gay men* & to reduce the impact of HIV/AIDS in the entire Black community.

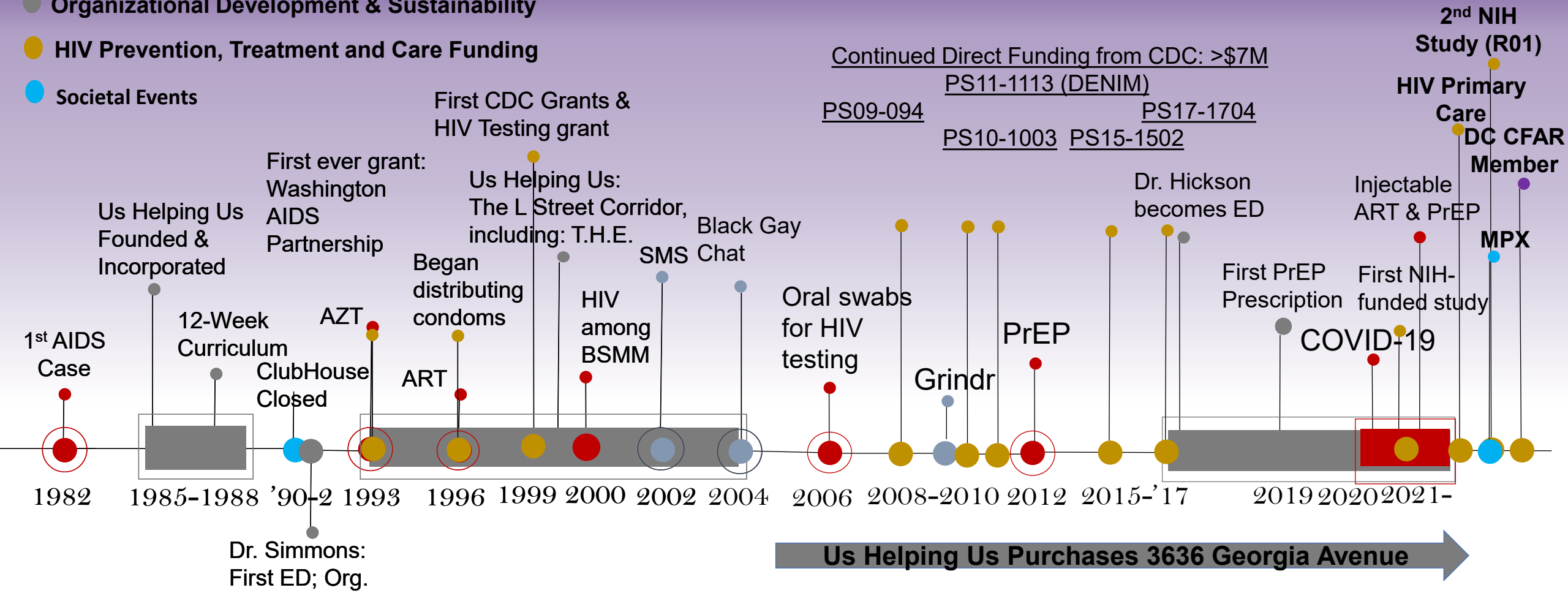
AIDS Spreading Faster Among D.C. Blacks

Officials Fear Education Efforts Failing

US HELPING US PEOPLE INTO LIVING

A Historical Perspective: The Coming of a National Community-Based Leader

- HIV progress/ Ending the HIV Epidemic
- Organizational Development & Sustainability
- HIV Prevention, Treatment and Care Funding
- Societal Events



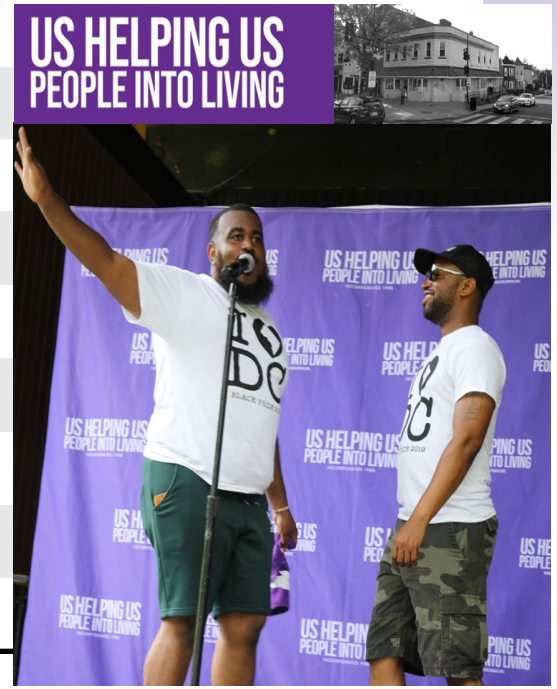
US HELPING US
PEOPLE INTO LIVING

Us Helping Us: Who Are We Now?

- An experienced <u>community-based non-profit organization</u>
- Addresses the unmet needs of underserved, marginalized, and overlooked populations
  - Racial, [sexual and gender minorities], people [living & thriving with HIV], persons with mood and substance us disorders.

Pre-exposure (PrEP) and Post (PEP) prophylaxis; prevents someone that is HIV-negative from acquiring HIV

Current Programs, Services and Activities
PrEP & PEP services, including education and navigation services
HIV treatment (Ryan White: Outpatient Ambulatory Medical Services)
Integrated HIV/STD Testing, incl. Syphilis, gonorrhea, Chlamydia, Hepatitis C
STD Treatments & Vaccinations (HPV, Hepatitis A & B)
TeleHealth services, incl. TeleScreening, TeleMental Health, TeleCase Management
Psychotherapy / Counseling
Behavioral HIV Interventions (e.g., Healthy Relationships)
Case Management (Medical, non-Medical, Housing)
Psychosocial Support Groups (Various)
Community-Based Outreach & Education (Mobile Health)
Syringe Services Program (Needle Exchange)
Drop-In Center: The DENIM Collection
Workforce Development (Project GROWTH, Peer Educators)
Research: Epi of HepC; SNS and PrEP; SRD and PrEP



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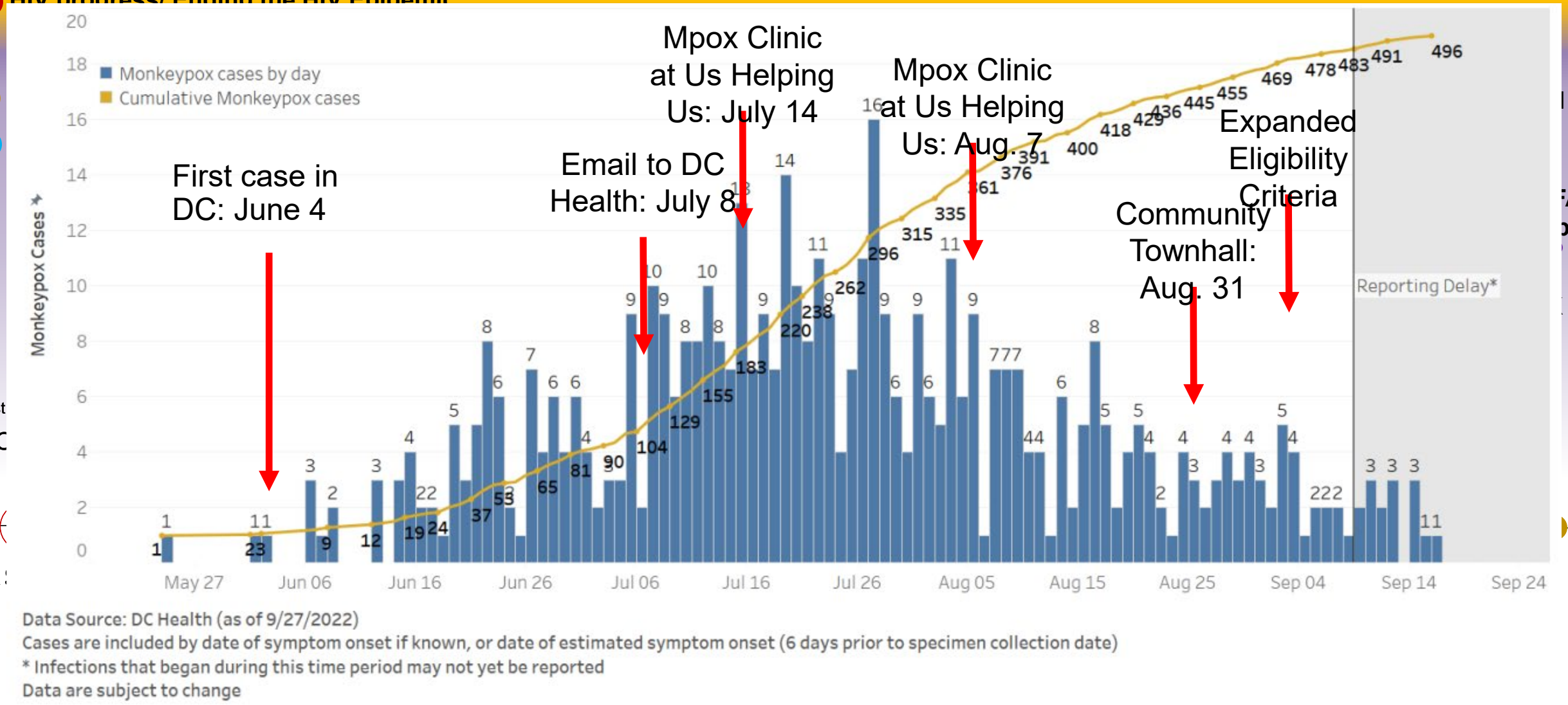
Increasing Access

- Lessons from COVID.
  - Did we really listen to the lessons learned?
- Is Mobile or Portable Health a lost approach?
- What about TeleHealth?
- Partnerships still have value.

US HELPING US
PEOPLE INTO LIVING

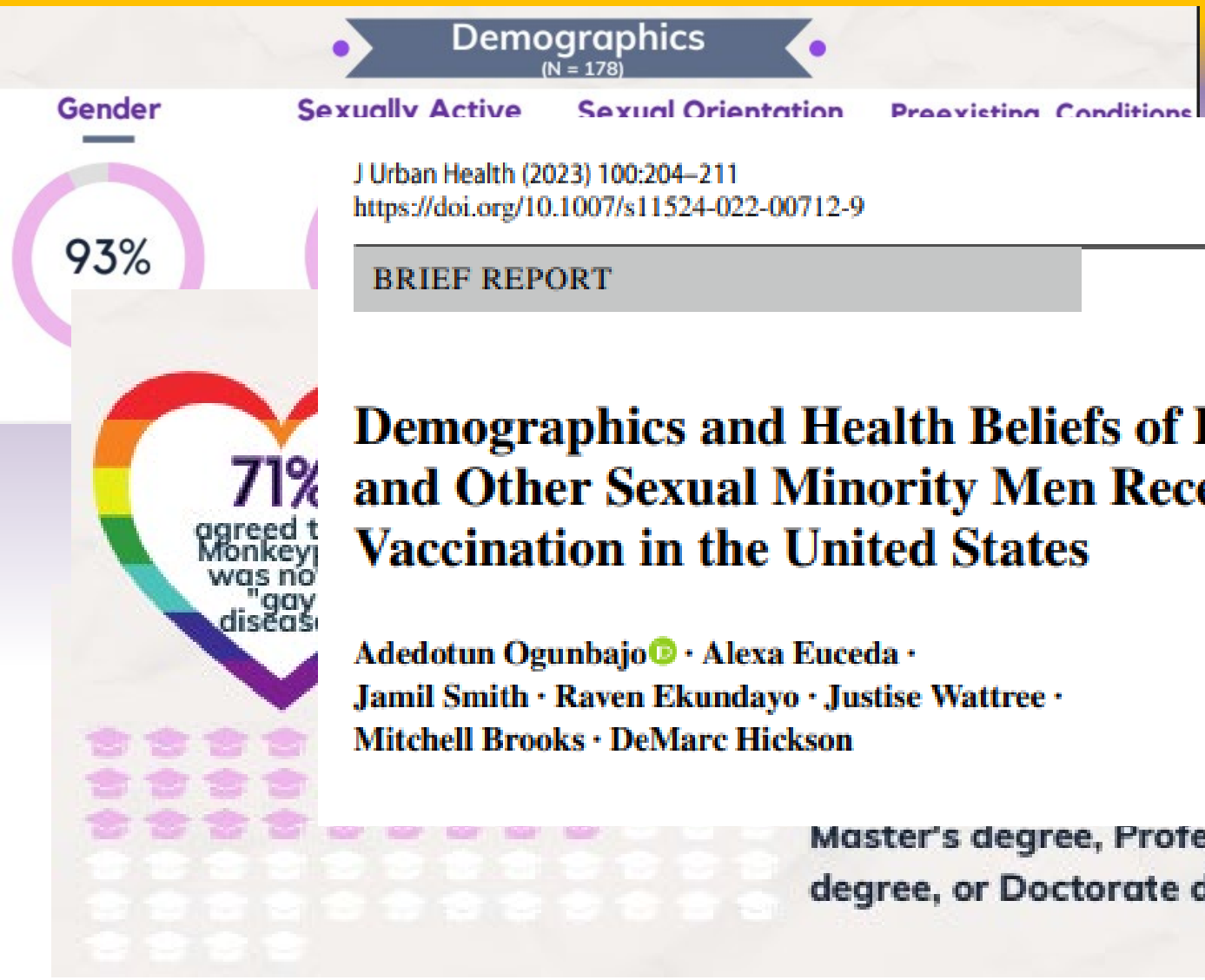
Us Helping Us: A Community-Based Leader on the Frontlines of Mpox



Data Source: DC Health (as of 9/27/2022)
Cases are included by date of symptom onset if known, or date of estimated symptom onset (6 days prior to specimen collection date)
* Infections that began during this time period may not yet be reported
Data are subject to change

US HELPING US
PEOPLE INTO LIVING

Us Helping Us: A Community-Based Leader & on the Frontlines of Mpox



J Urban Health (2023) 100:204–211
https://doi.org/10.1007/s11524-022-00712-9

BRIEF REPORT

Check for updates

Demographics and Health Beliefs of Black Gay, Bisexual, and Other Sexual Minority Men Receiving a Mpox Vaccination in the United States

Adedotun Ogunbajo · Alexa Euceda · Jamil Smith · Raven Ekundayo · Justise Wattree · Mitchell Brooks · DeMarc Hickson

US HELPING US
PEOPLE INTO LIVING

Increasing Access

- Lessons from COVID.
  - Did we really listen to the lessons learned?
- Is Mobile or Portable Health a lost approach?
- What about TeleHealth?
- Partnerships still have value.

US HELPING US
PEOPLE INTO LIVING

About Us: Community-Based at its Fullest

- One Tent Health: Youth-driven, people-serving
- Us Helping Us: Black-SMM led, minority-focused, client-centered

US HELPING US
PEOPLE INTO LIVING

Taking It To The Streets

- Intake and behavioral assessment, incl. PrEP awareness & knowledge
- HIV Testing & Referrals: Two non-reactive results
  - One Tent Health: INSTI. Us Helping Us: Alere Determine
- PrEP assessment: venipuncture, urine specimen
- Start-pack (e.g., 7-day supply)
- Normal physiological lab values; 30-day prescription

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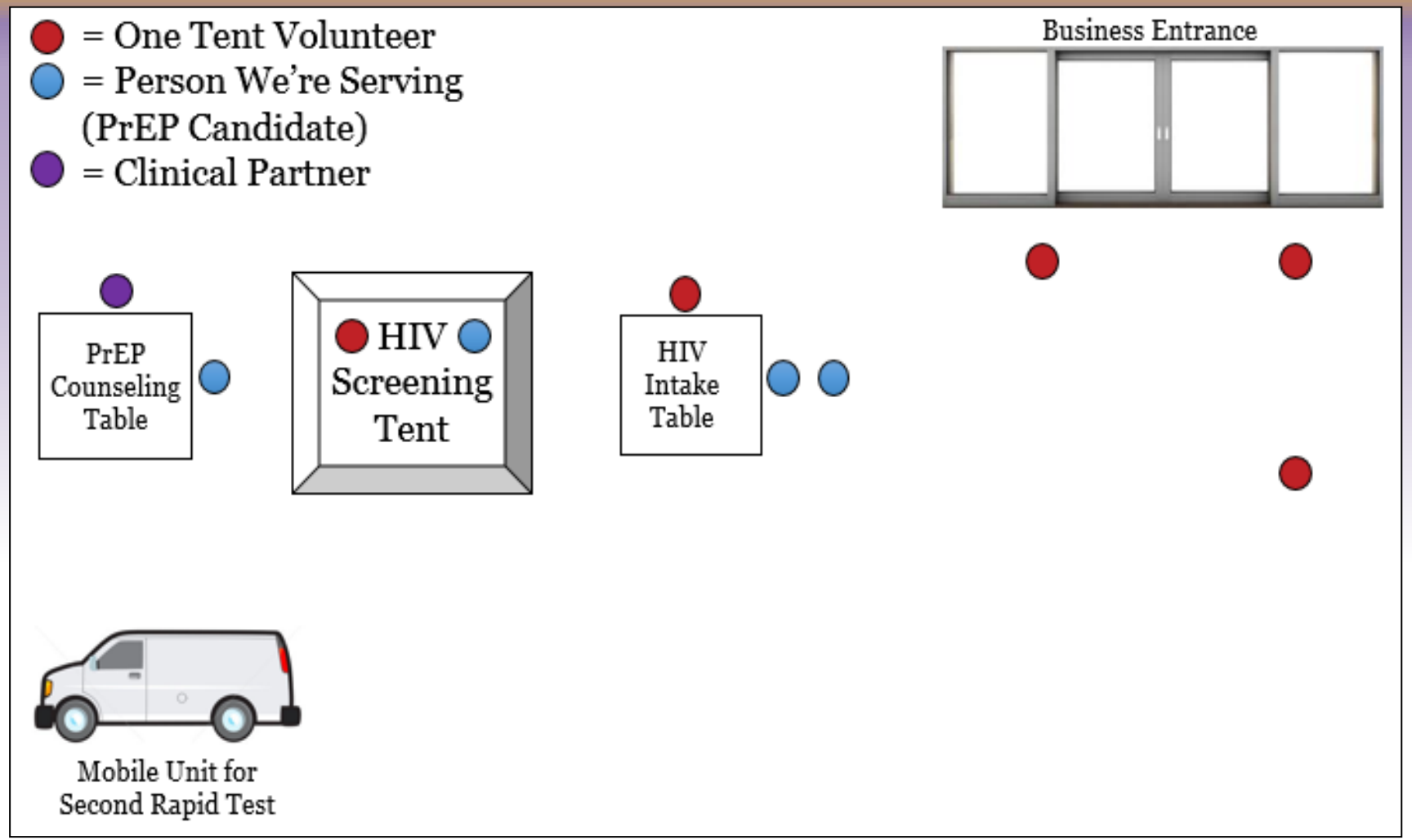
It's About Culturally Effective Approaches



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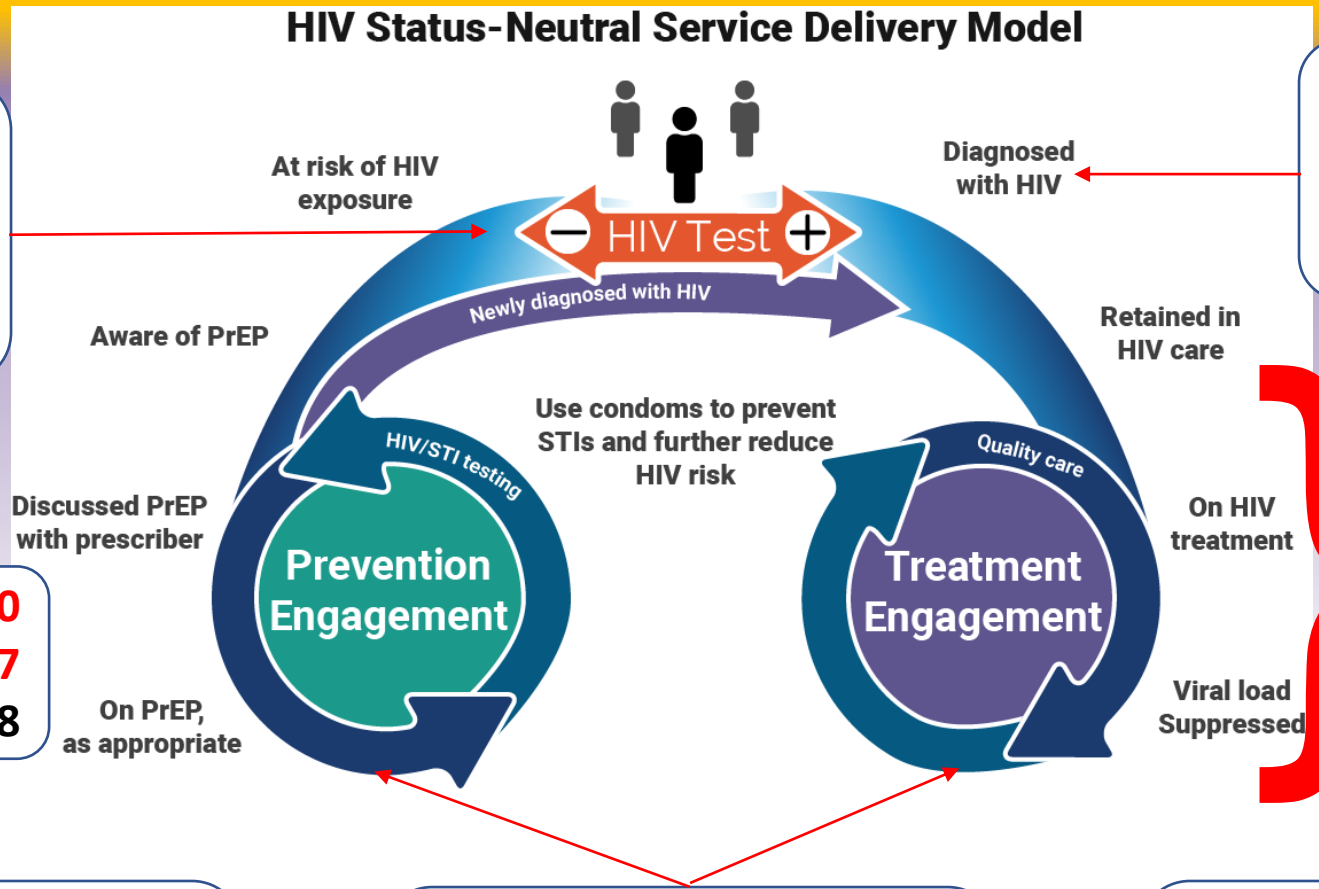
The Blueprint to Eliminating Inequities & Ending the HIV Epidemic



SAMHSA: $125,000
DC Health: $187,500
Prince George's: $31,000
Montgomery: $42,000
TOTAL: $510,500

DC Health (EIS MAI): $63,636
RWhite Part A*: $122,728
Prince George's: $31,000
TOTAL: $217,364

RWhite Part A: $727,244
RWhite Part B: $306,823
Prince George's: $81,000
Gilead Sciences: $233,333
TOTAL: $1,348,400

DC Health: $112,500
RWhite Part A*: $122,727
TOTAL: $235,228

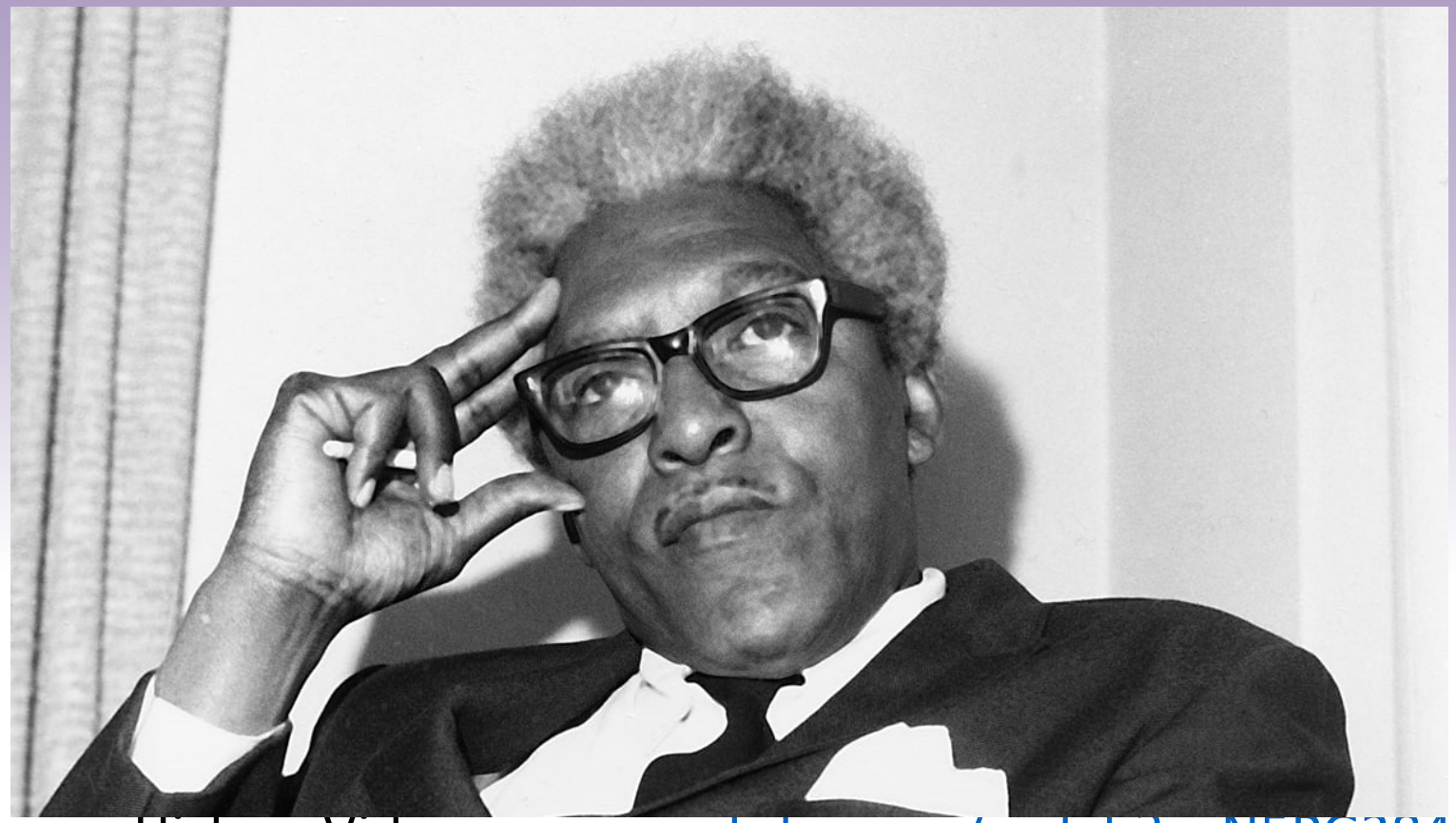
NIH: $1,135,689
CFAR EHE Suppl: $527,610
ViiV Healthcare: $348,400
TOTAL: $2,011,699

EFA (Broadway): $35,000
ViiV Health: $200,000
Gilead Sciences: $600,000
GenOps**: $600,000
TOTAL: $1,435,000

DC Dept. Bev. Hlth: $35,000
Dept Hum Serv: $300,000
Prince George's: $200,000
TOTAL: $1,235,000

US HELPING US
PEOPLE INTO LIVING

Us Helping Us & The Right-side of Justice



View our History Video: www.youtube.com/watch?v=N5PG384vEOE

Lunch – Back at 1:30pm

Addressing Criminalization as a Barrier to Ending HIV

Moderator:
Dr. Kim Blankenship
Distinguished Professor, Sociology
American University

Panelists

- **Leslie Demus** – Manager, Substance Use Disorders, Unity Healthcare and DC Jails
- **Jona Tanguay** – Medical Program Lead, Substance Use Disorders, Whitman-Walker Health
- **Dr. Monica Ruiz** – Associate Professor, Dept. of Prevention and Community Health, George Washington University

Scaling Up PrEP Access and Utilization

Moderator:
Dr. David Fessler
Director of Clinical Practice
Whitman-Walker Health

Panelists

- **Martha Sichone-Cameron** – Regional Coordinator, International Community of Women Living with HIV North America – Georgetown University
- **Camilla Stanley** – Investigator – DC Health, HIV/AIDS, Hepatitis, STD & TB Administration
- **Brian Hujdich** – Executive Director – HealthHIV and National Coalition for LGBT Health

Break

Optimizing Social Determinants to Achieve U=U

Moderator:
George S. Kerr, III
Community Coordinator, DC CFAR
Chair, National CFAR CAB Coalition

Panelists

- **Anthony Fox** – Division Chief – DC Health, HIV/AIDS, Hepatitis, STD & TB Administration
- **Dr. DeMarc Hickson** – Executive Director – Us Helping Us, People Into Living, Inc.
- **Dr. Leah Varga** – Assistant Research Professor, Milton Institute of Public Health, George Washington University – Health Literacy Program Manager – DC Health Office of Health Equity

Implementing HIV Status Neutrality in Practice

Moderator:
Abby Charles
Program Manager
Institute for Public Health Innovation

Panelists

- **Dr. Suyanna Barker** – Chief of Programs and Community Services – La Clinica del Pueblo
- **Michael Shankle** – Chief Operating Officer – Washington Health Institute
- **Clover Barnes** – Senior Deputy Director – DC Health, HIV/AIDS, Hepatitis, STD & TB Administration

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EHE ⇄ FTC ALIGNMENT

2023/2024 WORKSHOPS

IAPAC INTERNATIONAL ASSOCIATION OF PROVIDERS OF AIDS CARE

FAST-TRACK CITIES INSTITUTE

Ending the HIV Epidemic

Washington, DC
April 30, 2024

Identified Challenges and Opportunities to EHE in Washington D.C.

Scott Lyles
EHE and FTC Alignment Consultant
Fast-Track Cities Institute

HIV Care Continuum Optimization for EHE and FTC Goals

- Routine testing needs to be implemented in all clinical settings
- Florida Medicaid Extension/Expansion needs to occur – need political will to support it
- Too system centered, needs to be patient-centered care model - Meet people where they are at the times that work for them
- Eligibility system is broken – too burdensome on patients for documentation
- HIPAA allows for data sharing on behalf of the client, should be one Broward County eligibility system, patients shouldn't have constant burden of proof
- Care centers should be proactive on awareness of clients' eligibility timeframes and time for renewal
- Bringing more mobile and wider telehealth services to the community, need to go digital
- Continuous education and feedback to providers – re-educate on Rapid ART and PrEP
- Challenges with linkage to care with opt out testing at ED - sensitization on personal circumstances of people getting tested informing linkage
- Empower patients to maintain quality of healthcare, observe why people fall out of care
- Transparency between organizations and care systems

Improving Engagement

Widen the circle

- Youth
  - Find spaces outside the school to engage them
- Parents
  - Educate parents to better support their youth
- Transgender populations
- Faith-based leaders
- Black heterosexual identifying men
  - Address the stigma that is keeping them from the table – invitation not accusation

Centrality of Community

- Community needs to be at the table when developing new programs and policies – there are processes and procedures that don't fit within the existing programs
- Community organizations need to be prioritized for funding
  - Funding is based on volume, smaller organizations may not have numbers but they have reach
  - Question the existing funding systems and how to make it more relevant to community
- How to build capacity of small community organizations to manage larger budgets?
- Engage community on HOW to spend existing funds

Policy Landscape

- Intersection of racism and HIV criminalization
- Engage other organizations that engage communities that are disproportionately hurt by HIV criminalization
  - NAACP
  - Faith community
- Assumed guilt just for living with HIV – increases stigma
- Careful with how U=U is used in criminalization so we don't separate "good people living with HIV" and "bad people living with HIV"
- How do we mobilize to change these laws?
  - Need to educate legislators on HIV transmission – data alone is not enough
  - Community needs to be in the room in educating legislators on the impact of laws – LA Coalition on Criminalization and Health
- Once laws are changed
  - Educate law enforcement officers
  - Educate community that this is not something you can be criminalized by
  - Remove people from sex offender list
  - Prepare a body of lawyers that are equipped with the knowledge to stand by the community

Scaling up PrEP Access and Utilization

- Stigma associated with HIV makes people hesitant to hear about PrEP
- Stigma associated with PrEP makes people hesitant to consider PrEP
- Normalize PrEP as part of wholistic care
- Representation matters! – inclusion of black and Latinx women on advertisements for PrEP
- Access – need to make the processes for accessing PrEP easier
  - Need to keep up momentum so people link to PrEP
  - Same day PrEP
  - Bring PrEP directly to community events
- Engage more college/university groups on PrEP education (and advocacy) activities
  - Frats
  - Sororities
  - The Devine Nine
- De-stigmatize PrEP usage – must be seen as a tool and a big reason for advancing HIV goals

Stigma

- Stigma in healthcare settings – training as a continuous process
- Need to normalize U=U and PrEP – kitchen table conversations
- De-stigmatize black men's assumed role in transmission
- Religion and stigma- Capacity building for faith-based leaders to support their communities.
- Language matters!
  - De-stigmatize language on sex and sexuality

Social Determinants of Health

- Federal funding cuts for affordable housing; unsustainable cost for building more affordable housing (lasagna of money)– creatively "braiding" funding
  - HOPWA dollars, EHE dollars, other funding/medical dollars
  - Unique partnerships to ensure affordable housing – Gulf Coast Housing Perspective working with health insurance providers and FQHCs
- Resources that can be mobilized at local level
  - DHHS resources
  - Office of community development
  - Available lots
  - Making the budget stretch - townhomes, duplexes
- Intersecting vulnerabilities of those who are unhoused – beyond HIV. How can these intersecting vulnerabilities be addressed?
- Need to think about other social determinants of health
  - Transportation
  - Social injustices
  - Socio-economic status

HIV Status Neutral Services

- Funding – how to get funding for wrap around services to implement status neutrality
- Status neutrality is not limited to HIV – it should focus on equitable whole person quality of care and quality of life irrespective of serostatus
- Capacity building for providers on linkage to care for ALL

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Washington, DC
April 30, 2024

Actionable EHE and FTC Implementation Steps in Washington, DC

Dashiell Sears
Regional Director – North America
Fast-Track Cities Institute

FTC – EHE Joint Focus

- FTC-EHE Synergies are significant
- Areas of joint focus in 2022-2025, including:
  - Technical guidance: Inter-/Intra-jurisdictional planning
  - Health inequity: Social Transformation Agenda
  - Capacity-building: LAI tx/PrEP implementation, person-centered care, cultural responsiveness
  - Best-practice sharing: Best Practice Repository
  - Assessment tools: QoC, QoL surveys
  - Public policy interventions: Housing, criminalization
  - Health workforce: Stress, burnout, well-being survey
  - Stigma elimination: #ZeroHIVStigmaDay

Leveraging FTC for EHE

EHE Goals

- **Expanding Engagement Points for EHE Advocacy – Widening the Circle**
- **Integrating treatment and prevention strategies together to achieve status neutrality**
- **Local stakeholder buy-in and education [health networks/districts, clinicians, educators]**
- **Strengthening Health System Resilience**
- **Upscaling integrated care models addressing intersectional infections and conditions (MPX, hepatitis, syphilis, gonorrhea, chlamydia, under- or non-insured, unhoused, mental health, addiction**
- **Measuring and assessing Quality of Care and Quality of Life Metrics**

FTC Advantage

- **Social Transformation Agenda**
  - **Leveraging FTC core groups to enhance engagement with community-based stakeholders towards comprehensive planning that supports EHE and equity-based goals for social determinants**
- **Inter-jurisdictional holistic HIV planning,**
- **Best Practice documentation/validation/sharing,**
- **Implementation Science funded studies**
- **Research and guidance for universal stigma, QoC, QoL metrics**

Leveraging FTC for EHE, Cont.

EHE Goals

- Policy advocacy for holistic HIV health systems
- Increase HIV awareness in non-traditional medical fields and general community
- Eliminating disparities in HIV health outcomes, rates of new infections, and PrEP uptake
- Optimizing the urban and rural HIV care continuum
- Enhancing accessibility for HIV service and clinical interfacing for key populations

FTC Advantage

- Model Policies, HIV Care Optimization Guidance, Status Neutral implementation
- Normative Implementation guidance for DoxyPep and DoxyPrEP
- Normative guidance on strengthening STI capacities for clinics and health departments
- Data and Research for policy impact
- Social Transformation Agenda, Inter-Jurisdictional Planning, QoL/QoC Assessments
- Global reach for leading edge partnership exploration

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Ending the HIV Epidemic

Washington, DC

April 30, 2024

Closing Remarks

Dr. José M. Zuniga

President/CEO, IAPAC and FTCI

Chair, UNAIDS Task Force on Urban Health

- **TOGETHER**, we can achieve a future in which:
  - New HIV infections are **EXCEEDINGLY RARE** and AIDS-related deaths are a thing of the past
  - People living with and affected by HIV are **VALUED** and not subjected to inequality
- Lags in our global, national, municipal HIV responses reflect underlying **SOCIAL INEQUALITIES**:
  - **GAY MEN, OTHER MSM** who are forced to live on societal margins
  - **TRANSGENDER INDIVIDUALS** whose identities are (violently) suppressed
  - **RACIAL, ETHNIC MINORITIES** who lack socioeconomic opportunity and confront racism
  - **WOMEN, GIRLS** who often lack a voice about their own bodies and healthcare decisions
- Ending AIDS as a public health threat does not just mean suppressing the virus to achieve U=U or preventing HIV acquisition, as important as these objectives are clinically and for public health
  - We must **ADDRESS MYRIAD SOCIAL INJUSTICES** that are causes and effects
- HIV is as much about **HUMAN RIGHTS AND SOCIAL JUSTICE** as it is about public health or science
- EHE and FTC are well **ALIGNED AND SYNERGISTIC** to advance a **HOLISTIC** HIV response

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Closing Remarks

Dr. José M. Zuniga
President/CEO
IAPAC and Fast-Track Cities Institute

Dr. Colton Nguyen
Executive Director
360Healthx Corp.

2023/2024 INTRA-JURISDICTIONAL EHE ⇄ FTC ALIGNMENT WORKSHOPS

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