Strategic Implementation Activities for Accelerating Ending the HIV Epidemic Efforts

Webinar 1:

Effective EHE Implementation Activities Across the Four Pillars

June 22, 2023

NASTAD

Agenda

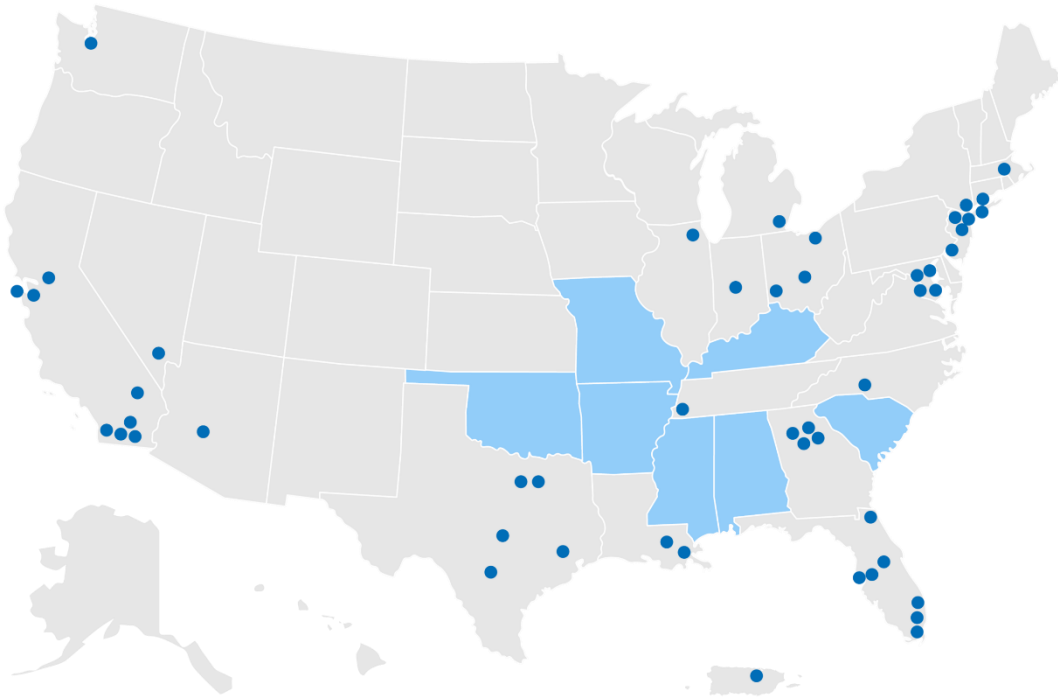
- **Welcome**
  - Maria E. Alvarez, MPA, Capacity Building and Technical Assistance Lead
    Prevention Program Branch (PPB), Division of HIV/AIDS Prevention
- **Overview**
- **Presentations**
  - Missouri Department of Health and Senior Services (Diagnose Pillar)
  - DC Health (Prevent Pillar)
  - Tarrant County HIV Administrative Agency (Treat Pillar)
  - South Carolina Department of Health and Environmental Control (Respond Pillar)
- **Q&A and Discussion**
- **Wrap Up**

NASTAD EHE PROGRAM

NASTAD is a **Technical Assistance (TA) provider** funded through *CDC PS19-1906 Component A: National Level Strategic Partnerships, Communication, Policy Analysis, and Interpretation*

- National partner to enhance state and local health departments' capacity to end the epidemic through **technical assistance and capacity building.**
  - Technical assistance for PS20-2010, Component A Phase 1 Jurisdictions implementing EHE activities.

- **Systems Coordination Provider**
  - Technical assistance for HRSA-20-078 funded health departments



NASTAD EHE Activities

- **Direct technical assistance**
- **Highlighting EHE successes**
  - EHE Spotlight Series
- **Peer-to-peer learning**
  - TelePrEP LC + E-learning series
  - Housing LC
  - Partner Services LC
  - Monthly EHE Office Hours
- **Communications**
  - EHE Newsletter
  - EHE Microsite
  - EHE Listserv

NASTAD EHE Microsite:
https://www.nastad.org/ehe

- **TA Webinars and Resources**
  - Community engagement
  - Self-testing
  - PrEP access and TelePrEP
  - HIV Workforce
  - Status neutral
  - Social determinants of health
- **Partnerships and Collaborations**
  - JSI Research & Training Institute, Inc. (JSI)
  - Association of State Health Officials (ASTHO)
  - National Association of County and City Health Officials (NACCHO)
  - Southern AIDS Coalition (SAC)
  - National Coalition of STD Directors (NCSD)
  - Council of State and Territorial Epidemiologists (CSTE)
  - The University of Washington/Fred Hutch Center for AIDS Research

EHE Spotlight Video Series

- Features 11 EHE Phase 1 Jurisdictions
- Across the four pillars- Diagnose, Prevent, Treat, Respond
- www.nastad.org/ehe-video-series

Rural Community Engagement in Ending the HIV Epidemic

Department of Health and Senior Services

Division of Community and Public Health

June 22, 2023

Strengthen, support, and mobilize communities and partnerships to improve health.

Foster collaboration to advance equity

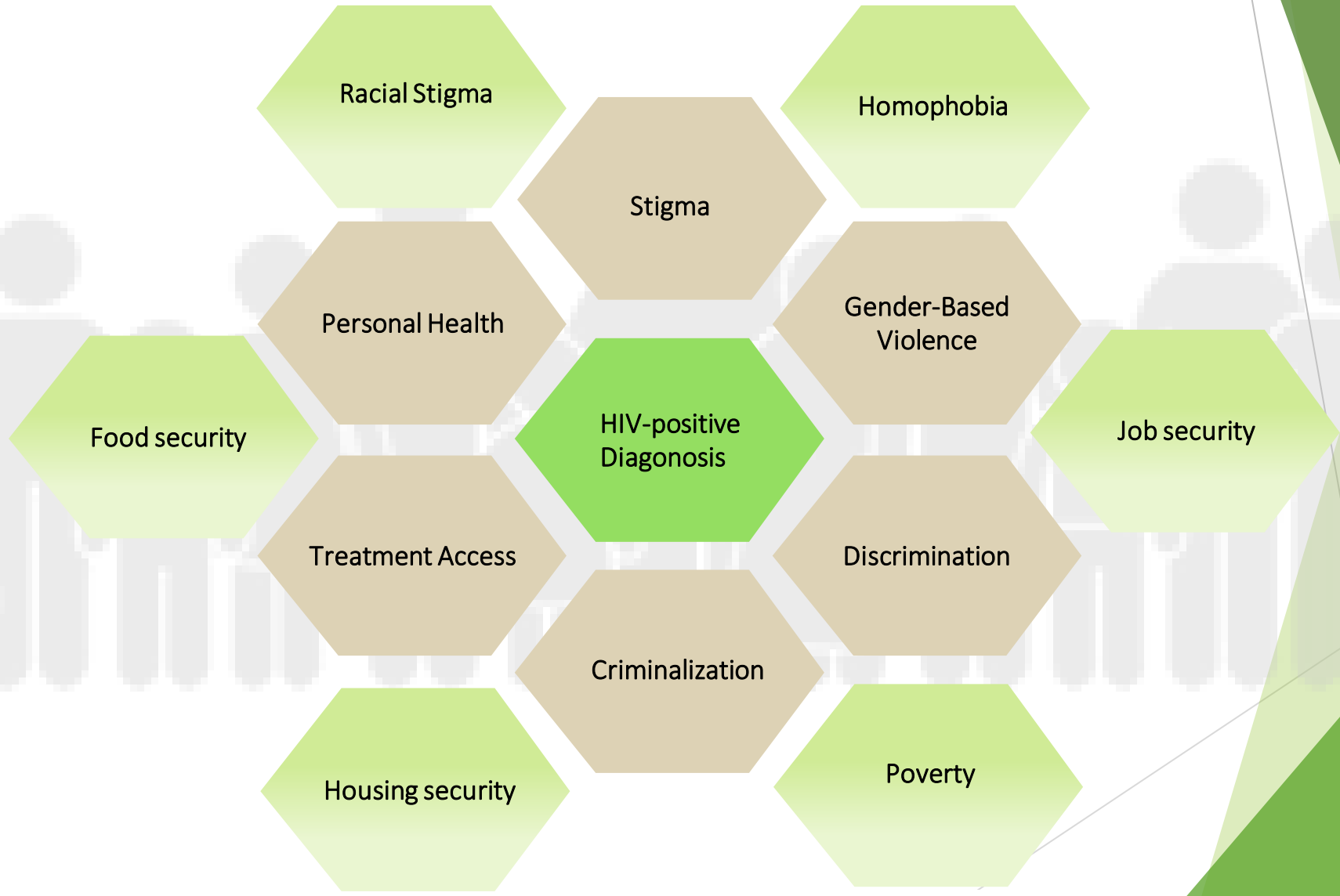
Participate in a community health coalition to promote health equity

Engage with community members to address PH issues and promote health

Why is Engagement Important?

“Nothing About Us Without Us”

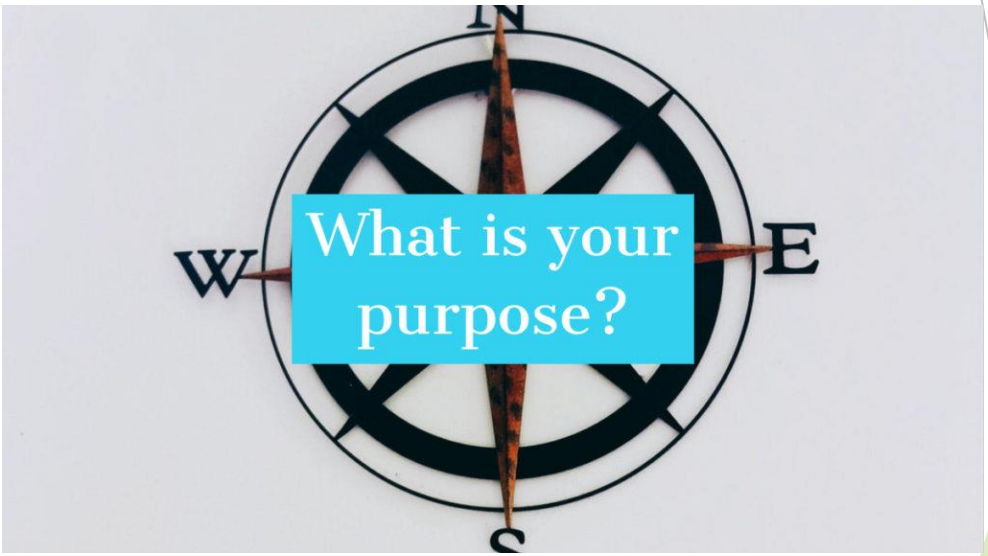
Landscape of Engagement



Adopted from Joe Amon

Purpose

- Provide input related to promoting health equity and addressing public health issues to related to ending the HIV epidemic.



Practical Vision

- Promote health equity and eliminate health disparities for persons with HIV.

Increasing Level of Community Involvement, Impact, Trust, and Communication Flow

Outreach	Consult	Involve	Collaborate	Shared Leadership
Some Community Involvement *Communication flows from one to the other, to inform* Provides community with information. Entities coexist. Outcomes: Optimally, establishes communication channels and channels for outreach.	*More Community Involvement* *Communication flows to the community and then back, answer seeking* Gets information or feedback from the community. Entities share information. Outcomes: Develops connections.	*Better Community Involvement* *Communication flows both ways, participatory form of communication* Involves more participation with community on issues. Entities cooperate with each other. Outcomes: Visibility of partnership established with increased cooperation.	*Community Involvement* *Communication flow is bidirectional* Forms partnerships with community on each aspect of project from development to solution. Entities form bidirectional communication channels. Outcomes: Partnership building, trust building.	*Strong Bidirectional Relationship* Final decision making is at community level. Entities have formed strong partnership structures. Outcomes: Broader health outcomes affecting broader community. Strong bidirectional trust built.

Reference: Modified by the authors from the International Association for Public Participation.

How Can Community Be Involved?

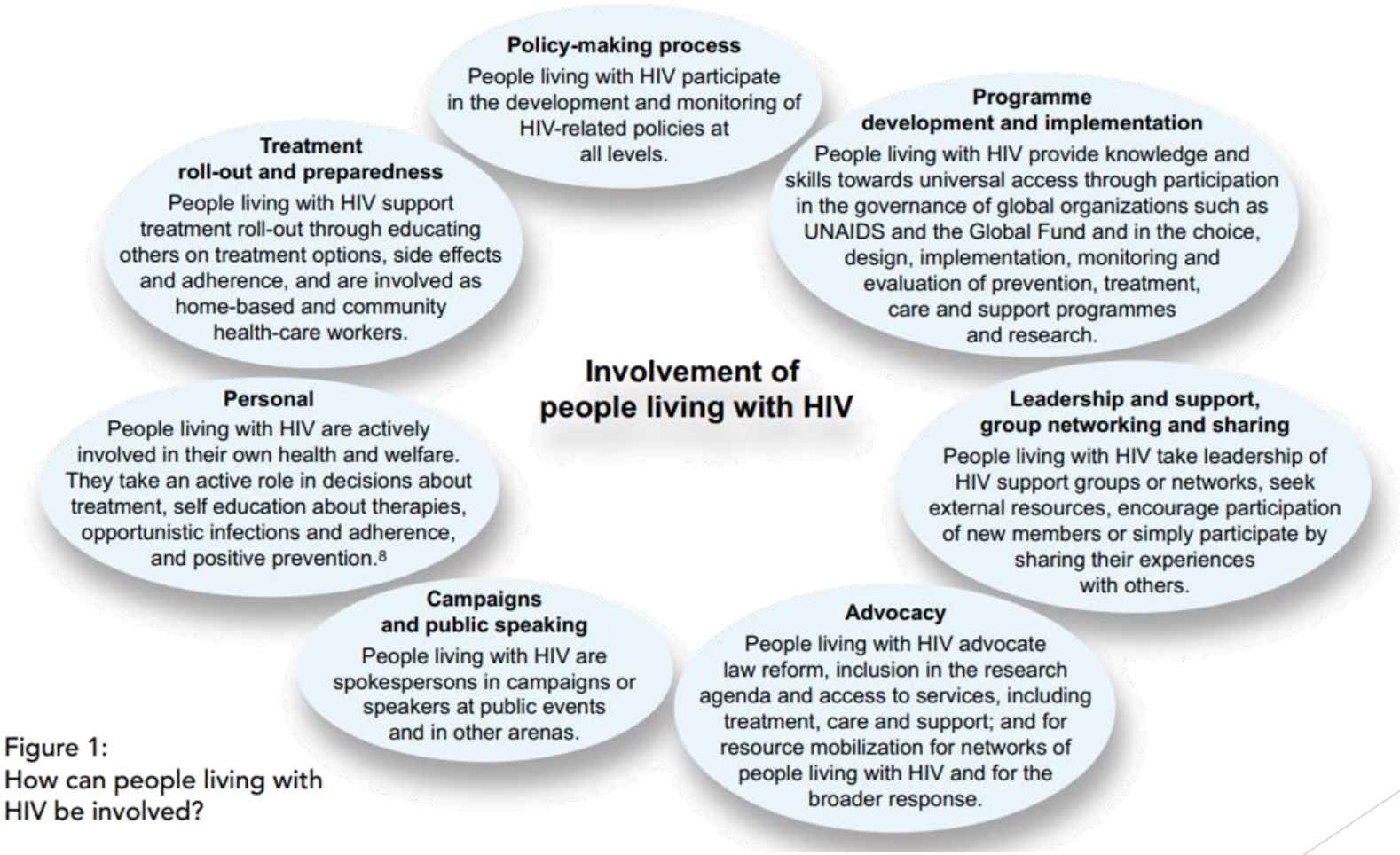


Figure 1:
How can people living with HIV be involved?

https://data.unaids.org/pub/briefingnote/2007/jc1299_policy_brief_gipa.pdf

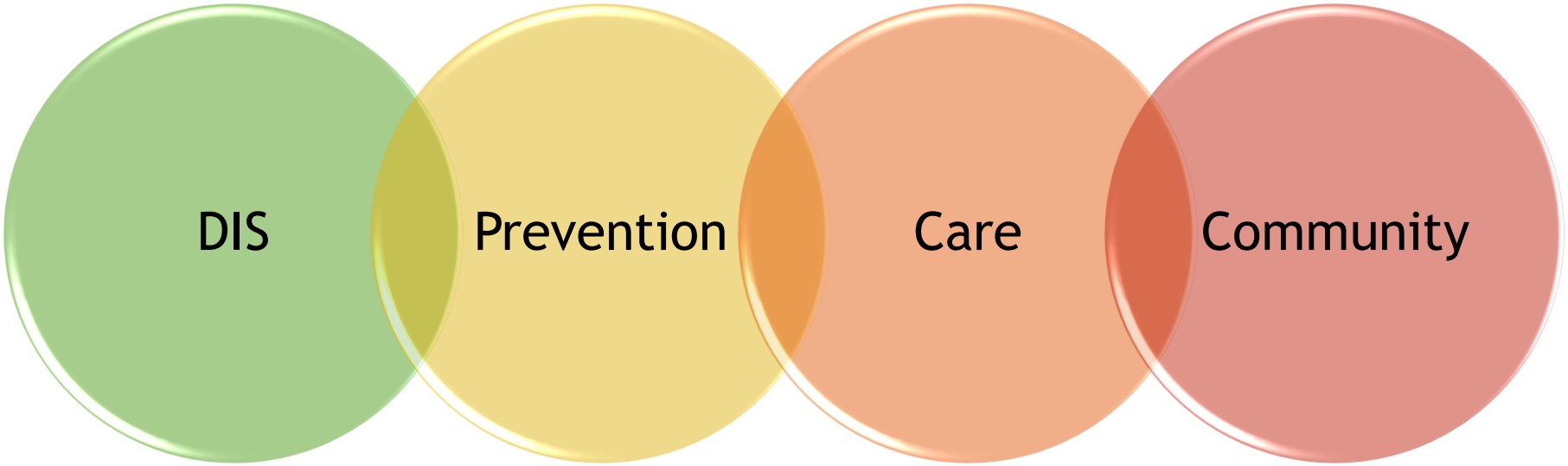
Steps

Assessment of current stakeholder groups

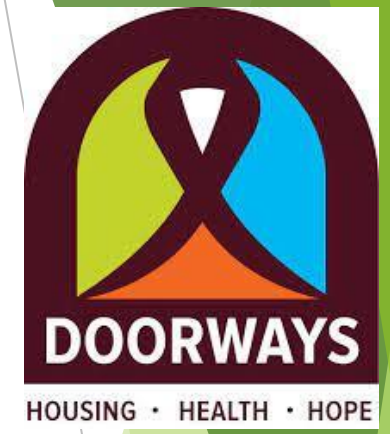
Outreach to groups to begin conversations

Cross-sector meeting(s)

Relationships, Relationships, Relationships



Community Partners



MPCA
Missouri Primary Care Association

viventhealth

National Network of
STD Clinical Prevention
Training Centers

Opportunity – Get in where you fit in.

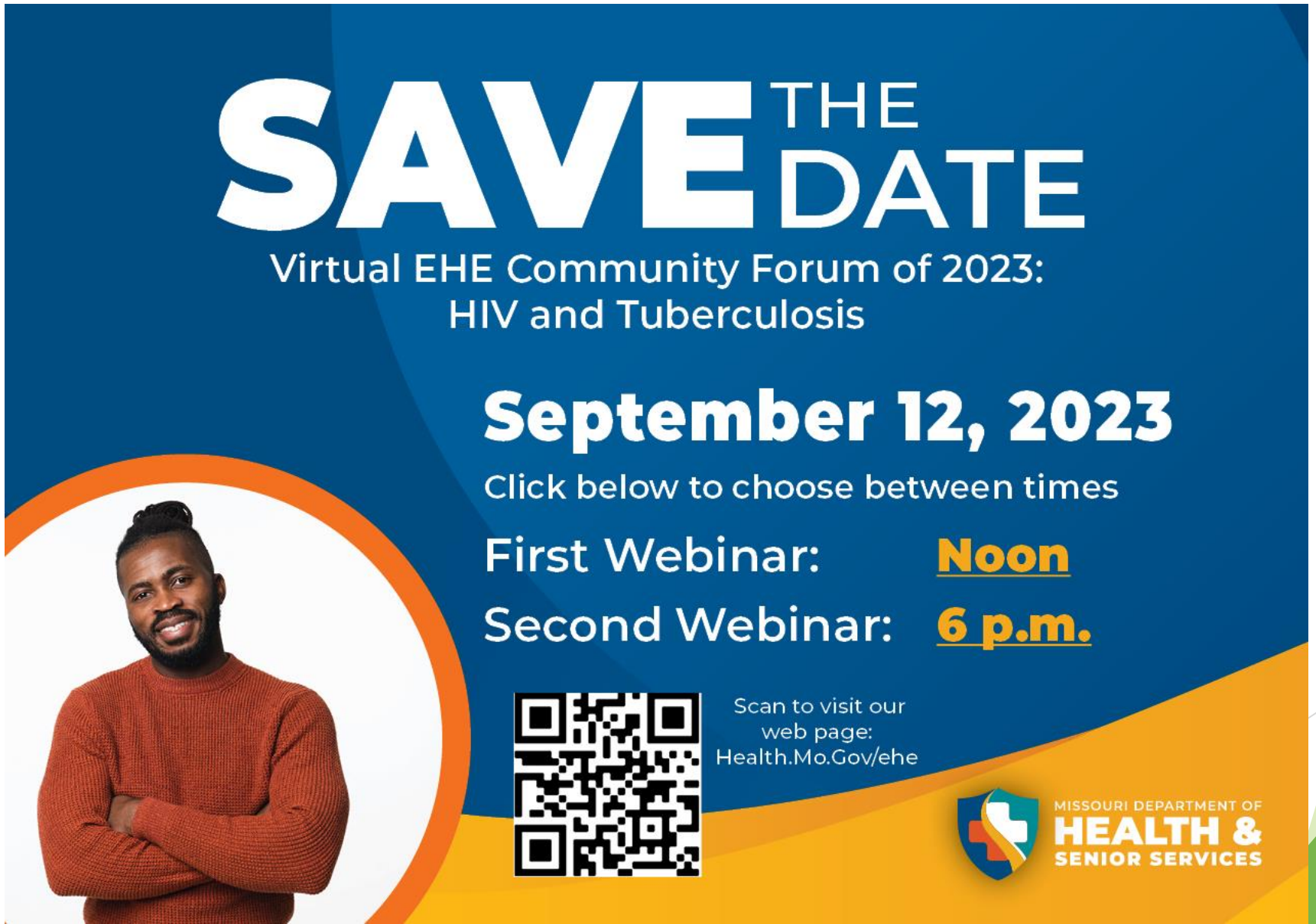
- Faith-based events
- Public Safety and Health Fairs
- Local Public Health Agency Events
- Conferences and Summits
- Collaboration across communicable disease programs
- Continuous Program Assessment and Adjustments

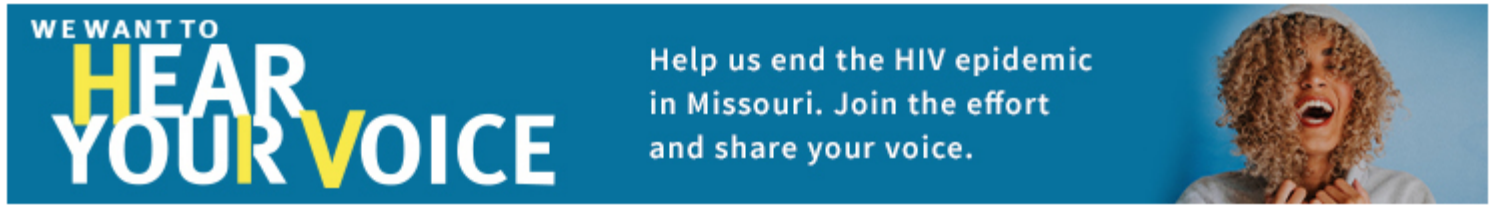
Streamlining Continuity of Service Delivery in Rural Areas – System Capacity Building

- STD/HIV Prevention
- STD/HIV Screening and Treatment
- PrEP
- HIV Case Management
- LPHA and FQHC Collaboration

Butler County Health Department Missouri

Community Engagement Forums





What is *Ending the HIV Epidemic: A Plan for America?*

Ending the HIV Epidemic In Missouri

Ending the HIV Epidemic: A Plan for America (EHE) is a bold plan that aims to end the HIV epidemic in the United States by 2030. In the State of the Union Address on February 5, 2019, President Donald J. Trump announced his administration's goal to end the HIV epidemic in the United States within 10 years. EHE is the operational plan developed by agencies across the U.S. Department of Health and Human Services (HHS) to pursue that goal.

The plan leverages critical scientific advances in HIV prevention, diagnosis, treatment, and outbreak response.

In its first phase, the initiative is focusing on areas where HIV transmission occurs most frequently, thus providing 57 geographic focus areas with additional resources to develop and implement locally tailored EHE plans.

Missouri is a Phase 1 Jurisdiction.

Missouri's Ending the HIV Epidemic Plan

We offer several options for engagement and want to hear from you! Use the comment option if you wish to provide a broad comment on the plan. The feedback option can be used to provide more structured feedback and the email address can be used for questions. We look forward to hearing from you!

- **Quick Overview of Missouri's EHE Plan**
- **Provide a Comment**
- **Send Us Your Feedback**
- **Missouri's Ending the HIV Epidemic Plan**

Social and Media Campaigns

- Social and Digital Media Efforts
  - YouTube
  - Snapchat
  - Facebook & Instagram
  - Scruff & Jack'd
  - GRINDR
  - Pandora
  - Spotify
- Use of focus groups
- Use of Billboards
- Partnering with the CDC

Contact Information

- Alicia Jenkins
  - Alicia.Jenkins@health.mo.gov

Missouri Links

- www.health.mo.gov/hiv
- www.health.mo.gov/stds
- www.health.mo.gov/hepc

thank you
danke
謝謝
ngiyabonga
teşekkür ederim
gracias
merci
obrigado
dziękuję
bedankt
спасибо
go raibh maith agat
mochchakkeram
sukriya
kop khun krap
terima kasih
감사합니다
ありがとう
arigatô
dakujem
grazie
takk
tapadh leat
dank je
mauruuru
hvala
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taiku
мерси
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рахмат
Баярлалаа
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paldies
grazzi
misaotra
matondo
blagodaram
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rahmat

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GOVERNMENT OF THE DISTRICT OF COLUMBIA

Status Neutral Approach to Housing and PrEP Uptake

***Anthony Fox*:** Division Chief,
Capacity Building, Housing & Community Partnership (CBHCP) Division
HIV/AIDS, Hepatitis, , STD, & TB Administration – (HAHSTA)

Last Updated:06/2023

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HAHSTA Staff:

Anthony Foxx: Division Chief, Capacity Building, Housing & Community Partnership (CBHCP)

Vacant: Housing Specialist, Capacity Building, Housing & Community Partnership (CBHCP)

Clinical Team

Jason Beverley: Supervisory Nurse Practitioner/STD & TB Control Deputy Division Chief

Rachel Harold: Supervisory Medical Officer

Danny Johnson: ART/PrEP Case Manager

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Our Approach:

PrEP Housing

PrEP Housing is a **CDC (EHE) funded** program providing transitional style housing intended to increased health outcomes for **men who have sex with men** (MSM) of color, **ages 25 – 35**, who are at risk of acquiring HIV. Bolstering the relationship between housing and health (physical, mental, and social)

Candidates **MUST** be newly starting oral PrEP and experiencing homelessness, **OR** experiencing **adherence issues** and experiencing homelessness.

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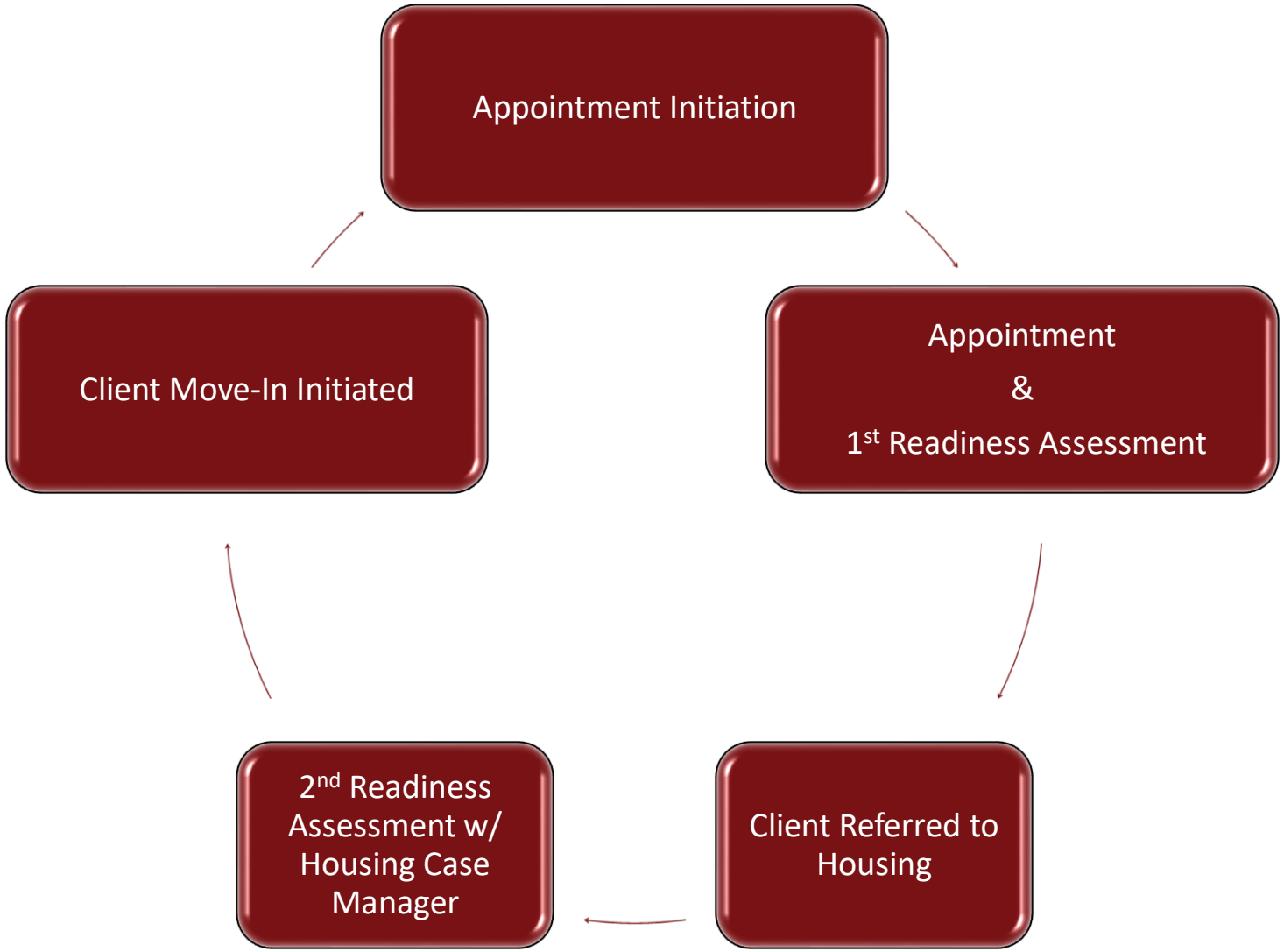
The Process:



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Our Process:

Services Included With PrEP Housing

Clients receive **single room** occupancy in a **fully furnished, shared,** two-bedroom apartment.

Collaborative partner, SMYAL, coordinates clients' clinical care for oral pre-exposure prophylaxis (PrEP) via the **DC Health and Wellness Center**. This includes labs, quarterly prescription refills, routine STI screening and treatment, and PrEP adherence case management.

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Services Included With PrEP Housing? (cont.)

SMYAL also provides co-located support and direct services in the form of **case management**. This includes supportive services referrals, financial literacy programming, life skills trainings, and workforce development.

Clients receive **$100 monthly to assist with groceries**- usually in the form of a grocery store gift card/or on-line grocery delivery coordinated by the housing case manager.

Clients also receive **$150 monthly to assist with transportation** to and from medical appointments, supportive services appointments, and work-related travel. This is issued in the form of an Uber gift card.

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How Much Is Rent?

PrEP Housing comes at **ZERO Cost** to clients. However, clients are expected to **save 30% of their monthly income** to assist with securing independent housing at the departure of the program.

Employment eligibility

Consumer who are employed or unemployed are eligible to apply. The expectation is that if unemployed, you will work diligently to secure stable employment with assistance and resources from the case manager within the first three months.

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Timeframes

Clients are enrolled for a period of **18-24 months**. Clients can be discharged from the program earlier if found non-compliant or if a client violates program rules/regulations.

Clients can depart the program early if they are successfully adherent to oral PrEP and found stable independent housing, or for personal reasons.

Program Capacity

The program host **eight clients** at capacity. Currently **0** spaces are available.

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Other Requirement

Candidates **must** be able to obtain legal documentation to confirm identity: ID/Drivers License, Birth Certificate, Social Security Card

- If not U.S. Citizen, candidates should **already** have established U.S. residency, and have a valid work visa that won't expire for at least two years.

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Lessoned Learned

- Partner with a provider experienced in providing housing services & already providing support and direct service case management.
- Establish MOU with local clinical care/PrEP provider so that adherence can be closely monitored via data sharing agreements.
- Establish referral network (From CBO's and clinical providers only).
- To ensure client's confidentiality, keep all press inquires to a minimum and coordinate all press activity preferably before launch (Hidden in plain site approach).
- Develop a press kit and photos (loosely identifiable) of property to use for interviews etc.

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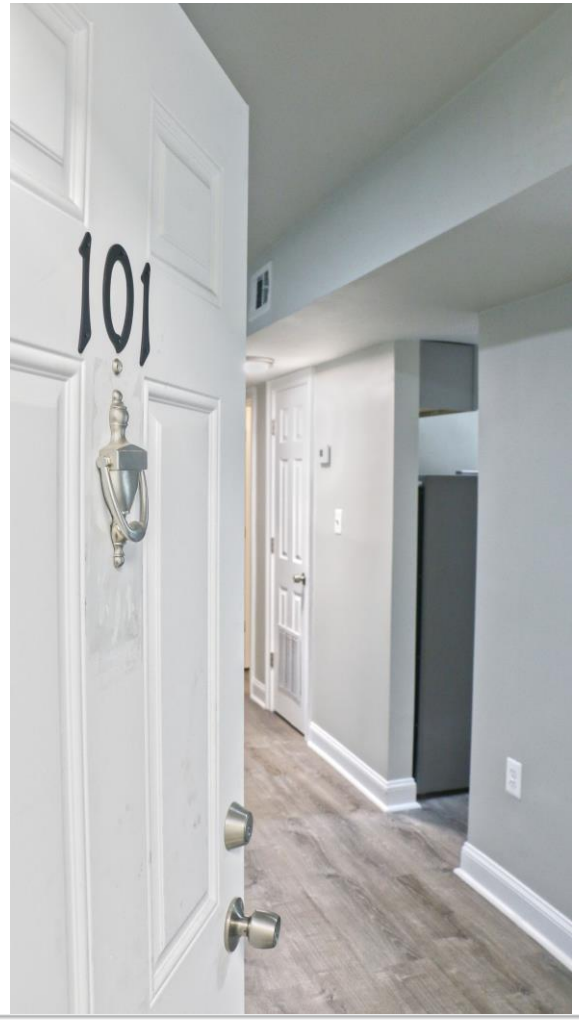
A Sneak Peek:



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More Questions?!

Comments…

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For more information on the District's COVID-19 response, visit **coronavirus.dc.gov**

BEAT HIV TARRANT COUNTY

EHE Webinar Series : Activities for Accelerating Ending the HIV Epidemic Efforts

Shut Down the Shame:

The Movement of PLWH Empowering Change

Lonnetta Wilson, HIV Initiatives Program Manager | Kaitlin Lopez, Quality and Planning Coordinator

BEAT HIV TARRANT COUNTY

OUR GOAL

REDUCE NEW HIV CASES BY

75%

IN 5 YEARS

REDUCE NEW HIV CASES BY

90%

IN 10 YEARS

BEAT HIV TARRANT COUNTY

andon Bright
ay 25 ·
#TarrantCounty #NMAC #BLOC #CDC
Kaitlin Lopez
19:16
n Bright was live.
Lopez with Tarrant County AA
n Bright

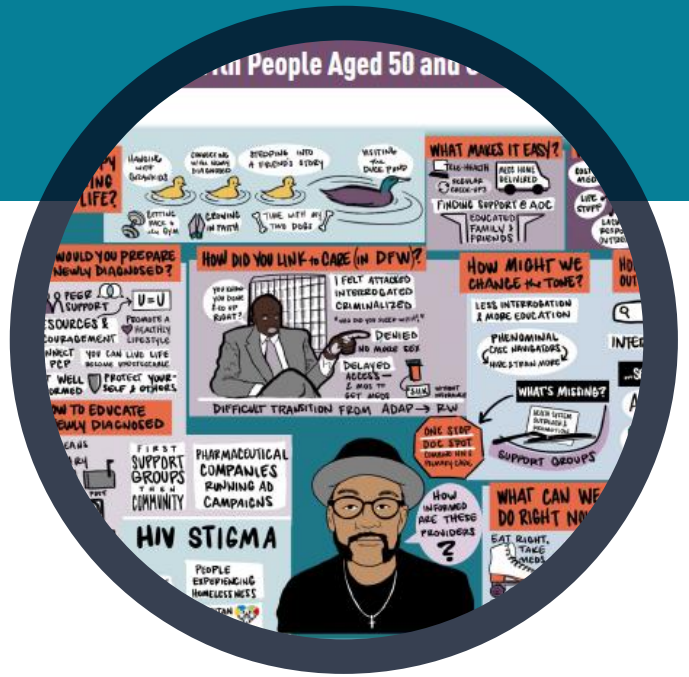
EW, PEOPLE

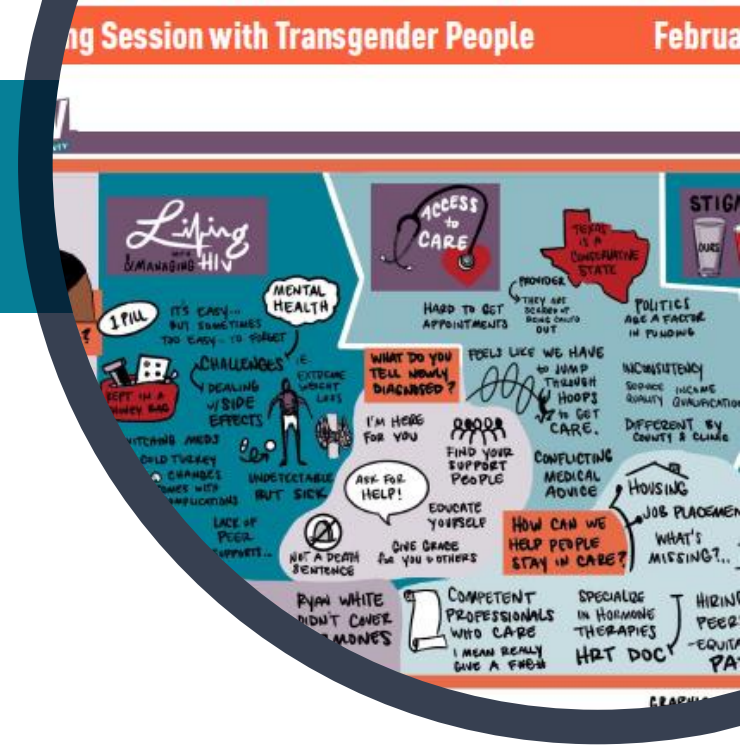
HIT HIV

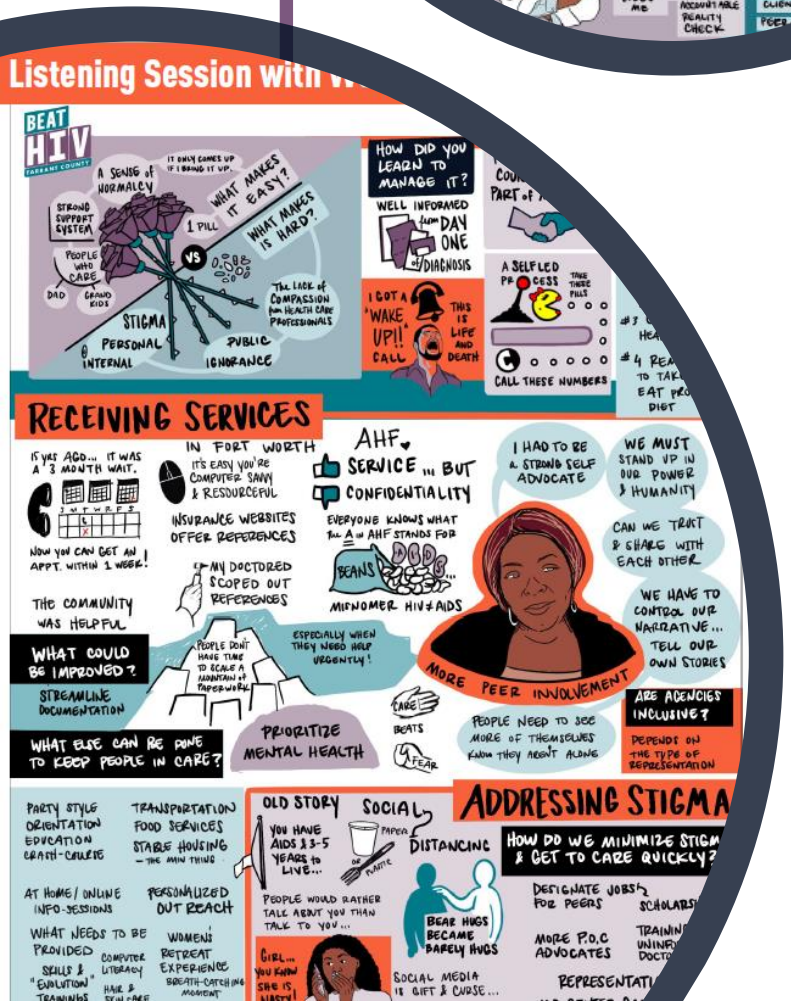
Impact of HIT HIV

- Community Advisory Board
- Conference Presenters
- Leadership Training
- Community Engagement
- Peer Navigators
- Develop Resources for PLWH

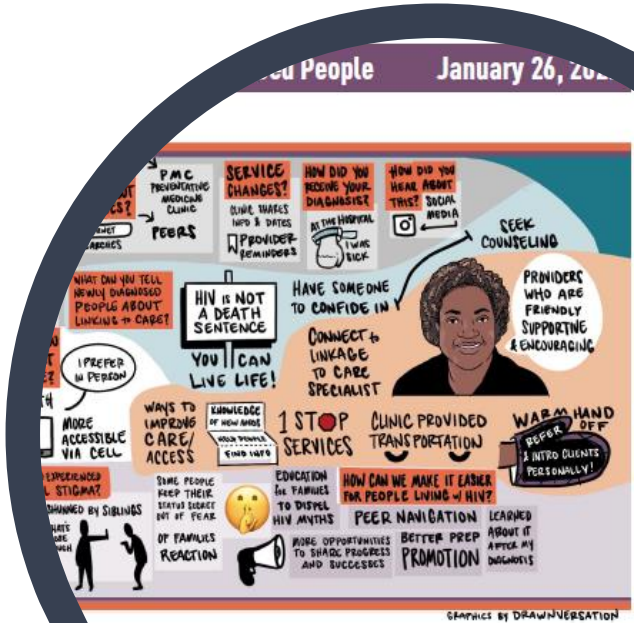
BEAT HIV TARRANT COUNTY







Innovative Approaches to Listening Session



SHUT DOWN THE SHAME

2023 ANTI-STIGMA CAMPAIGN

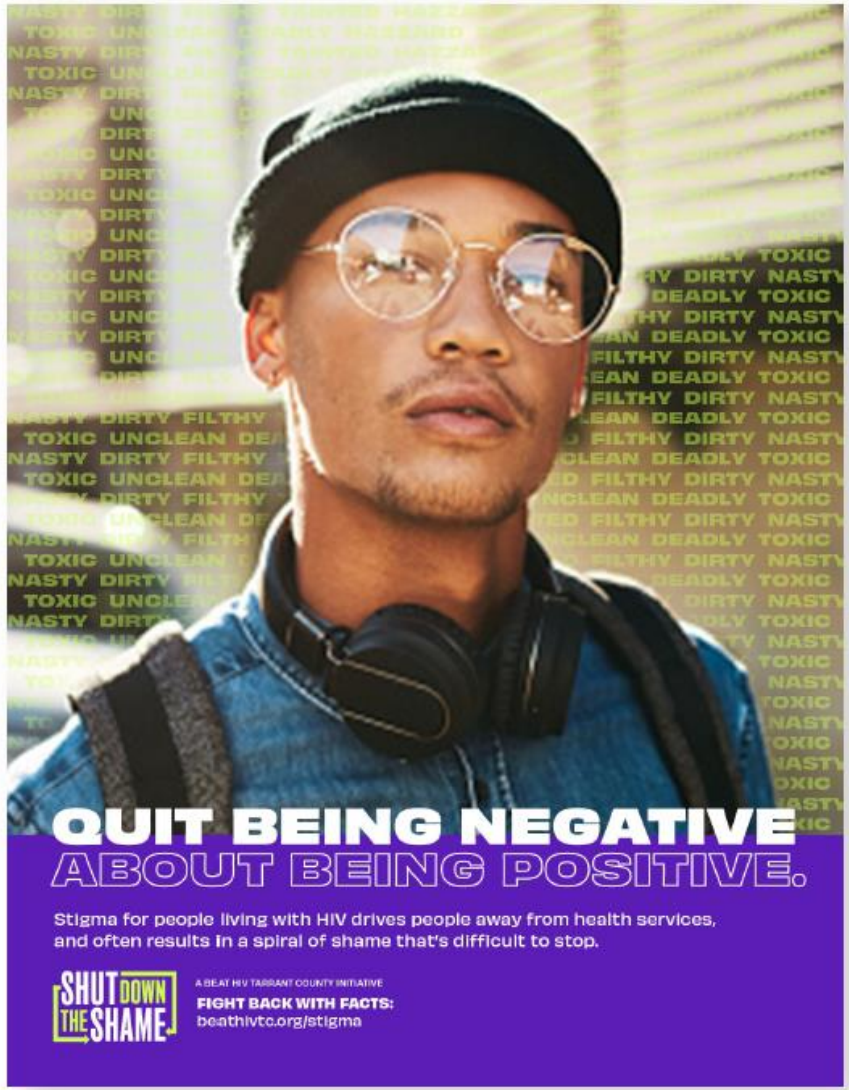
BEAT HIV
TARRANT COUNTY

SHUT DOWN THE SHAME

- Brings awareness about the stigma that continues to surround HIV
- Features real people in Tarrant County living with HIV
- Complements Beat HIV efforts and BeU campaign
- Includes advertising, social media, activations

BEAT HIV TARRANT COUNTY

CONCEPTUAL DESIGN



BEAT HIV TARRANT COUNTY

BEHIND THE SCENES FEBRUARY PHOTOSHOOT

BEHIND THE SCENES FEBRUARY PHOTOSHOOT

BEHIND THE SCENES FEBRUARY PHOTOSHOOT

Campaign Release

July 21st

Zero HIV Stigma Day

WHAT ELSE ARE WE DOING TO FIGHT STIGMA?

BEAT HIV
TARRANT COUNTY

Instagram:
Tarrantcountyhiv

Facebook:
Tarrant County HIV Administrative Agency
@TarrantCountyHIV

Twitter:
Tarrant County HIV AA
@TC_HIV_AA

Website:
Beathivtc.org

Thank you!

Kaitlin Lopez, Quality and Planning Coordinator | Lonnetta Wilson, HIV Initiatives Program Manager

NASTAD Webinar: Effective EHE Implementation Activities Across the Four Pillars: Pillar 4

Latoya P Jackson, Special Projects Manager
Surveillance, Assessment, and Evaluation (SAE)
Pillar 4: RESPOND
SC DHEC

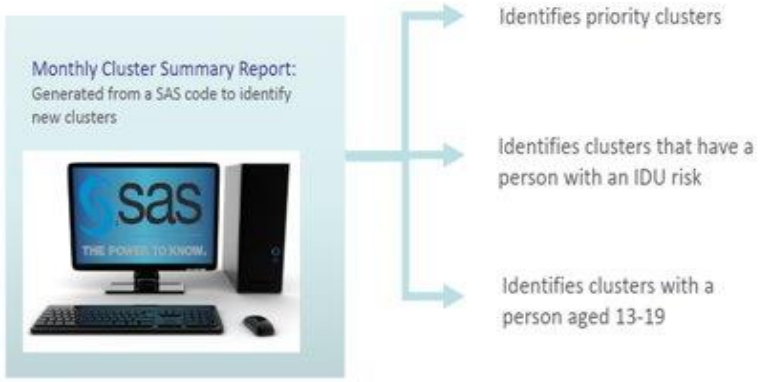
June 22, 2023

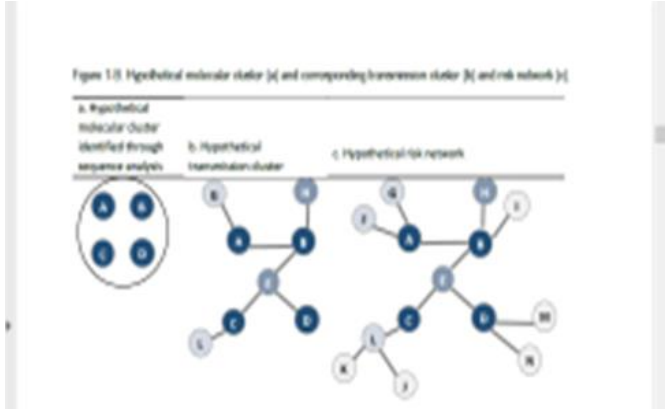
Overview of Pillar 4 Activities

- Brief overview of activities
- Program successes
- Areas of opportunity
- Next steps?
- Recommendations

Pillar 4: Respond *(Ending the HIV Epidemic in the U.S.)*

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





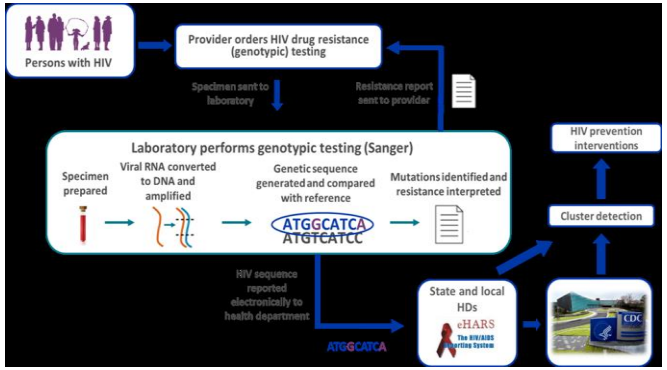
- Integrated HIV surveillance and prevention
  - Development, maintenance, and implementation of plans to respond to HIV transmission clusters and outbreaks (statewide CDR plan)
- MHS workgroup
  - Multi-disciplinary team of internal stakeholders from several program areas and disciplines
  - Collaboration and insight into cluster response activities
  - Reviews recent and ongoing priority clusters
  - Make recommendations on action steps

Cluster Detection and Response

"HIV cluster detection and response (CDR) is a strategy to help public health agencies identify communities affected by rapid HIV transmission." –CDC

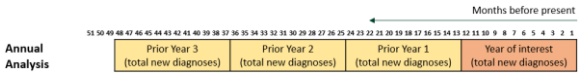
Detection

- Molecular cluster analysis
- Time-Space analysis
- Provider Identified
- DIS Identified



Response

- DIS
- Data to Care
- Area Surveillance Coordinators
- Community Engagement



Surveillance Role: Detection and Response

I. Detection of priority cluster

A. Receipt of HIV nucleotide sequences from labs

B. Conduct genotype import into eHARS

C. Conduct monthly HIV Trace analysis and time space analysis

D. Review the generated SC Cluster line list and SC Cluster Summary Stats

E. Identify priority clusters from the line list and summary report

Receive genotype data

Process genotype data

Run Secure HIV-Trace Analyses

Surveillance Role: Detection and Response

I. Using surveillance data begin cluster investigation

A. Review of readily available information found in surveillance databases
B. Create a cluster visualization and snapshot using readily available data
C. Present the cluster visualization to Field Operations Managers and DIS
D. Identify the underlying transmission cluster, risk network, and factors possibly associated with transmission
E. Assess priority level and potential risk for ongoing transmission
F. Collaboratively determine what response interventions might be effective.

Investigation & Intervention Activities

- Discuss cluster members with case managers and DIS staff, who might have insight into relationships and commonalities between persons in a cluster that aren't captured in partner services since the time of the original interview.
- Attempts to initiate interviews of partners and contacts of transmission cluster.
- Schedule testing appointments for named partners and contacts with an unknown HIV status.
- Conduct field visit to last known address of partners and contacts of cluster members, who were not able to be reach since the original interview.
- Check the detention centers and county jails in attempt to locate partners and contacts.

Overview of Priority Clusters in South Carolina

- Since 2016, South Carolina has responded to a few priority clusters across the state.
- The transmission risk categories varied between MSM, IDU, and Heterosexual relations.
- The clusters were detected using National and State/Local Molecular Cluster Analyses.
  - Secure Trace
    - CDC

Pillar 4: Successes

- Multidisciplinary team involved in the formulation of the Statewide Cluster Detection and Response plan
- Team of DIS consultants at the state level
- Field Operations Manager involved in navigating response activities
  - Re-engaging with members and obtaining additional info
  - Re-engaging with partners after refusal of initial testing
  - Re-engaging with clients that were tested, but not in care
- Team participating in Learning Collaborative

Pillar 4: Challenges

- Anonymous/marginal partners
- Reinterviewing persons recently interviewed
- Integrated system to communicate response activities
- Documentation of response activities and items for CDC
- Personnel (turnover, statisticians, epidemiologists, etc.)
- Community Engagement
  - How to get pass the criminalization discussion?
  - How to get the community involved?

Moving Forward!!!

- How do we assess the level of concern at the community level?
- How do we respond to clusters with many marginal/anonymous partners?
- How can we utilize other programs areas to aid in response activities?
- How are providers addressing persons in care who aren't virally suppressed? Are there best practices?
- What are some potential next steps?

- Detecting Clusters

  Encourage providers to report clusters or growths of concerns

  Support communities with testing efforts

  Promoting viral suppression

  Responding to Clusters

What's next? Recommendations for other jurisdictions!

Improvements

- Update visualization
  - User-friendly
- Update communication plans
  - Feedback of response activities
  - Script used for reengaging clients
- Integrated system for clusters and the cluster network
- Dashboard for monitoring and dissemination

Recommendations

- Document, document, document!!!
  - Successes, challenges, and next steps!!!
- Get buy-in and feedback from a multidisciplinary team!
  - Detection and Response Workgroup
  - Preparedness, DADE, COVID team, FRONTLINE/REGIONAL staff!!
  - **COMMUNITY ENGAGEMENT!!!**

NASTAD and CDC Partnership

- National Cluster Detection and Response Implementation Learning Collaborative
  - DIS Consultant
  - EHE Special Projects Consultant
  - Surveillance Special Projects Manager
  - Community Engagement & Response Coordinator
- Cluster Detection and Response Community Implementation Partners
  - In partnership with NASTAD
  - Community Partners
  - https://nastad.org/cdr-ilc/cdr-community-implementation-partners-panel

South Carolina Department of Health and Environmental Control

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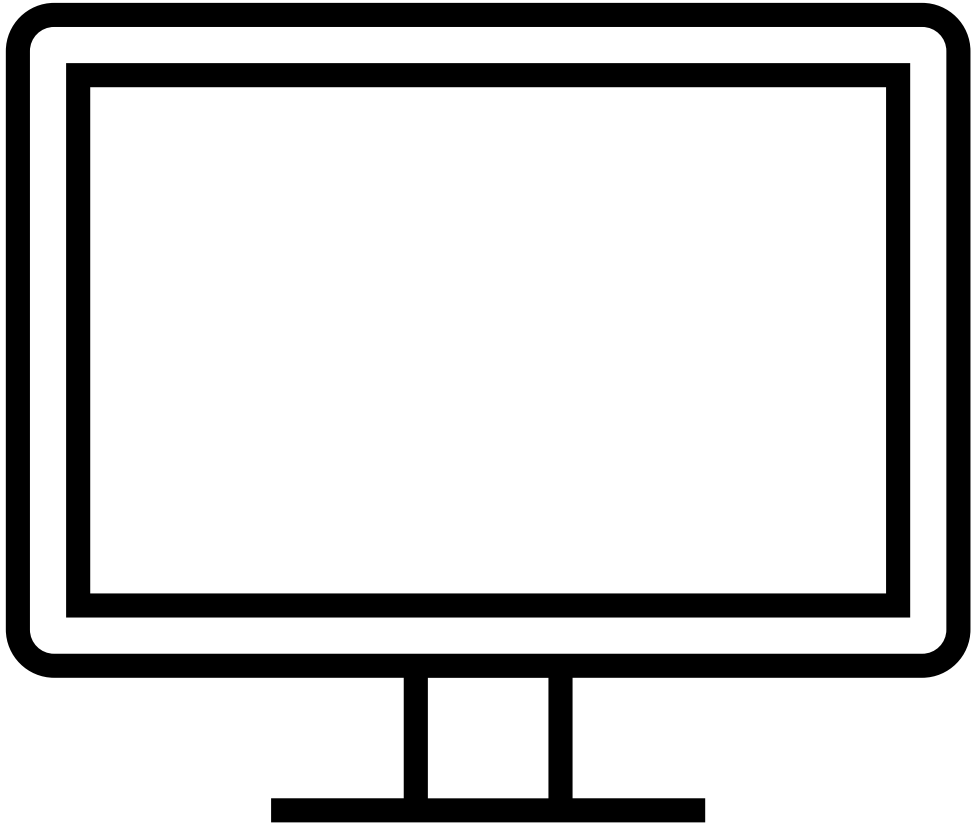
Webinar 2:
Thursday, July 13
1-2 PM ET/
10-11 AM PT



Contact

Request technical assistance (TA):

- www.cdc.gov/hiv/programresources/capacitybuilding/
- www.nastad.org/technical-assistance

EHE Spotlight Video Series

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