

INTRA-JURISDICTIONAL

**EHE ↔ FTC
ALIGNMENT**

2023 WORKSHOPS

INTRA-JURISDICTIONAL

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2023 WORKSHOPS



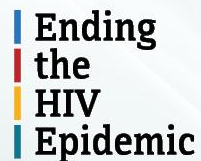
Atlanta, GA
February 15, 2023

WELCOME

INTRA-JURISDICTIONAL

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2023 WORKSHOPS



City Name
January 31, 2023

Welcome Remarks

Dr. José M. Zuniga
President/CEO
IAPAC and FTCI

- Significant **PROGRESS HAS BEEN MADE** in Atlanta/Fulton County
- 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 **GETTING TO ZERO** new HIV infections, AIDS-related deaths, stigma
- 3 years from deadline of **REDUCING NEW HIV INFECTIONS BY 75%**



Ending the HIV Epidemic

2023 Intra-Jurisdictional EHE-FTC Alignment
Workshop
Atlanta, GA

Office of Infectious Disease and HIV/AIDS Policy

CAPT John Oguntomilade, BDS, MPH, PhD

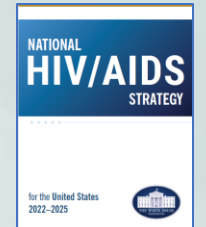
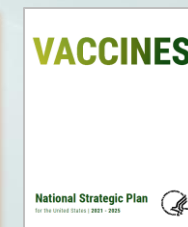
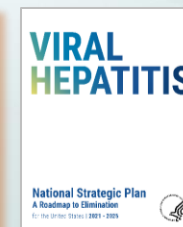
February 15, 2023

OFFICE OF INFECTIOUS DISEASE AND HIV/AIDS POLICY

- **OIDP provides strategic leadership and management, while encouraging collaboration, coordination, and innovation among federal agencies and stakeholders to reduce the burden of infectious diseases.**
- **Advisory committees**
OIDP oversees 5 federal advisory committees that leverage expert advice to prevent infectious diseases in the U.S.: HIV/AIDS, vaccines, tick-borne diseases, antibiotic resistance, and blood and tissue safety and availability
- **Initiatives**
OIDP develops, coordinates, and supports a range of infectious disease initiatives such as the Ending the HIV Epidemic in the U.S., the Minority HIV/AIDS Fund, HIV.gov, and actions to prevent healthcare-associated infections
- **National strategic plans**
OIDP coordinates with federal and non-federal stakeholders to develop, implement, and monitor national strategies to prevent infectious diseases: HIV, STIs, viral hepatitis, and vaccines



Ms. Kaye Hayes
Deputy Assistant Secretary for Infectious Diseases



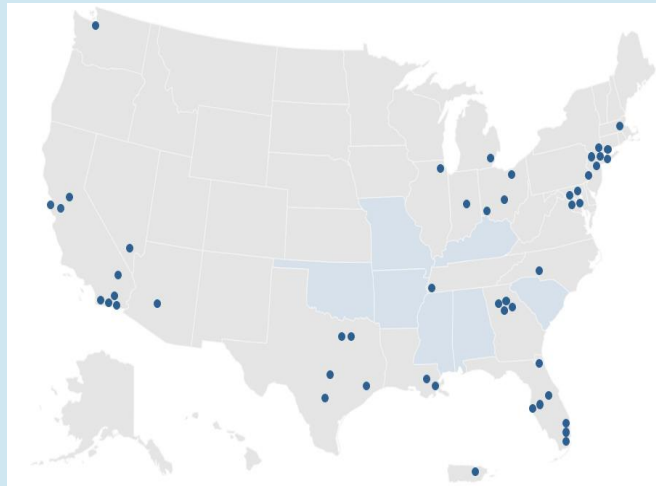
Ending the HIV Epidemic in the U.S.

GOAL:

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

FOCUSED EFFORT: Phase 1

- 48 counties, DC, and San Juan account for 50% of new infections
- 7 states with the most substantial HIV diagnoses in rural areas



FOUR PILLARS



Diagnose

All people with HIV as early as possible



Treat

PWH rapidly and effectively for sustained viral suppression



Prevent

New HIV transmissions using proven interventions

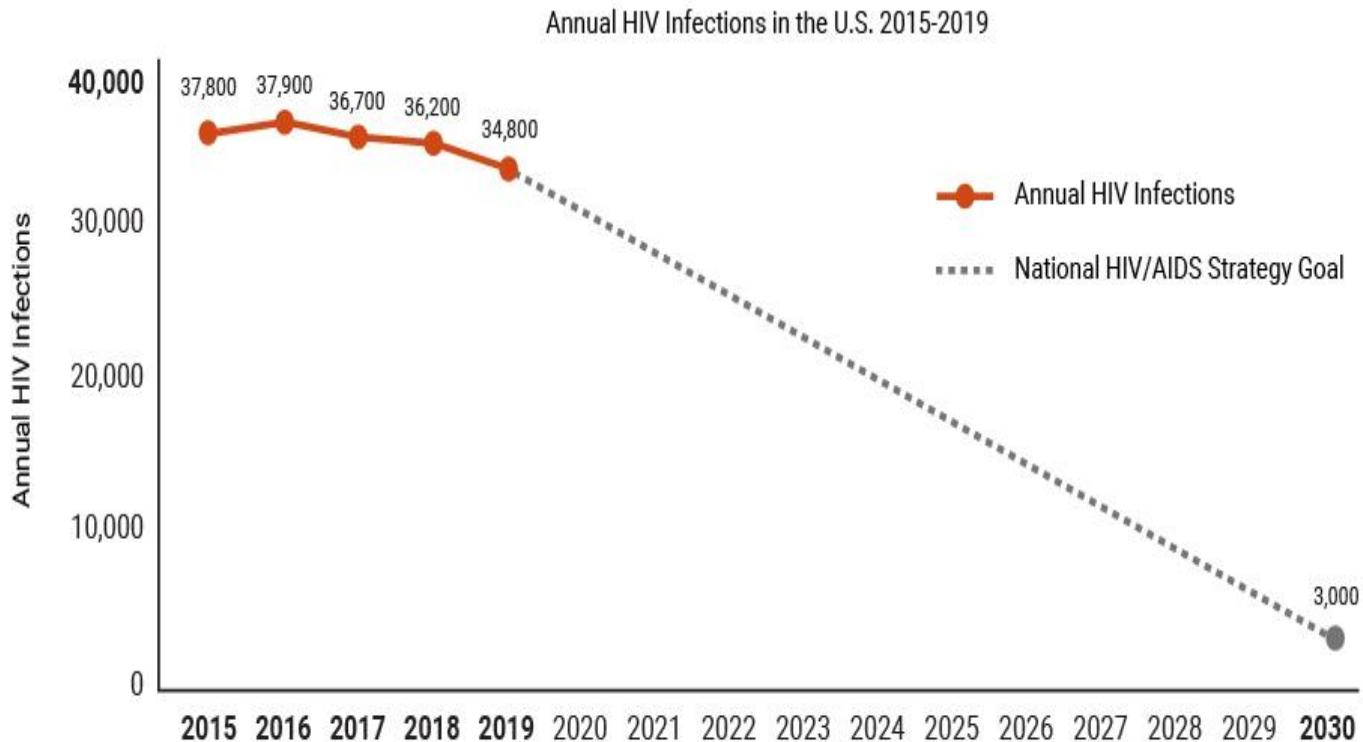


Respond

Quickly to HIV outbreaks

HIV EPIDEMIC: PROGRESS TO DATE

New HIV Infections Fell 8% from 2015 to 2019, After a Period of General Stability



The nation's annual new HIV infections have declined from their **peak in the mid-1980s**.

In 2019, the estimated number of **new HIV infections was 34,800** and **1.2 million people were living with HIV in the United States**.

Centers for Disease Control and Prevention data show that new HIV infections fell **8% from 2015 to 2019, after a period of general stability in new infections** in the United States.

Disproportionate Impact in 2019

Race/Ethnicity	% with HIV in 2019	% of US population 2019
Black/African American	40.3%	13.4%
White	28.5%	60.1%
Hispanic/Latino	24.7%	18.5%
Asian	1.5%	5.9%
American Indian/Alaska Native	0.3%	1.3%
Native Hawaiian and Other Pacific Islander	0.09%	0.2%

Gay and bisexual men are the most disproportionately affected group

Account for about 66% of new HIV infections each year, with the **highest burden among Black and Latino gay and bisexual men and young men.**

- 26% of new HIV infections were among Black gay and bisexual men,
- 23% among Latino gay and bisexual men
- 45% among gay and bisexual men under the age of 35.

Disparities persist among women. Black women are disproportionately affected compared to women of other races/ ethnicities.

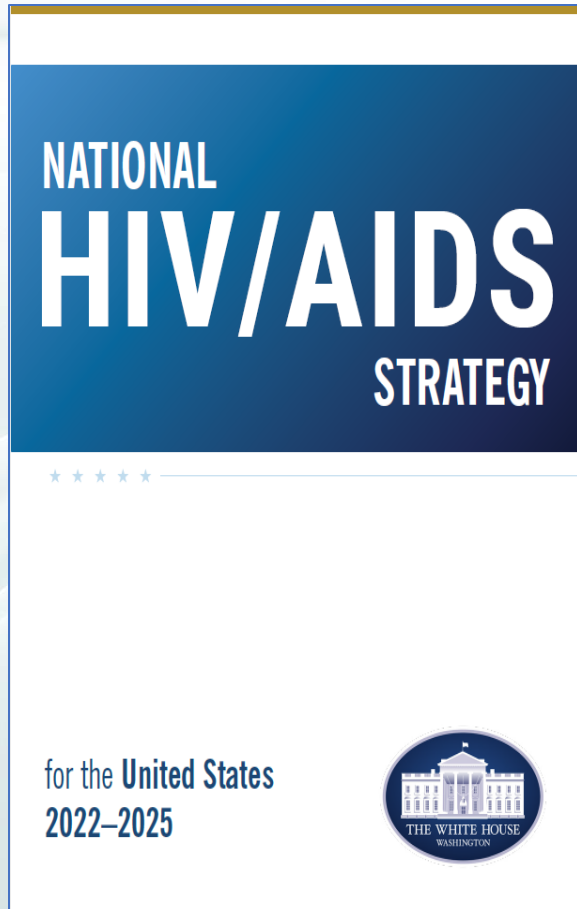
- Annual HIV infections remained stable among Black women from 2015 to 2019,
- The rate of new HIV infections among Black women was 11 times that of White women and 4 times that of Latina women.

Youth aged 13–24 years composed 21% of new HIV diagnoses in the U.S.

7% of new HIV infections in the U.S. were among people who inject drugs.



National HIV/AIDS Strategy (2022- 2025) update



VISION ★ ★ ★ ★ ★

The United States will be a place where new HIV infections are prevented, every person knows their status, and every person with HIV has high-quality care and treatment, lives free from stigma and discrimination, and can achieve their full potential for health and well-being across the lifespan.

This vision includes all people, regardless of age, sex, gender identity, sexual orientation, race, ethnicity, religion, disability, geographic location, or socioeconomic circumstance.

Goal 1

Prevent New HIV Infections

Goal 2

Improve HIV-Related Health Outcomes of People with HIV

Goal 3

Reduce HIV-Related Disparities and Health Inequities

Goal 4

Achieve Integrated, Coordinated Efforts That Address the HIV Epidemic among All Partners and Interested Parties

National HIV/AIDS Strategy—Priority Populations

- Gay, bisexual, and other men who have sex with men, in particular Black, Latino, and American Indian/Alaska Native men
- Black women
- Transgender women
- Youth aged 13–24 years
- People who inject drugs

Prioritized based on incidence, diagnoses, and viral suppression data



Missed Opportunities

- Nearly **14%** of people living with HIV don't know it
- **87%** of new HIV infections are transmitted from people **who don't know they have HIV or are not retained in treatment**
- Only **25%** of people who could benefit from **HIV Pre-exposure prophylaxis (PrEP) are receiving it**
- African Americans and Latinx people are more **likely to acquire HIV and less likely to receive PrEP, than Whites**
- **Black women are 11 times** more likely to be infected compared to **white women**
- **Gay and bisexual men** account for **66%** of new HIV infections despite accounting for only **2%** of the US population
- Youth aged **13–24 years** account for **21%** of total new infections in 2019

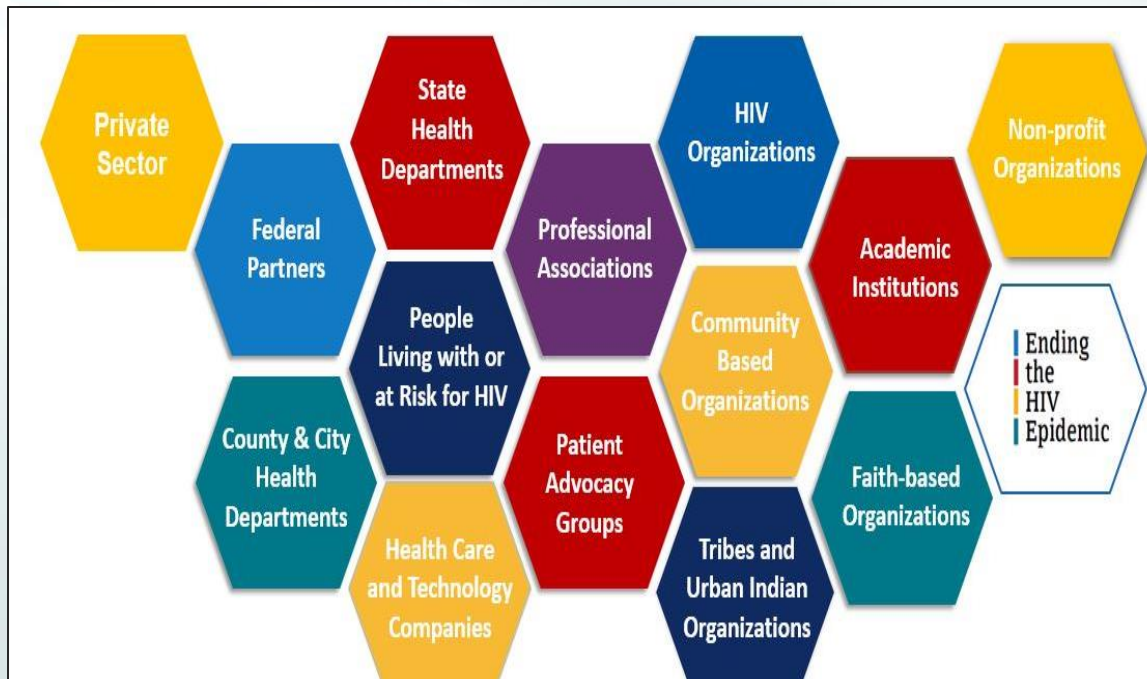
7 in 10 people with HIV saw a healthcare provider in the 12 months prior to diagnosis and failed to be diagnosed

Coordination and Partnerships: Regional, State, County, and Community Levels

Regional & State Level

- Regional HHS (HRSA, CDC, SAMSHA, NIH & IHS)
- SAC, Black AIDS Institutes regional Affiliates
- SE AETC
- State Health Departments
- State Division of HIV/STD
- State EHE planning groups
- State Professional Associations
- State Primary Care Associations
- State HOPWA, DOE & DOL
- State Ryan White Planning groups
- State AETCs, CFARs

Whole of Society Approach



County & Community Level

- County EHE leads
- County Health Departments
- County EHE Work Groups
- AETC Affiliates
- Provider groups
- CBOs
- FBOs
- ASOs
- Advocacy groups
- Higher learning institutions
- Local groups impacted with HIV
- LGBTQI+ groups
- Youth groups
- others



REFLECTIONS..

Opportunities to Collaborate to Reduce Disparities and Facilitate Health Equity

To strengthen provider capacity to facilitate a syndemic and holistic approach?

- Address HIV,STI, VH & substance abuse
- Increase cultural humility and inclusivity in our approach
- Trauma informed care
- Mitigate medical mistrust
- Respectful engagement of the LGBTQI+ community

To innovate and engage nontraditional care settings and hours of operations?

- Increase outreach to priority populations
- Barber shops, beauty saloons, Clubs, other social gatherings, etc.

To strengthen linguistically and culturally appropriate messaging to improve community awareness?

- In priority populations – some monolingual Spanish, etc.
- Funding of CBOs that are most effective in reaching priority populations

To enhance messaging through platforms and influential messengers to increase uptake of youth friendly services?

- Social media, Instagram, snap chat, sororities and fraternities, etc.

To strengthen effective linkage to wrap around services for vulnerable populations to optimize program outcomes?

- Housing, transportation, etc.

To collaborate to revise outdated HIV criminalization laws?

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Atlanta/Fulton County
February 15, 2023

EHE Goals
& Ambitions

Fulton County
Board of Health

Joshua O'Neal



- Avoid loaded language
- No fear-based or policing messages
- Real people, real stories & real bodies
- Information about tools
- Linkage support to preferred providers
- Multilingual & Multicultural
- Across all socials & STOPHIVATL
- Status Neutral

**You're never too
hot for safer sex.**

STOP

HIVATL





Do **NOT** use...

Please use...

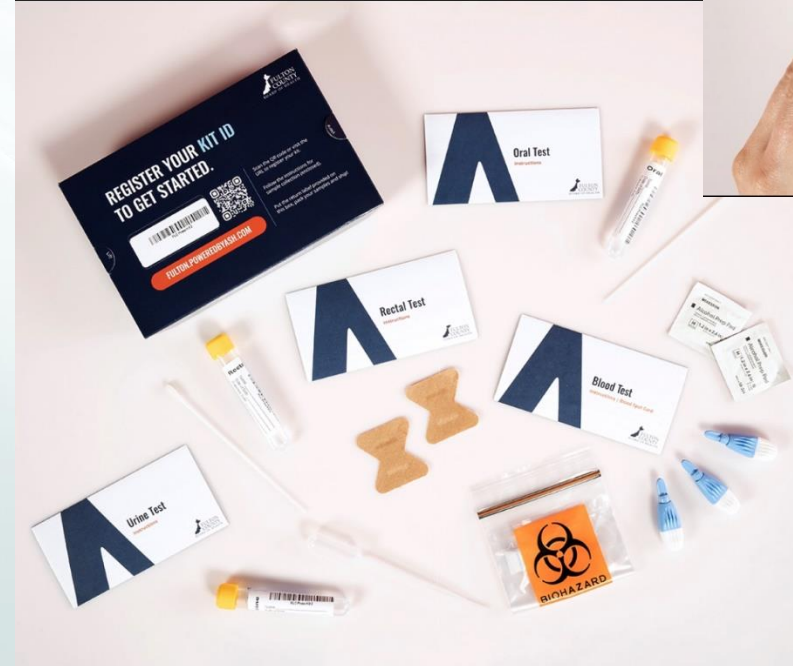
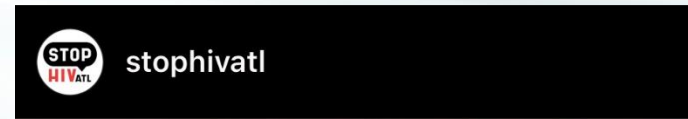
- STD
- **Risky / High Risk**
- Unprotected
- Safe sex
- Drug Abuse
- MSM
- “Preferred” Pronouns
- Target Population & Hard to Reach

- ✓ STI or Sexual Health
- ✓ Exposures / Encounters
- ✓ Condomless
- ✓ Safer sex
- ✓ Relationship w substances
- ✓ Patient Identity
- ✓ Pronouns
- ✓ Priority Populations

Loaded Language

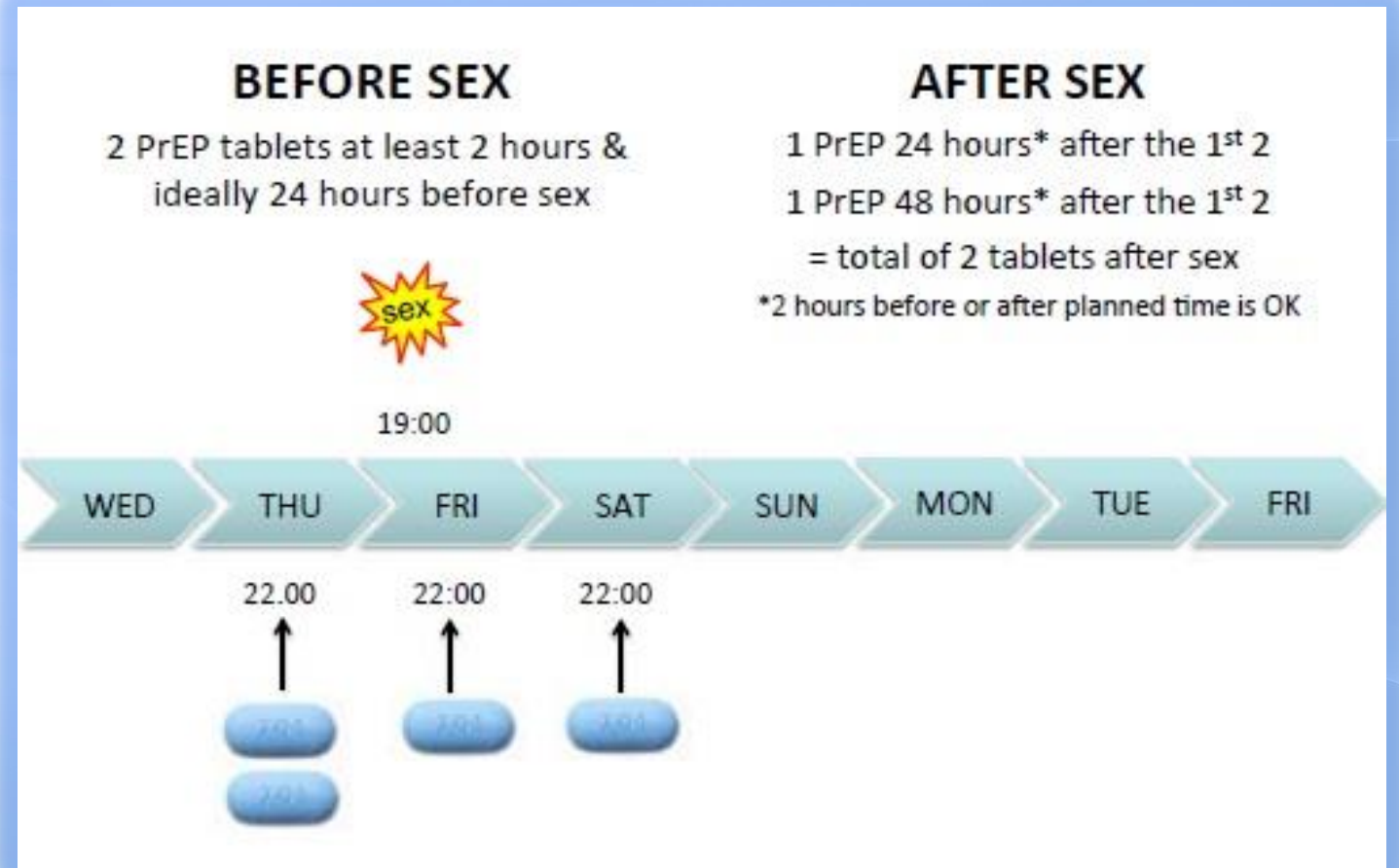
Sexual Health Services

- Expansion to include STIs & HCV
 - *prevention with HIV+
- Rapid PrEP & ART starts
- At-home Test Kits
- Express Screening
- Clinics / Mobile / Pop-Ups
- Doxy PEP & MPX Vax



PrEP

- Capacity Support
- PrEP Labs
- Benefits Bootcamp
- 2-1-1 or “On Demand”
- Rapid starts & Linkage



Drug User Health

- Syringe Distribution & Safer Injection Supplies
- Overdose Reversal Supplies (Narcan & Fentanyl Test Strips)
- Rapid Hepatitis C testing at all sites & Linkage to Treatment
- Training - Harm Reduction & Overdose Reversal
- HCV Tx, Vein care & Wound care

fultonhealth

Be safer ATLiens, test your drugs!

How to use a fentanyl test strip:

1. Add a small amount of your drugs to a thimble full of water - even residue is fine - mix well to dissolve.
2. Add test strip to water mixture up to the first **BLUE** line and hold for 15 seconds.
3. Wait.
4. Read.

— One line means **POSITIVE** for Fentanyl!
= Two lines means **NEGATIVE** for Fentanyl!

STOP HIV ATL

Can you tell which pill
contains Fentanyl?



Test your drugs.

Doing a line?
Use a strip.

Test your drugs.

Atlanta's better
with **you** in it.

Test your Drugs.

Drug User Health Campaigns



The poster features the Fulton County Board of Health logo at the top left. The main title 'MONKEYPOX VACCINE EVENT' is prominently displayed in white and blue text against a colorful geometric background. Below the title, it states 'During Black Pride Week Celebration!'. The event details are listed in a green box: 'This Saturday, September 3rd, 10:00 AM - 2:00 PM' at the 'Neighborhood Union Health Center, 186 Sunset Avenue N.W., Atlanta, GA 30314'. A photograph of two men embracing is shown. The bottom section, with a rainbow flag background, says 'Walk-Ins Welcome (APPOINTMENTS STRONGLY ENCOURAGED)' and includes a QR code and a URL: 'https://gta-vras.powerappsportals.us/en-US/'. The bottom navigation bar contains icons for heart, comment, share, and bookmark.

fultonhealth

FULTON COUNTY BOARD OF HEALTH

MONKEYPOX VACCINE EVENT

During Black Pride Week Celebration!

This Saturday, September 3rd
10:00 AM - 2:00 PM

Neighborhood Union Health Center
186 Sunset Avenue N.W.
Atlanta, GA 30314

Walk-Ins Welcome

(APPOINTMENTS STRONGLY ENCOURAGED)

Scan QR code to schedule your appointment NOW!

or visit <https://gta-vras.powerappsportals.us/en-US/>

Community Engagement

- Community Advisory Board
 - * On-site at CBOs
- Collaboration on efforts
- Technical assistance goes both ways!
- Cross promotion
- Transparency & Accountability

MONKEYPOX VACCINATIONS IN PEOPLE WITH DARKER SKIN

Vaccinations are a very important way for sexually-active individuals to protect themselves from monkeypox. However, **Black and Brown** individuals, and some others with **darker skin**, may develop a dark patch **HYPERPIGMENTATION** at the site of an intradermal injection. This is a normal reaction to the vaccine, but it may be unappealing to some.

IF YOU NOTICE A DARK SPOT

- Taking ibuprofen and/or an antihistamine daily for 5-7 days after vaccination may reduce inflammation and therefore reduce the darkening, though not completely.
- Protect the site from the sun using either clothing or sunscreen.
- It will fade over time, but it could take several months for some people.
- Talk with your health care provider about other treatments which may include

YOU CAN ALSO ASK TO RECEIVE THE VACCINE IN ALTERNATIVE INJECTION SITES, INCLUDING:

- Upper back over or just below the scapula
- The shoulder (deltoid)
- Talk with your vaccinator about other possibilities

Vaccinations will not be less likely to cause hyperpigmentation at these sites, but it may be less noticeable. Also, these sites are usually covered by clothing, protecting them from the sun so that they may resolve more quickly.

DON'T FORGET

When making these choices, it is also important to remember that monkeypox disease can cause permanent scars on any part of the body, so everyone should consider their own personal risks when making such a decision.



- Topical retinoids (Differin™ gel available over the counter, Retin-A™ available with a prescription)
- Vitamin C solutions (look for 20% or greater vitamin C)
- There are also other dark spot removers available by prescription



Trabajar desde casa
significa **hacerte la
prueba desde casa.**

An Instagram post from stophivatl with a red background and the text 'VIRUELA SÍMICA'.

**VIRUELA
SÍMICA**

An Instagram post from stophivatl showing a city skyline and a speech bubble that says 'El condado de Fulton es una zona libre de ICE.'

**El condado de
Fulton es una
zona libre de ICE.**

An Instagram post from stophivatl featuring a man in a white t-shirt that says 'LET'S STOP HIV TOGETHER'.

**LET'S STOP
HIV
TOGETHER**

**¡Visita nuestra
página web para
más información!**

An Instagram post from stophivatl with the text 'La salud sexual debe ser fácil.' and an image of two women.

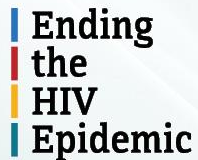
**La salud sexual
debe ser fácil.**

**Inscríbete
para recibir
un kit
casero de
pruebas de
VIH/ITS.**

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Atlanta, GA
February 15, 2023

Increasing Access to
Biomedical HIV Prevention

Zandraetta Tims Cook, MD, MPH
Vanessa Agberien, *Medical Student*

HIV Incidence in U.S. – Target Groups

- In 2020, **30,635** people received an HIV diagnosis in the US
 - MSM: gay and bisexual men (African-American & Latino) – **70% of incident cases in 2019**
 - Heterosexual Women – **7,000 incident cases in 2019 were women**
 - Transgender Persons
 - Persons residing in the Southeast US – **52% of new infections in 2017**
- HIV prevention interventions focused on these groups
- Interventions: Biomedical > Behavioral (sexual abstinence, condoms)

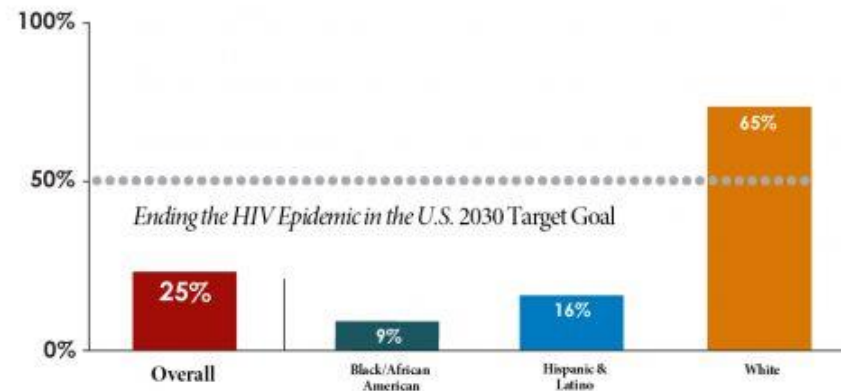
Biomedical HIV Prevention Interventions

- Daily, oral therapy PrEP: FDA-approved and available since 2012
 - Highly effective approach
 - Has >90% effectiveness with appropriate adherence & maintenance
- Every 2-month injectable PrEP: available since 2021
- Translation of biomedical intervention strategies
 - Limited uptake in populations with higher potential benefit
 - Apparent gender disparity in PrEP use/ women are 5% of PrEP users
 - Increased uptake needed in areas with low PrEP-to-Need ratios (PNR)
- Effective methods are needed:
 - to identify individuals at higher risk for acquiring HIV
 - to increase the perceived risk of acquiring HIV
 - to ensure access to biomedical interventions
 - to maximize medication adherence

Translating Biomedical HIV Prevention Interventions

ONLY 9% OF BLACK PEOPLE IN THE U.S. WHO WERE ELIGIBLE FOR PREP IN 2020 WERE PRESCRIBED IT, SHOWING THAT UNEQUAL COVERAGE PERSISTS

PREP COVERAGE IN THE U.S. BY RACE/ETHNICITY, 2020



For more information, visit
cdc.gov/nchhstp/newsroom



Identifying Intervention Targets

- PATIENT-CENTERED TARGETS

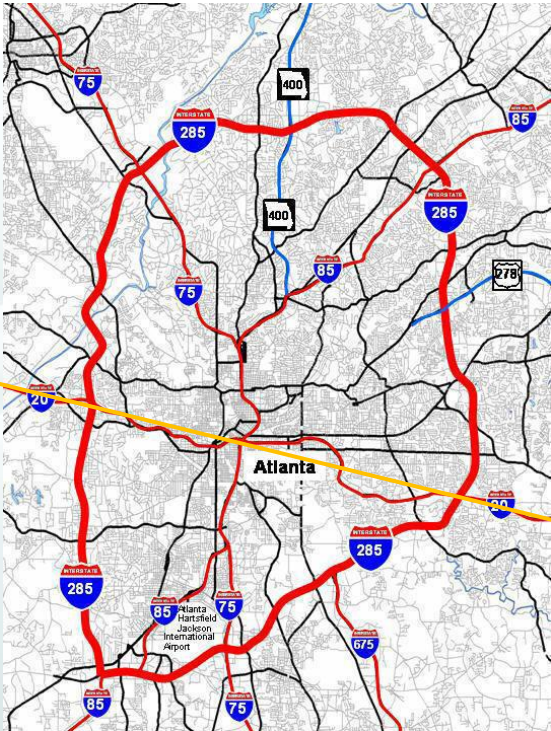
- Understanding consumer priorities and the “job” an intervention is adopted to do
- Reframing risks as reasons – *ViiV Healthcare*
- Addressing “*blind-spots*” / tailoring messaging
- Increasing patient education to increase demand

- PROVIDER-CENTERED TARGETS

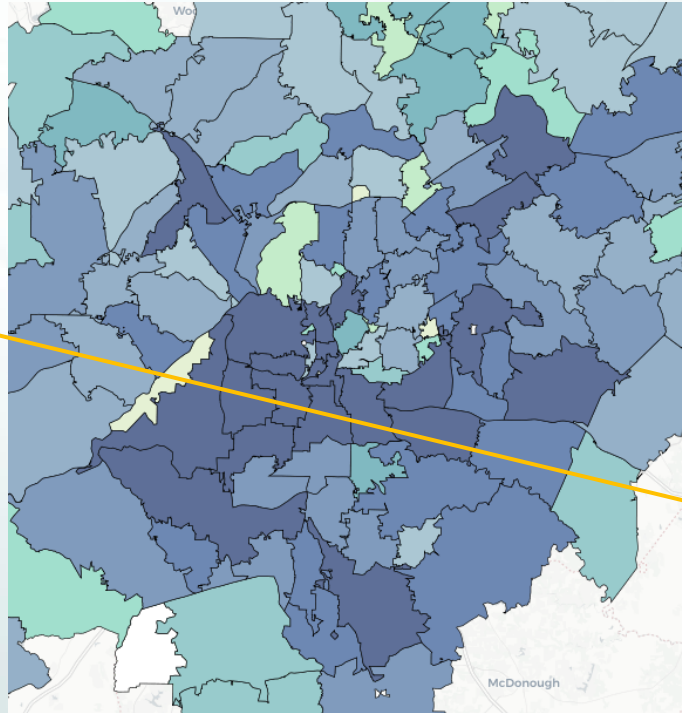
- Enhancing provider education and networks
- Using technology, *e.g.* dashboards, order sets, cheat sheets
- Incorporating HIV prevention into value-based metrics
- Primary care focus – *preventive medicine venue*
- Gynecology, Urology

Ensuring Access to Interventions

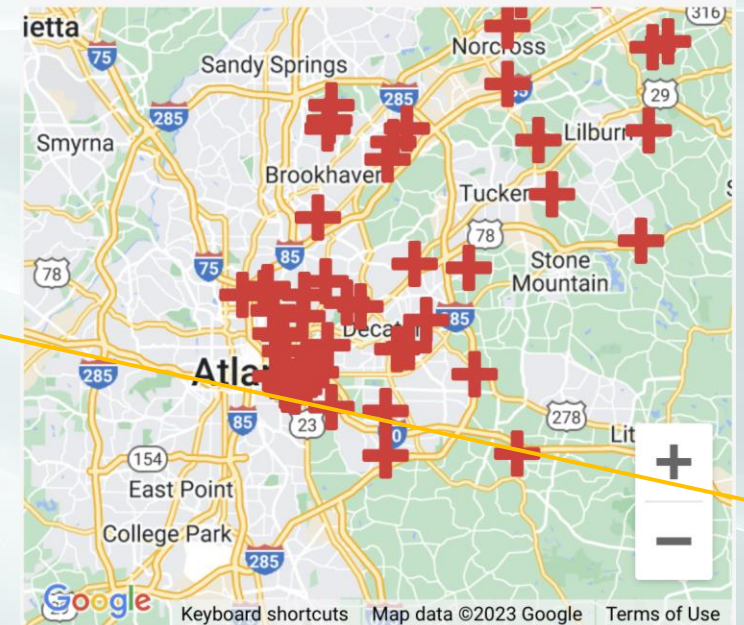
City of Atlanta – AIDSvu Map



Google: City of Atlanta Map



AIDSvu.org – Atlanta's Incident HIV Cases



AIDSvu.org – Atlanta's PrEP Providers

Nothing is more expensive than a missed opportunity.

H. Jackson Browne, Jr



Maximizing Medication Adherence: *The 4 Ps of Marketing*

- **Product** – effectiveness, safety, tolerance, convenience
- **Price** – costs to patients and providers in dollars, time, productivity
- **Promotion** – images, communications/ social media, events
- **Place** – service delivery locations, distribution logistics



NBC TV, original airdate January 21, 2023

HIV Prevalence Rate Ratios, by Race/Ethnicity, 2020



The rate of **Black males** living with an HIV diagnosis is 5.9 times that of **White males**.



The rate of **Hispanic/Latino males** living with an HIV diagnosis is 2.0 times that of **White males**.



The rate of **Black females** living with an HIV diagnosis is 16.1 times that of **White females**.



The rate of **Hispanic/Latina females** living with an HIV diagnosis is 5.3 times that of **White females**.

- FOR BLACK WOMEN, 91% of new HIV infections were attributed to heterosexual contact while the HIV infection rate among Black women was the highest among all other races and ethnicities.” (CDC 2019)

Possible Solutions

- Getting rid of misconceptions such as “high risk sexual behavior”
- Spreading awareness to primary care providers as well as gynecologists
 - Creation of PrEP presentations for providers
 - In-person delivery of PrEP education and messages
- Inclusive advertising about PrEP
 - More images of women/ persons of color
 - Scenes that portray relevant images for heterosexual persons

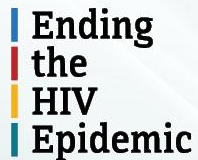


THANK YOU

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Centering Equity in
Metro Atlanta's EHE
Plan:
The Path Forward

Justin C. Smith, MS, MPH
Director, Campaign to End AIDS
Positive Impact Health Centers

Agenda



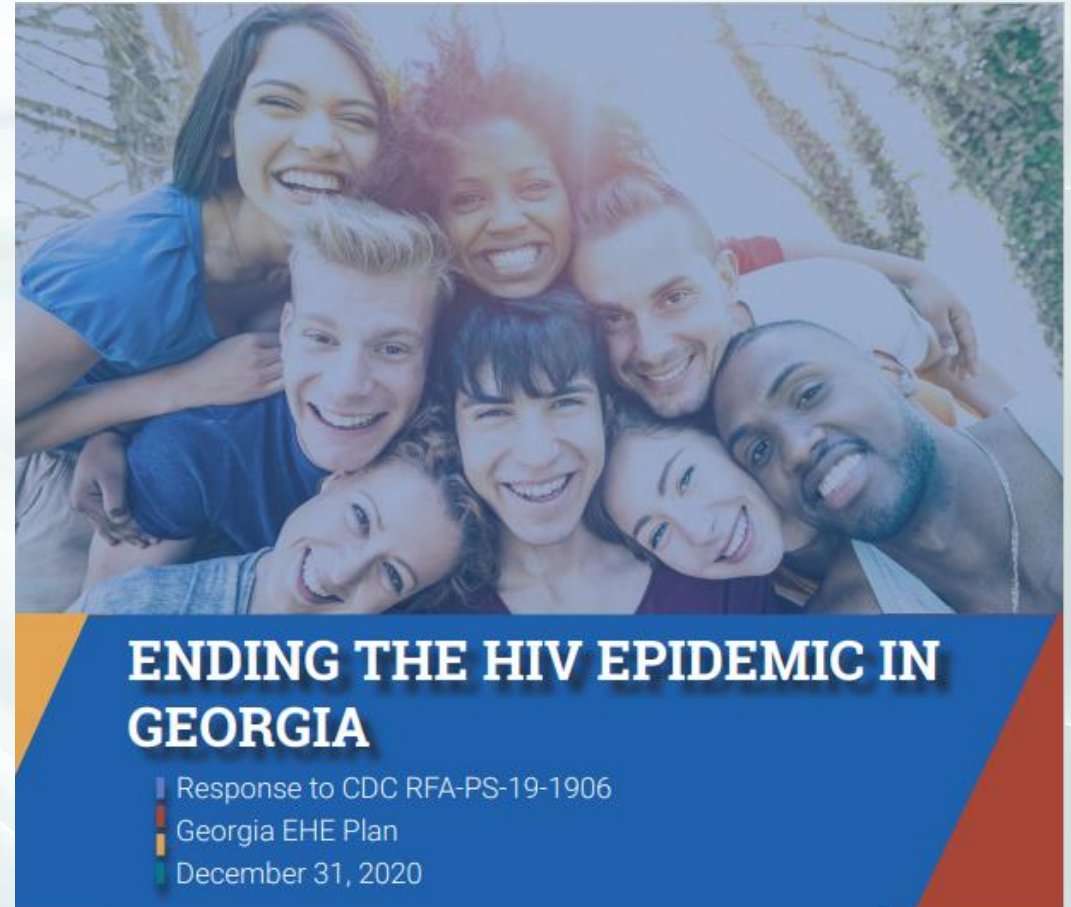
- Metro Atlanta EHE Plan Overview
- Highlight of key equity components in EHE Plan
- Thoughts on strengthening equity in the next phase of our EHE response

Georgia/Metro Atlanta EHE Plan



- 7 Pillars

1. Diagnose
2. Prevent
3. Treat
4. Respond
5. Housing and Supportive Services
6. Policy
7. Informatics, Data Analytics, and Systems



Equity in Community Engagement

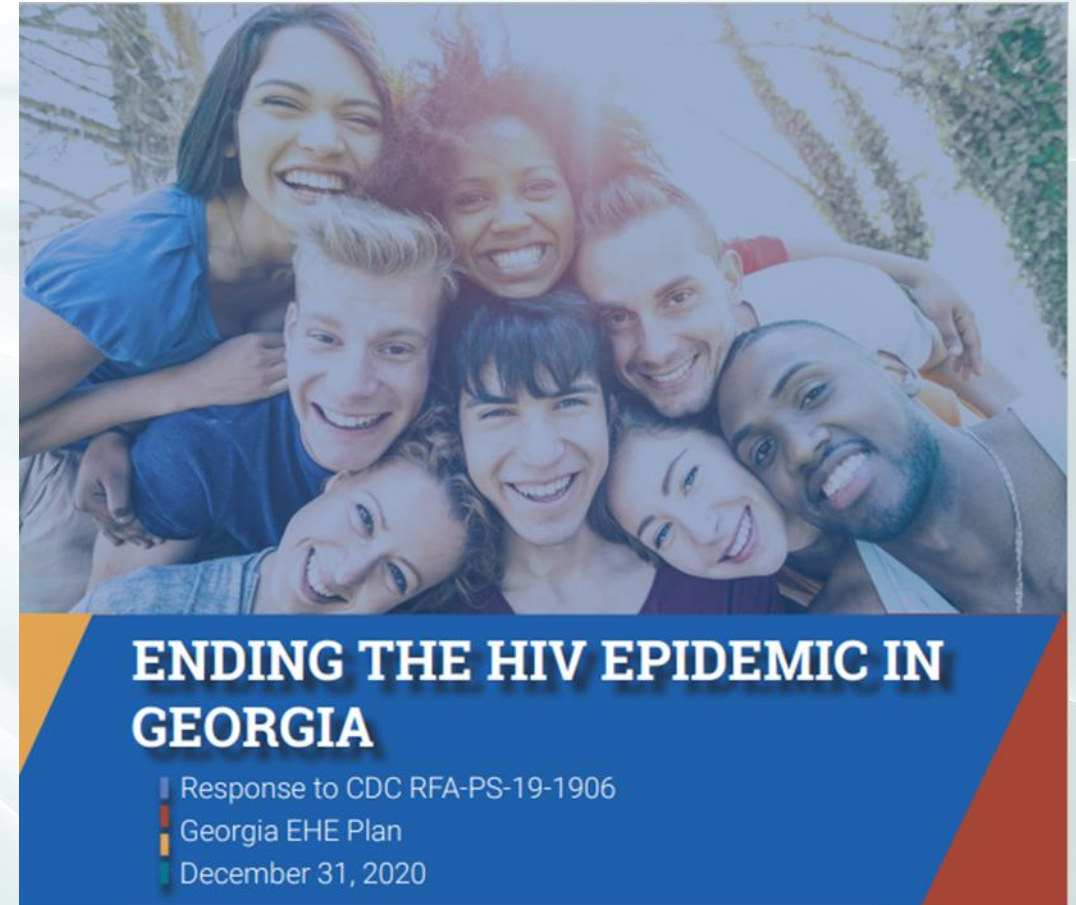


- Over 45 EHE Community Planning Sessions Held During EHE Planning Phase
 - Metro-wide and EHE county-level, mix of in-person (pre-COVID) and virtual meetings
 - Included specific, intentional engagement with key populations (i.e. Black gay/bisexual men living with HIV)
 - Engagement with key stakeholders throughout the process
- Built upon previously existing plans (i.e. Fulton County plan)

Key Equity Strategies in EHE Plan



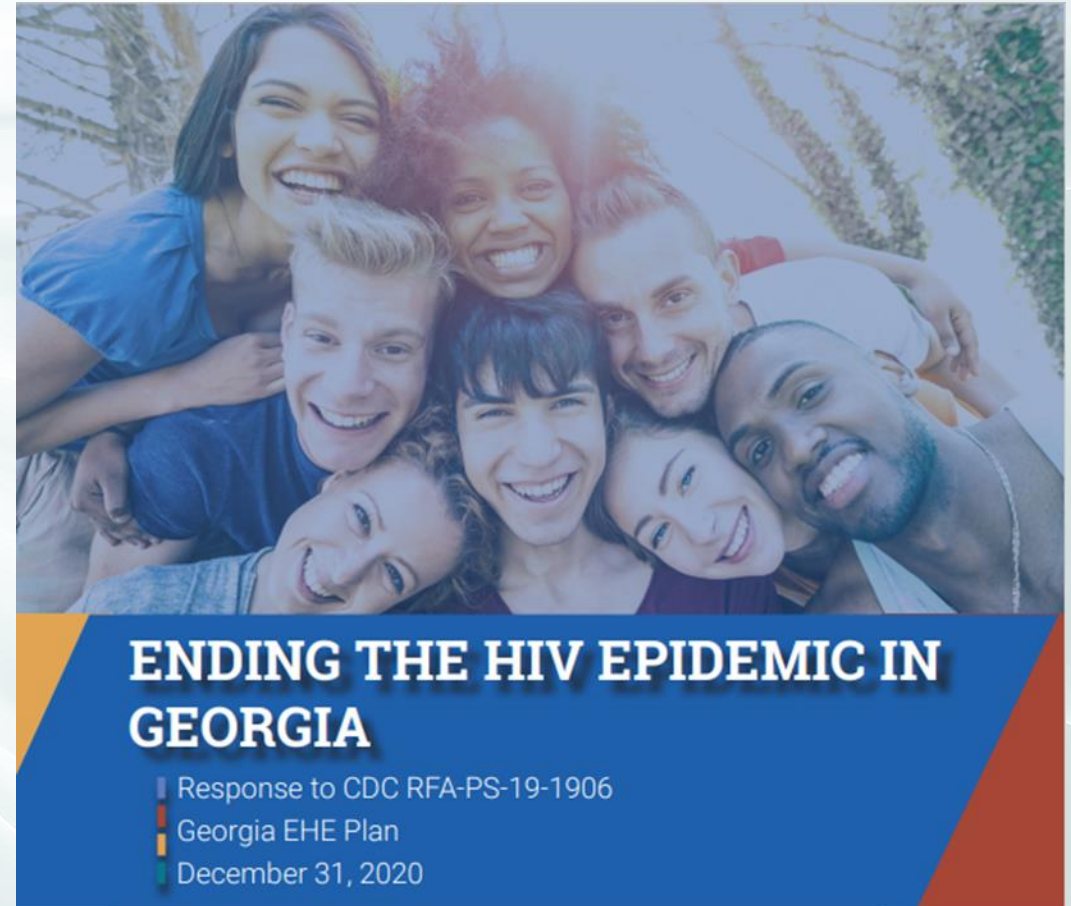
- Increase investment in local CBOs that serve key populations through county-level RFPs
- Increase availability of HIV testing in CBOs serving communities most vulnerable to HIV (prioritizing Black and Latinx communities)
- Increase PrEP access and awareness among providers and within communities most vulnerable to HIV



Key Equity Strategies in EHE Plan



- Focus on providing safe and affordable housing for PWH
- Explicit acknowledgment of the need for creating shifts within the broader political climate (i.e. Medicaid expansion in GA and modernizing GA HIV transmission law) to end EHE
 - No federal resource used for advocacy



Equity in EHE: How are we doing?



- CBOs serving impacted communities funded through county-level RFPs
- Are we seeing improvements in our outcomes based on these interventions?
- Need to ask health department colleagues for updates on how these partnerships are going so far- what's working well? What can be improved?
- What other types of partnerships do we need that have not yet been created?
- Will there be another funding round for additional CBOS?
- Who else needs to be engaged that we have not yet engaged?

Equity in EHE: How Can We Improve?



- More leadership from people living with HIV
- Meaningful engagement with stakeholders outside of public health
 - How do we leverage Atlanta's superpower, as the place that "influences everything" in our HIV response?
- Source additional funding that allows organizations to be more flexible and nimble, in addition advocating to increase the backbone funding that government funders provide
 - How can we get local corporations, foundations, and other donors to care about HIV in Atlanta?
- Articulate a vision for ending HIV in Atlanta where non-public health entities see how they can play a role

Questions?



Justin.Smith@PIHCGA.org

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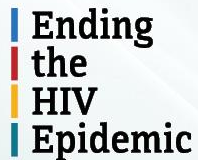
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Atlanta, GA
February 15, 2023

Prevention Policy and
Implementation

Hermeyone Bell, APRN, BC-
FNP, AAHIVS

Prevention Policy and Implementation



- What is Prevention Policy?
- PrEP Data
- Patient Access
- Community Referrals
- Provider Education

Prevention Policy



- US Preventive Services Task Force
 - HIV Screening
 - Pregnancy
 - Adolescents and Adults 15-65
 - PrEP
 - Persons Vulnerable to Acquiring HIV

PrEP Data from AIDS Vu



- PrEP use 2012- 122
- PrEP use 2021- 4,042
- Rate of PrEP users per 100,000 population, 2021
 - 456
- PNR, by Sex, 2021
 - Male: 9.24
 - 3.54
- PrEP use by Age, 2021:
 - 13-24- 8.2%
 - 25-34- 35.8%
 - 35-44- 27%
 - 45-54- 18.5%
 - 55+- 10.5%

Patient Access in Fulton County



- Private Providers
 - Ready, Set, PrEP
 - Laboratory monitoring
 - HIV antibody, HIV RNA, CMP
- Community Clinics
- Fulton County Board of Health

Community Referrals



- EHE Providers
 - Ryan White Part A Subrecipients
 - EHE Subrecipients
- Other Community Providers
 - Partnerships
 - New Agencies

Provider Education



- Academics
- Primary Care Providers
 - Incentives
- Continuing Education

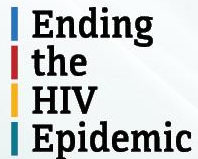


Thank you

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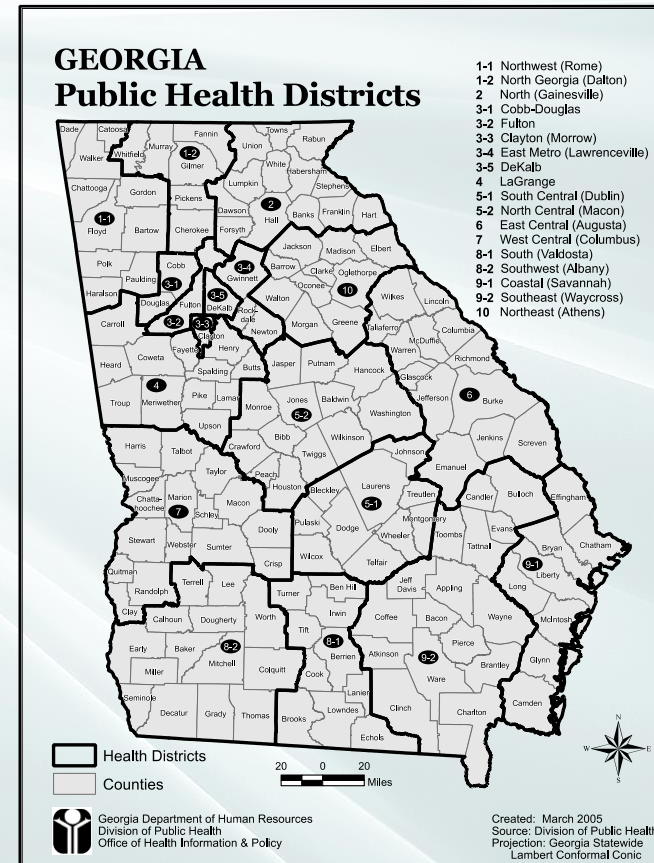
City Name
January 31, 2023

Treatment Policy
And
Implementation

Jeff Graham
Georgia Equality
jeff@georgiaequality.org

2023 Legislative Session - Prevention

- Governor Kemp has requested an increase in funding for PrEP
 - Increase from \$188,710 for three-year pilot to \$931,111 for expansion into health districts 1-1, 2-0, 9-2 and 10
 - 1-1 Northwest (Rome)
 - 2 North (Gainesville)
 - 9-2 Southeast (Waycross)
 - 10 Northeast (Athens)



2023 Legislative Session - Treatment



- HB 226 – Reintroduction of authorization to seek 1115 Waiver to expand Medicaid to Georgians living with HIV below 138% FPL
 - Passed in last year’s budget
 - Line-item veto from Governor Kemp
 - Waiver is in alignment with Governor Kemp’s philosophy
 - Would move as many as 55% of current ADAP recipients over to Medicaid ~12,567
 - Would free up as much as \$58 million in Ryan White funding to cover funding shortfalls, serve additional clients, expand services, and offer additional medications
 - Projected cost to state \$18 million to implement

Treatment – Additional policy concerns

- No clear path for full Medicaid expansion
 - Successful lawsuit in 2022 would require gender affirming care
 - Necessary to consider authorizing prescribing rights to pharmacists for PrEP
- HOPWA Modernization
 - Loss of up to 63% of current federal funding
 - Loss this year of over \$9 million
- Affordable Housing
 - Hard to secure quality housing
 - Ensuring affordable housing is located near medical care
- Concerns about stigma and training for front line staff, including financial counselors, receptionists, etc.

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Atlanta, GA
February 15, 2023

Community Access to HIV Services

Nicole Roebuck

Download Poll everywhere App



What is Access?

- The right or opportunity to use or receive something
- To be able to use or obtain something such as a service

Creating Access to HIV services



- Do we know what HIV services exist in the Atlanta continuum?
Tell us what you know?

[PollEv.com/nicoleroebuc654](https://poll-ev.com/nicoleroebuc654)

Does the average client/patient know where services exist?

Recommendation: Create a directory of what/where services currently exist, including eligibility criteria etc.

Creating Access to HIV services



- Determine barriers to access

What are some common barriers to access that you've heard of?

[PollEv.com/nicoleroebuc654](https://poll-ev.com/nicoleroebuc654)

Common barriers

- Fear/Stigma
- Poor customer service
- Unstable housing
- Transportation
- Depressed or in denial
- Pill burdened
- Don't have healthcare insurance
- Don't know where to go
- Don't know what services exist

Creating Access to HIV services



- What are some proven ways to create better access?

[PollEv.com/nicoleroebuc654](https://poll-ev.com/nicoleroebuc654)

Creating Access to HIV services



- Provide effective linkage services
- Reduce appointment wait times
- Burdenless processes for enrollment
- Expand Medicaid
- Hire and train qualified, culturally sensitive, compassionate staff
- Provide services in convenient locations
- Outreach in communities impacted
- Address issues of stigma and fear
- Create opportunities for PLWHA to self sustain
- Provide support services to address housing, food, mental health, substance use, employment, medication access, building safe community spaces
- Partner with the unusual suspects

Public Health Climate Challenges



- State and local funding support for HIV services is limited. Majority of funds are federal.
- No expansion of Medicaid in Georgia
- No city-wide plan to address HIV/AIDS
- Challenges with Statewide HIV Integrated Plan



AID Atlanta, Inc.

- 40-year old HIV/AIDS Service Organization
- Provides several wrap around services (medical, case management, onsite pharmacy, HIV/STI testing and treatment, PrEP, medical transportation, outreach, community engagement, mental health, housing, Infoline/Hotline, etc)
- Demographics of patients:
 - 80% African American Black
 - 14% Caucasian/White
 - 6% Other/multiple races
 - 8% Hispanic
 - 84% Male
 - 14% Female
 - 2% Transgender
 - 70% @138% FPL or lower (18k/annum or less)
 - 80% Uninsured

AID Atlanta-Barriers experienced



- Fear/Stigma
- Unstable housing
- Struggling with meeting basic needs
- Depressed or in denial (not ready for care)
- Pill burdened
- Don't have healthcare insurance
- Transportation
- Lack of appointments available at certain locations in the continuum

Other Challenges



- Lack of enough experienced health care personnel
- Difficulties determining exactly where the PLWHA with unmet needs are. How do we find them?
- How do we find out about those PLWHA who are not tracked in any of the current database systems (CAREWare, E2Fulton, HMIS, HOPWA)
- Funding for PrEP and STI services are lacking in community based organizations



Opportunities

- Collaborations with traditional and non-traditional service providers are necessary (who else can serve our patients FQHCs, private providers, community based clinics, etc) to provide greater access to services
- Collaborations across different funders and organizations in the continuum (State, Fulton, City of Atlanta, etc.)
- Involvement of PLWHA in all aspects of the conversations, strategic planning process, solutions
- Find better ways to use data (quantitative and qualitative) to inform our decisions about where there are gaps in access.
- Large scale marketing/promotion/outreach of services in HIV hardest hit areas
- Use and promotion of Georgia State Hotline program 800- 551-2728

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Paris Declaration and Sevilla Declaration Texts

- Paris Declaration Link: <https://www.iapac.org/files/2022/03/Paris-Declaration-4.0-13-April-2021.pdf>
- Sevilla Declaration Link: <https://www.iapac.org/files/2022/10/Sevilla-Declaration-Centrality-of-Communities-in-Urban-HIV-Responses-Final-11-October-2022.pdf>

Addressing Criminalization as a Barrier to Ending HIV



Moderator:
Eric Paulk
Chief of Staff - ProGeorgia

Panelists

- Malcolm Reid
Director of Programs – Thrive SS
- Jeff Graham
Executive Director – Georgia Equality
- Stefanie Sparks
Managing Attorney – Atlanta Legal Aid Society

Scaling Up PrEP Access and Utilization



Moderator:
Dr. Meredith Lora
PrEP Program Medical Director
Grady Health System

Panelists

- Leisha McKinley-Beach
National HIV Consultant
- Larry Walker
Executive Director – Thrive SS
- Neena Smith-Bankhead
Director – Encore Center, Emory Centers for
Public Health Training and Technical Assistance

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Optimizing Social Determinants to Achieve U=U



Moderator:
Kim Moon

National HIV Education Consultant and EPIC
Program Coordinator
Ribbon

Panelists

- Dr. Jonathon Colasanti
Associate Medical Director – Grady Health
System
- Dr. Terri Finkley
FUSE HIV Executive Fellow – City of Atlanta
- Maryum Lewis
CEO - Jerusalem House

Implementing HIV Status Neutrality in Practice



Co-Moderator:
Dr. Paul Weidle
Senior Advisor
Office of the Chief Medical Officer
CDC Division of HIV Prevention



Co-Moderator:
Kerian Thomas
Public Health Analyst
HRSA-Region 4

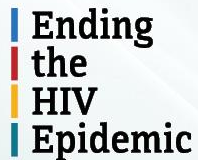
Panelists

- Dr. Valerie D. Cantos Lucio
Assistant Professor – Emory University
- Dázon Dixon Diallo
Founder and Executive Director – SisterLove, Inc.
- Kennedi Lowman
Community Member Engagement Director – Thrive SS

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Fulton County/Atlanta
February 15, 2023

**Identified Challenges and
Opportunities to
EHE in Fulton County/Atlanta**

Sindhu Ravishankar
Vice President, Programs and Research
Fast-Track Cities Institute

Improving Engagement

- How to effectively leverage the city and county's commitment on Paris and Sevilla declaration
- Need for a unified approach– state, county, federal, FTC; across all stakeholders
- Widen the circle and bring more community to the table
- Marketing – inclusivity of representation matters

Policy Landscape



- Success – reformation of Georgia’s criminalization law but education is needed
 - Need to educate PLHIV and providers on how the law has changed – and its relevancy to U=U
 - In the U=U conversation include the discussion of the law
 - Meet with and educate representatives on the law
- Medicaid Expansion – currently no clear path

Scaling up PrEP Access and Utilization



- Low PrEP to need ratios, particular disparity among certain populations – how to better reach (women, black, Hispanic/Latino)
- Language matters!
 - De-stigmatize language on sex and sexuality
 - Capacity building for providers on how to shift the language
- Continuing education for primary care providers
- Need to provide ALL options in the toolbox.
 - Long acting injectable PrEP – support those who are insured and don't have options

Stigma



- Stigma in healthcare settings – training as a continuous process reaching all staff that have point of contact with a client
- Religion and stigma- Capacity building for faith-based leaders to support their communities. Those of us working in this field should educate their faith communities
 - Ask the Mayor to reach out to and rally the Faith-based community

Social Determinants of Health



- Affordable housing and HOPWA modernization – account for budget cuts
- Identify areas of surplus and ways to redirect to housing
- Political determinants of health
 - Increase housing
 - Increase transportation
 - Improve food insecurity
- Health literacy – package educational material for the general population
- Access to information– push out the Georgia STI Hotline, couple of other resources – need to streamline and share

HIV Status Neutral Services



- Funding streams are in silos- Need HIV status neutral funding !
- Status neutrality is not limited to HIV – it should focus on whole person quality of care and quality of life irrespective of serostatus
- Status neutral resources cannot stay in the HIV space – diversify funding resources
- Capacity building for providers on linkage to care for ALL

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Ending
the
HIV
Epidemic

Fulton County/Atlanta
February 15, 2023

**Actionable EHE and FTC
Implementation Steps
in Fulton County/Atlanta**

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

Actionable EHE/FTC Implementation Steps

- Systemic
 - Political Determinants of Health
 - De-silo jurisdictional departments that share HIV elimination as a goal
 - Broaden scope of who/what needs to happen or be involved in ending HIV
 - Includes additional activated partners from National Dialogue on Racism and HIV as a Public Health Crisis
 - Non-judgemental policy implementation and communications the reverberates from community, to administrators, to executive offices, and to legislators
 - Sharing updates such as updates to state-level criminalization to the wider community, a legal education plan so community also knows and understands the impact
 - Consider all levels of HIV and legal literacy, accessible communication
 - Create community-focused messaging materials and comms plans as updates occur

Actionable EHE/FTC Implementation Steps

- Clinical
 - Gardening in clay; stigma and discrimination is like tending a garden
 - Implementing stigma training at ALL levels and routine basis
 - Reduce and eliminate missed opportunities for educating patients about PrEP, it's not just MSM and trans patients, it's all!
 - Every clinician in the city must be trained in both stigma and in sexual health communication opportunities that extend to the wider patient pool
 - Peer to peer clinical mentoring program so all clinics replicate best practices
 - Geospatial health planning, clinical accessibility that covers the greater Atlanta area
 - Simplified access into the HIV prevention/treatment framework

Actionable EHE/FTC Implementation Steps

- Collaborative
 - Widening the circle – pulling in collaborators from all angles that are engaged in community
 - Includes civic partners and faith partners
 - Ensuring existing resources are relevant, accessible, and promoted
 - If it's not digital, it's time to make it!
 - QR codes, online, social media, where are the eyes....and the phones...
 - PrEP Collaborative, who's not prescribing PrEP? It's time!
 - Housing ***IS*** Health! Beyond the conversation of responsibility of services, the city handles housing already
 - Housing needs assessment should include HIV
 - Connect with Housing collaboratives that have yet to be engaged
 - Organizations should be asking for money to assist with housing while the State has historic surpluses
 - Status Neutral Funding

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City Name
January 31, 2023

Closing Remarks

Dr. José M. Zuniga
President/CEO
IAPAC and FTCI

- **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**, with disproportionate impact among key populations, including:
 - **GAY MEN, OTHER MSM** forced to live their lives socially marginalized
 - **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 the HIV epidemic does not just mean suppressing or even curing the virus, but rather **ADDRESSING MYRIAD INJUSTICES** that have been both 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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