

**INTRA-JURISDICTIONAL**

**EHE ↔ FTC  
ALIGNMENT**

**2023 WORKSHOPS**

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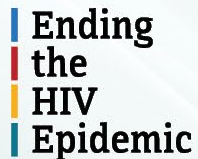
**Baltimore, MD**  
**July 27, 2023**

**WELCOME**

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**July 27, 2023**

**Welcome and Setting  
the Stage**

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



# Setting the Stage....

- Baltimore signed on as a Fast-Track City February 15, 2015. Baltimore was also identified as an Ending the HIV Epidemic priority jurisdiction in 2019.

Fast-Track Cities	Ending the HIV Epidemic
<ul style="list-style-type: none"> <li>• Global initiative, local implementation</li> <li>• Both a technical and political initiative inclusive of engagement from mayor’s office, health department, and community</li> <li>• Targets:                             <ul style="list-style-type: none"> <li>• 95-95-95 and zero stigma and discrimination by 2025</li> <li>• Ending the HIV epidemic by 2030 (zero new infections and zero HIV-related deaths)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Federal initiative, local implementation</li> <li>• HHS inter-agency leadership engaging community and local stakeholders</li> <li>• Targets:                             <ul style="list-style-type: none"> <li>• Reduce # new HIV infections in the United States by 75% by 2025</li> <li>• Reduce # new HIV infections in the United States by at least 90% by 2030</li> </ul> </li> </ul>

# Setting the Stage...



The purpose of this workshop is to:

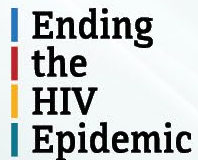
- Leverage synergistic efforts of EHE and FTC initiatives
- Discuss gaps and opportunities to achieving common goals:
  - prevention and treatment policy implementation
  - community access to HIV services
  - criminalization as a barrier to ending HIV
  - equitable scale up of PrEP
  - implementation of status neutrality
- Define short-/long-term next steps for addressing EHE and FTC gaps



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**Welcome  
Remarks**

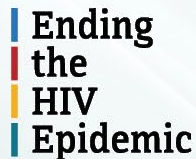
**Dr. José M. Zuniga**  
President/CEO  
IAPAC and FTCI

- Significant **PROGRESS HAS BEEN MADE** in Baltimore
- 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
- 2 years from deadline of **REDUCING NEW HIV INFECTIONS BY 75%**

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Mayoral Remarks and  
Signing of *Paris Declaration 4.0* and *Sevilla Declaration on the Centrality of Communities in the Urban HIV, TB, and Viral Hepatitis Responses*

Brandon Scott

Mayor

City of Baltimore



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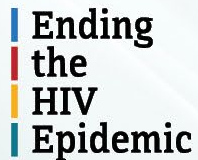
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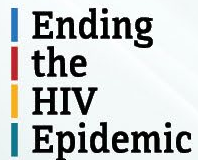
**Welcome from HHS  
Region 3**

**Dr. Marissa Robinson**  
Ending the HIV Epidemic Coordinator  
Office of the Assistant Secretary of Health

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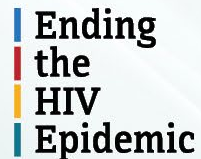
**Welcome on Behalf of  
Baltimore EHE**

**Genevieve Barrow Gongar**  
Healthcare Services Administrator – HIV/STD  
Prevention  
Baltimore City Health Department

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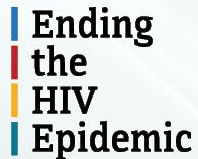
**Welcome on Behalf  
of Community**

**Melanie Reese**  
Executive Director  
Older Women Embracing Life, Inc.

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**Welcome on Behalf of  
ViiV Healthcare**

**Stephen Novis**  
Director, Government Relations  
ViiV Healthcare US



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**Increasing Access to  
Treatment and Rapid  
START**

**Dr. Amanda Rosecrans**

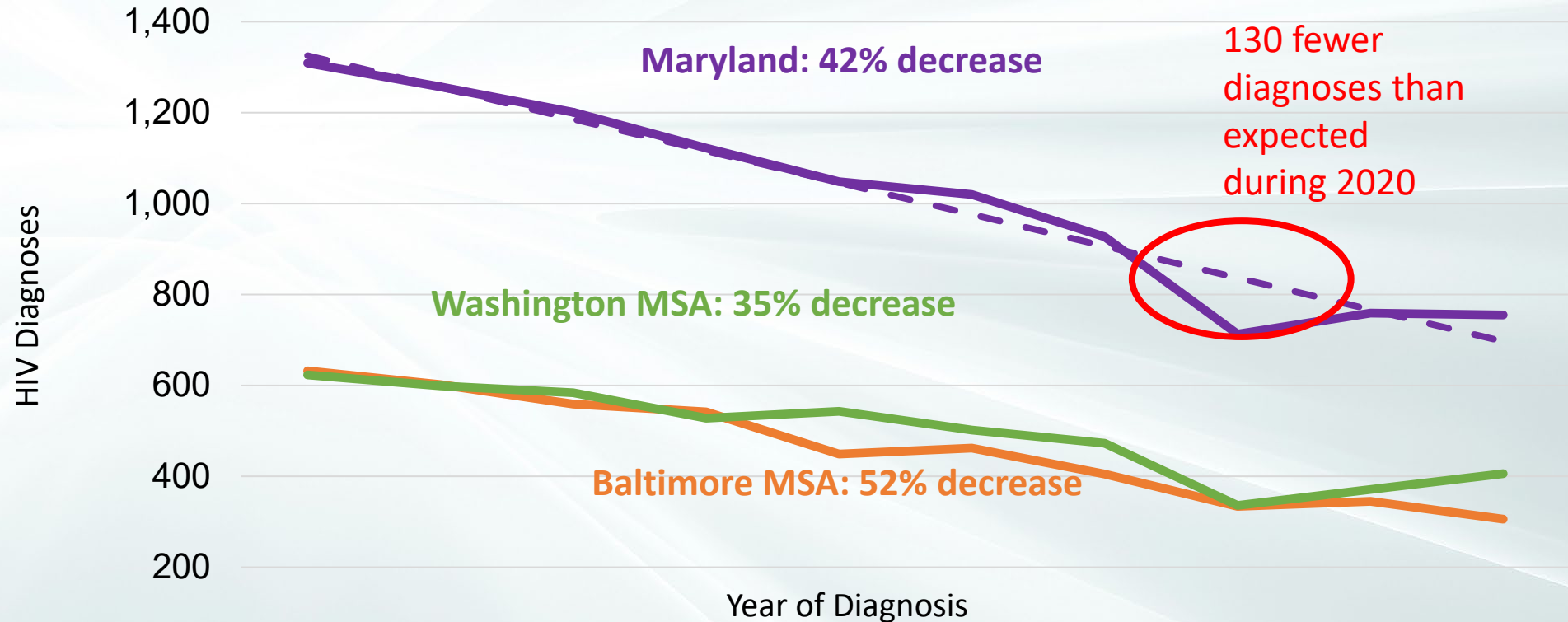
Clinical Chief for HIV/Hep C/Mobile Clinical  
Services, Baltimore City Health Department  
Assistant Professor of Medicine, Division of  
Infectious Diseases, Johns Hopkins School of  
Medicine

# Outline

- Brief data overview
- Testing innovation
- Treatment innovation
- The way forward



# HIV Diagnosis Trends



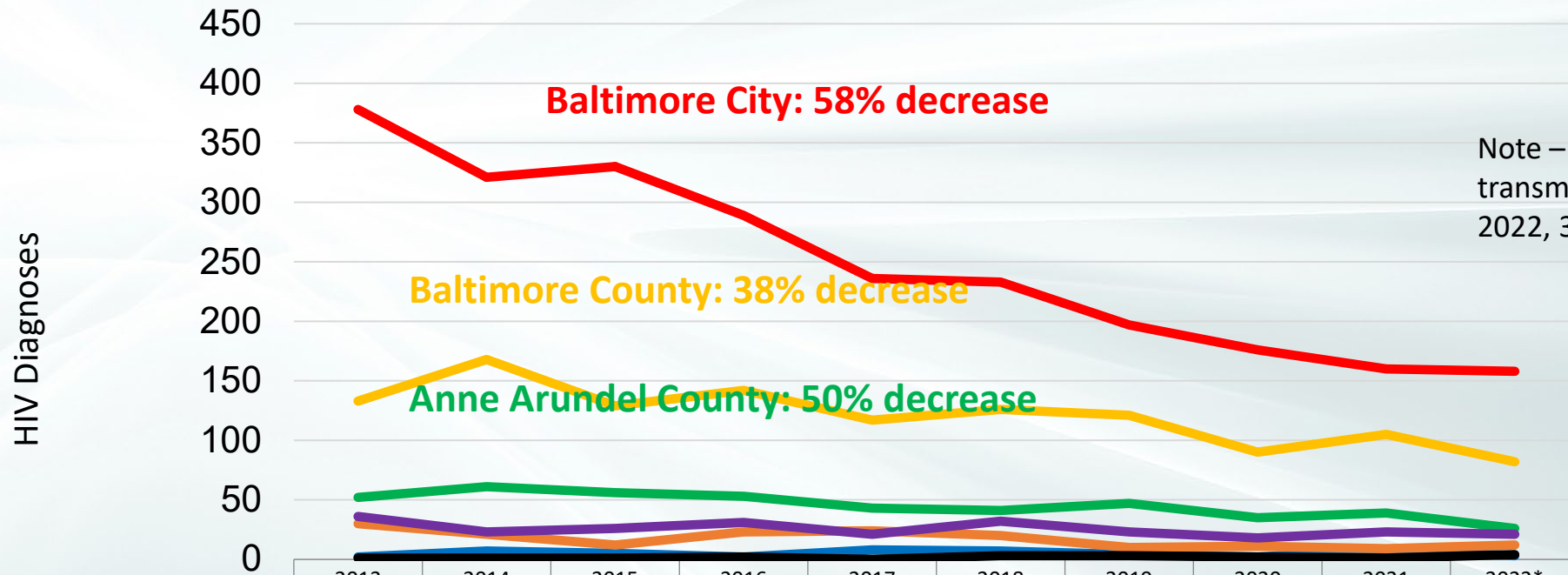
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022*
Maryland	1,309	1,257	1,201	1,122	1,048	1,020	927	713	759	755
Baltimore MSA	632	602	559	542	449	462	405	334	345	306
Washington MSA	623	599	584	528	543	502	473	336	371	406

Data are as reported through 4/30/2023.

\*2022 is preliminary.

Slide courtesy Colin Flynn, ScM, Maryland Department of Health

# HIV Diagnosis Trends



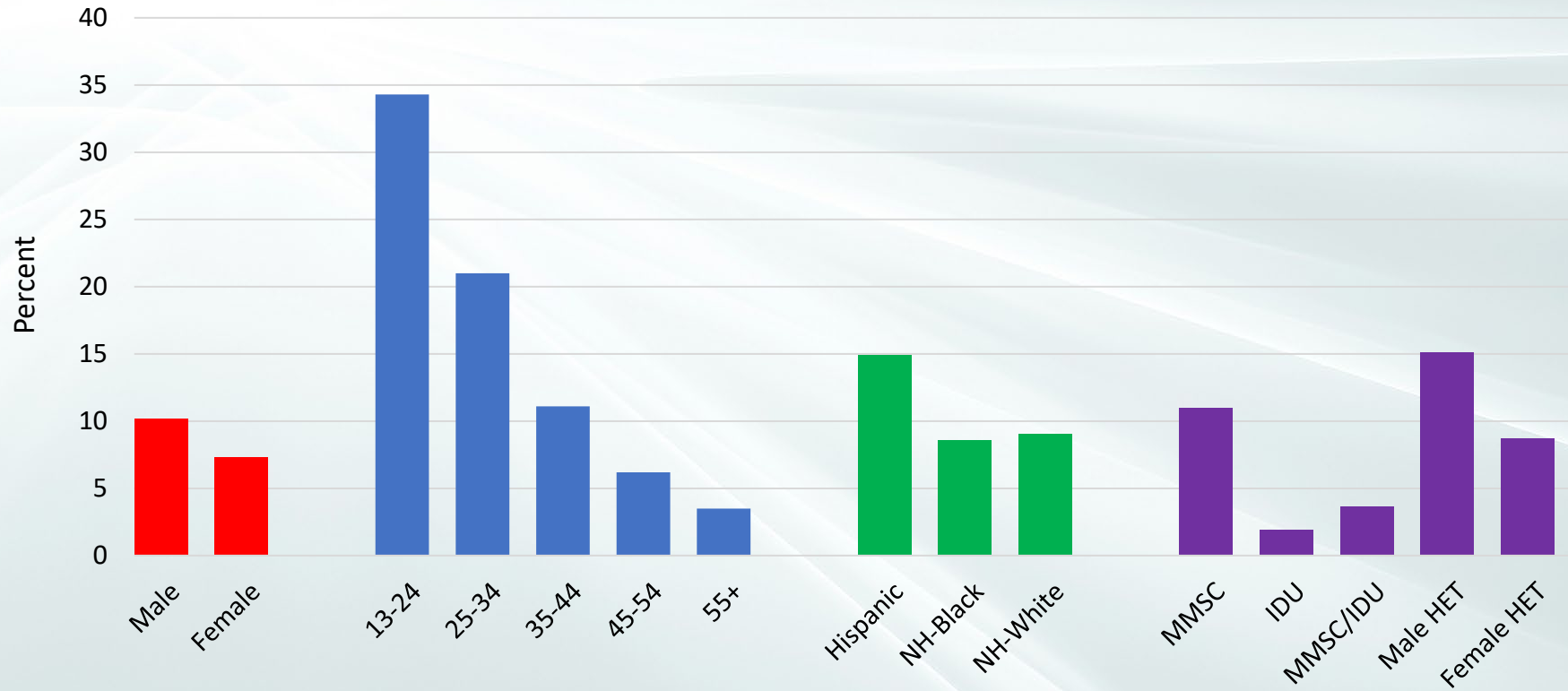
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022*
Baltimore City	378	321	330	289	236	233	197	176	160	158
Baltimore County	133	168	129	142	117	126	121	90	105	82
Anne Arundel County	52	61	56	53	43	41	47	35	39	26
Carroll County	2	7	5	2	8	7	4	2	8	3
Harford County	30	21	12	23	24	20	10	11	9	12
Howard County	36	23	26	31	21	32	23	18	23	21
Queen Anne's County	1	1	1	2	0	3	3	2	1	4



# Estimated Percent Undiagnosed



Estimated Percent HIV Undiagnosed, Maryland, 2020  
Total = 9.2%

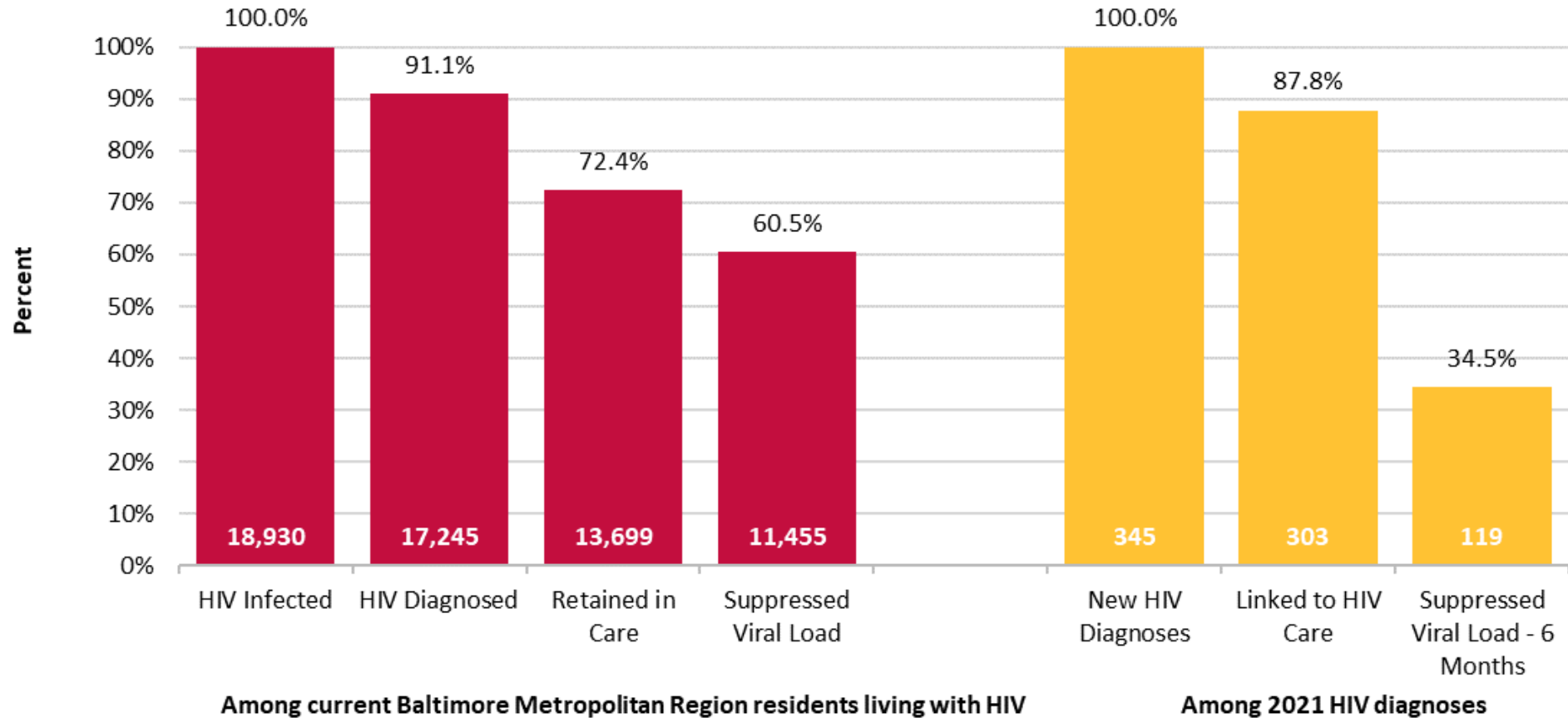




# 2021 Continuum of Care



Prevalence-Based Estimated HIV Continuum of Care Among People Aged 13+, 2021



# Testing Innovation



## I Want the Kit

- Home testing through lab at Johns Hopkins University – Dr. Yuka Manabe
- Began in 2004, and in 2020 added home HIV testing for Baltimore City residents
- Linkage to provider of choice for treatment

I WTK I WANT THE KIT  
Take Control, Know Your Status

ABOUT US I WANT THE HOME TEST KIT CONTACT US LOGIN

HOME WHAT ARE STIs? YOUR SEXUAL HEALTH SCORE GET TESTED SERVICES & RESOURCES FAQs English

Order a Free, Accurate, and Confidential STI/HIV Home-Test Kit

Read More

# Treatment Innovation



## B'More Collaborative

- Collaborative group of all the major HIV providers in the city
- Protocol standardization for rapid start, long-acting injectables
- Sharing of information for best practices, updates, COVID, Mpox, etc.
- Improved communication about direct patient care across institutions, aiming to improve linkage, re-linkage, care coordination
- Aim to standardize data citywide to understand time from diagnosis to ART initiation and associated outcomes

# The Way Forward



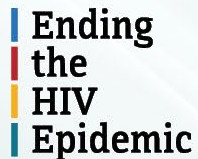
- Expanded points of access
- Status neutral services and rapid ART and PrEP at points of testing
- Expanded treatment in primary care
  - Ensure access to Ryan White services
- Injectable ART
  - Expand access to those not already virally suppressed
- Social determinants of health
- Models of care
  - Person-centered
  - Utilizes technology
  - Flexible
  - Community-based
  - Integrated
  - Intensive



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## Increasing Access to Biomedical Prevention

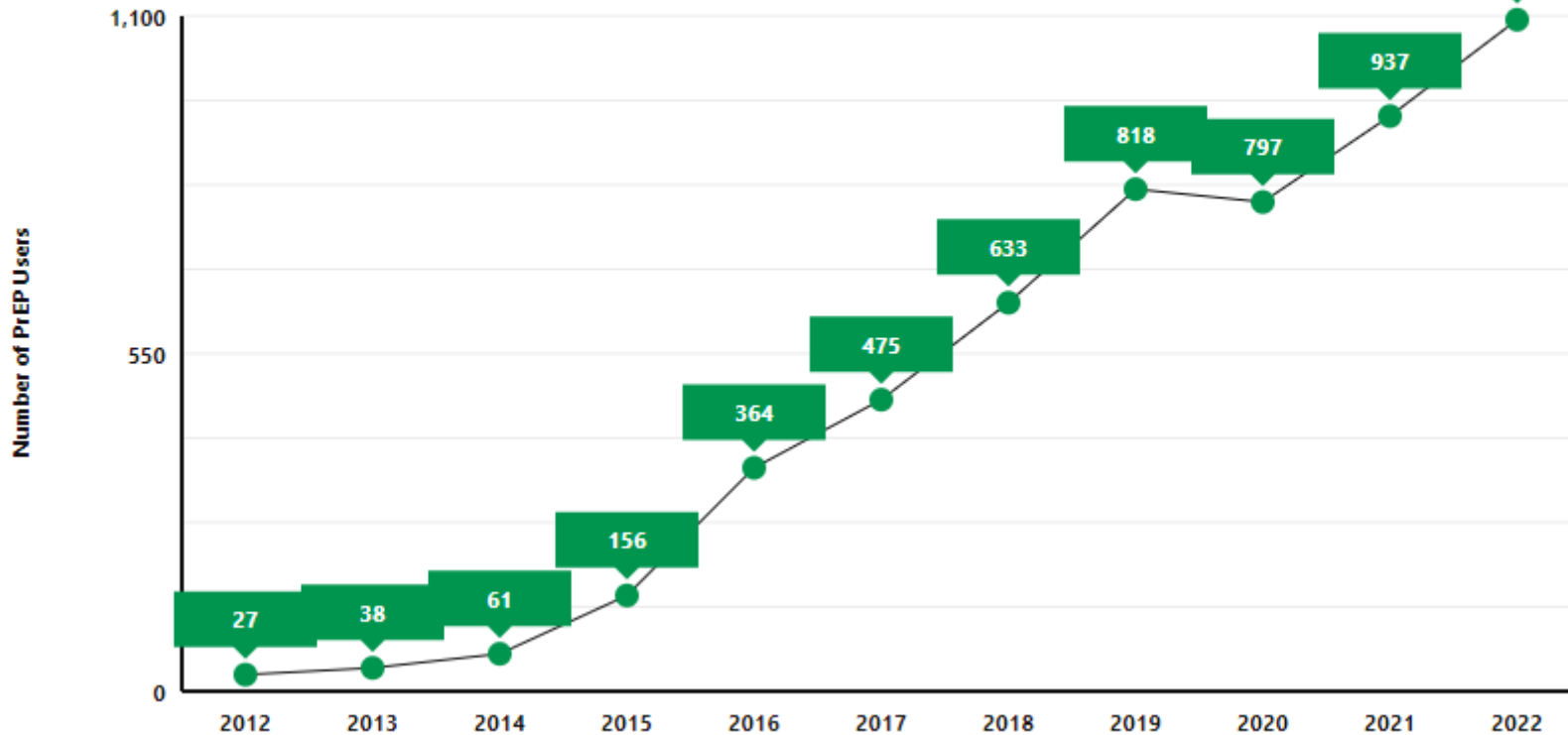
**Sarah Rives, MPH, CRNP, FNP-BC**  
Medical Director for HIV/PrEP/HepC  
Baltimore City Health Department  
Sexual Health Clinics



# PrEP use in Baltimore



Number of PrEP Users, 2012-2022



## PrEP-to-Need Ratio (PNR)

## BALTIMORE

The 2022 PrEP-to-Need Ratio (PNR) is the ratio of the number of PrEP users in 2022 to the number of people newly diagnosed with HIV in 2020. PNR serves as a measurement for whether PrEP use appropriately reflects the need for HIV prevention. A lower PNR indicates more unmet need.

PNR, 2022

**6.25**

PNR, by Sex, 2022

**Male: 7.14**

**Female: 3.45** ★

PNR, by Age, 2022

**Aged 13-24: 3.37** ★

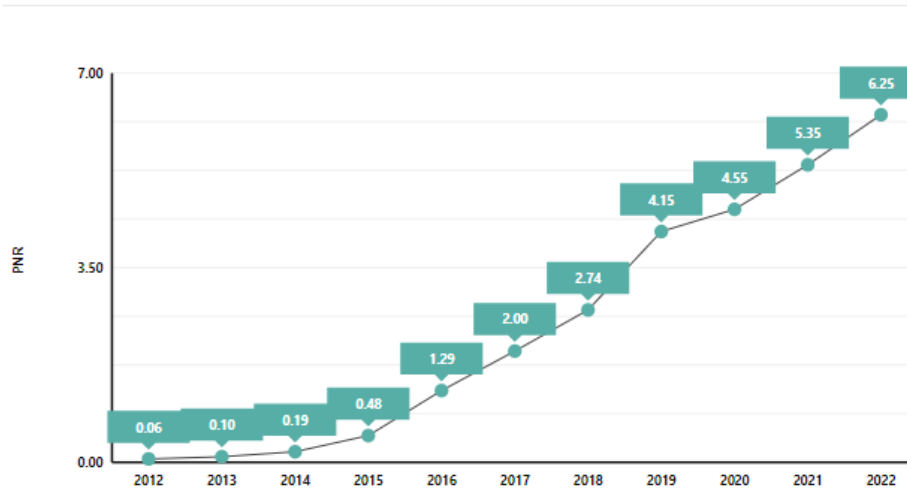
**Aged 25-34: 7.44**

**Aged 35-44: 8.50**

**Aged 45-54: 6.82**

**Aged 55+: 4.16**

PNR, 2012-2022



<https://aidsvu.org/local-data/united-states/south/maryland/baltimore-city/#prep>, accessed 7/24/23

## PrEP-to-Need Ratio (PNR)

## MARYLAND

The 2022 PrEP-to-Need Ratio (PNR) is the ratio of the number of PrEP users in 2022 to the number of people newly diagnosed with HIV in 2020. PNR serves as a measurement for whether PrEP use appropriately reflects the need for HIV prevention. A lower PNR indicates more unmet need.

PNR, 2022

**10.22**

PNR, by Sex, 2022

**Male: 12.50**

**Female: 3.65**

PNR, by Race/Ethnicity, 2022

**Black: 4.80** ★

**Hispanic/Latinx: 7.09**

**White: 45.36**

PNR, by Age, 2022

**Aged 13-24: 7.50**

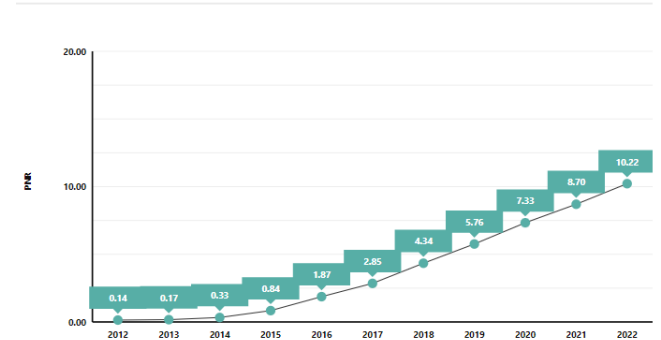
**Aged 25-34: 12.21**

**Aged 35-44: 13.06**

**Aged 45-54: 8.31**

**Aged 55+: 6.78**

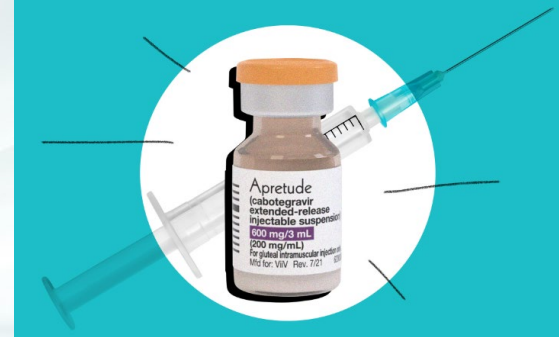
PNR, 2012-2022



<https://aidsvu.org/local-data/united-states/south/maryland/#prep>, accessed 7/24/23

# Bridging the gap between scientific discovery, medical interventions, and the people who can benefit from them

- Increase PrEP access points across the healthcare delivery system
  - Primary care providers, emergency departments, pharmacies, telehealth, school health, OB/GYN providers, substance use treatment providers, syringe services, anywhere testing for STIs, CBO partnerships, nurse-led models
- Funding for the non-clinical staff necessary to support access to high-cost specialty medications
- Offer the PrEP modality choice that will work best for the individual
  - TDF/FTC, TAF/FTC, 2-1-1, injectable CAB-LA!!



- Many people diagnosed with HIV had previously been prescribed PrEP. We need to expand status neutral funding to address socioeconomic barriers to staying on PrEP
- Integration of rapid HIV treatment initiation services where PrEP is prescribed. In 2022, almost 40% of our clinic's new HIV diagnoses were detected during point-of-care testing for rapid PrEP initiation.
- Use data. Monitor the city-wide PrEP cascade for demographic disparities. Establish a PrEP-eligible definition that reflects new HIV diagnoses and can be used by clinics to monitor their own programs.



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# Reducing Stigma in Clinical Settings

**Jasmine Pope**

Director of Programming – STAR TRACK  
Adolescent Health  
University of Maryland-Baltimore



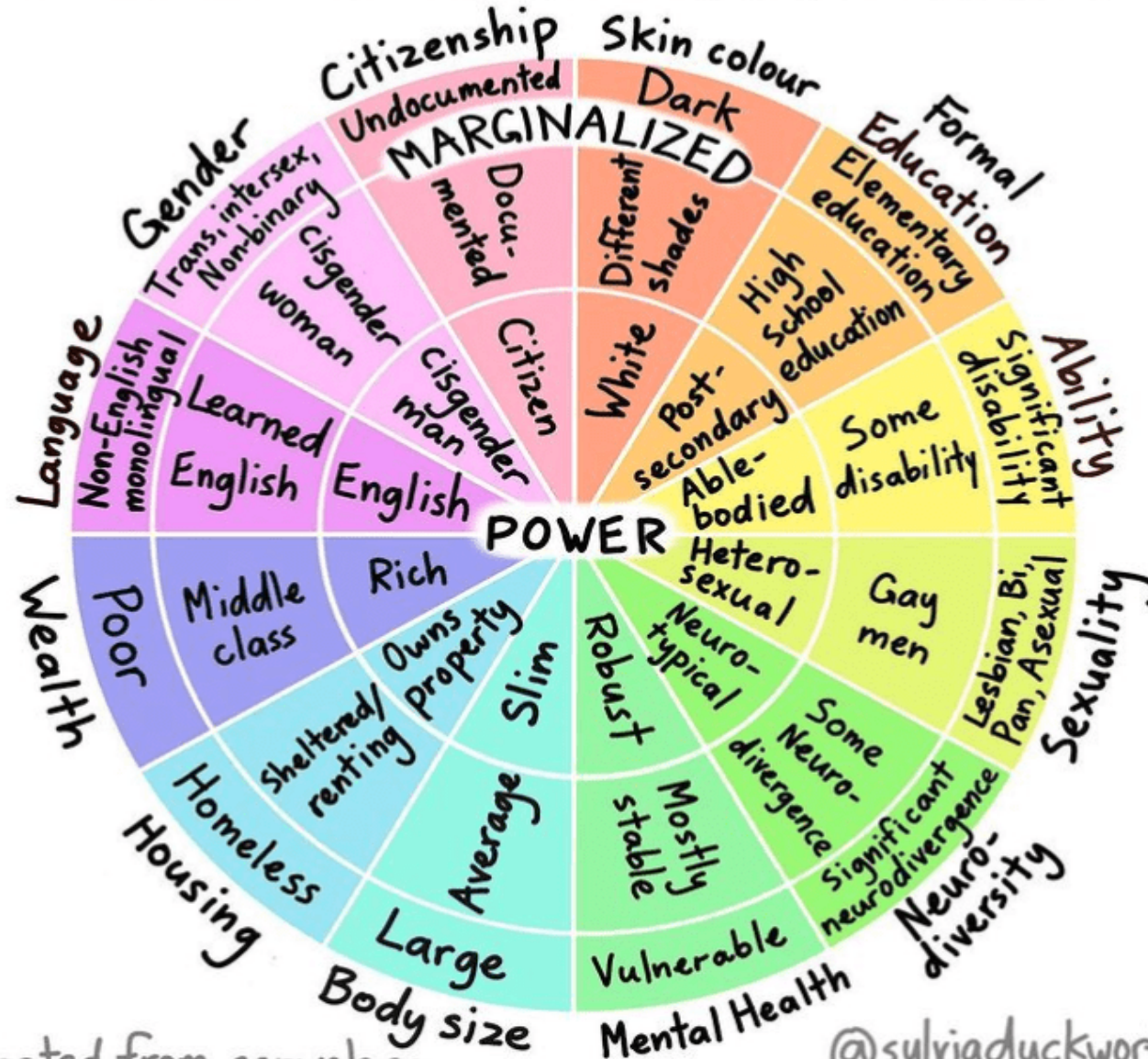
# Intersectionality

Intersectionality is a lens through which you can see where power comes and collides, where it locks and intersects. It is the acknowledgement that everyone has their own unique experiences of discrimination and privilege.

- Kimberlé Crenshaw -

@sylviaaduckworth

# WHEEL OF POWER/PRIVILEGE



Adapted from ccrweb.ca

@sylviaaduckworth



# The Impact of Stigma

- Anticipated Stigma
  - Reduced engagement in care
- Internalized Stigma
  - Harmful language,
  - Assumed behaviors / fault regarding status
- Blaming Clients for Institutional Barriers
  - Recognizing the burden of navigating structural barriers
  - Acknowledging the history and root of these barriers

# Reducing Stigma

- Cultural Responsiveness
  - Responding to the cultural needs of the communities we work to address stigma
- Raising Awareness and Education
  - Examine how education, policies, and forms can be status-neutral
  - All staff should receive training and education on HIV transmission and risk reduction
- Center Patient Voice
  - Implement practices that center patient experience not just clinical outcomes.
  - How are you capturing patient's experiences and feedback

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## Eliminating Disparities in HIV Health Outcomes

**Dr. Jason Farley**

Director, The Center for Infectious Disease and  
Nurse Innovation  
Co-Director Clinical Core  
Johns Hopkins Center for AIDS Research



Date: 7.27.2023

## Ending the HIV Epidemic Getting to Zero+ - Addressing Health Inequities

 **BALTIMORE  
CITY HEALTH  
DEPARTMENT**

  
**JOHNS HOPKINS**  
SCHOOL of NURSING

THE CENTER FOR INFECTIOUS DISEASE  
AND NURSING INNOVATION

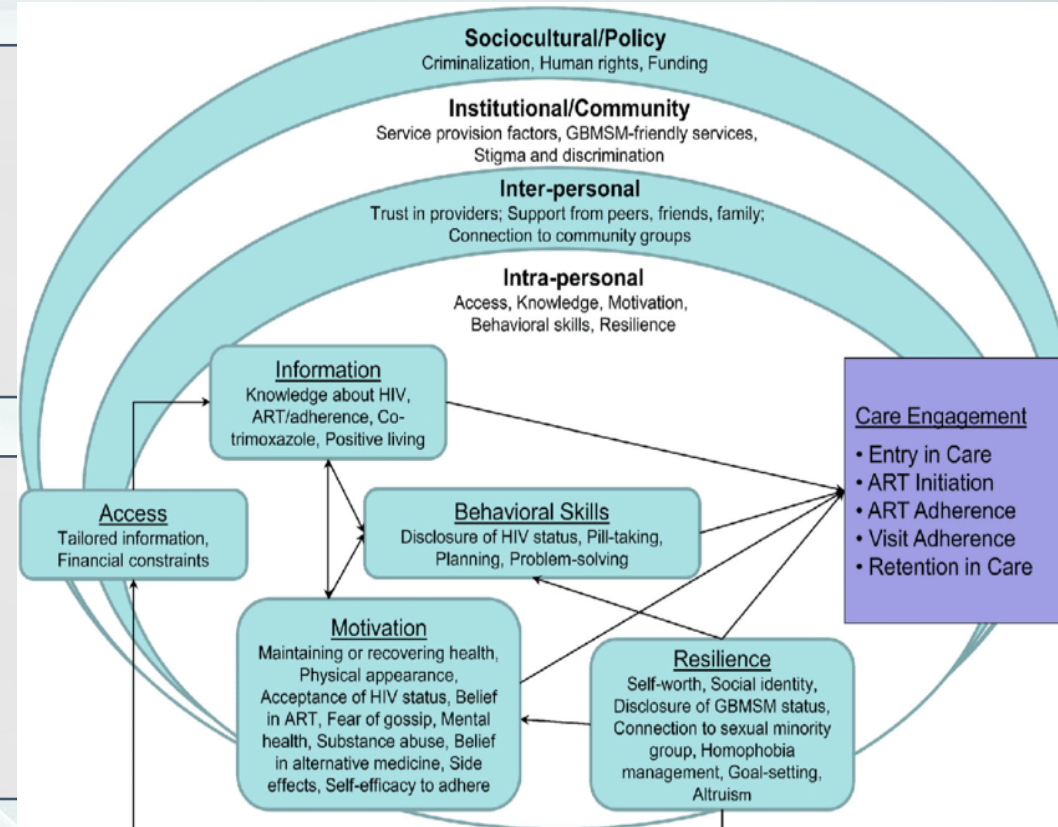
# GTZ+ Navigator Role / Training

## Engagement in Care:

- Trust building and active listening
- Help navigate clinic systems by meeting in person
- Advocating throughout care processes, helping the patient create agency for discussions with provider
- Communicates needs and actions and collaborates with clinical care team (SW/case manager/nurse, provider)

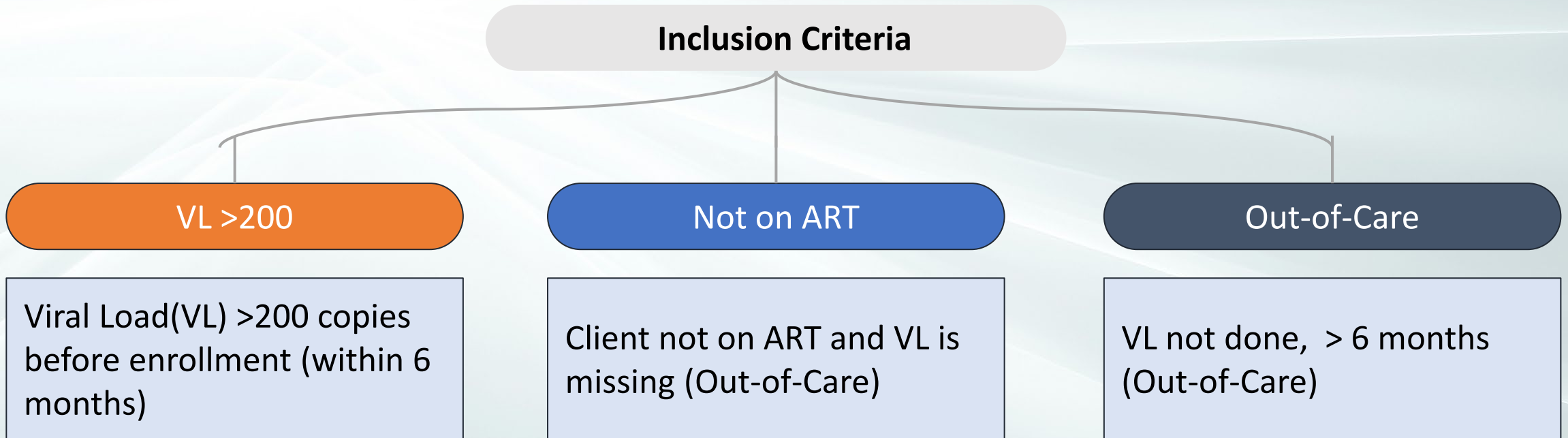
## Retention in Care:

- Trust building and active listening
- GTZ adherence support: health literacy and engagement using Information, Motivation and Behavioral Skills (IMB) adherence approach (incl pill boxes, motivational interviewing, personalized work plans, etc.)
- Helps navigate follow up with referral services, work plans, provides ongoing emotional support (motivational texts, reminders, etc.)





# Eligibility Criteria for GTZ Program



\*VL >200 before enrollment needed for eligibility.

# Enrollment

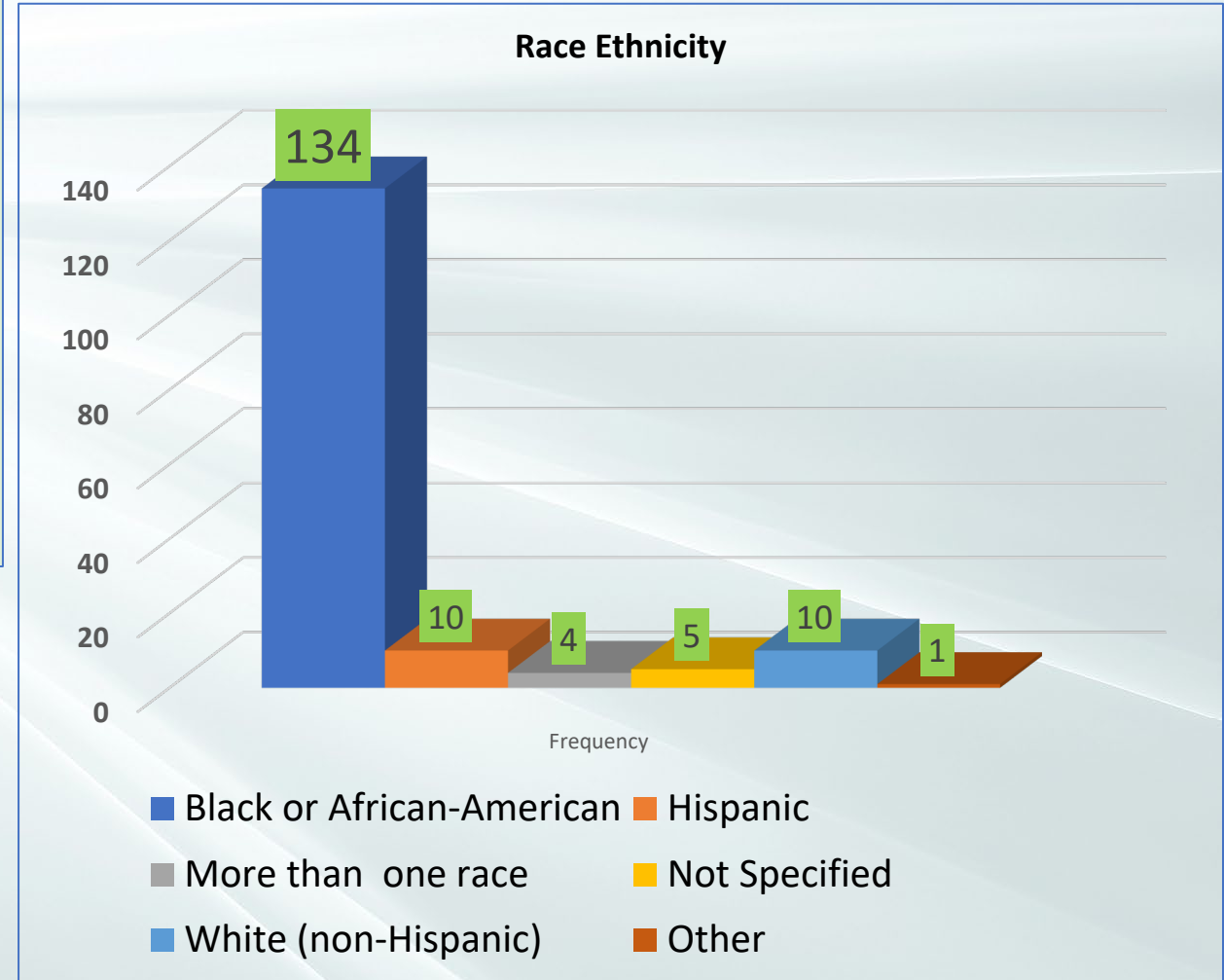
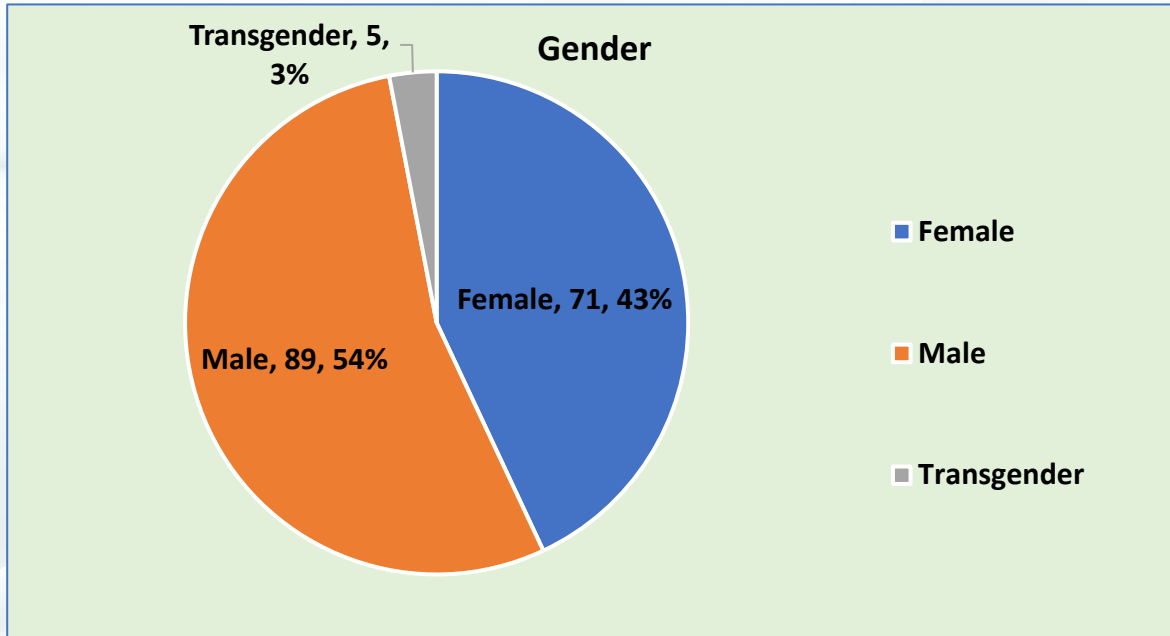
Year	Total # of clients receiving any service for HIV at site	PWH in service with any VL , N (%)	VL > 200 , N (%)	Enrolled
2019	373	314 (84%)	72 (23%)	
2020	336	258 (77%)	56 (22%)	42 (75%)
2021	1114	785 (71%)	127 (16%)	75 (59%)
2022	1043	818 (78%)	109 (13%)	43 (39.4%)

\*The enrolled participants can be any client who were out-of-care, or had VL done somewhere else and not documented in CW or had a VL > 200.





# Socio-demographics (N=165)



## Age

Mean (SD)	Median (Min-Max)
45.2 (15.5)	45.0 (16-77)

# Outcomes (1)

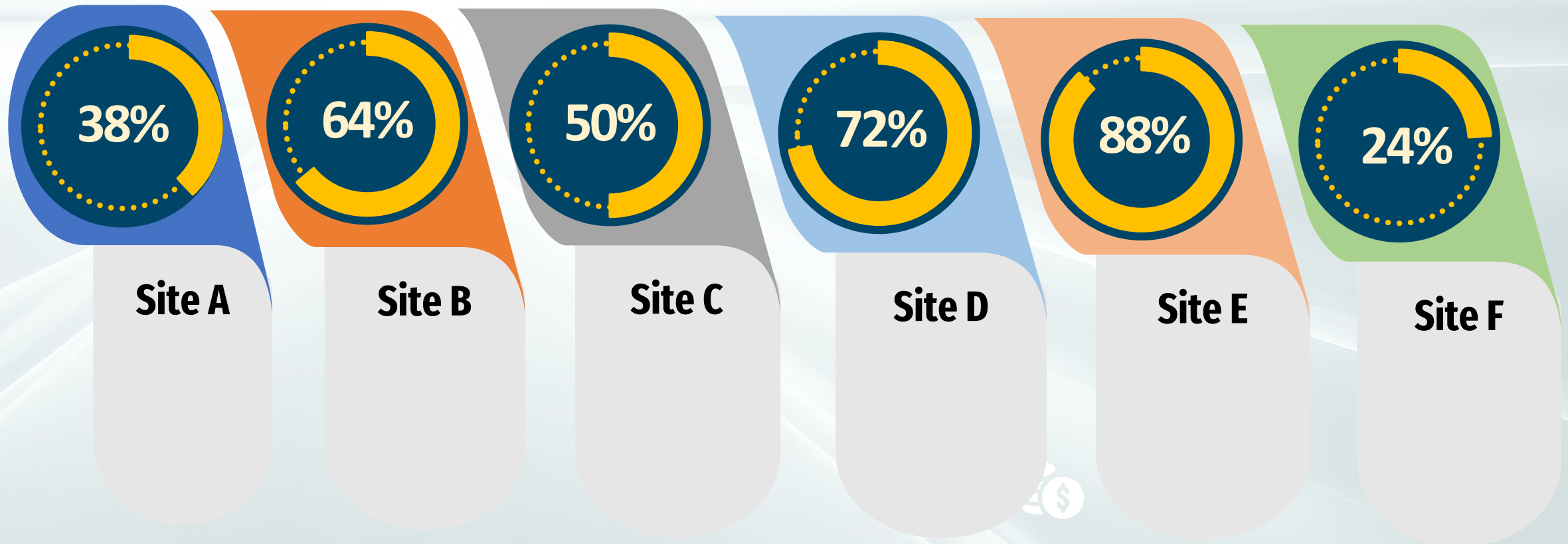


**Total GTZ+ Interventions documented for all enrolled clients were N=14,253**

**Total GTZ+ Program Cost from 119 clients was \$40,871, between March 2022 till May 2023, or approx. \$343/client**

# Achieved Viral Suppression by Site

(includes any VL Sept 2020-Dec 2022)



Note: Clients with viral suppression and without HIV have been removed; includes participants enrolled. Achieved VL means any VL  $\leq 20$  after enrollment. One site stopped participating after 5 months and virtual site not included.

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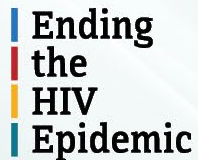
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# Prevention Policy and Implementation

**Dr. Adena Greenbaum**  
Assistant Commissioner for Clinical  
Services and HIV/STD Prevention  
Baltimore City Health Department



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# Treatment Policy and Implementation

**Dr. Christine Ogbue**  
Assistant Commissioner – Bureau of  
Ryan White and Community Risk  
Reduction  
Baltimore City Health Department





# HIV Treatment and Implementation: Ryan White and BCHD Policy Drivers

Intra-Jurisdictional EHE-FTC Alignment Workshop

Dr. Christine Ogbue, Assistant Commissioner, Division of Population  
Health and Disease Prevention



*Brandon M. Scott*  
Mayor, Baltimore City  
*Mary Beth Haller*  
Acting Commissioner of Health, Baltimore City

@Bmore\_Healthy   
BaltimoreHealth   
[health.baltimorecity.gov](http://health.baltimorecity.gov)

# Ryan White Overview

## Mission

Improve the quality of life for people living with HIV/AIDS and their families in Baltimore City and surrounding counties

- RW Funding at BCHD: Part A, Part B, and Ending the Epidemic/Getting to Zero
- Subrecipients and Service Categories
- Client Eligibility
- Subset of HIV+ Population



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Mayor, Baltimore City  
*Mary Beth Haller*  
Acting Commissioner of Health, Baltimore City



# Baltimore EMA HIV Outcomes and the 95-95-95 Targets

95% of people living with HIV know their HIV status

95% of people who know their HIV-positive status on antiretroviral therapy (ART)

95% of people on ART with suppressed viral loads



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Acting Commissioner of Health, Baltimore City





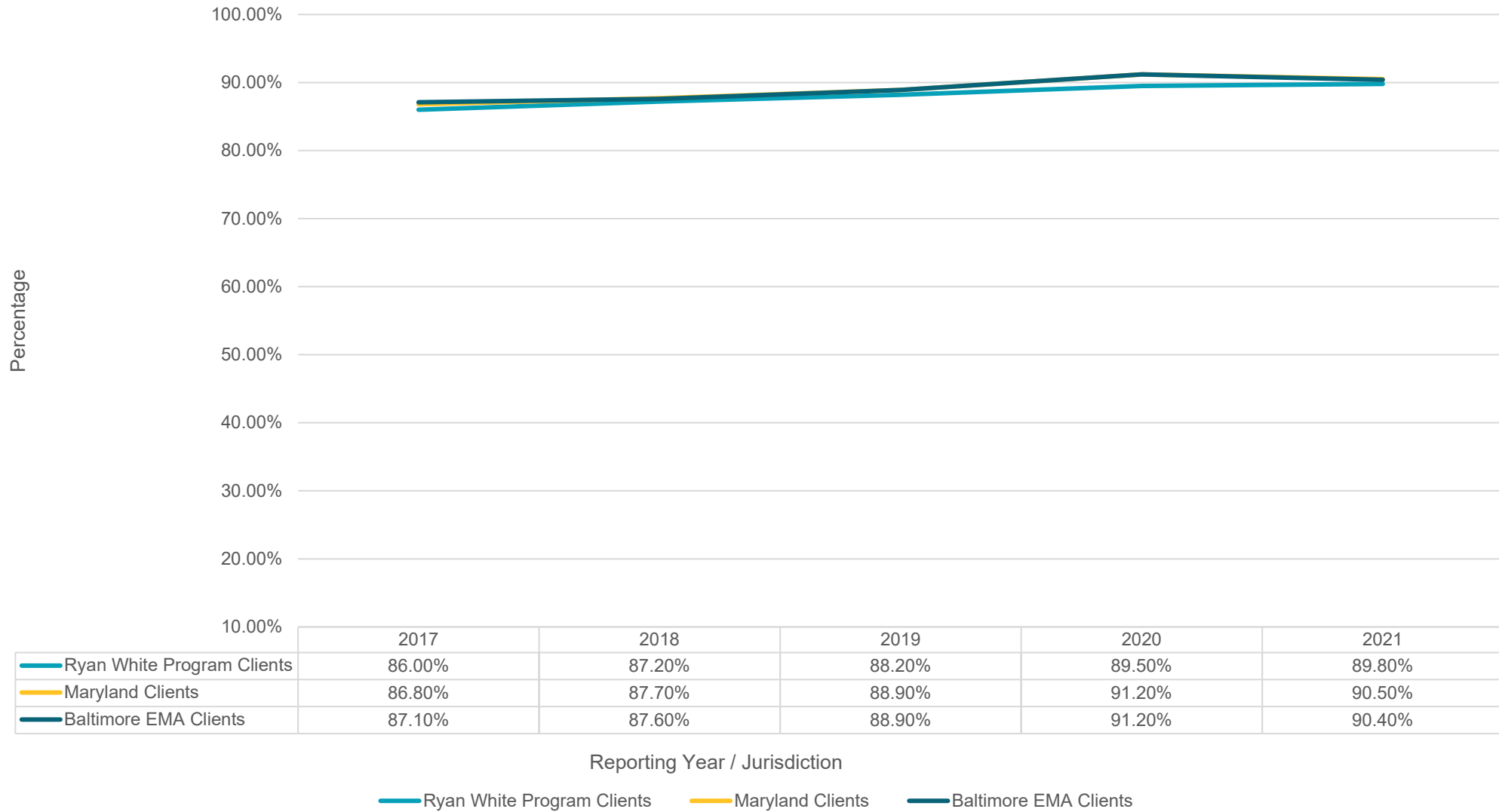
# Retention in HIV Medical Care



*Brandon M. Scott*  
 Mayor, Baltimore City  
*Mary Beth Haller*  
 Acting Commissioner of Health, Baltimore City



# Viral Load Suppression



Brandon M. Scott  
 Mayor, Baltimore City  
 Mary Beth Haller  
 Acting Commissioner of Health, Baltimore City



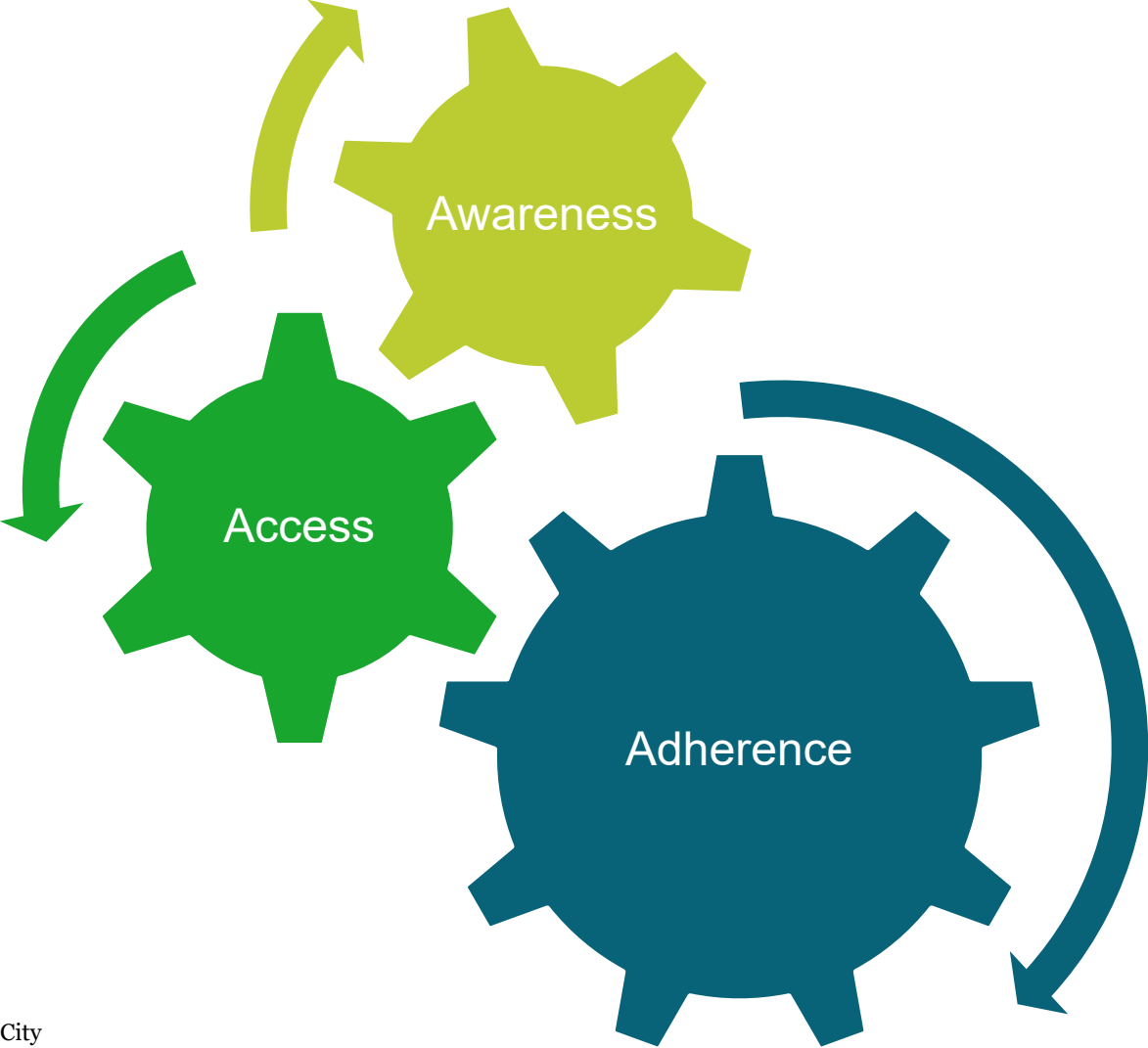
# Treatment Policy Drivers



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Mayor, Baltimore City  
*Mary Beth Haller*  
Acting Commissioner of Health, Baltimore City



# Treatment Policy Drivers



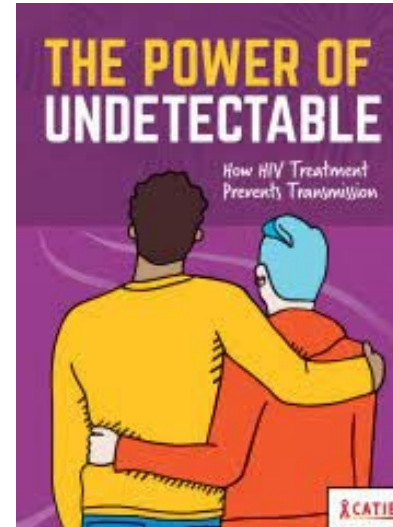
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Mayor, Baltimore City  
*Mary Beth Haller*  
Acting Commissioner of Health, Baltimore City





# Awareness of Treatment

- Prioritizing engagement and collaboration with HIV testing organizations
- Treatment Benefits-Media Engagement



HIV+  
Aging



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Mayor, Baltimore City  
*Mary Beth Haller*  
Acting Commissioner of Health, Baltimore City

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# Access to Treatment

- Address stigmatizing language
- HIV decriminalization legislation
- Non-Citizen Ryan White Eligibility

**END**  
**HIV STIGMA**  
**NOW!**

**HIV**  
HIV IS NOT A CRIME



*Brandon M. Scott*  
Mayor, Baltimore City  
*Mary Beth Haller*  
Acting Commissioner of Health, Baltimore City

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**DEPARTMENT**

# Adherence to Treatment

- Addressing the Social Determinants of Health
  - BCHD Local Health Improvement Coalition
  - Housing capacity-building activities for Ryan White sub-recipients
- Staying up-to-date on treatment advances



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Mayor, Baltimore City  
*Mary Beth Haller*  
Acting Commissioner of Health, Baltimore City

 **BALTIMORE  
CITY HEALTH  
DEPARTMENT**

# Thank You!

Christine Ogbue

[christine.ogbue@baltimorecity.gov](mailto:christine.ogbue@baltimorecity.gov)



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Mayor, Baltimore City  
*Mary Beth Haller*  
Acting Commissioner of Health, Baltimore City





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**July 27, 2023**

# Federal, State and County Policy Alignment

**Dr. Peter DeMartino**  
Chief, Center for HIV Prevention and  
Health Services  
Maryland Department of Health

# Promoting Lifelong Health and Wellness for All Marylanders



We work together to promote and improve the health and safety of all Marylanders through disease prevention, access to care, quality management, and community engagement.

# PHPA Mission and Vision



## Mission

The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

## Vision

The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and well-being.



*Peter DeMartino, Director*

**Infectious Disease Prevention and Health  
Services Bureau**

<https://zerohivstigmaday.org/>

July 21

**STIGMA**  
**ZERO HIV**  
**DAY**



**Maryland**

59 DEPARTMENT OF HEALTH





- **Leadership::**
- **Partnership::**
- **Vulnerable Populations**

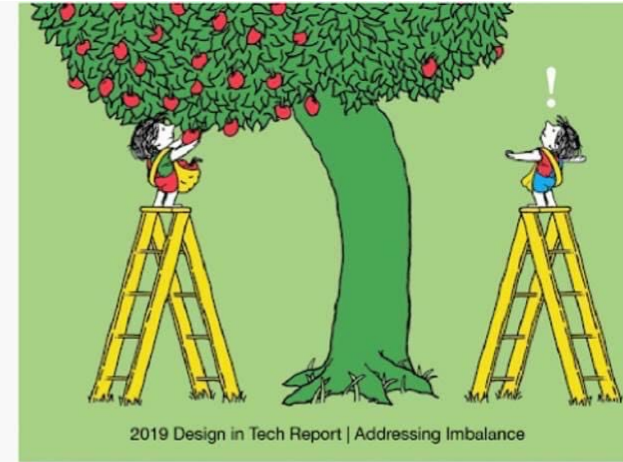
# IDPHSB Commitment Statement

*Our Commitment as a Bureau is to partner with communities to achieve health equity for all Marylanders. Our priority is to advance social and racial justice, and we are committed to undoing racism within our public health systems. It is our responsibility to serve Marylanders without any bias or discrimination and ensure open access to services and resources.*



2019 Design in Tech Report | Addressing Imbalance

INEQUALITY



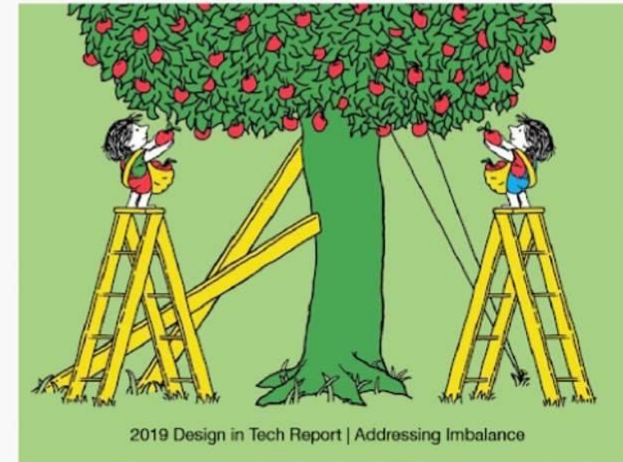
2019 Design in Tech Report | Addressing Imbalance

EQUALITY



2019 Design in Tech Report | Addressing Imbalance

EQUITY



2019 Design in Tech Report | Addressing Imbalance

JUSTICE

Motto for  
2023:

**OWN  
IT.**

**KEEP IT  
SIMPLE.**

**GET IT  
DONE.**

We operate in a firm belief that solutions developed in community are preferable to template answers generated in silos



## Infectious Disease Prevention & Health Services Bureau (IDPHSB)-Overview



- The Infectious Disease Prevention and Health Services Bureau is Maryland's response to sexually transmitted and transmissible infections including HIV, viral hepatitis, and mpox.
- We are also the proud home of one of only three state or jurisdictional level public health units dedicated to drug user health - our Center for Harm Reduction Services.
- In collaboration with local health departments, IDPHSB works to meet the evolving sexual and drug user health needs of all Marylanders with a particular focus on health equity and undoing racism in the healthcare system.





# IDPSHB: Funding and Mandate

We achieve our fiduciary obligation to federal funders and our public health mandate through:

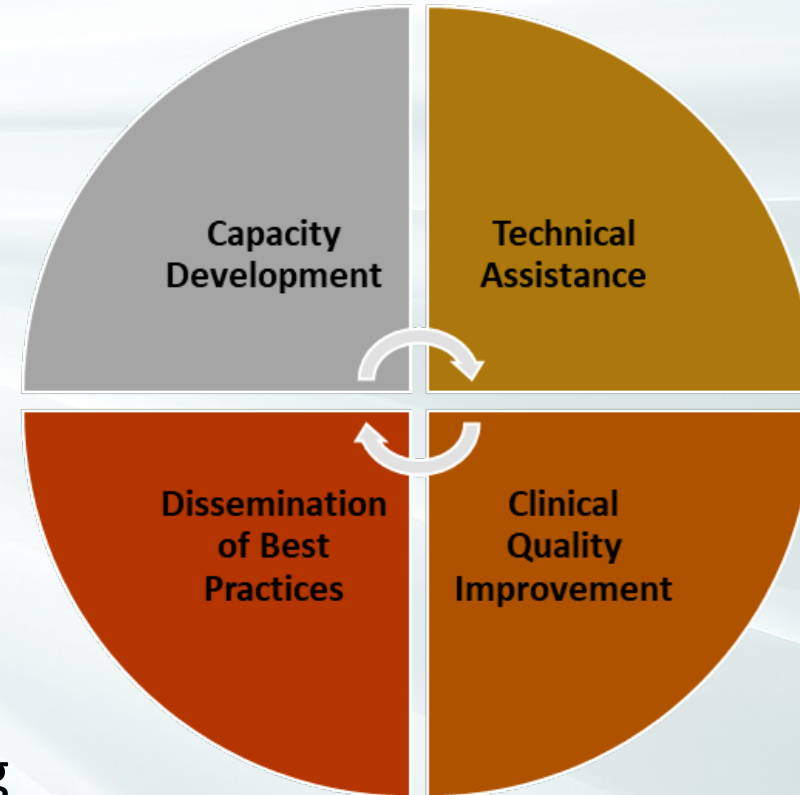
- community engagement,
- disease and drug market surveillance,
- data use for public health action including disease transmission interruption,
- centralized distribution of resources such as naloxone and point-of-care tests,
- directly funded prevention and care programs,
- capacity building and technical assistance,
- clinical quality improvement initiatives,
- dissemination of best practices,
- and workforce development.



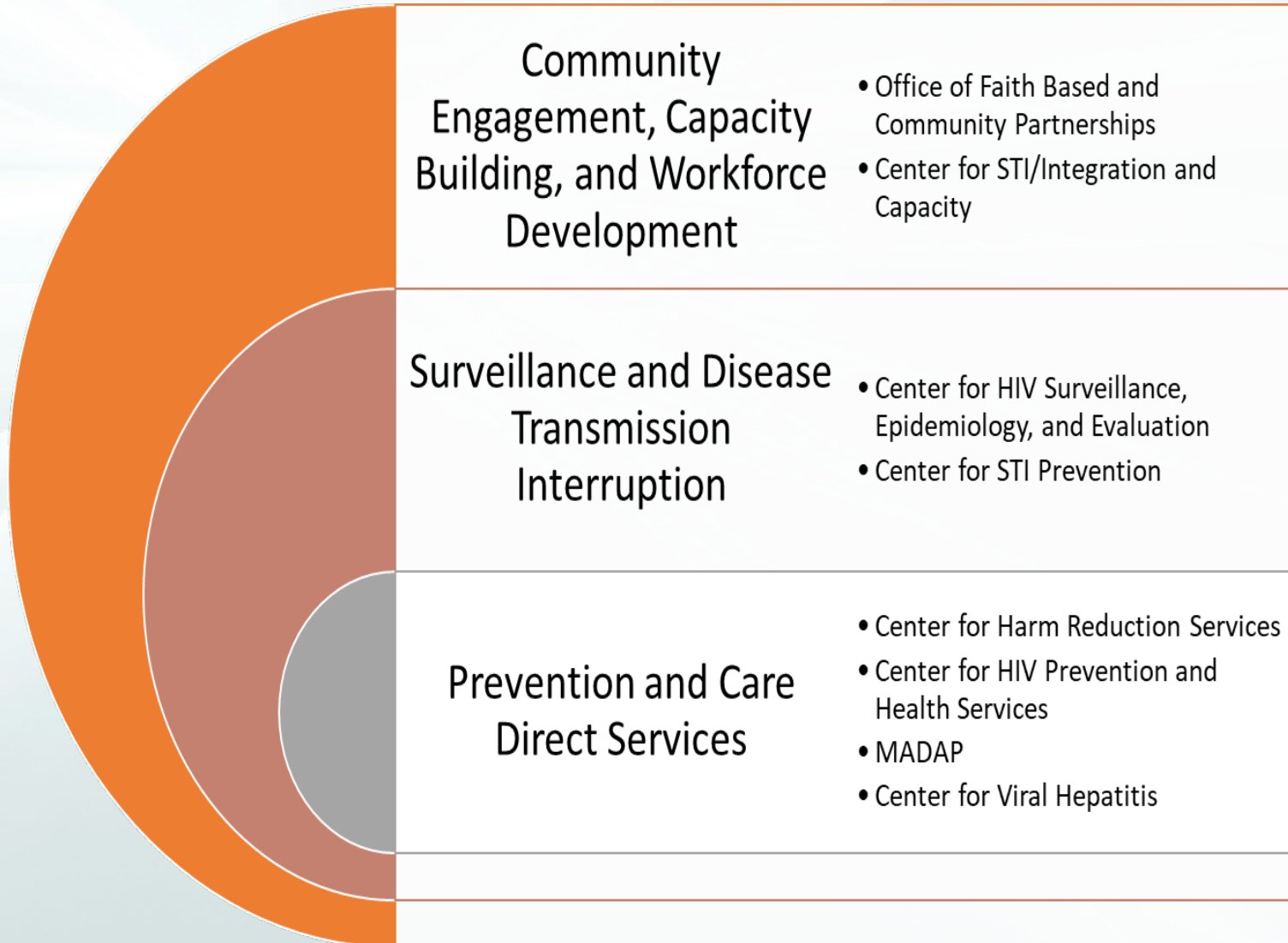
# Subject Matter Expertise:



IDPHSB staff serve as subject matter experts in planning, implementing, and evaluating high-impact healthcare and supportive services with the aim of addressing the social determinants of health for several key groups including Marylanders who use drugs, LGBTIQ+ and same-gender-loving individuals, and Marylanders experiencing homelessness.



## IDPHSB - Organization





*Post-CDC and HRSA submission:*

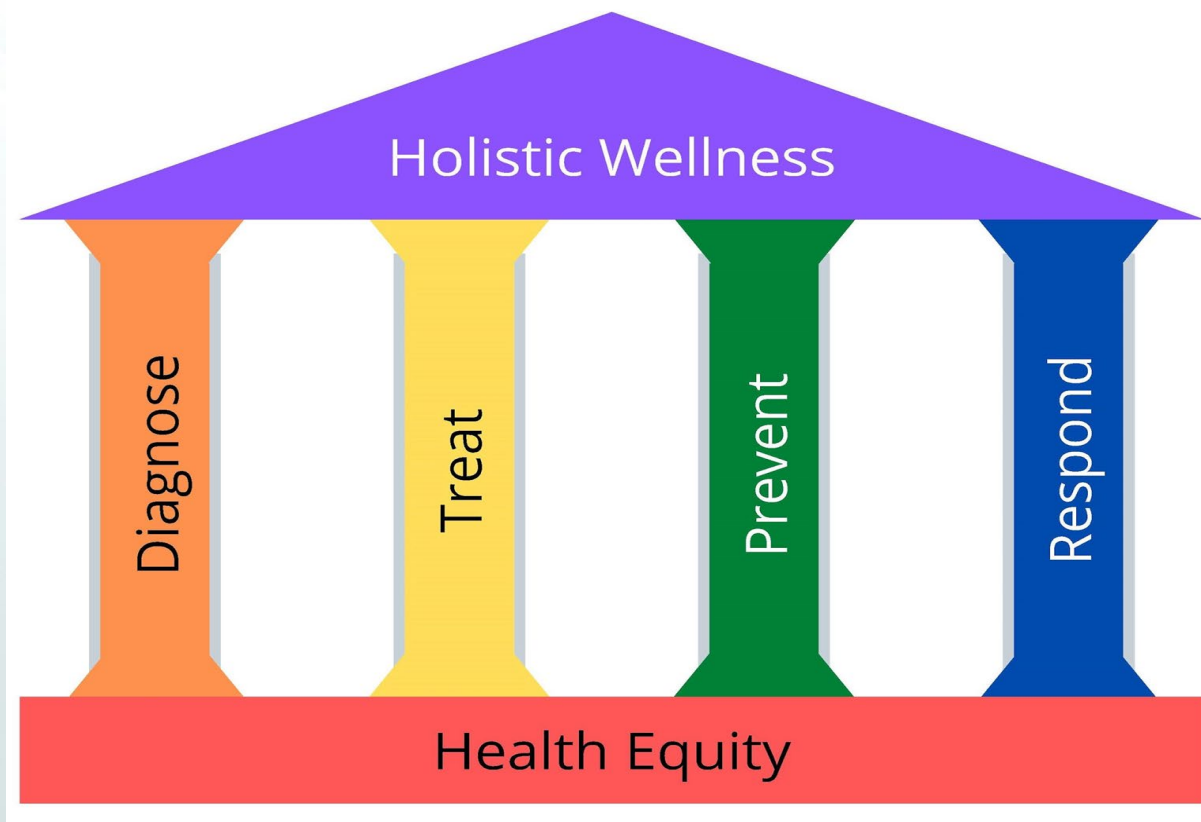
## **Integrated Planning Process**

<https://www.worldhepatitisday.org/>

July 28



# Integrated Plan Framework





# Integrated Plan Key Themes



***Connecting people and services*** - Many of the recommended goals and activities offered by community members dealt with bringing people to HIV diagnosis, treatment, prevention, and/or response services or bringing HIV diagnosis, treatment, prevention, and/or response services to people.

***Education*** - Community members consistently advocated for better education for service consumers and their families, service providers, and the general public.

***Community engagement*** - Community members expressed a strong desire to have more agency in their relationship with service providers, researchers, and planners so that the services, activities, and goals reflected in the 5-year integrated plan meaningfully reflect the needs and desires of affected communities.

***Identifying and addressing system barriers*** - Ensuring legal, regulatory, and policy barriers do not hinder the effectiveness of the integrated plan and learning from best practices in overcoming these barriers was a major consideration.

# Cross-Pillar Goals

1. Increase **community awareness** and knowledge of sexual and drug user health issues, prevention strategies, testing recommendations, treatment options, and service availability
2. Increase **knowledge** among **health care and social service providers** of sexual and drug user health issues, prevention strategies, testing recommendations, treatment options, and service availability
3. Increase the **capacity** of **health care and social service providers and systems to integrate** sexual health and harm reduction services into all health care and social service settings
4. Increase **community availability and accessibility** of sexual health and harm reduction services

# Cross-Pillar Goals



5. **Reduce barriers** to accessing sexual health and harm reduction services and achieving health outcomes
6. Increase the **diversity of funded** agencies and staff providing sexual health and harm reduction services
7. Increase the **capacity** of providers to provide **high-quality, equitable, culturally sensitive** sexual health and harm reduction services that meet the needs of individuals and communities disproportionately impacted by HIV in Maryland.
8. Ensure that **surveillance, evaluation, and research are community-focused** and include meaningful involvement of persons with HIV and members of impacted communities at all stages (i.e., design, data collection, analysis, reporting, utilization, and dissemination).



# HUMAN FIRST



Thank you!



## *Prevention and Health Promotion Administration*

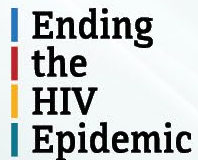
<https://phpa.health.Maryland.gov>



**INTRA-JURISDICTIONAL**

# EHE ↔ FTC ALIGNMENT

**2023 WORKSHOPS**



**Baltimore, MD**  
July 27, 2023

# Community Access to HIV Services

**Dr. Sebastian Ruhs**  
Chief Medical Officer  
Chase Brexton Health Care

# Treatment:

## Successes:

- Taking care of over 3,200 PWH
- UD-rate 91.2% in 6/2023
- Comprehensive care team
- Medication home delivery
- Late pickup program
- Adherence support program
- No show follow-up calls
- Telehealth
- Insurance/MDAP/PAP

## Challenges:

- Staffing
- Social determinants of health:
  - Transportation, copays, SU, housing, work schedule, etc.
- Cost
- Proximity to care-location

# Prevention:

## Successes:

- 263 patients on PrEP
- Increase since 2022
- Injectable option available
- One generic option

## Challenges:

- Only a fraction of at-risk people on PrEP
- ‘Reaching’ at risk groups
- Stigma/bias/discrimination – in community; in ICD-10 codes
- Cost, cost, cost

# Testing/Outreach:

## Successes:

- Events attended YTD: 25
- Testing performed YTD: 51
- In 2022: 1039 tested with 12 positives
- YTD 2023: tested 496 with 9 positives
- Free daily testing in clinic
- Increase outreach coordinator positions

## Challenges:

- Staffing
- Limited interested in testing
- Reaching at risk groups
- Testing regularly/testing early

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# Addressing Criminalization as a Barrier to Ending HIV



Moderator:

Camila Reynolds-Dominguez  
Policy Advocate and Legal Impact Coordinator  
Free State Justice

## Panelists

- Sara Gold  
Clinical Law Instructor  
University of Maryland School of Law
- Dr. Joyce Jones  
Assistant Clinical Director – John G. Bartlett  
Specialty Care Practice  
Johns Hopkins Medicine
- Melanie Reese  
Executive Director  
Older Women Embracing Life, Inc.

# Scaling Up PrEP Access and Utilization



Moderator:  
Caroline Sacko  
PrEP Clinical Nurse, Sexual Health Clinics Division  
Baltimore City Health Department

## Panelists

- Gabby Dashler  
Research Program Manager  
Department of Emergency Medicine  
Johns Hopkins Medicine
- Dr. Tiara Willie  
Bloomberg Assistant Professor  
Department of Mental Health  
Johns Hopkins University
- Curtis Whitaker  
Baltimore HIV Health Services Planning Group

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# Optimizing Social Determinants to Achieve U=U



Moderator:

Dorcas Baker

Regional Coordinator, Center for Infectious Disease  
and Nursing Innovation  
Johns Hopkins University School of Nursing

## Panelists

- Carlton Ray Smith  
Co-Chair, People Empowerment Committee  
Greater Baltimore HIV Health Service Planning Council
- Mary Slicher  
Executive Director  
Project PLASE, Inc.
- Tameka Beard  
Mayor's Office of Homeless Services  
City of Baltimore



# Implementing HIV Status Neutrality in Practice



Moderator:  
Sam Zisow-McClean  
Director of Programs, Moveable Feast  
Chair, Greater Baltimore HIV Health  
Services Planning Council

## Panelists

- Hope Cassidy-Stewart  
Ending the HIV Epidemic Director  
Maryland Department of Health
- Dr. Cleo Manago  
Executive Director  
Pride Center
- Dr. Ian Cook  
HIV Clinical Director  
Baltimore Medical System

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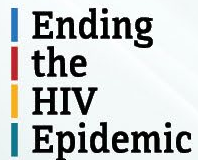
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# EHE ↔ FTC ALIGNMENT

**2023 WORKSHOPS**



**Baltimore, MD**  
July 27, 2023

Identified Challenges and  
Opportunities to  
EHE in Baltimore

**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
- 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
- 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
  - Connect with Prince George's County and Montgomery County EHE partners on addressing their local legislators
- Reframe the discussion on criminality tied to these laws
  - Legislators are not 'soft on crime' they can be 'smart on science'
  - Legislators don't own these laws, these were voted into existence 30-40 years ago, those laws can be retired as they no longer serve the intended purpose
- 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

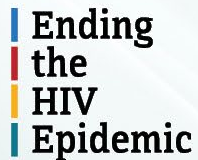


- Funding – how to get funding for wrap around services to implement status neutrality
- Status neutrality is not limited to HIV – it should focus on equitable whole person quality of care and quality of life irrespective of serostatus
- Capacity building for providers on linkage to care for ALL

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**Baltimore, MD**  
**July 27, 2023**

**Actionable EHE and FTC  
Implementation Steps  
in Baltimore**

**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

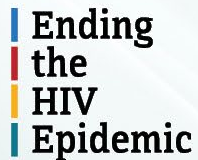
## FTC Advantage

- **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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# EHE ↔ FTC ALIGNMENT

**2023 WORKSHOPS**



**Baltimore, MD**

**July 27, 2023**

## Closing Remarks

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



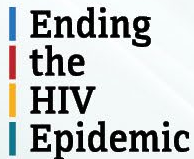
- **TOGETHER**, we can achieve a future in which:
  - New HIV infections are **EXCEEDINGLY RARE** and AIDS-related deaths are a thing of the past
  - People living with and affected by HIV are **VALUED** and not subjected to inequality
- Lags in our global, national, municipal HIV responses reflect underlying **SOCIAL INEQUALITIES**:
  - **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 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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# Closing Remarks

**Sam Zisow-McClean**  
Director of Program, Moveable Feast  
Chair, Greater Baltimore HIV Health  
Services Planning Council

**Carlton Ray Smith**  
Co-Chair, People Empowerment  
Committee  
Greater Baltimore HIV Health Services  
Planning Council