Welcome and Setting the Stage

Dashiel Sear
Regional Director, North America
Fast-Track Cities Institute

Baltimore, MD
July 27, 2023
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.

<table>
<thead>
<tr>
<th>Fast-Track Cities</th>
<th>Ending the HIV Epidemic</th>
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<tbody>
<tr>
<td>• Global initiative, local implementation</td>
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<tr>
<td>• Both a technical and political initiative inclusive of engagement from mayor’s office, health department, and community</td>
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<tr>
<td>• Targets:</td>
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<tr>
<td>• 95-95-95 and zero stigma and discrimination by 2025</td>
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<tr>
<td>• Ending the HIV epidemic by 2030 (zero new infections and zero HIV-related deaths)</td>
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<tr>
<td>• Federal initiative, local implementation</td>
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<tr>
<td>• HHS inter-agency leadership engaging community and local stakeholders</td>
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<tr>
<td>• Targets:</td>
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<tr>
<td>• Reduce # new HIV infections in the United States by 75% by 2025</td>
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<tr>
<td>• Reduce # new HIV infections in the United States by at least 90% by 2030</td>
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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:
  o prevention and treatment policy implementation
  o community access to HIV services
  o criminalization as a barrier to ending HIV
  o equitable scale up of PrEP
  o implementation of status neutrality

• Define short-/long-term next steps for addressing EHE and FTC gaps
Welcome
Remarks

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

Baltimore, MD
July 27, 2023
• 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%**
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
Welcome from HHS Region 3

Dr. Marissa Robinson
Ending the HIV Epidemic Coordinator
Office of the Assistant Secretary of Health
Welcome on Behalf of Baltimore EHE

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

Baltimore, MD
July 27, 2023
Welcome on Behalf of Community

Melanie Reese
Executive Director
Older Women Embracing Life, Inc.

Baltimore, MD
July 27, 2023
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

Baltimore, MD
July 27, 2023
Outline

• Brief data overview
• Testing innovation
• Treatment innovation
• The way forward
HIV Diagnosis Trends

Maryland: 42% decrease
Washington MSA: 35% decrease
Baltimore MSA: 52% decrease

130 fewer diagnoses than expected during 2020

Data are as reported through 4/30/2023.
*2022 is preliminary.

Slide courtesy Colin Flynn, ScM, Maryland Department of Health
HIV Diagnosis Trends

- **Baltimore City**: 58% decrease
- **Baltimore County**: 38% decrease
- **Anne Arundel County**: 50% decrease

Data as reported through 4/30/2023. *2022 is preliminary.

Note – 5 confirmed perinatal transmissions in Maryland in 2022, 3 in Baltimore City

![Graph showing HIV diagnosis trends for different counties in Baltimore MSA from 2013 to 2022](image-url)

Slide courtesy Colin Flynn, ScM, Maryland Department of Health
Estimated Percent Undiagnosed

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

Data as reported through 6/30/2022
2021 Continuum of Care

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

- HIV Infected: 18,930 (100.0%)
- HIV Diagnosed: 17,245 (91.1%)
- Retained in Care: 13,699 (72.4%)
- Suppressed Viral Load: 11,455 (60.5%)
- New HIV Diagnoses: 345 (100.0%)
- Linked to HIV Care: 303 (87.8%)
- Suppressed Viral Load - 6 Months: 119 (34.5%)

Data as reported through 6/30/2022

Slide courtesy Colin Flynn, ScM, Maryland Department of Health
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
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
Increasing Access to Biomedical Prevention

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

Baltimore, MD
July 27, 2023
PrEP use in 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 ★

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.
Reducing Stigma in Clinical Settings

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

Baltimore, MD
July 27, 2023
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 –
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
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
Ending the HIV Epidemic
Getting to Zero+ - Addressing Health Inequities

Date: 7.27.2023
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

**Inclusion Criteria**

- **VL > 200**
  - Viral Load (VL) > 200 copies before enrollment (within 6 months)

- **Not on ART**
  - Client not on ART and VL is missing (Out-of-Care)

- **Out-of-Care**
  - VL not done, > 6 months (Out-of-Care)

*VL >200 before enrollment needed for eligibility.*
### Enrollment

<table>
<thead>
<tr>
<th>Year</th>
<th>Total # of clients receiving any service for HIV at site</th>
<th>PWH in service with any VL, N (%)</th>
<th>VL &gt; 200, N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>373</td>
<td>314 (84%)</td>
<td>72 (23%)</td>
</tr>
<tr>
<td>2020</td>
<td>336</td>
<td>258 (77%)</td>
<td>56 (22%)</td>
</tr>
<tr>
<td>2021</td>
<td>1114</td>
<td>785 (71%)</td>
<td>127 (16%)</td>
</tr>
<tr>
<td>2022</td>
<td>1043</td>
<td>818 (78%)</td>
<td>109 (13%)</td>
</tr>
</tbody>
</table>

*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)

Gender
- Female, 71, 43%
- Male, 89, 54%
- Transgender, 5, 3%

Race Ethnicity
- Black or African-American
- Hispanic
- More than one race
- Not Specified
- White (non-Hispanic)
- Other

Age
- Mean (SD): 45.2 (15.5)
- Median (Min-Max): 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 <=20 after enrollment. One site stopped participating after 5 months and virtual site not included.
Dr. Adena Greenbaum
Assistant Commissioner for Clinical Services and HIV/STD Prevention
Baltimore City Health Department
TREATMENT POLICY AND IMPLEMENTATION

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

Baltimore, MD
July 27, 2023
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
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
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
Retention in HIV Medical Care

<table>
<thead>
<tr>
<th>Reporting Year / Jurisdiction</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ryan White Program Clients</td>
<td>80.90%</td>
<td>81.20%</td>
<td>80.90%</td>
<td>79.40%</td>
<td>78.30%</td>
</tr>
<tr>
<td>Maryland Clients</td>
<td>82.10%</td>
<td>83.70%</td>
<td>83.70%</td>
<td>81.50%</td>
<td>82.20%</td>
</tr>
<tr>
<td>Baltimore EMA Clients</td>
<td>83.50%</td>
<td>84.20%</td>
<td>84.30%</td>
<td>82.20%</td>
<td>77.70%</td>
</tr>
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Brandon M. Scott
Mayor, Baltimore City
Mary Beth Haller
Acting Commissioner of Health, Baltimore City
## Viral Load Suppression

<table>
<thead>
<tr>
<th>Reporting Year / Jurisdiction</th>
<th>Ryan White Program Clients</th>
<th>Maryland Clients</th>
<th>Baltimore EMA Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>86.00%</td>
<td>86.80%</td>
<td>87.10%</td>
</tr>
<tr>
<td>2018</td>
<td>87.20%</td>
<td>87.70%</td>
<td>87.60%</td>
</tr>
<tr>
<td>2019</td>
<td>88.20%</td>
<td>88.90%</td>
<td>88.90%</td>
</tr>
<tr>
<td>2020</td>
<td>89.50%</td>
<td>91.20%</td>
<td>91.20%</td>
</tr>
<tr>
<td>2021</td>
<td>89.80%</td>
<td>90.50%</td>
<td>90.40%</td>
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Treatment Policy Drivers

Awareness ➔ Access ➔ Adherence
Treatment Policy Drivers

- Awareness
- Access
- Adherence
Awareness of Treatment

- Prioritizing engagement and collaboration with HIV testing organizations

- Treatment Benefits - Media Engagement

The Power of Undetectable

HIV+ Aging

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

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

Christine Ogbue
christine.ogbue@baltimorecity.gov
Federal, State and County Policy Alignment

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

Baltimore, MD
July 27, 2023
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.
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
• Leadership::

• Partnership::

• Vulnerable Populations
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.
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.
### Community Engagement, Capacity Building, and Workforce Development
- Office of Faith Based and Community Partnerships
- Center for STI/Integration and Capacity

### Surveillance and Disease Transmission Interruption
- Center for HIV Surveillance, Epidemiology, and Evaluation
- Center for STI Prevention

### Prevention and Care Direct Services
- Center for Harm Reduction Services
- Center for HIV Prevention and Health Services
- MADAP
- Center for Viral Hepatitis
Post-CDC and HRSA submission:

Integrated Planning Process

https://www.worldhepatitisday.org/

July 28
Integrated Plan Framework

Holistic Wellness

Diagnose  Treat  Prevent  Respond

Health Equity
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
Community Access to HIV Services

Dr. Sebastian Ruhs
Chief Medical Officer
Chase Brexton Health Care

Baltimore, MD
July 27, 2023
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
Addressing Criminalization as a Barrier to Ending HIV

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.

Moderator:
Camila Reynolds-Dominguez
Policy Advocate and Legal Impact Coordinator
Free State Justice
Scaling Up PrEP Access and Utilization

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

Moderator:
Caroline Sacko
PrEP Clinical Nurse, Sexual Health Clinics Division
Baltimore City Health Department
Optimizing Social Determinants to Achieve U=U

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

Moderator:
Dorcas Baker
Regional Coordinator, Center for Infectious Disease and Nursing Innovation
Johns Hopkins University School of Nursing
Implementing HIV Status Neutrality in Practice

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

Moderator:
Sam Zisow-McClean
Director of Programs, Moveable Feast
Chair, Greater Baltimore HIV Health Services Planning Council
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
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
Baltimore, MD
July 27, 2023

Closing Remarks

Dr. José M. Zuniga
President/CEO
IAPAC and FTCI
• TOGETHER, we can achieve a future in which:
  o New HIV infections are **EXCEEDingly Rare** and AIDS-related deaths are a thing of the past
  o 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**:
  o **Gay Men, Other MSM** who are forced to live on societal margins
  o **Transgender Individuals** whose identities are violently suppressed
  o **Racial, Ethnic Minorities** who lack socioeconomic opportunity and confront racism
  o **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
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