

INTRA-JURISDICTIONAL

**EHE ↔ FTC
ALIGNMENT**

2023 WORKSHOPS

INTRA-JURISDICTIONAL EHE ↔ FTC ALIGNMENT 2023 WORKSHOPS



IN MEMORIAM

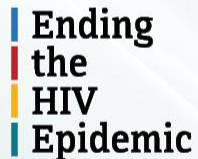
Kirk Myers-Hill

CEO, Abounding Prosperity, LLC

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2023 WORKSHOPS



Dallas County, TX

April 7, 2023

Welcome and Setting
the Stage

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

- Significant **PROGRESS HAS BEEN MADE** in Dallas
- 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%**



Setting the Stage....

- Dallas County joined Fast-Track Cities and was identified as an Ending the HIV Epidemic priority jurisdiction in 2019

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

Setting the Stage...



The purpose of this workshop is to:

- Leverage synergistic efforts of EHE and FTC initiatives
- Discuss gaps 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

Thank You!



Miranda Grant
EHE Coordinator
Dallas County



Lionel Hillard
Member, EHE Planning Council
Dallas County



Kevin Chadwin Davis
Member, Ryan White
Planning Council Member

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Dallas County, TX
April 7, 2023

Increasing Access to
Testing and Rapid START

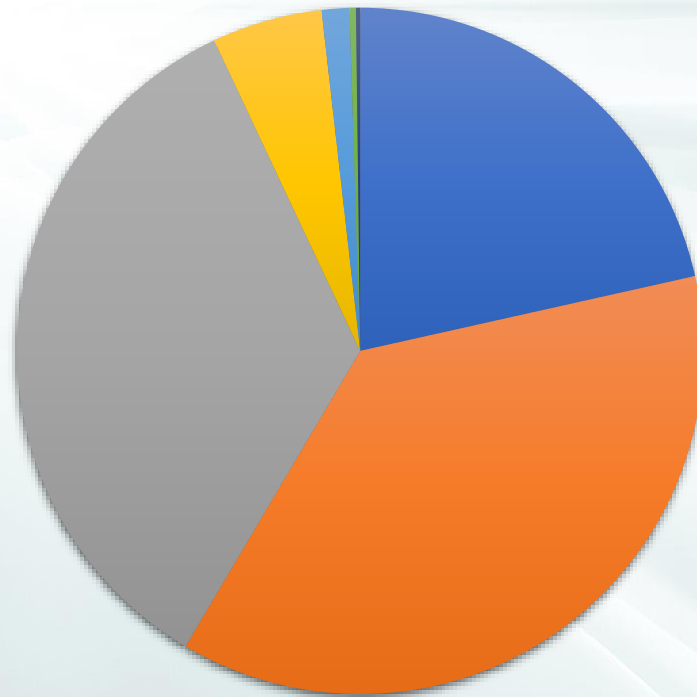
Christina Carr, CMA
Manager, Mobile and Fixed Site Testing
AIDS Healthcare Foundation

AHF

AIDS HEALTHCARE
FOUNDATION

Dallas County's current overview/data of HIV

Total Population
2,534,883



- Black (21.5%)
- White (34.5%)
- Multiple Race (1.3%)
- Other (0.2%)
- Hispanic/Latinx (37.0%)
- Asian (5.2%)
- American Indian/Alaska Native (0.3%)

Demographics 2010
Latest information
on aidsvu.org



Dallas County's current overview/data of HIV

Number of people living with HIV in 2020

19,412 (70% are Black or Latino)

Number of new HIV diagnoses in 2020

688 (80% are Black or Latino)

Number of new HIV diagnoses that were diagnosed late in 2020

130 (39% are Black or Latino)

Number of people diagnosed with HIV and linked to HIV care in 2020

485

Number of people living with HIV who received HIV care in 2020

13,859





AHF's Plan to expanding access to testing

- AHF's free HIV rapid testing and free take home HIV rapid test are provided to the community at various events, clubs, bathhouses, and adult bookstores throughout the DFW area.
- Our mobile testing team does not stick to just the traditional 9am to 5pm clinic hours.
- Since our focus is to meet the community where they are, we adjust our hours to meet the demands of the clubs and late-night events for testing.

- We also use multiple platforms to engage priority populations to increase HIV testing, education and awareness.
- Free HIV testing promotion
 - Billboard purchases in key areas that direct to our websites
- Digital Presence
 - Informative Facebook and Instagram page for the Mobile Testing Unit
 - Post updates about the testing schedules, where to find the testing unit on that day, educational/community engagement posts, events we will be having and/or testing at and more

Aidshealth.org

Facebook: AHF Dallas – Mobile Testing Unit

Instagram: AHF Dallas MTU



AHF's Plan to expanding access to Rapid ART

- AHF ensures that each HIV positive client receives counseling, testing, and more importantly a referral for care. Linking a client into medical care at this stage is critical to the client's health and well-being.
- Responsible for the "Hand off process", between the testing team and our Health Care Centers (HCC). They are responsible for linking clients who come from AHF testing sources such as Mobile Testing Units (MTU) or our Wellness Centers. Once a client is found to be presumed positive, the tester will contact the Linkage staff on call for that day.
- The Linkage staff will then
 - assess the client for barriers for entering into care such as language preference, housing, transportation, mental health, and substance usage.
 - Notes these barriers in our testing and linkage tracking program CHAMP, as well as in the Athena Linkage Notes, for case managers.
 - Works closely with Office Administrators, Front Desk Staff and Benefit Counselors to ensure appointments are scheduled within 72 hours.
- Opened a new Health Care Center on Cedar Springs operating Mondays, Thursdays and one Saturday a month from 10am – 7pm. In addition to our locations on N. Stemmons and at Medical City.

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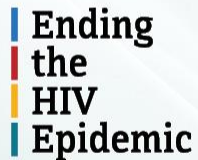
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Dallas County, TX
April 7, 2023

Increasing Access to
Biomedical Prevention

Scott Lyles
President & CEO
CHE – Center for Health Empowerment

Objectives

- Examine Dallas County's current overview/data of PrEP access
- Highlight current focus areas or PrEP coverage disparities in the context of the Prevent EHE Pillar and current CDC guidelines
- Outline any current programs or actions directed towards expanding access to PrEP (oral or plans for implementing long-acting injectable options)

Treatment As Prevention (TASP)

Pre-Exposure Prophylaxis (PrEP)

Post Exposure Prophylaxis

Three Powerful Tools

Focusing on Key Populations



- The rate of **Black males** living with an HIV diagnosis is 2.6 times that of **White males**.
- The rate of **Hispanic/Latino males** living with an HIV diagnosis is 1.1 times that of **White males**.
- The rate of **Black females** living with an HIV diagnosis is 14.6 times that of **White females**.
- The rate of **Hispanic/Latina females** living with an HIV diagnosis is 3.1 times that of **White females**.

HIV Transmission by Category, 2020



- Male Transmission Categories

- Injection Drug Use (3.2%)
- Heterosexual Contact (4.7%)
- Male-to-Male Sexual Contact (85.5%)
- Male-to-Male Sexual Contact & Injection Drug Use (6.2%)
- Other* (0.4%)

- Female Transmission Categories

- Injection Drug Use (16.3%)
- Heterosexual Contact (82.1%)
- Other* (1.6%)



- Increase Community Education and Awareness

- Adapt Service Delivery Models to Community Needs

- Improve Health System Navigation Services

- Actively Address Medical Mistrust

- Increase Training to Providers

- Cultivate Diverse Workforces

Recommendations (NMAC)



References

- <https://ahead.hiv.gov/locations/dallas-county>
- <https://aidsvu.org/local-data/united-states/south/texas/dallas/>
- <http://www.nmac.org/wp-content/uploads/2018/04/Expanding-Access-to-Biomedical-HIV-Prevention-brief-final3.pdf>
- Weinstein, E.R., Glynn, T.R., Simmons, E.M. *et al.* Structural Life Instability and Factors Related to Latino Sexual Minority Men's Intention to Engage with Biomedical HIV-Prevention Services. *AIDS Behav* **26**, 3914–3924 (2022).
<https://doi.org/10.1007/s10461-022-03718-1>

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**Ending
the
HIV
Epidemic**

Dallas County, TX
April 7, 2023

Eliminating Disparities
in HIV Health Outcomes



PhotoRoom®

Melissa Curry MBA/HCM,
BSN, RN, ACRN, CCP, LIA
Clinical Director
Abounding Prosperity, Inc

Objectives

- Examine Dallas County's current overview/data of HIV health outcomes
- Highlight current focus areas for eliminating health outcome disparities in the context of the Treat/Respond EHE Pillars and current CDC guidelines
- Outline any current programs or actions directed towards closing health inequities in HIV health outcomes

Introduction



Abounding Prosperity (AP, Inc.) has over 15 years of experience serving high risk populations with the Black and Latinx communities. This includes those individuals with a history of substance abuse and behavioral health needs, as well as those with unstable housing.

Our mission is to provide services that address health, social and economic disparities among Black Americans with a particular emphasis on MSM, cisgender women, transgender women & men, and their families.

The organization provides HIV, STI, testing and screening, treatment, prevention and care services, vaccine equity, emergency rental and utility assistance, transgender ID program and health services, as well as education and support programs for high-risk populations within the southern sector of Dallas County.



Identify the Problem

Viral Suppression

Viral suppression is defined as those living with diagnosed HIV who had suppressed HIV viral load (<200 copies/mL).

Number of people living with HIV who were virally suppressed, 2020
10,336

Percent of people living with HIV who were virally suppressed, 2020
53.2%

Proportion of people who were virally suppressed, by Sex, 2020
Male: 53.7%
Female: 51.1%

Proportion of people who were virally suppressed, by Age, 2020
Aged 13-24: 37.9%
Aged 25-44: 47.5%
Aged 45-59: 58.3%
Aged 60+: 61.4%

Proportion of people who were virally suppressed, by Race/Ethnicity, 2020
Black: 48.5%
Hispanic/Latinx: 50.3%
White: 63.6%

HIV Prevalence

PhotoRoom®

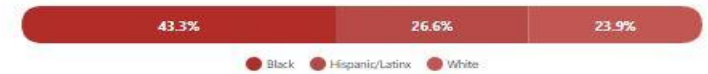
Number of people living with HIV, 2020
19,412

Rate of people living with HIV per 100,000 population, 2020
962

Percent of people living with HIV, by Sex, 2020



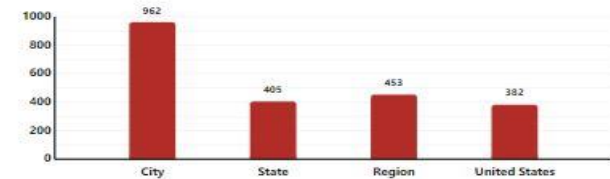
Percent of people living with HIV, by Race/Ethnicity, 2020



Percent of people living with HIV, by Age, 2020



Rate of people living with HIV per 100,000 population, by Geography, 2020



SEE THE NEED!



Gather the Data & Analyze the Problem



Insurance: *Percent of population under 65 that is insured* is lagging the national average by **-16%**

Education: *Percent of population 25 and older that graduated high school* is **-9%** below the national average.

Income Inequality: *Estimated Gini coefficient* is **-4%** below the national average.

Poverty: (*Labor force ≥ 16yrs*) *below the poverty level* is on par with the national average.

Employment: *Unemployment rate* is **5%** above the national average.

3 fx ='Data ENTRY'!D9

Viral Suppression (HAB) Overall Performance Average: 73.7%				
	Mental Health	Substance Use	Housing Instability	Youth (<24)
Population Sample	52	526	789	110
Pop Performance	67.31%	67.87%	63.37%	54.55%
Absolute Disparity	MAYBE DISPARITY	MAYBE DISPARITY	YES DISPARITY	YES DISPARITY
Relative Risk	NO DISPARITY	NO DISPARITY	YES DISPARITY	YES DISPARITY
Comparative Disparity	NO DISPARITY	NO DISPARITY	YES DISPARITY	YES DISPARITY
Odds Ratio	NO DISPARITY	NO DISPARITY	YES DISPARITY	YES DISPARITY
Absolute Impact	3	40	128	22

Interpretation:
 Refer to Stats Basics tab or to the Disparities Calculator Guide for more detailed informaton on interpretation.
 Refer to Analysis tab to view statistical calculations and their results with confidence intervals where appropriate.
 Identify targets for QI activities based on highest impact (number of lives) and highest probability (number of YES DISPARITY findings).
 In the figure to the right, probability is represented above in rows 5-8 for each population.
 In the figure to the right, impact is represented above in row 9.
 This tool is for use in decision making on how to best utilize available QI resources.
 There are no "right" answers in how to best utilize your QI resources.
 Review scientific literature and the intervention grid for improvement intervention ideas.
 Continue to update data entered in the DATA ENTRY sheet to test if disparities change.
 Explore the reasons why disparities could exist using Fishbone Root Cause Analysis.

Instructions Stats Basics **Data ENTRY** Viral Suppression Summary Viral Suppression Analysis

Workbook Statistics

BE THE NEED!



Solve the Problem

SPECIFIC	Reflects an important dimension of what your organization seeks to accomplish (programmatic or capacity-building priorities).
MEASURABLE	Includes standards by which reasonable people can agree on whether the goal has been met (by numbers or defined qualities).
ACHIEVABLE	Challenging enough that achievement would mean significant progress—a “stretch” for the organization.
REALISTIC	Not so challenging as to indicate lack of thought about resources, capacity, or execution; possible to track and worth the time and energy to do so.
TIMELY	Includes a clear deadline.
INCLUSIVE	Brings traditionally marginalized people—particularly those most impacted—into processes, activities, and decision/policy-making in a way that shares power.
EQUITABLE	Seeks to address systemic injustice, inequity, or oppression.

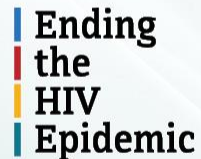
- ABOUNDING PROSPERITY PROGRAMS & SERVICES**
- HIV/STI TESTING, HEP C TREATMENT & SCREENING
 - INSURANCE ASSISTANCE
 - TRANSPARENCY
 - Trans ID Program (Name Change & Gender Marker Changing)
 - DA SPOT YOUTH PROGRAM
 - AP DANCE STUDIO & WELLNESS CENTER
 - HOUSING & TRANSPORTATION ASSISTANCE
 - MENTAL HEALTH SERVICES
 - MARK COLOMB TRAINING & RESOURCE CENTER
 - PREP EDUCATION & PROVISION
 - VACCINE EQUITY
 - MOBILE TESTING UNIT

FILL THE NEED!

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Dallas County, TX
April 7th, 2023

Eliminating Stigma in
Clinical Settings

Susana Lazarte, MD
Assistant Professor, Department
of Internal Medicine
Parkland and UT Southwestern

Objectives



- Understand stigma and how it affects EHE goals and initiatives
- Examine Dallas County's current state of clinical HIV stigma
- Highlight current focus areas or disparities in the context of the Diagnose EHE Pillar and current CDC guidelines
- Opportunities for intervention and challenges

Background

- CDC:
 - The prejudice that comes with labeling an individual as being part of a group that is considered socially unacceptable
 - Set of negative attitude and beliefs about people with HIV
- Stigma in HIV care- not just towards HIV
 - Race
 - Culture
 - Sexual orientation
 - Sexual identity
 - Drug use
 - Sexual behaviors
 - Others: mental health, homelessness, immigration status, language

Background

- Consequences:
 - Discrimination- behaviors that stem from those negative beliefs
 - Internalized stigma ("self stigma")- person takes in those negatives beliefs and apply them to themselves.
 - Shame, fear of disclosure, isolation, avoiding testing and treatment
 - One of the drivers for disparities in HIV care
 - Affects every step of the care continuum
- These beliefs and stereotypes also vary among different groups based on their own values and experiences.
 - HIV: ideas and knowledge from the early days perpetuated

Background



- Degree of discrimination will vary according to social and cultural values among certain groups.
- Some groups may perceive and internalize stigma more than others depending on their upbringing and cultural background
- Knowledge and understanding of cultural values within different racial and ethnic groups is necessary for those providing the care
 - Eg. Hispanic men not meeting the cultural and societal expectations of masculinity.
 - Accessing PrEP may imply unacceptable behavior so it is avoided.

The Situation in Dallas EMA/HSDA



- Status Neutral Needs Assessment (SNNA)
 - August 2022-Feb 2023
 - Little Hispanic participation
 - Stigma was one of the areas explored
- Findings:
 - “Weaponized HIV stigma”
 - Both institutional and internalized stigma
 - Not limited to providers
 - Feelings of pity and fear from healthcare staff
 - Perceived differences on how people are treated according to race/ethnicity
 - Fears of stigma and discrimination limiting access to prevention and care services
- Site for HPTN 096 (CRISP)

Opportunities for Action: Community



- Normalize the conversation about HIV and STIs
- Disseminate current state and advances in HIV care
 - Mass media targeting priority populations
- Combat homophobia, transphobia, misogyny in target populations
- Combat racism
- Education on proper language avoiding stigmatizing terms



Opportunities for Action: Healthcare



- Diversify healthcare workforce
 - Hiring practices tailored to population being served
- Cultural humility training to healthcare workers at all levels of care
 - Promote conversations between different cultural groups to exchange experiences and perceptions
- Incorporate people with HIV as part of intake process of people newly diagnosed
 - Peer navigators who culturally match the population served

Challenges and Barriers

- Politics
 - Attacks on transgender care and LGBTQ+ rights
 - Limiting access to PrEP based on religious beliefs
 - Anti-immigration policies and practices
 - Opposition to discussing and teaching racism in schools
 - Proposal to ban state agencies and higher education from holding activities that promote diversity, equity and inclusion
 - Memorandum from governor banning state funded institutions from hiring practices that involve diversity, antiracism and inclusion.

→ Perpetuation of stigma



Thank you

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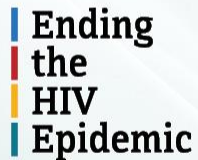
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Dallas County, TX
April 7, 2023

Prevention Policy
and
Implementation

J.P. Cano, BSN, RN
Director of Prevention
Resource Center

Objectives



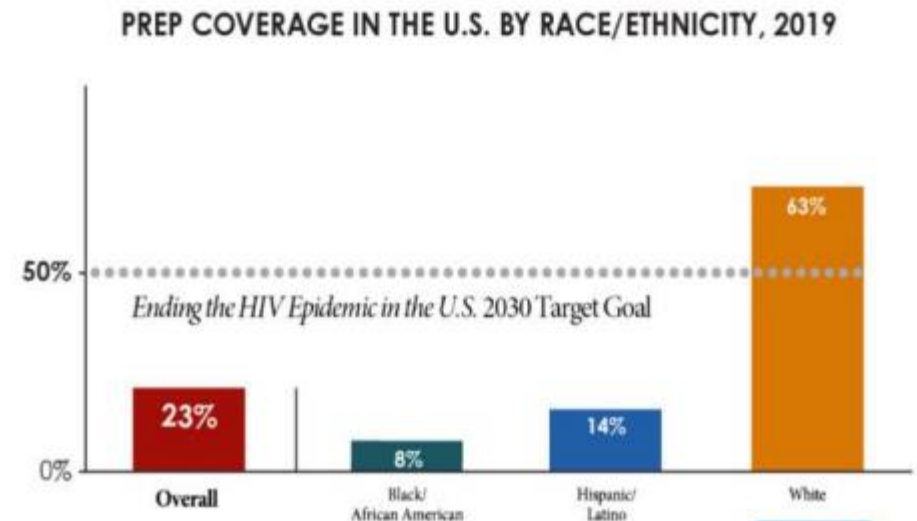
- Examine Dallas County's PrEP uptake over time
- Discuss challenges related to PrEP uptake
- Discuss opportunities for growth
- Highlight successes in increasing PrEP access and utilization

Ending the HIV Epidemic in the U.S.

- EHE initiative: Diagnose, Treat, Prevent, and Respond.
- **Communities most affected** by HIV to help local HIV programs recover, rebuild, and begin to expand EHE strategies in the wake of COVID-19.
- Dallas County is one of those areas
- Initiative to end the HIV epidemic by 2030

Source: <https://www.cdc.gov/endhiv/jurisdictions.html>
<https://www.cdc.gov/endhiv/index.html>

WHILE 23% OF PEOPLE ELIGIBLE FOR PREP WERE PRESCRIBED IT IN 2019, COVERAGE IS NOT EQUAL



Source: <https://www.cdc.gov/hiv/statistics/overview/in-us/prep-coverage.html>

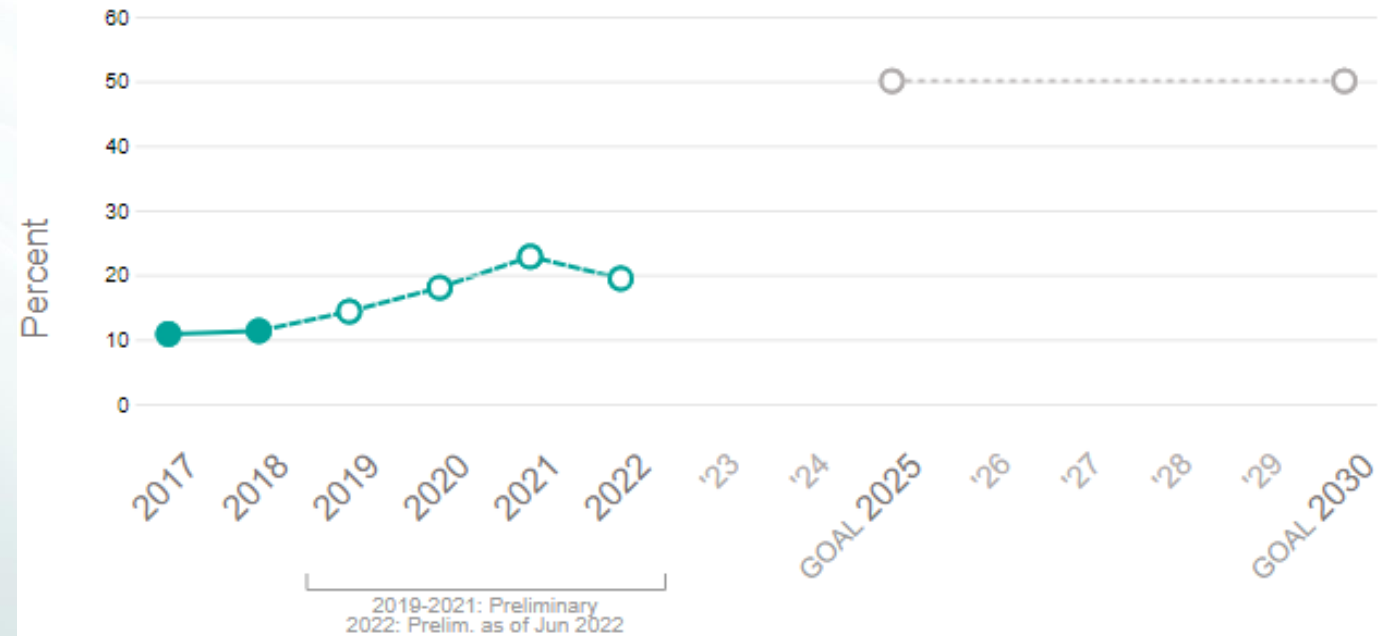
Dallas County's PrEP uptake

Source:
<https://ahead.hiv.gov/locations/dallas-county>



PrEP Coverage

PrEP coverage is the estimated percentage of individuals prescribed PrEP among those who need it.



ending
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 IV
 epidemic

Challenges

- Healthcare stigma and lack of knowledge
- Understanding the right product for the client: PrEP, PEP / pill, long-term injection
- How the service location matters: in-person at a clinic, LGBTQIA+ organization, doctor's office / not in-person: telehealth
- Options for testing besides accessing PrEP: HIV/STI testing
- Health insurance challenges
- If the client is uninsured or underinsured: how to serve individuals? Who pays for labs, visits, provider's time, and other admin fees?
- Access to better insurance plans and carriers that cover PrEP, these clients still need navigation even if they have insurance
- Pre-authorizations? One of the biggest challenges
- Privacy concerns
- Mental health issues
- Substance use disorders
- Transportation
- Political environment

Opportunity for grow

- Assess barriers – Health equity for all / Eliminate economic disadvantages
- To have competent staff to work with the target populations, including providers
- Partners/Collaborations
- Knowledge, knowledge, knowledge
- Create successful campaigns for key communities / Normalize PrEP
- Minimize or eliminate costs for clients and agencies
- Health departments involvement
- National PrEP Strategy



Highlight success

- Agencies, organizations, health departments still provided access to PrEP even with the most recent challenges
- Continuous Outreach / Mobilization
- Conversation
- Staff working around barriers
- Telehealth

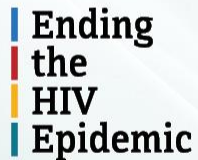


Thank you

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Dallas County, TX
April 7, 2023

Treatment Policy and
Implementation:
Linkage to Care

Ellen Kitchell, MD, FIDSA,
AAHIVM-S

Medical Director, HIV Clinical Services
Parkland Hospital/UT Southwestern

Objectives



- Examine any progress and challenges to linkage to HIV treatment in Dallas County
- Highlight related changes in either policy or public health in general that has impacted linkage or adherence to HIV care
- Discuss any missed opportunities for developing strategies for improvement of linkage to care rates

Objectives



- Examine any progress and challenges to linkage to HIV treatment in Dallas County
- Highlight related changes in either policy or public health in general that has impacted linkage or adherence to HIV care
- Discuss any missed opportunities for developing strategies for improvement of linkage to care rates

What is linkage?

- Crucial early step in successful HIV treatment
- Transition from testing location/personnel to treatment team
- CDC benchmark for linkage to care: HIV viral load/CD4 count testing within 30 days of diagnosis of HIV
- Dallas linkage rates: 69% in 2022 (preliminary data)
- Concerns about linkage to treatment services and responsibilities of physicians/providers is an enormous barrier to HIV testing in the community



Agape Free Medical Clinic



Insurance & Benefits

Dallas Has the Worst Uninsured Rate in the Nation

By Will Maddox | October 11, 2019 | 10:05 pm

Nearly a quarter of Dallas residents are uninsured, according to a study that measures uninsured rates across the country. The WalletHub study ranked Dallas as the large city (over 300,000 population) with the highest rate of uninsured residents. It was ranked 539 out of 548 of all cities included in the study, which analyzed Census Bureau data. North Texas neighbor Garland was the seventh worst overall. Out of the 10 least insured cities in the country, seven were from Texas.

Texas has long held the dubious distinction of being the state with the highest uninsured rate in the nation. The state is one of 14 that has resisted Medicaid expansion, which would increase the number of working poor who would have insurance and currently do not.

Dallas is also one of the more expensive place in the country, which is



Challenges/Opportunities



- In research studies, factors that predict *delayed* linkage to care include:
 - Poverty
 - Housing insecurity
 - Lack of insurance or access to primary care prior to HIV diagnosis
 - Substance use disorders, mental health conditions
 - Location separate from primary care
 - Disconnect between provider concerns and patients'
- Immediate referral to HIV services
- Case managers and patient navigators, strength-based case management (ARTAS program)
- Proactive engagement and reengagement of patients who miss clinic appointments
- Intensive outreach for those not engaged in care
- Transportation support for persons with HIV to attend their clinic visits is recommended

Changes in Policy Impacting Linkage



- Affordable Care Act: Improves access to HIV treatment and prevention services. Prohibits insurance companies from denying coverage to people with pre-existing conditions, such as HIV, and provides subsidies to help make coverage more affordable.
- Medicaid Expansion: Several states have expanded their Medicaid programs under the ACA, which has helped to improve access to healthcare coverage for low-income individuals, including those living with HIV.
- Ending the HIV Epidemic: In 2019, the Trump administration launched the Ending the HIV Epidemic initiative, which aims to reduce the number of new HIV infections in the United States by 90% by 2030. Funding opportunities to reward innovative methods to increase linkage



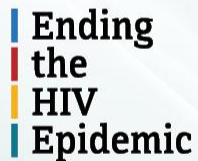
Making Connections: What is Happening in Dallas County?

- AIDS Healthcare Foundation: 24 hour linkage line
- Parkland: consistent access to rapid start appointments
- Prism, AHF: online appointment portal
- Resource Center: Provides linkage from Baylor Emergency department, North Texas Infectious Disease Consultants (NTIDC) provides patient with 30 days of sample medications prior to discharge, connected to Resource Center case managers who facilitate linkage. Some NTIDC providers are credentialed with Resource Center and see patients through the transition
- Parkland ED referral system: CM meets with patient in ED, sets up appointment, can do same-day
- AIN: linkage coordinators that provide access to multiple sources of support
- Peer navigators at multiple locations
- EHE from Dallas County linkage coordinators

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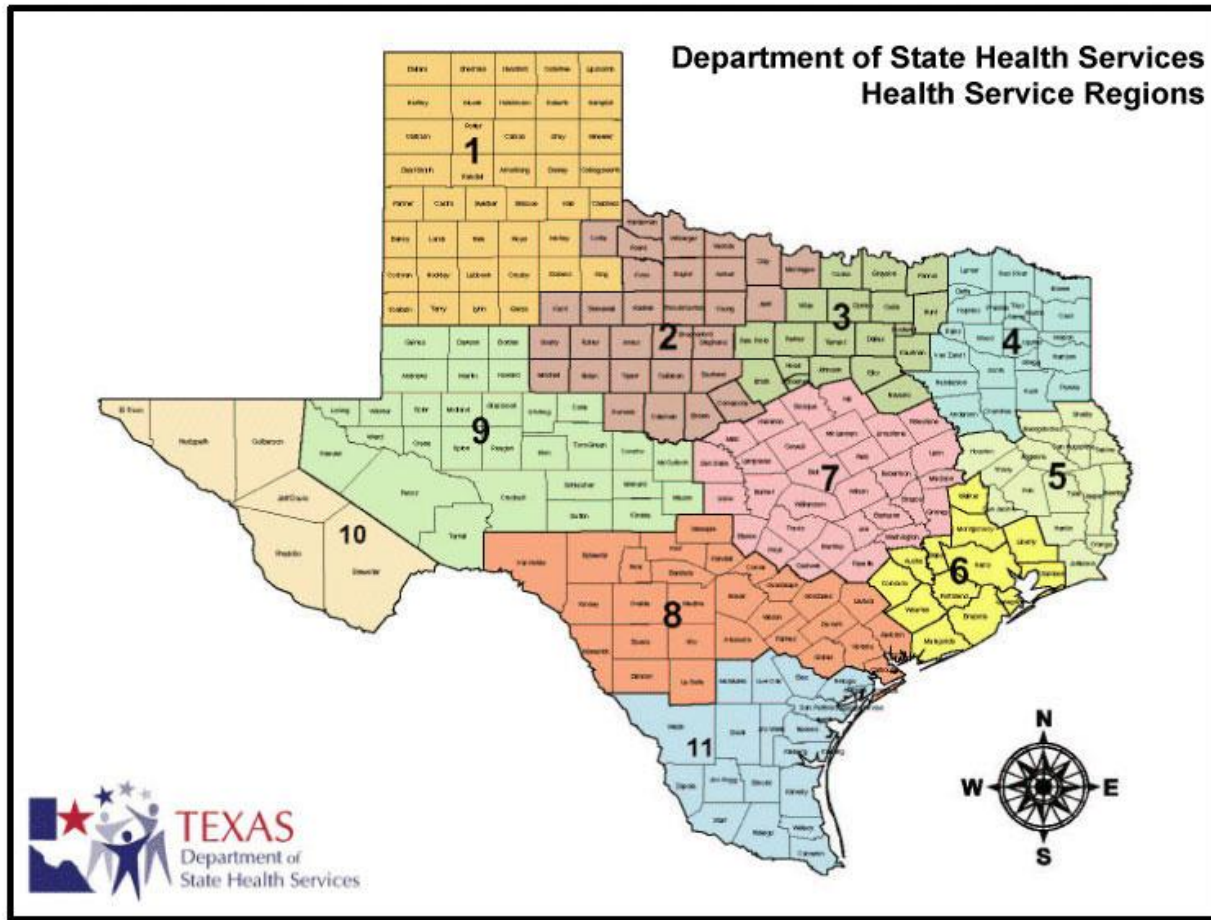
County and State Policy
Alignment

Philip Huang, MD, MPH
Director/Health Authority
Dallas County Health and Human
Services

Objectives

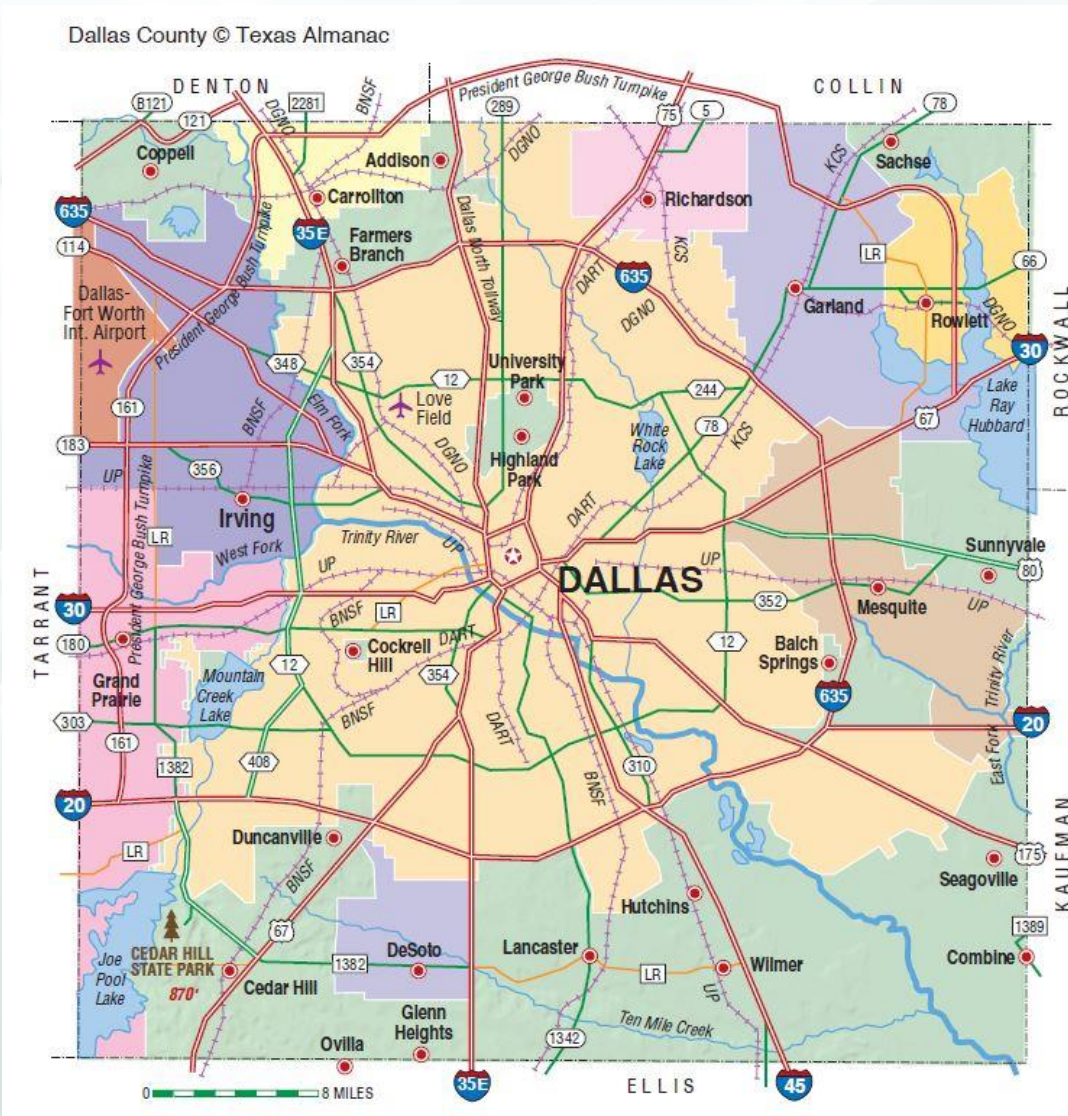
- Provide history and background around Dallas County's Integrated Plan (IP)
- Examine its alignment with local ending the HIV epidemic (EHE) activities
- Discuss common themes
- Lift up potential next steps as Dallas County moves to eliminate HIV

The State of Texas



- Texas is the second-largest U.S. state by both area and population
 - At 268,596 square miles, and with more than 30 million residents in 2022
- In 2021, the largest Texas racial/ethnic groups were **Latino (40%)**, **non-Hispanic White (39%)** and **Black (11%)**
- In 2020, there were **97,416 people** living with HIV in Texas

The County of Dallas



- Dallas County is the 2nd largest county in Texas with over **2.6 million residents** .
- There are **31 municipalities** represented in **Dallas County**
- In 2020, the largest Dallas County racial/ethnic groups were **Hispanic (40%)**, **non-Hispanic White (27%)** and **Black (22%)**.
- In 2021, there were **over 25,000 people** living with HIV in Dallas County

Alignment of EHE Themes



Themes found in both the State and County Plans

1. Community building with persons living with HIV (PLWH) and allies
2. Education and stigma reduction
3. Access to care and supportive services
4. Data-driven policies
5. Implementation, monitoring and reporting
6. 95-95-95 Goals
7. Focus on testing, rapid linkage to care, retention, re-engagement, viral suppression and ending stigma

Alignment of EHE Activities



- With large areas and diverse populations, a key component to achieving alignment is selecting common focus areas
- Both the State and Dallas County chose Rapid ART as a Focus Area
 - Texas: By 2025, Texas will achieve 90% linkage to care for all people living with HIV within 30 days
 - Dallas County: By 2025, Dallas County will achieve 90% linkage to care for all people living with HIV within 30 days
 - In 2023, Dallas EHE/RW QI project will increase the percentage of patients with a concurrent diagnosis of HIV and a bacterial STI that are linked to HIV care within seven (7) days

Principal EHE Contacts



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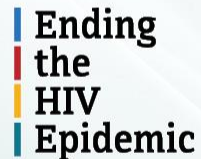
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2023 WORKSHOPS



Dallas County, Texas
April 7, 2023

Community Access to
HIV Services

Ellen Kitchell, MD, FIDSA,
AAHIVM-S

Medical Director, HIV Clinical Services
Parkland Hospital/UT Southwestern

Objectives

- Provide background around Dallas County's overall access to HIV prevention and treatment services
- Examine its challenges and opportunities informed by past experiences and common issues faced by clinics seeking to expand community access to services
- Lift up potential next steps as Dallas County moves to eliminate HIV

History of HIV in the US



CENTERS FOR DISEASE CONTROL June 5, 1981 / Vol. 30 / No. 21

MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

Epidemiologic Notes and Reports

- 249 Epidemiologic Notes and Reports
- 249 Dengue Type 4 Infections in U.S. Travelers to the Caribbean
- 250 *Pneumocystis* Pneumonia — Los Angeles
- Current Trends
- 252 Measles — United States, First 20 Weeks
- 253 Risk-Factor-Prevalence Survey — Utah
- 259 Surveillance of Childhood Lead Poisoning — United States
- International Notes
- 261 Quarantine Measures

***Pneumocystis* Pneumonia — Los Angeles**

In the period October 1980-May 1981, 5 young men, all active homosexuals, were treated for biopsy-confirmed *Pneumocystis carinii* pneumonia at 3 different hospitals in Los Angeles, California. Two of the patients died. All 5 patients had laboratory-confirmed previous or current cytomegalovirus (CMV) infection. Case reports of these patients follow.



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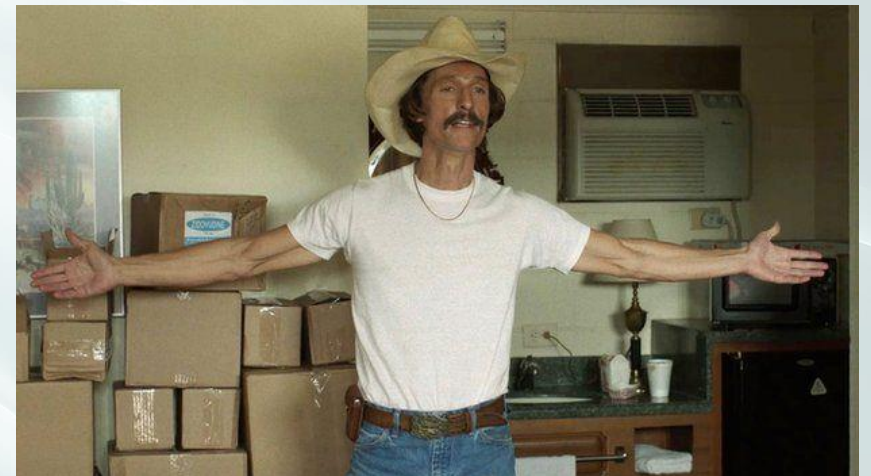


History of HIV in Dallas



- Dallas AIDS Action Project
- Oak Lawn Counseling and AIDS Resource Center
- AIDS Arms
- AIDS Interfaith Network
- Buyers' clubs

- “Cowboys, ‘Queers’ and Community: The AIDS Crisis in Houston and Dallas, 1981-1996.” Molly Ellen Bundschuh



Workforce Shortages Then...

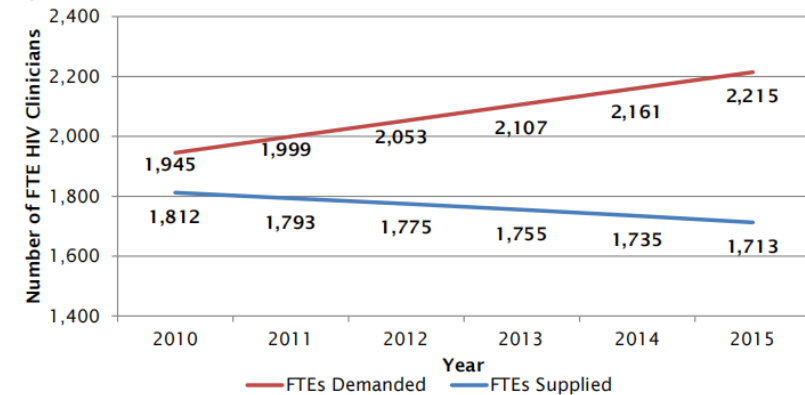


- “Our problem was one of physician manpower and a reluctance on the part of physicians to care for persons with AIDS.”
- “What is the basis of that reluctance?”
- “I think fear and sometimes stupidity...One of the doctors I tried to get to work in the clinic, his wife threatened to leave him if he worked at the clinic because she thought he might be infectious...I thought that was obviously stupid.”
- Court Report: Dallas Gay Alliance v. Parkland Memorial Hospital, 1986.

Workforce Shortages Now...

- People with HIV who achieve sustained virologic suppression have life expectancy similar to peers w/o HIV
- Complex care with co-morbid conditions requiring comprehensive HIV and primary medical care
- HIV *workforce* is aging
- Recent survey showed 1/3 of HIV primary care providers reported that they plan to retire w/in the next 10 years
- Clinical burnout (particularly exacerbated by COVID pandemic) is high!

Figure ES.2. Baseline Forecasts of FTE HIV Clinicians Demanded and Supplied, 2010–2015



Sources: Mathematica and Lewin analysis of the HIV clinician workforce survey (2012), Medical Group Management Association (MGMA) survey (2012), NAMCS (2009) and NHAMCS (2008) surveys, HCUP-NIS data (2002-2009), and state and federal HIV surveillance data (2008).

What about the replacements?

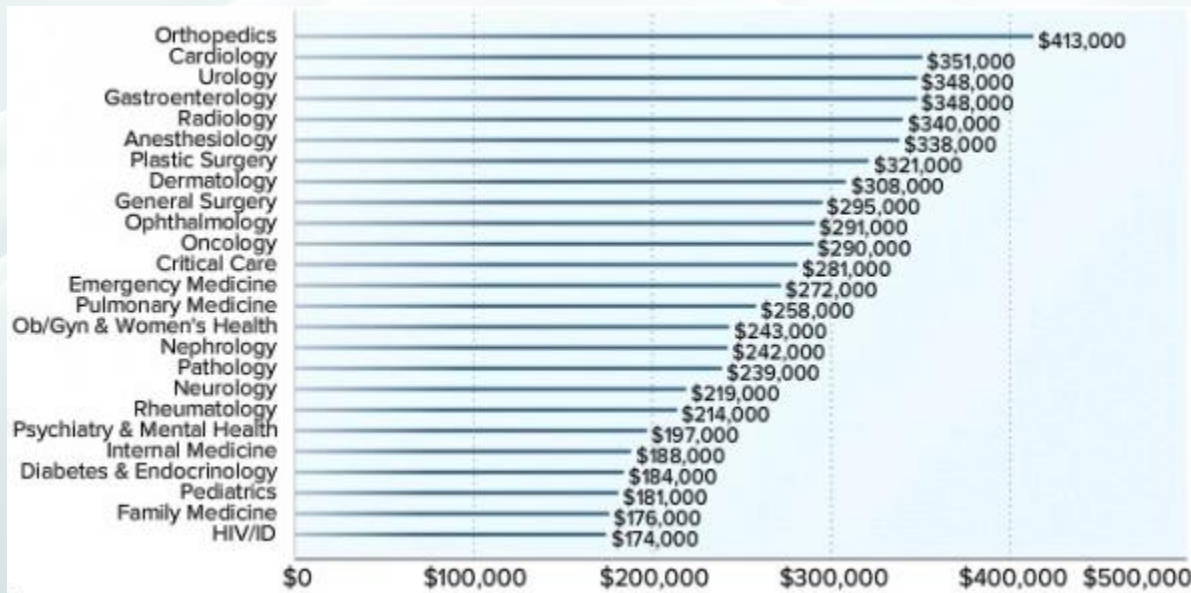
Great news for germs

The US doesn't have enough infectious disease doctors — and the situation is about to get worse.

By Keren Landman | @landmanspeaking | Dec 23, 2022, 7:00am EST



- 25% of US ID training positions went unfilled during the most recent Match
- Why?
 - Average estimated debt for 2024 graduates exceeds \$300,000
 - You earn *less* money with extra 2-3 years of training
 - Cognitive vs. procedural (you don't get paid for thinking)
 - 51% of ID physicians report burnout as reported to Medscape



Advocacy-->Solutions



- BIO Preparedness Workforce Act
 - Provides loan repayment up to \$50,000 for those working in infectious disease in medically underserved areas
- HIVMA fellowship: focused on non-infectious diseases physicians to gain HIV clinical experience
- Residency Training Tracks or Area of Concentration
- Exposure of learners at all levels to HIV education
- Key role of APPs in combating workforce shortage
- Need for education of providers: AETC, National HIV Curriculum



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2023 WORKSHOPS

Addressing Criminalization as a Barrier to Ending HIV



Moderator:

Felicia Anthony, BAAS, CHW

Program Manager, PRISM North Texas

Panelists:

- **Kevin Chadwin Davis, BPH**
340B ACE
Ryan White Planning Council Member
- **Joel Lazarine, J.D.**
Legal Director – Legal Hospice
- **Vinyetta Cooper**
Freeworld Bound Testing Coordinator and
Behavioral Health Specialist – PRISM
Health North Texas

Objectives

- Provide history and background around current policies on HIV and harm reduction criminalization in the State of Texas
- Examine its context with local ending the HIV epidemic (EHE) activities and goals
- Discuss what's currently happening with criminalization and HIV in the justice system in Texas or in Dallas County
- Lift up potential next steps as Dallas County to navigate criminalization

Scaling Up PrEP Access and Utilization



Moderator:

Kevin Chadwin Davis, BPH

340B ACE

Ryan White Planning Council Member

Panelists:

- **David Meeks, MSN, APRN, FNP-C, HIVPCP**
Nurse Practitioner – Community Health Empowerment Center
- **Kelly Garrison-Salinas, MSW**
Pharmacist – Oak Lawn Pharmacy
- **D'Metris Welter, MPH**
Associate Director – Abounding Prosperity

Objectives

- Provide history and background around current climate on PrEP dispensation in Dallas County
- Examine its context with local ending the HIV epidemic (EHE) activities and goals
- Discuss what's currently happening with expanding PrEP uptake among HIV-or-medically-hesitant population
- Lift up potential next steps and actions as Dallas County to navigate upscaling PrEP coverage to patients who could benefit

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2023 WORKSHOPS

Optimizing Social Determinants to Achieve U=U



Moderator:

**Auntjuan "Mr. Community" Wiley, B.S.W.,
M.P.H, C.L.C.**

President and CEO – AIDS Walk South Dallas, Inc.

Panelists:

- **Jason Brock**
Director of Development – Legacy Cares
- **Korey Pope-Willis**
Community Intervention Specialist,
Abounding Prosperity, Inc
- **Lori Davidson**
Senior Grants/Contract Compliance
Specialist, City of Dallas

Objectives

- Discuss what social determinants of health (SDOH) Dallas County and its cities have jurisdictional authority over that relates to quality of life, cost of living, and HIV service accessibility
- Examine which social determinants directly impact the overall success of the various HIV plans in Dallas County (EHE, RW, Achieving Together)
- Prioritize which SDOH are missing from HIV planning, or ones that require further stakeholder engagement, and how to integrate them into planning and implementation to end HIV
- Lift up potential next steps as Dallas County moves to eliminate HIV through the lens of engaging the SDOH

Implementing HIV Status Neutrality in Practice



Moderator:
Yolanda Jones, MPA
COO
AIDS Services of Dallas

Panelists:

- **Naomi Green, MBA**
Community Advocate and HIV Consultant
- **Brandon Huey**
HPTN Coalition Chairperson – Abounding Prosperity, Inc
- **Elyse Malanowski**
SC AETC PT Specialist – PRISM Health North Texas

Objectives

- Provide history and background around Dallas County's stakeholder implementation of the clinical status neutral framework for HIV
- Examine its implementation challenges and what lessons learned have come from successes
- Discuss gaps in widespread status neutrality framework implementation both inside and outside the clinical setting
- Lift up potential next steps as Dallas County moves to widespread status neutrality frameworks

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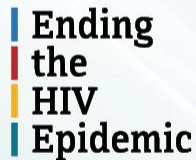
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2023 WORKSHOPS



Dallas County, TX
April 7, 2023

Identified Challenges and Opportunities Actionable EHE and FTC Implementation Steps in Dallas County

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

HIV Care Continuum Optimization for EHE and FTC Goals

- Normalize, normalize, NORMALIZE!! Both HIV and sexual health talk
- Get creative in expanding testing- Open testing in places where people don't expect you
 - Partner with organizations that have connections into challenges spaces or spaces where you don't have the initial connections
- Meet people where they are at the times that work for them
- Bringing more mobile services to the community
- 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

Improving Engagement

Widen the circle

- Youth
 - Find spaces outside the school to engage them
 - Digital Spaces – advocate to keep HIV/LGBTQ content available on social media platforms
- Parents
 - Educate parents to better support their youth
- Transgender organizations who are engaged
- Faith-based leaders
- Hesitant Populations
 - Address the stigma that is keeping them from the table – invitation not accusation

Improving Linkage

- Widen the circle of who can assist with referrals and linkage
- Not everywhere is resourced enough to ensure consistent follow up for patients
- Need to address improvement in workforce health
 - Workforce shortages
 - Burnout
 - Retirement/turnover
 - 25% of US ID training positions went unfilled during the most recent match
 - Why? High Stress and lower comparative pay
 - ID does not have a 'Procedure'

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 criminalization
- Educating persons about the law, not HIV specific, but HIV still considered a deadly weapon
 - Changing the dialogue that HIV is not the same as a deadly weapon, it's not the 90s anymore
- Advocate for Medicaid expansion
 - How do we mobilize to demand these changes?
- 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
- 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
- Lobby Pharma Benefits Managers to ensure PrEP remains covered
 - Reach out to them and demand they continue coverage
 - Similar to other forms of preventative health coverage
 - Ask pharma to stand up with community

Stigma

- Stigma in healthcare settings – training as a continuous process
 - Change the framework from ‘reducing’ stigma to ‘addressing stigma
 - It’s a constant need to tend
- 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 being flat funded after a raise, EHE dollars, other funding/medical dollars
 - Unique partnerships to ensure affordable housing
 - Local level, starting to centralize accessibility to Housing assistance through a central number,
 - What can we do to educate everyone on that information as it becomes centralized
 - Consider flexibility in opening/closing
- 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
 - Consider employment as further needs

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
 - Challenges
 - Education for providers and clinicians on the community basics (LGBTQ)
 - HIV should be a requirement for any public health, not an elective
 - Continued lack of awareness of provider’s own stigma that they are not aware of
 - Staffing challenges – goes right back to advocating for the BIO Preparedness Awareness Act
- Next steps for consideration
 - Innovation on how to discuss HIV
 - Addressing the underlying social determinants as the lead in to addressing HIV
 - Reading the Status Neutrality Needs Assessment
 - Lots of people still don’t know what U=U is
 - Lots of people still don’t know what PrEP is

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
 - BIO Preparedness Workforce Act – Provides loan repayment up to \$50,000 for those working in infectious diseases
 - 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
 - Larger clinics should pour into smaller CBOs who can address the needs of patients
 - Simplified access into the HIV prevention/treatment framework
 - More effort on implementing Same-Day PrEP protocols
 - Clinical work and practices need to operate in a fashion that meets the availabilities of those in need of care

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!

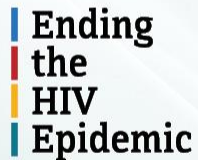
Housing *IS* Health! Beyond the conversation of responsibility of services, the city handles housing already

- 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
- Consider more of a role from health insurance companies to approach funding housing projects
- Status Neutral frameworks need to consider equitability in delivering services

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2023 WORKSHOPS



Dallas County, TX

April 7, 2023

Closing Remarks

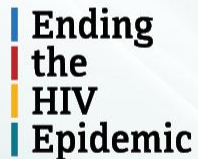
Sindhu Ravishankar, MPhil
Vice President, Programs and Research
Fast-Track Cities Institute

- **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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2023 WORKSHOPS



Dallas County, TX

April 7, 2023

Closing Remarks

Helen Zimba
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The Afiya Center
Chair, Ryan White Planning Council