2023 INTRA-JURISDICTIONAL EHE ↔ FTC ALIGNMENT WORKSHOPS
Welcome and Setting the Stage

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

Charleston & Columbia, SC
April 21, 2023
Setting the Stage....

• Charleston and Columbia both joined Fast-Track Cities and was 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>
<td>• Federal 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>
<td>• HHS inter-agency leadership engaging community and local stakeholders</td>
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<td>• Targets:</td>
<td>• Targets:</td>
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<td>• 95-95-95 and zero stigma and discrimination by 2025</td>
<td>• Reduce # new HIV infections in the United States by 75% by 2025</td>
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<td>• Ending the HIV epidemic by 2030 (zero new infections and zero HIV-related deaths)</td>
<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 from HHS Region 4

CAPT John Oguntomilade, BDS, MPH, PhD
PACE Program Director
U.S. Public Health Service HHS Region 4

Charleston & Columbia, SC
April 21, 2023
The nation’s annual new HIV infections have declined from their peak in the mid-1980s.

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

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

Gay and bisexual men are the most disproportionately affected group. Account for about 66% of new HIV infections each year, with the highest burden among Black and Latino gay and bisexual men and young men.

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

Disparities persist among women. Black women are disproportionately affected compared to women of other races/ethnicities.
- Annual HIV infections remained stable among Black women from 2015 to 2019,
- The rate of new HIV infections among Black women was 11 times that of White women and 4 times that of Latina women.

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

7% of new HIV infections in the U.S. were among people who inject drugs.
HIV Diagnosis in the U.S. 2016 – 2020: Despite Decrease Disparities Persist

HIV Diagnoses in the United States and Dependent Areas Over Time*

Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic. For more information, view the report commentary section.

* Among people aged 13 and older.

Missed Opportunities

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

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

Daily et al., MMWR Weekly Report, 2017; Skarbinski et al., JAMA, 2015; Gopalappa et al., Med Decision Making, 2017
National HIV/AIDS Strategy (2022-2025) update

**Goal 1**
Prevent New HIV Infections

**Goal 2**
Improve HIV-Related Health Outcomes of People with HIV

**Goal 3**
Reduce HIV-Related Disparities and Health Inequities

**Goal 4**
Achieve Integrated, Coordinated Efforts That Address the HIV Epidemic among All Partners and Interested Parties
Panel Members:
- Rev. Regina Moore
- Rev. Matt Rollins
- Rev. Dcn. Dianna Deaderick
- Minister Sonyetta Cooper
- Rep. Shedron Williams
Building Capacity to Expand Viral Suppression Initiatives

Efforts to increase awareness of the benefits of viral suppression - such as Undetectable = Untransmittable (U=U) and the “Work of ART” campaign - can improve HIV program outcomes. Research shows that U=U awareness can increase HIV testing uptake, reduce stigma, improve adherence and viral suppression. This regional webinar will build the capacity of jurisdictions to leverage U=U and allied campaigns to fight stigma, improve HIV program outcomes, and make progress towards ending the HIV epidemic.

Details

Thursday, September 15, 2022. Time: 12:00 p.m. ET – 1:00 p.m. ET
Register online: https://www.aesemic.com/event/PEP_ID=872558

Objectives

- Describe how U=U awareness can improve HIV prevention, treatment, and care outcomes.
- Discuss the importance of viral suppression and how viral suppression initiatives can prevent transmission.
- Review best practices and lessons learned from statewide U=U initiatives in South Carolina and Mississippi.
- Provide technical assistance to jurisdictions to implement effective local U=U and other viral suppression campaigns.

Speakers

- Elizabeth McLendon, Community Advocate, Ending the Epidemics, South Carolina Department of Health and Environmental Control
- Melwerta Bender, Director, Office of STD/HIV, Mississippi Department of Health & P/H/Project Director, MS Ending the HIV Epidemic
- Mariah Willberg, Senior Director, U.S. Strategy & Ending the HIV Epidemic
- LS Jones, Mississippi Outreach Coordinator, Prevention Access Campaign
The Administration’s FY 2024 request for the EHE initiative is for $850 million, a $276.75 million increase over the FY 2023 enacted level.

Budget also proposes a new mandatory PrEP Delivery System that would provide PrEP to uninsured and underinsured people without cost-sharing and include essential wrap-around services.
PALSS, Inc. Testing Services

• Began services in 1985
• Testing Services implemented in 2005
• Adams Place Clinic for Men opened in 2010; expanded in 2019
• Integrated testing began in 2012
• Testing and linkage during COVID-19; began curbside testing
• Implementation of mobile testing 2021
• Implementation of self testing in 2022; expanded in 2023
• RapidStart implemented in 2021
Diagnose

• Provide testing during nontraditional hours
• Community locations
• Mobile unit
• Gain input from service users
• Refer newly diagnosed persons to Linkage Navigator on the same day as the rapid confirmatory test
• Follow-up with repeat testers
• Strategic online outreach using social media sites
• Increased marketing of testing and linkage services
Considerations for future testing

• Focus and expand routine testing in nontraditional settings including jails, EDs, shelters, street kitchens, substance use treatment facilities, clinics, college campuses, housing communities, etc.

• Use mobile medical unit to meet people in their own familiar communities.

• Increase and normalize use of self-tests or at home testing.

• Continue integrated testing services.

• Inform reluctant persons of other services that may be of interest, i.e., food pantry or meal vouchers, bus tickets, job coaching, clothing or hygiene supplies, etc.
Increasing Access to Biomedical Prevention

Kenric B. Ware, PharmD, AAHIVP
Chairperson, Board of Directors
Joseph H. Neal Health Collaborative
Associate Professor of Pharmacy Practice, South University

Charleston & Columbia
April 21, 2023
Objectives

• Examine Charleston, Columbia, and South Carolina’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)
SC’s HIV PrEP Uptake

PrEP (Pre-Exposure Prophylaxis)

Number of PrEP users, 2021: 2,729
Rate of PrEP users per 100,000 population, 2021: 63

Percent of PrEP users, by Sex, 2021:
- Male: 90.3%
- Female: 9.6%

Percent of PrEP users, by Race/Ethnicity, 2021:
- Black: 35.1%
- Hispanic/Latino: 2.3%
- White: 58.6%

Percent of PrEP users, by Age, 2021:
- Aged 13-24: 15.8%
- Aged 25-34: 59.0%
- Aged 35-44: 22.2%
- Aged 45-54: 12.2%
- Aged 55+: 10.8%

Number of PrEP Users, 2012-2021

Evidence2Practice – SC HBCUs

Developed in 2021 at Duke University, funded by the CFAR Diversity, Equity and Inclusion Pathway Initiative (CDEIPI)

Undergraduate exposure to HIV research-related careers; Consult with students about campus-specific HIV prevention strategies

Five South Carolina Historically Black Colleges and Universities (HBCUs) engaged: Allen University & Morris College not pictured
Increasing PrEP uptake, Decreasing PrEP use disparities

- Updated organizational presence on PrEP locator services
- Advocate for pharmacist-initiated PrEP delivery
- Scale up tele-PrEP services to facilitate therapy acquisition
- Customize PrEP-centered messaging to different populations of interest
Eliminating Disparities in HIV Health Outcomes

Michael Moxley, MD, FACOG
VP and Chief Officer of Diversity, Inclusion, and Health Equity
Roper St. Francis Healthcare

Dr. Tawana Philpott Brown, LMSW, MA
Program Director, Ryan White
Roper St. Francis Healthcare
Numbers Don’t Lie

• In South Carolina, almost 15,000 citizens— including about 200 children and teens — are living with HIV infection or AIDS
• Each year, more than 56,000 new cases are diagnosed
• Worldwide, more than 60 million people, including millions of children, have been infected since the early 1980s
• African Americans are disproportionately impacted by HIV/AIDS in South Carolina
• African Americans comprise 27% of the state’s total population, yet 65% of the total people living with HIV are African American.
The Why?

• Socioeconomic Status
• Slavery-Jim Crow-Racial Disparity
• Mistrust of the Medical Community
  • Tuskegee
  • Henrietta Lacks
  • Father of Modern Gynecology
• Barriers to Care
The How?

- Building Trust & Relationships
- Addressing Social Determinants of Health
- Intersection of Health + Spirituality → Healing
References & Contact Info

https://scdhec.gov/hiv-aids-std-data-reports

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Executive Assistant: Brenda Lundstrom
(Brenda.Lundstrom@rsfh.com)

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https://www.ryanwhiteofcharleston.org/
Eliminating Stigma in Clinical Settings

Sabra S. Custer, DNP, MS, FN-BC, AAHIVS
Prisma Health/USC Immunology Center
Tandem Health

Charleston & Columbia
April 21, 2023
Objectives

• Understand stigma and how it affects EHE goals and initiatives

• Examine Charleston, Columbia, and South Carolina’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
Stigma in SC: Current State

• Drivers: homophobia and racism
• Racial disparities r/t HIV infection highest in the Southeast
• Intersectionality of racism and HIV-related stigma
• Religiosity is usually associated with increased HIV-related stigma
• Recent qualitative studies conducted with PLHW (especially younger, LGBTQ PLWH) reveal perceived stigma from HIV service organizations, healthcare providers, and mention medical distrust
Progress on Diagnosis EHE Pillar

• SC is one of the targeted EHE states due to high HIV burden, racial and geographic disparities

• SC has significant racial disparities related to late vs early HIV diagnosis: those who are old, male, and non-white more likely to be diagnosed later in the disease progression

• Programs focused on increased (opt-out) testing in emergency departments have shown success in increasing testing rates, especially in Black South Carolinians
Stigma-related Interventions - FAITH

• Project FAITH (Fostering AIDS Initiatives That Heal) was a multi-year project in SC, funded by the General Assembly, that assisted faith-based organizations (FBOs) to develop HIV-related interventions in their communities

• Researchers and SC HIV/AIDS Council members provided technical assistance and training to FBOs that were funded

• Resulted in increased capacity of participating FBOs and sustainability of many projects, teams past the end of funding in 2011
Other Stigma Interventions

• Other interventions focus within the HIV community, PLWH
• Recognition of importance of social support within PLHW community
• These programs “flip the script” – if external stigma is stagnant, let’s focus on supporting PLWH to increase resilience and decrease internal stigma
• Importance of representation of POC, LGBTQ community when developing support groups, social programs
Stigma To-Do List:

• Address current SC statute 44-29-145 (HIV criminalization law)
• Integrate HIV-related education into all healthcare and healthcare-adjacent educational curricula
• Continue/increase population-based opt-out testing at EDs, FQHCs, and other locations where those most at-risk seek healthcare
• Include POC, the LGBTQ community, and African-American churches in the planning and implementation of community-based interventions related to increased testing and stigma
Mayoral Remarks and Signing Ceremony

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

Mayor Daniel J. Rickenmann
City of Columbia

Mayor John J. Tecklenburg
City of Charleston
• Significant **PROGRESS HAS BEEN MADE** in Charleston, Columbia, and South Carolina

• 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%**
Prevention Policy and Implementation

Hercules Brown
PrEP and Prevention Program Manager
Palmetto Community Care

Charleston & Columbia
April 21, 2023
Disproportionate Impact of HIV on Black MSM

• Black men who have sex with men living in the Southern regions of the United States are disproportionately affected by HIV and experience significant disparities in HIV incidence, access to HIV care, and prevention across ages and socio-economic statuses.

• A meta-analysis that compared disparities and risks of HIV infection among MSM in the U.S., United Kingdom, and Canada found greater poverty and lower rates of health insurance among BMSM in the U.S. than in the UK and Canada.

• MSM is 83% times more likely to be infected with HIV than heterosexual men. Estimates suggest that BMSMs in the South are five times more likely to acquire HIV than their White counterparts.

• Black MSM living in Southern states are less likely to be tested for HIV; if HIV-positive, they are less likely to initiate treatment, be retained in care, and achieve an undetectable viral load when compared to White MSM.
Pre-exposure Prophylaxis (PrEP) Uptake among Black MSM

- Literature shows that despite the documented benefits of PrEP as an effective HIV-prevention method, its uptake among BMSM is limited across the U.S. Southern regions.
- In 2017, a national behavioral survey conducted in 23 U.S. cities revealed that 78.3% of BMSM were aware of PrEP, but only 18.8% had used it.
- A recent national survey conducted with young BMSM revealed that 52% of participants reported that they were likely to be infected with HIV, 39% had heard about PrEP, and 62% disclosed their sexual orientation to healthcare providers and were willing to take PrEP; however, only 8% reported having taken PrEP.
Barriers to PrEP Uptake

Common barriers to PrEP uptake include

• Stigma
• Homophobia
• Mistrust of healthcare systems
• Negative attitudes from healthcare providers
• Access and transportation issues
• Poverty, and misinformation about PrEP.
PrEP Policy and Implementation

**Policy**

- In 2014 The World Health Organization (WHO) recommended offering PrEP to men who have sex with men (MSM). Based on further evidence of the effectiveness and acceptability of PrEP, WHO has now broadened the recommendation to include all population groups at substantial risk of HIV infection.

**Implementation**

- PrEP should not displace or compete with effective and well-established HIV prevention interventions. Those who could benefit most from PrEP belong to key population groups that may face legal and social barriers to accessing health services.
Objectives

• Examine South Carolina’s PrEP uptake over time
• Discuss challenges related to PrEP uptake
• Discuss opportunities for growth
• Highlight successes in increasing PrEP access and utilization
TREATMENT POLICY AND IMPLEMENTATION

Megan Ohorodnyk, MSN, RN
Ryan White Nurse Manager
Medical University of South Carolina

Charleston & Columbia
April 21, 2023
Objectives

• Examine any progress and challenges to linkage to HIV treatment in Charleston, Columbia, and South Carolina

• 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
Progress and Challenges

Progress

- Rapid Access- New diagnoses are seen within 72 hrs
- Focus Program- An optout program in Emergency Rooms

Challenges

- Patient Access- inability to contact the patient
- Patient Engagement- willingness or ability to engage in care
Impact on Linkage and Adherence to Care

• Health Insurance
• Transportation to appointments
• Mental Health Services
• Providing Comprehensive Medical Care
• Pharmacy Services
• Easy Access to Medical Staff
Missed Opportunities

• Lack of Housing Opportunities
• Comprehensive Substance Abuse Services
• Mental Health Services
Objectives

• Provide background around Charleston, Columbia, and South Carolina’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 Charleston, Columbia, and South Carolina move to eliminate HIV
Community Access to HIV Services

Christine Skope
Chair - Tri County HIV Service Care
Providers Network
Data Coordinator – Medical University of South Carolina
Palmetto Community Care (PCC) – Formerly known and Lowcountry AIDS Services (LAS)

- Phone: (843) 747-2273
  - Ryan White Part B
- Location: 3547 Meeting Street Rd. North Charleston
- Services
  - Support Groups
  - Medical Case Management
  - PrEP
  - Rapid Access to Medical Care
  - Dental
  - Insurance
  - HIV/STD Testing
  - Pharmacy Services
  - Medical Care
  - Mental Health and Substance Abuse
  - Housing and Utilities
  - Legal Aid

Lowcountry Infectious Diseases

- Phone: (843) 402-0227
- Location: 1938 Charlie Hall Blvd, Unit B, Charleston
Medical University of South Carolina (MUSC)

• Phone: (843) 792-7485
  • Ryan White Part B
• Location: 135 Rutledge Avenue, 7th Floor Rutledge Tower, Charleston
• Services
  • Medical Care
  • Free Confidential Rapid HIV Testing
  • PrEP
  • Transportation
  • Nutritional Supplements
  • Mental Health Counseling
  • Emergency Financial Assistance
• Rapid Access to Care
• Dental
• Medical Assistance
• Medical Care Management
• Health Insurance
• Support Group
Roper St. Francis Ryan White Wellness Center (RSFH)
• Phone: (843) 402-3093
  • Ryan White Part C
• Location: 1481 Tobias Gadson Blvd, Charleston
• Services
  • Medical Care
  • Rapid Access to Care
  • Behavioral and Mental Health Services
  • Dental Care
  • Laboratory Services
  • Medical Case Management
  • Medication Assistance
  • Nutritional Counseling
  • Substance Abuse Treatment
  • Pastoral Counseling and Support
• Vision Services
• Housing Assistance
• Food Pantry/Care Closet
• Legal Aid
• Health Insurance Assistance
• Support Groups
• Transportation
• Life Skill Classes
• Peer Navigation
• PrEP and PEP
Rapid Access Protocols Instituted in MUSC

Positive HIV Test Protocol
- Referred immediately for medical appointment in one of the three Ryan White Clinics
- Confirmatory lab work completed same-day
- Patients leave with medication dispersal

Opt-Out Testing Program – Emergency Department
- MUSC has Emergency Department Opt-Out HIV Testing protocol
- Positive tests are immediately referred to Linkage Coordinator in the ID Clinic
Barriers to Care

Even with Rapid Access and Opt-Out Testing Protocols in Place, there are still barriers to accessing treatment before or after a test:

- Transportation
- Unstable Housing
- None—or-Under insured
- Childcare needs
- Lack of health-or-general literacy
- Poor sexual health or HIV-specific education
- Language barriers
- Financial instability
Lessons Learned Through COVID on Accessible Community Care

• Telemedicine was rapidly implemented, specifically in areas it was not previously utilized
  • This provided both an opportunity to continue various doctor visits, but patients had a learning curve with devices (if they owned one)
• WiFi became critical lifelines with utmost importance both in-house and for patients at home – accessible, stable, and continuous WiFi became a necessary concern for basic healthcare
• Physicians saw patients in a new light, in their own homes through live stream
• Lab work protocol became burdened with COVID tests on top of routine and other ordered tests, our capacity to handle the influx was strained as were many other labs’ abilities
• Once patients experienced the ease of virtual visits, it became difficult to engage patient to be seen in person again at the clinic
Chris Skope
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INTRA-JURISDICTIONAL EHE ↔ FTC ALIGNMENT WORKSHOPS

2023 WORKSHOPS
Addressing Criminalization as a Barrier to Ending HIV

Panelists:

- **Willie Simon**
  Community Health Worker – Family Health Center of Orangeburg

- **Bernard Gilliard**
  State Program Manager, Partner Services – South Carolina Department of Health and Environmental Control

Moderator:
Shanna Hastie, LMSW
Preventative Health Social Worker, South Carolina Department of Health and Environmental Control
Objectives

• Provide history and background around current policies on HIV and harm reduction criminalization in the State of South Carolina

• 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 South Carolina

• Lift up potential next steps as Charleston, Columbia, and South Carolina move to navigate criminalization
Scaling Up PrEP Access and Utilization

Panelists:

• Dr. Katherine Richardson  
  Medical Director, Low Country Region  
  South Carolina Department of Health and Environmental Control

• Dr. Eric Meissner  
  Professor of Medicine – Medical University of South Carolina

• Michael “Chris” Cone  
  Student/PrEP Advocate – Trident College
Objectives

• Provide history and background around current climate on PrEP dispensation in Charleston, Columbia, and South Carolina

• 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 Charleston, Columbia, and South Carolina move to navigate upscaling PrEP coverage to patients who could benefit
2023 INTRA-JURISDICTIONAL EHE FTC ALIGNMENT WORKSHOPS
Optimizing Social Determinants to Achieve U=U

Panelists:

• Dr. Tawana Philpott Brown
  Program Director, Ryan White Wellness Center – Roper St. Francis Healthcare

• LaTosha Jenkins-Fludd
  Executive Director, HOPE Center – City of Charleston

• Stacey Jennings-Senghor
  U=U Ambassador for South Carolina - U=U+

Moderator:
Renee Linyard-Gary
Director, Diversity, Inclusion, and Health Equity – Roper St. Francis Healthcare
Objectives

- Discuss what social determinants of health (SDOH) Charleston, Columbia, and South Carolina 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 South Carolina (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 Charleston, Columbia, and South Carolina move to eliminate HIV through the lens of engaging the SDOH.
Implementing HIV Status Neutrality in Practice

Panelists:

- **Dr. William Tanyi**
EHE Prevention and Senior Consultant, STD/HIV/Viral Hepatitis Division – South Carolina Department of Health and Environmental Control

- **Scott Brown**
Ryan White Program Manager – New Horizons Family Health Center

- **Jonatan Guerrero-Ramirez**
Closed Case and Community Events Director - We Are Family

**Moderator:**
Gloria Estrada, MPH, CCHW
Latinx Coordinator, Ending the HIV Epidemic South Carolina Department of Health and Environmental Control
Objectives

• Provide history and background around South Carolina’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 Charleston, Columbia, and South Carolina move to widespread status neutrality frameworks
Identified Challenges and Opportunities

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

Charleston & Columbia
April 21, 2023
HIV Care Continuum Optimization for EHE and FTC Goals

- 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 and FTC Implementation Steps in Charleston and Columbia

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

Charleston & Columbia
April 21, 2023
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-judgmental 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
Closing Remarks

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

Charleston & Columbia
April 21, 2023
• **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

Dr. Regina Duggins
Founder/Executive Director
Charleston Black Pride

Charleston & Columbia
April 21, 2023
2023 INTRA-JURISDICTIONAL EHE ➔ FTC ALIGNMENT WORKSHOPS

INTRA-JURISDICTIONAL

EHE ➔ FTC

ALIGNMENT

2023 WORKSHOPS