

**INTRA-JURISDICTIONAL**

**EHE ↔ FTC  
ALIGNMENT**

**2023 WORKSHOPS**

**INTRA-JURISDICTIONAL**

# EHE ↔ FTC ALIGNMENT

**2023 WORKSHOPS**



Ending  
the  
HIV  
Epidemic

Charleston & Columbia, SC  
April 21, 2023

# Welcome and Setting the Stage

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



# Setting the Stage....

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

# Setting the Stage...



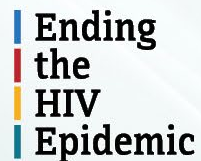
The purpose of this workshop is to:

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

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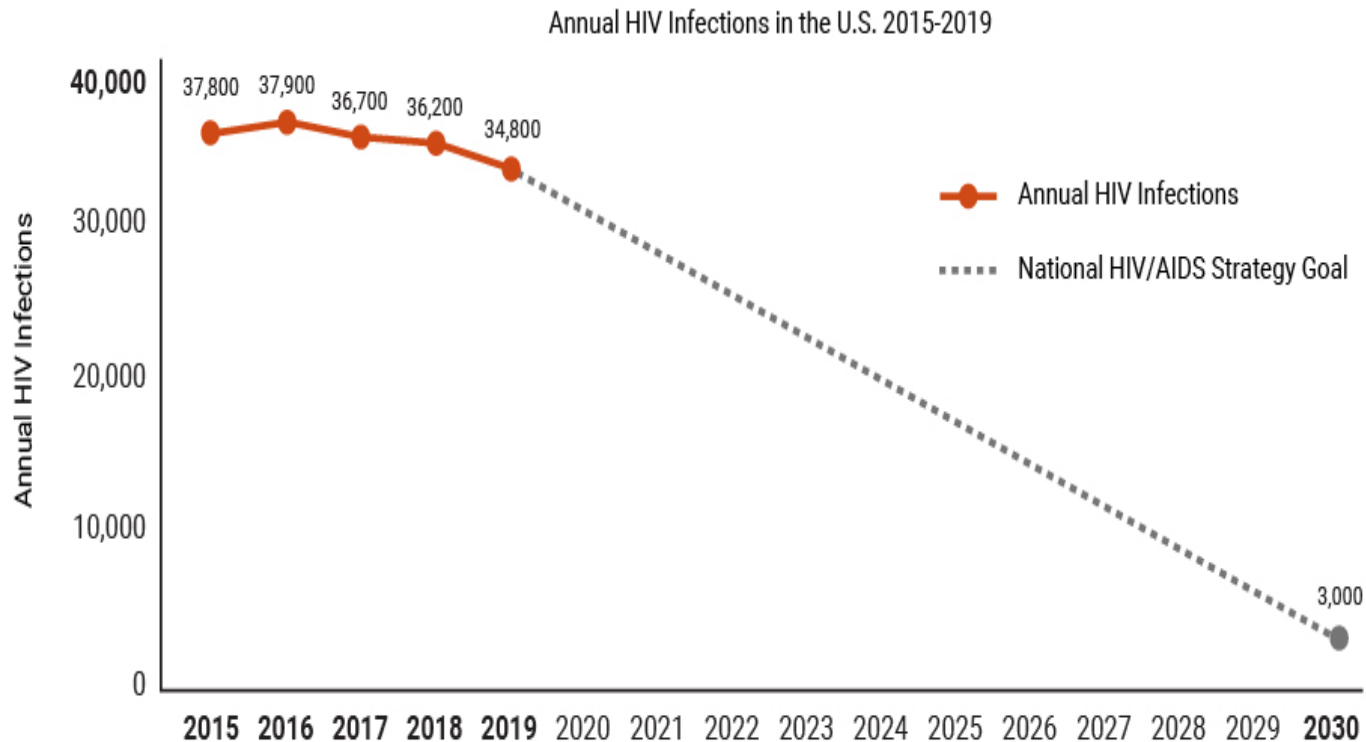
Charleston & Columbia, SC  
April 21, 2023

Welcome from HHS  
Region 4

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

## HIV EPIDEMIC: PROGRESS TO DATE

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



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

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

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

## Disproportionate Impact in 2019

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

### Gay and bisexual men are the most disproportionately affected group

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

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

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

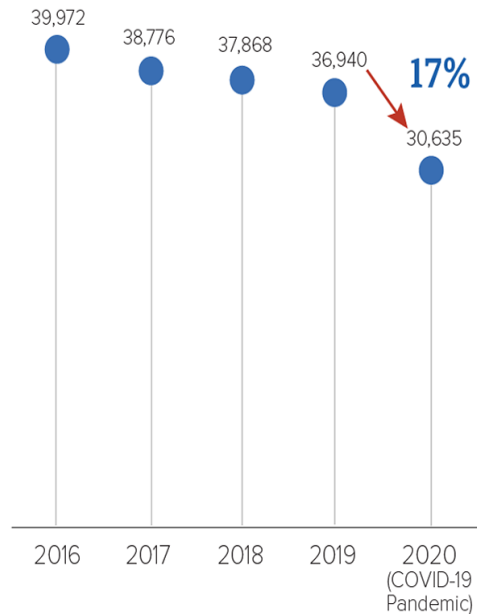
- Annual HIV infections remained stable among Black women from 2015 to 2019,
- The rate of new HIV infections among Black women was 11 times that of White women and 4 times that of Latina women.

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

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

# HIV Diagnosis in the U.S. 2016 – 2020: Despite Decrease Disparities Persist

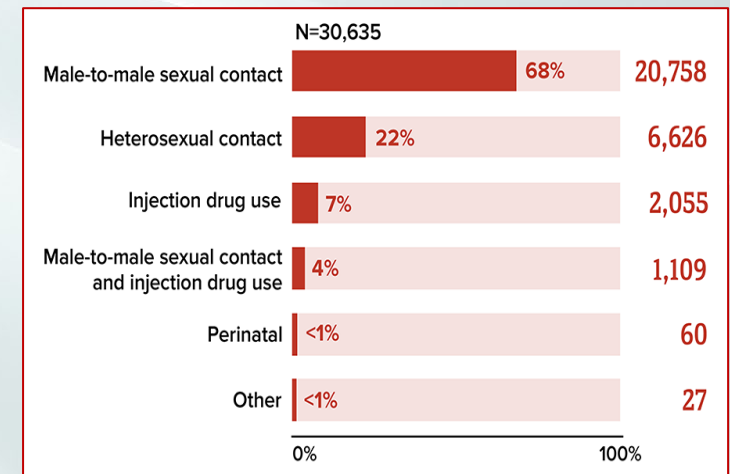
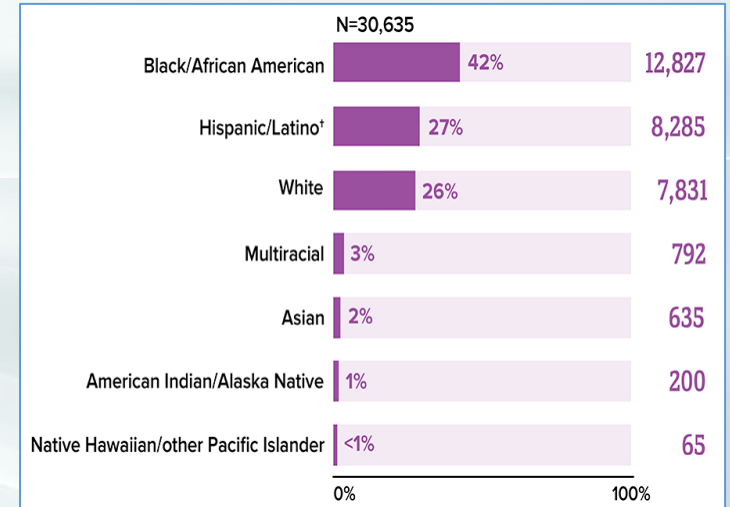
## HIV Diagnoses in the United States and Dependent Areas Over Time\*



**17% decrease** likely due to disruptions in clinical care services, hesitancy in accessing health care services, and shortages in materials for HIV tests during the COVID-19 pandemic.

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.

Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2020. *HIV Surveillance Report* 2021;33.



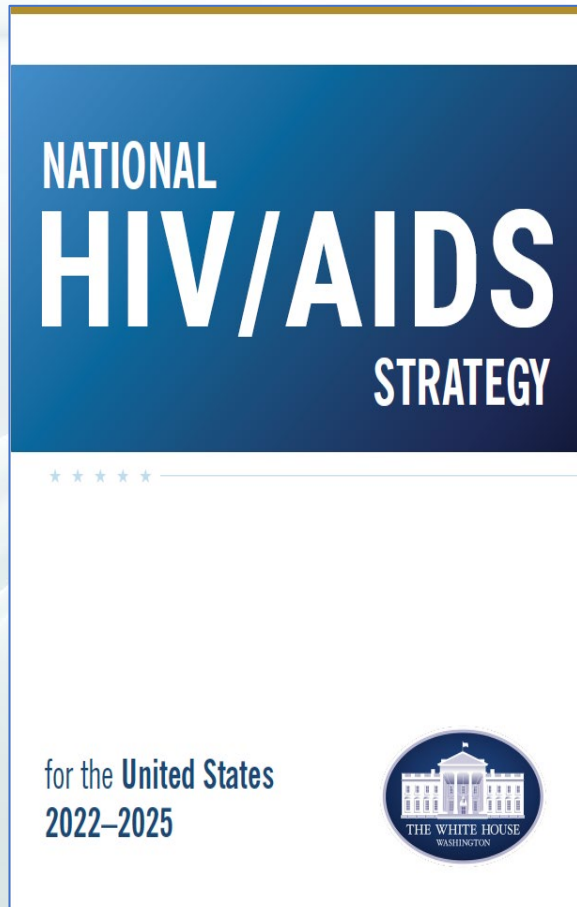


## Missed Opportunities

- 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

## National HIV/AIDS Strategy (2022- 2025) update



### VISION ★ ★ ★ ★ ★

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

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

#### Goal 1

**Prevent New HIV Infections**

#### Goal 2

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

#### Goal 3

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

#### Goal 4

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



## DARE TO CARE : Awaken HIV Awareness to Serve Your Faith Community.

Region 4 Prevention through Active Community Engagement (PACE) program and the South Carolina Department of Health present a virtual panel with faith leaders to discuss opportunities to collaborate with FBOs to end the HIV epidemic in South Carolina.

### DISTINGUISHED PANEL INCLUDES:



Rev. Regina Moore



Rev. Matt Rollins



Rev. Dcn. Dianna Deaderick



Minister Sonyetta Cooper



Rep. Shedron Williams

### JOIN US TO:

- 1 Identify opportunities to collaborate and leverage FBO outreach towards ending the HIV epidemic.
- 2 Explore opportunities to strengthen FBO capacity to provide and connect communities disproportionately impacted with HIV services.
- 3 Review opportunities to establish a strategic FBO network in South Carolina that will collaborate with South Carolina Health Department to end the HIV epidemic.

### FAITH-BASED LEADERS ROUNDTABLE DISCUSSION

**AUGUST 18, 2021**

1:00 PM Eastern Time

### PLEASE REGISTER AT:

<https://us02web.zoom.us/join/register/tZ0rf-6qjktHNUQL9ntBDA1lDL9lQtSyHSm>

After registration, you will receive a confirmation email with information on how to join the meeting.



## Panel Members:

- Rev. Regina Moore
- Rev. Matt Rollins
- Rev. Dcn. Dianna Deaderick
- Minister Sonyetta Cooper
- Rep. Shedron Williams



The Region 4 HIV Prevention through Active Community Engagement (PACE) program in collaboration with the Southeast AIDS Education and Training Center, presents a regional webinar:

## Building Capacity to Expand Viral Suppression Initiatives

*Lessons learned from Undetectable = Untransmittable rollouts in Region 4*

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: 12:00p.m.ET – 1:00 p.m. ET  
 Register online: [https://www.seaetc.com/event/?ER\\_ID=87366](https://www.seaetc.com/event/?ER_ID=87366)

### 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

**Melveta Bender**  
 Director, Office of STD/HIV, Mississippi Department of Health & PI/Project Director, MS Ending the HIV Epidemic

**Mariah Wilberg**  
 Senior Director, U.S. Strategy & Ending the HIV Epidemic  
**LS Jones**  
 Mississippi Outreach Coordinator  
 Prevention Access Campaign

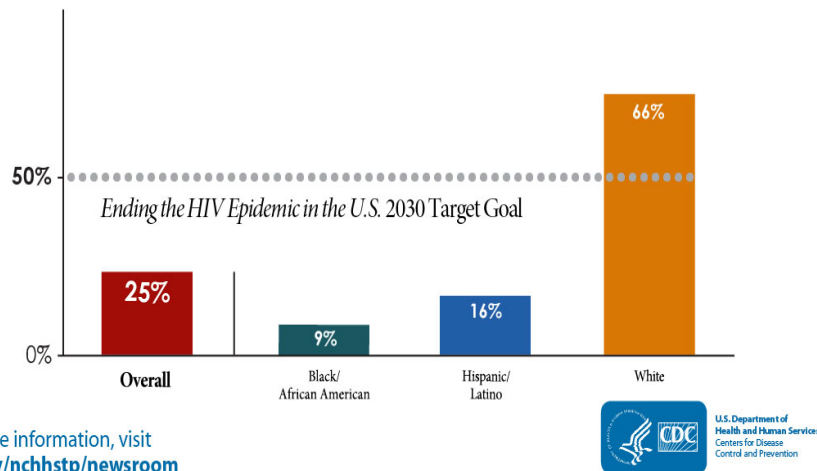


emic

## Ending the HIV Epidemic: FY 24 Request

WHILE 25% OF PEOPLE ELIGIBLE FOR PREP WERE PRESCRIBED IT IN 2020, COVERAGE IS NOT EQUAL

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



- 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.

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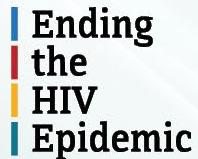
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Charleston & Columbia  
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Increasing Access to Testing  
and Rapid Start

Carmen Hampton Julious, LISW-CP&AP  
Chief Executive Officer  
PALSS, Inc.

## 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.

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**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

## 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)

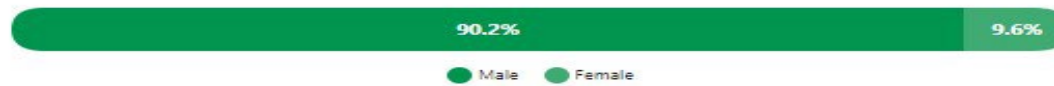
# SC's HIV PrEP Uptake

## PrEP (Pre-Exposure Prophylaxis)

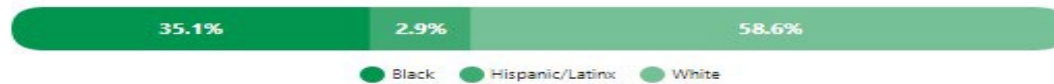
Number of PrEP users, 2021  
**2,729**

Rate of PrEP users per 100,000 population, 2021  
**63**

Percent of PrEP users, by Sex, 2021



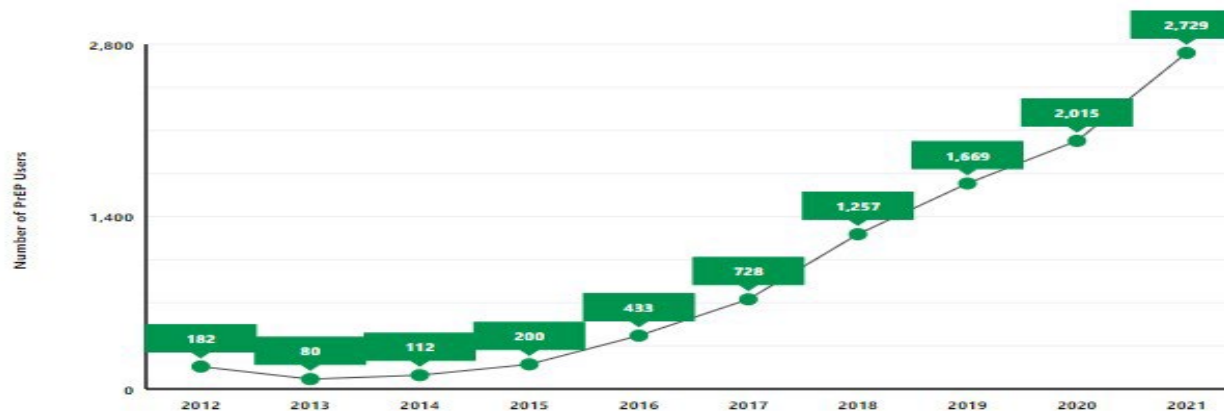
Percent of PrEP users, by Race/Ethnicity, 2021



Percent of PrEP users, by Age, 2021



Number of PrEP Users, 2012-2021



## Evidence2Practice – SC HBCUs



**CDEIPI**  
CFAR Diversity, Equity, and  
Inclusion Pipeline Initiative

### EVIDENCE 2 PRACTICE WORKSHOP (E2P) AT VORHEES COLLEGE

Sincere thanks to Nurse Suzanne Williams, and all the students that participated in the Evidence 2 Practice Workshop at Voorhees College on March 23-25, 2022

#### Key Campus HIV Prevention Strategy Domains:

- 1) Ensuring privacy
- 2) Increasing educational opportunities
- 3) Optimizing advertising for HIV educational events

#### Privacy at the 'Hees

**Creators:** Simya Levine, Tranee Jefferson

##### Proposed Strategy:

- Relocate all testing to Trio Office to alleviate close proximity to dorms
- Consider additional hires (including male nurses) to alleviate staffing shortage, and increase comfort with testing
- Establishment of student-run HIV prevention support group
- Dedicated training in HIV diagnosis counseling (prevention services or linkage to care/grief) for all health personnel on campus



#### PrEP Fair

**Creators:** Ashante Dove, Janiya Wiggins, Alton Andrews

##### Proposed Strategy:

- Multi-site on-campus PrEP promotion fair (at the gym and the "Grove")
- Separate rapid HIV testing and informational stations on PrEP and related resources
- Entertainment activities including: food truck, game truck, dance team, silent head-phone party
- Must obtain buy-in from campus leadership
- Plan for 2<sup>nd</sup> or 3<sup>rd</sup> week in September
- Establish on-site disposition plan for HIV test results



#### Tiger PrEP

**Creators:** Zahir Davis, Jahliha Evans, Lorenzo Wallace

##### Proposed Strategy:

- Comprehensive on-campus PrEP marketing strategy
- Age-concordant ("young mentors") engage students about PrEP
- Voorhees-specific PrEP "merch"
- Campus social media campaign (Youtube, Tiktok, Instagram)
- Synchronize efforts with PrEP Fair organizers
- Visible advertising of PrEP in dorms, cafeteria, library and high-traffic areas
- Incentives for students who choose to engage in periodic HIV testing



Special thanks to other workshop participants: Cheneniah McKeever, Ja'Maian Stokes, Jamell Young and Jordan Williams

#### What's next?

Planning an on-campus summer program to help develop these implementation strategies with expert faculty at Duke. Stay tuned!

Interested in a career in implementation research, HIV science or both? Contact Dr. Lance Okeke at [lance.okeke@duke.edu](mailto:lance.okeke@duke.edu) to set up a 1-on-1 session



**CDEIPI**  
CFAR Diversity, Equity, and  
Inclusion Pipeline Initiative

### EVIDENCE 2 PRACTICE WORKSHOP (E2P) WITH BENEDICT COLLEGE

Sincere thanks to all the Benedict College students that participated in the Evidence 2 Practice Workshop at the Joseph H. Neal Health Collaborative on June 15-17, 2022

- #### Key Campus HIV Prevention Strategy Domains:
- 1) Raising awareness around HIV and PrEP use
  - 2) Combating misconceptions about cost of PrEP
  - 3) Help students appreciate actual risk and consequences of HIV compared to other STDs

#### OPERATION RAISE AWARENESS

**Creators:** Ryane Jackson, Shapelle Pinder, and Lauren Bethel

##### Proposed Strategy:

- Start with social media platforms; make flyers to be promoted on social media as well as common areas (gym, cafeteria, dorms, etc.)
- Survey students about knowledge of PrEP both in August and November 2022 to see how much knowledge students have gained (pre-post design)
- Information sessions (cookouts) and free testing twice each semester to inform students with giveaways to bring people in to sessions
- Involve public health club to work towards sustainability



#### "WAKE UP AND SMELL THE AIR"

**Creators:** Sacora Narwood and Shon Woodside

##### Proposed Strategy:

- Mandatory HIV and safe sex information session for freshmen and incoming transfers as well as staff and administrators that have not previously attended
- Create compelling visuals and emphasize implications of long-term ART use
- Invite contemporaries (age 18-29) living with HIV
- Involve groups (band, clubs, fraternities/sororities) to provide student ambassadors
- Have game days that would also involve education such as Jeopardy to encourage fun while learning about the impact of HIV



#### THE KOTLER EFFECT

**Creators:** Donavon Wilmott and Jacob Bain

##### Proposed Strategy:

- Market PrEP as a low-cost way to prevent HIV; specific instructions on available avenues for reimbursement for PrEP services
- Take advantage of high-traffic spaces (Cafeteria, Football/Basketball Stadium, Taylor St., dorms) to promote safe sex practices with emphasis on low-out of pocket expense for HIV prevention with PrEP
- Billboards, blast emails, air drop flyers, mass texts, "geofencing" with PrEP ads
- Have ad manager to ensure that target audience is being reached
- Have link with local resources on where to go to receive PrEP on all ads



#### What's next?

- 1) Possible funding for proposed projects
- 2) Summer program to build strategy with experts from Duke STAY TUNED!!

Sincere thanks to the Joseph H. Neal Health Collaborative for hosting this Evidence 2 Practice Workshop

Interested in a career in implementation research, HIV science or both? Contact Dr. Lance Okeke at [lance.okeke@duke.edu](mailto:lance.okeke@duke.edu) to set up a 1-on-1 session



**CDEIPI**  
CFAR Diversity, Equity, and  
Inclusion Pipeline Initiative

### EVIDENCE 2 PRACTICE WORKSHOP (E2P) WITH CLAFIN UNIVERSITY

Sincere thanks to all the Clafin University students that participated in the Evidence 2 Practice Workshop on November 1-3, 2022

#### Key Campus HIV Prevention Strategy Domains:

- 1) Creating an on-campus PrEP awareness program
- 2) Developing interactive events to promote PrEP on-campus
- 3) Using social media to promote HIV prevention content on-campus

#### "Panther PrEP Reps"

**Creators:** Kaleb Richardson, Jada Hood, Kristina Pelzer

##### Proposed Strategy:

- Conduct meeting with a PrEP administrative champion on-campus
- Advertise "PrEP Rep" interest meetings through posters and flyers in high-traffic areas on-campus
- Create an application process for students to become a "PrEP Rep"
- Strategize a method to raise awareness of PrEP on-campus and the promotional resources required



#### "HIV Awareness Week"

**Creators:** Keondre Benjamin, Xavier Parker, Sydney Harmon

##### Proposed Strategy:

- Host an HIV PrEP and HIV/AIDS Assembly program featuring external speakers
- Coordinate a free on-campus HIV testing event among the student body
- Sponsor a "Red & White Themed Meltdown" to draw attention to HIV PrEP in a social setting
- Facilitate a "Staff versus Students" basketball game to promote HIV PrEP
- Schedule a "Clafin versus South Carolina State University" Flag Football game to bring additional exposure to HIV PrEP

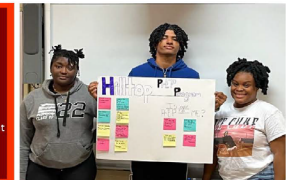


#### "Hilltop PrEP Program"

**Creators:** Tanaya Berry, Devon Fletcher, Kailyn Burison

##### Proposed Strategy:

- Post HIV PrEP awareness messaging multiple times a week on popular social media platforms, e.g., Instagram and TikTok.
- Utilize social media reels to pose the question "What do you know about HIV PrEP?" in an informative, yet entertaining capacity.
- Organize a rap duel between two college-aged individuals, with the content centering on HIV/AIDS and HIV PrEP
- Discuss scenarios on social media where people could benefit HIV PrEP – inconsistent condom use, multiple partners, serodiscordant relationships



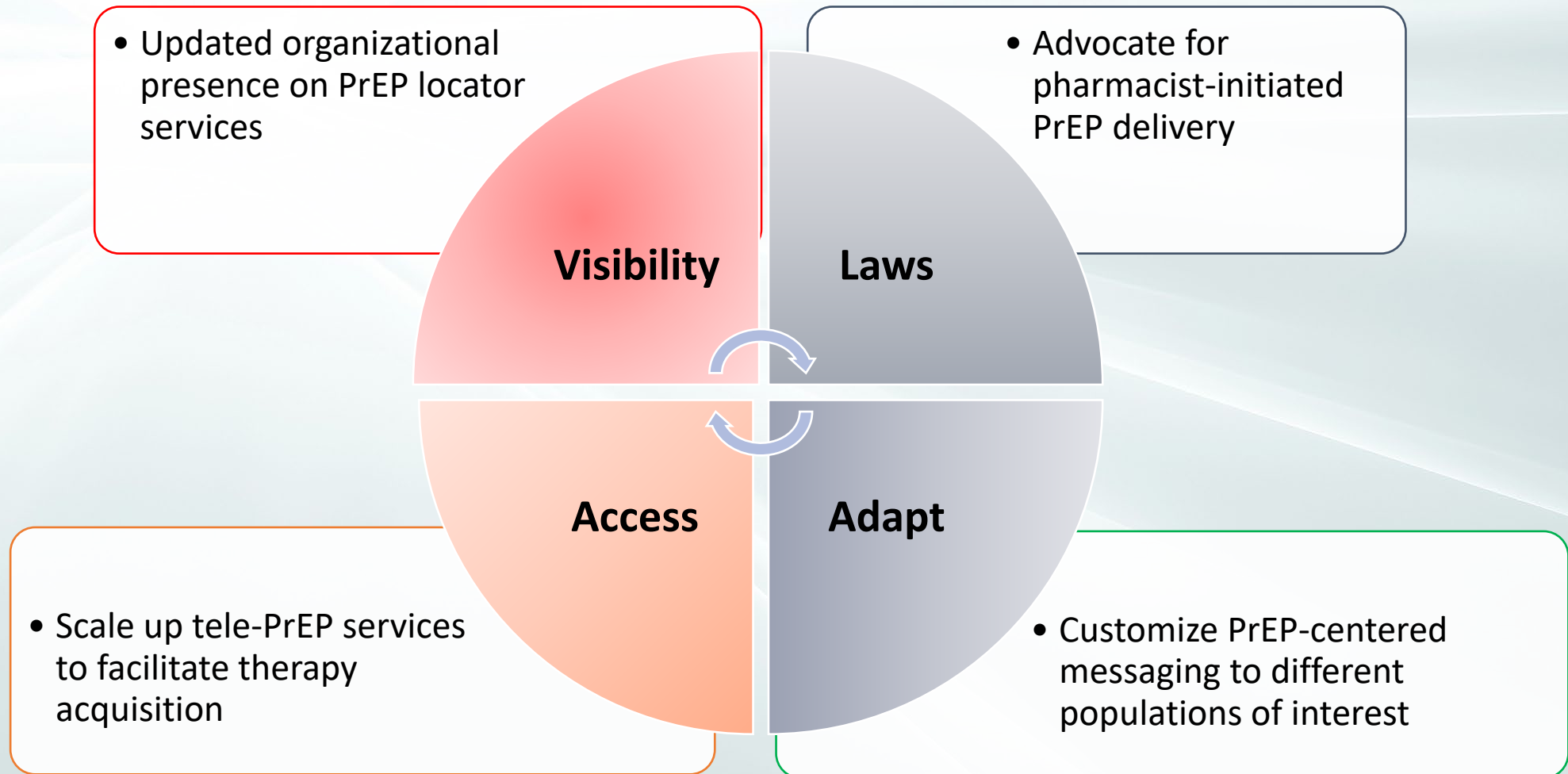
#### What's next?

- 1) Possible funding for proposed projects
- 2) Summer program to build strategy with experts from Duke STAY TUNED!!

Interested in a career in implementation research, HIV science or both? Contact Dr. Lance Okeke at [lance.okeke@duke.edu](mailto:lance.okeke@duke.edu) to set up a 1-on-1 session

- ❖ 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

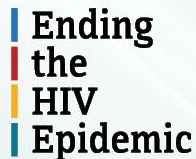
# Increasing PrEP uptake, Decreasing PrEP use disparities



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## 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>

**Michael D. Moxley, MD, FACOG**(he/el)

VP and Chief Officer for Diversity, Inclusion, and Health Equity

Roper St. Francis Healthcare

125 Doughty Street, Suite 760

Executive Assistant: Brenda Lundstrom

([Brenda.Lundstrom@rsfh.com](mailto:Brenda.Lundstrom@rsfh.com))

**Dr. Tawana Philpott Brown, LMSW, MA** (she/her/hers)

Program Director

Ryan White Wellness Center

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Charleston, SC 29407

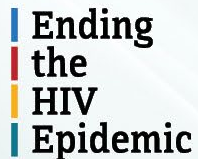
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<https://www.ryanwhiteofcharleston.org/>

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## Eliminating Stigma in Clinical Settings

Sabra S. Custer, DNP, MS, FN-BC,  
AAHIVS

Prisma Health/USC Immunology Center  
Tandem Health



## 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 PLWH 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

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# EHE ↔ FTC ALIGNMENT

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Charleston & Columbia, SC  
April 21, 2023

## 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%**

# 2023 INTRA-JURISDICTIONAL EHE ↔ FTC ALIGNMENT WORKSHOPS



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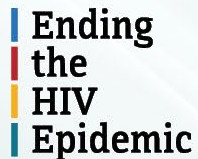
**2023 WORKSHOPS**



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**2023 WORKSHOPS**



Charleston & Columbia  
April 21, 2023

Prevention Policy and  
Implementation

Hercules Brown  
PrEP and Prevention Program Manager  
Palmetto Community Care

## 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.



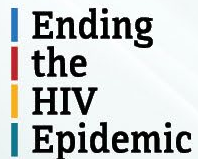
## Objectives

- 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

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Charleston & Columbia  
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## Treatment Policy and Implementation

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

# 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

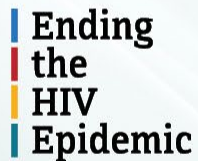
# Missed Opportunities

- Lack of Housing Opportunities
- Comprehensive Substance Abuse Services
- Mental Health Services

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Charleston & Columbia  
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City and State Policy  
Alignment

Elizabeth McLendon  
Community Advocate  
Ending the Epidemics South Carolina

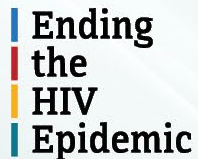
# Objectives

- 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

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Charleston & Columbia  
April 21, 2023

## 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, 7<sup>th</sup> 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**  
Medical University of South Carolina

[skopecm@musc.edu](mailto:skopecm@musc.edu)  
843-792-1348

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# Addressing Criminalization as a Barrier to Ending HIV



**Moderator:**

**Shanna Hastie, LMSW**

Preventative Health Social Worker, South Carolina  
Department of Health and Environmental Control

**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

# 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



**Moderator:**

**Adrena Harrison, RN, MSN, ACRN**

Director, Education

South Carolina HIV Clinical Training Center  
University of South Carolina School of Medicine

**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



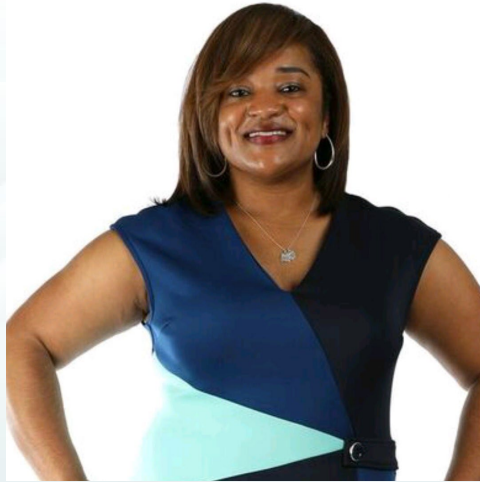
- Provide history and background around current climate on PrEP dispensation in Charleston, Columbia, and South Carolina
- Examine its context with local ending the HIV epidemic (EHE) activities and goals
- Discuss what's currently happening with expanding PrEP uptake among HIV-or-medically-hesitant 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

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# Optimizing Social Determinants to Achieve U=U



**Moderator:**

**Renee Linyard-Gary**

Director, Diversity, Inclusion, and Health Equity –  
Roper St. Francis Healthcare

**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+

# 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



**Moderator:**

**Gloria Estrada, MPH, CCHW**

Latinx Coordinator, Ending the HIV Epidemic  
South Carolina Department of Health and  
Environmental Control

**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**  
Closet Case and Community Events Director -  
We Are Family



# 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

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Charleston & Columbia  
April 21, 2023

Identified Challenges and  
Opportunities

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

# 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

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Charleston & Columbia  
April 21, 2023

Actionable EHE and FTC  
Implementation Steps in  
Charleston and Columbia

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

# Actionable EHE/FTC Implementation Steps

- Systemic
  - Political Determinants of Health
    - De-silo jurisdictional departments that share HIV elimination as a goal
    - Broaden scope of who/what needs to happen or be involved in ending HIV
      - Includes additional activated partners from National Dialogue on Racism and HIV as a Public Health Crisis
    - Non-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

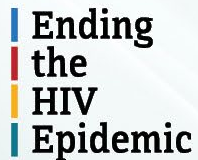
# Actionable EHE/FTC Implementation Steps

- 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

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Charleston & Columbia  
April 21, 2023

# Closing Remarks

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

- **TOGETHER**, we can achieve a future in which:
  - New HIV infections are **EXCEEDINGLY RARE** and AIDS-related deaths are a thing of the past
  - People living with and affected by HIV are **VALUED** and not subjected to inequality
- Lags in our global, national, municipal HIV responses reflect underlying **SOCIAL INEQUALITIES**:
  - **GAY MEN, OTHER MSM** who are forced to live on societal margins
  - **TRANSGENDER INDIVIDUALS** whose identities are violently suppressed
  - **RACIAL, ETHNIC MINORITIES** who lack socioeconomic opportunity and confront racism
  - **WOMEN, GIRLS** who often lack a voice about their own bodies and healthcare decisions
- Ending the HIV epidemic does not just mean suppressing or even curing the virus, but rather **ADDRESSING MYRIAD INJUSTICES** that have been both causes and effects
- HIV is as much about **HUMAN RIGHTS AND SOCIAL JUSTICE** as it is about public health or science
- EHE and FTC are well **ALIGNED AND SYNERGISTIC** to advance a **HOLISTIC** HIV response



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Charleston & Columbia  
April 21, 2023

## Closing Remarks

**Dr. Regina Duggins**  
Founder/Executive Director  
Charleston Black Pride

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