

**INTRA-JURISDICTIONAL**

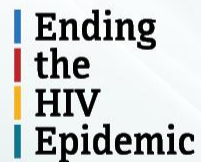
**EHE ↔ FTC  
ALIGNMENT**

**2023 WORKSHOPS**

**INTRA-JURISDICTIONAL**

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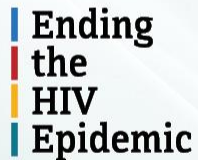
Birmingham, AL  
August 31, 2023

**WELCOME**

**INTRA-JURISDICTIONAL**

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Birmingham, AL  
August 31, 2023

Welcome and Setting  
the Stage

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



# Setting the Stage....

- Birmingham signed on as a Fast-Track City on August 3, 2017. The State of Alabama was also identified as an Ending the HIV Epidemic priority jurisdiction in 2019.

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

# Setting the Stage...



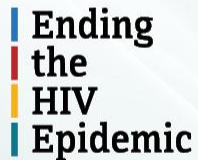
The purpose of this workshop is to:

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

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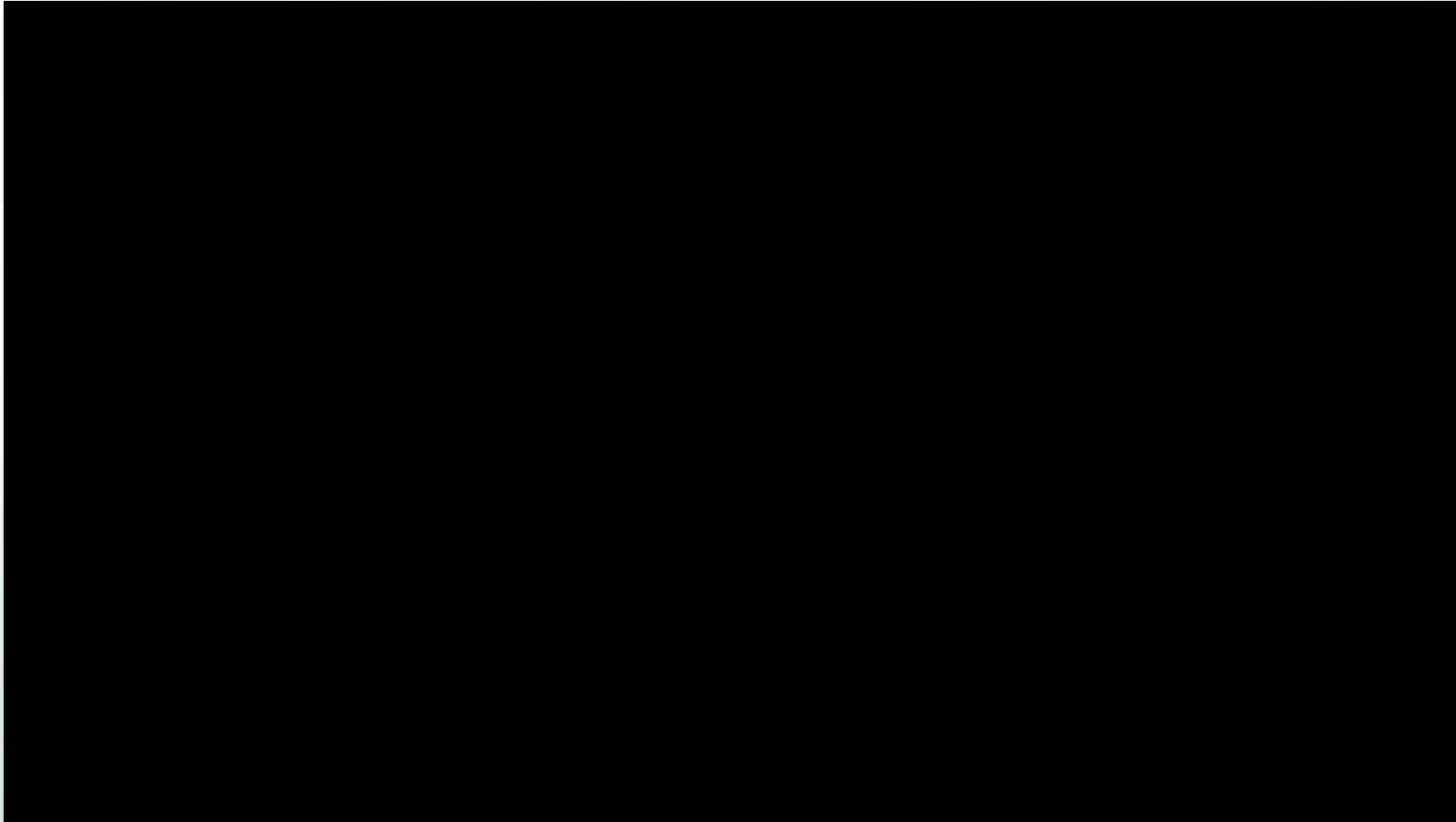
Birmingham, AL  
August 31, 2023

Welcome  
Remarks

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

# 2023 INTRA-JURISDICTIONAL EHE ↔ FTC ALIGNMENT WORKSHOPS

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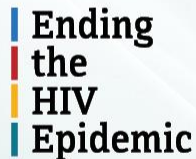
- Significant **PROGRESS HAS BEEN MADE** in Birmingham and Jefferson County
- Yet, much work remains to ensure **EQUITABLE ACCESS** to:
  - HIV prevention/treatment, **PERSON-CENTERED CARE**, social support
    - Within context of environment enabled to respect every person's **DIGNITY**
- Multistakeholder **HIV COMMITMENT, LEADERSHIP** is critical
  - Including in relation to **POLITICAL DETERMINANTS OF HEALTH**
    - But also **COMMUNITY ENGAGEMENT** that places people at center of HIV response
- EHE and FTC are well **ALIGNED AND SYNERGISTIC**
  - Notably as we strive to attain EHE and FTC (and **NHAS**) objectives
    - On trajectory towards **GETTING TO ZERO** new HIV infections, AIDS-related deaths, stigma
- 2 years from deadline of **REDUCING NEW HIV INFECTIONS BY 75%**



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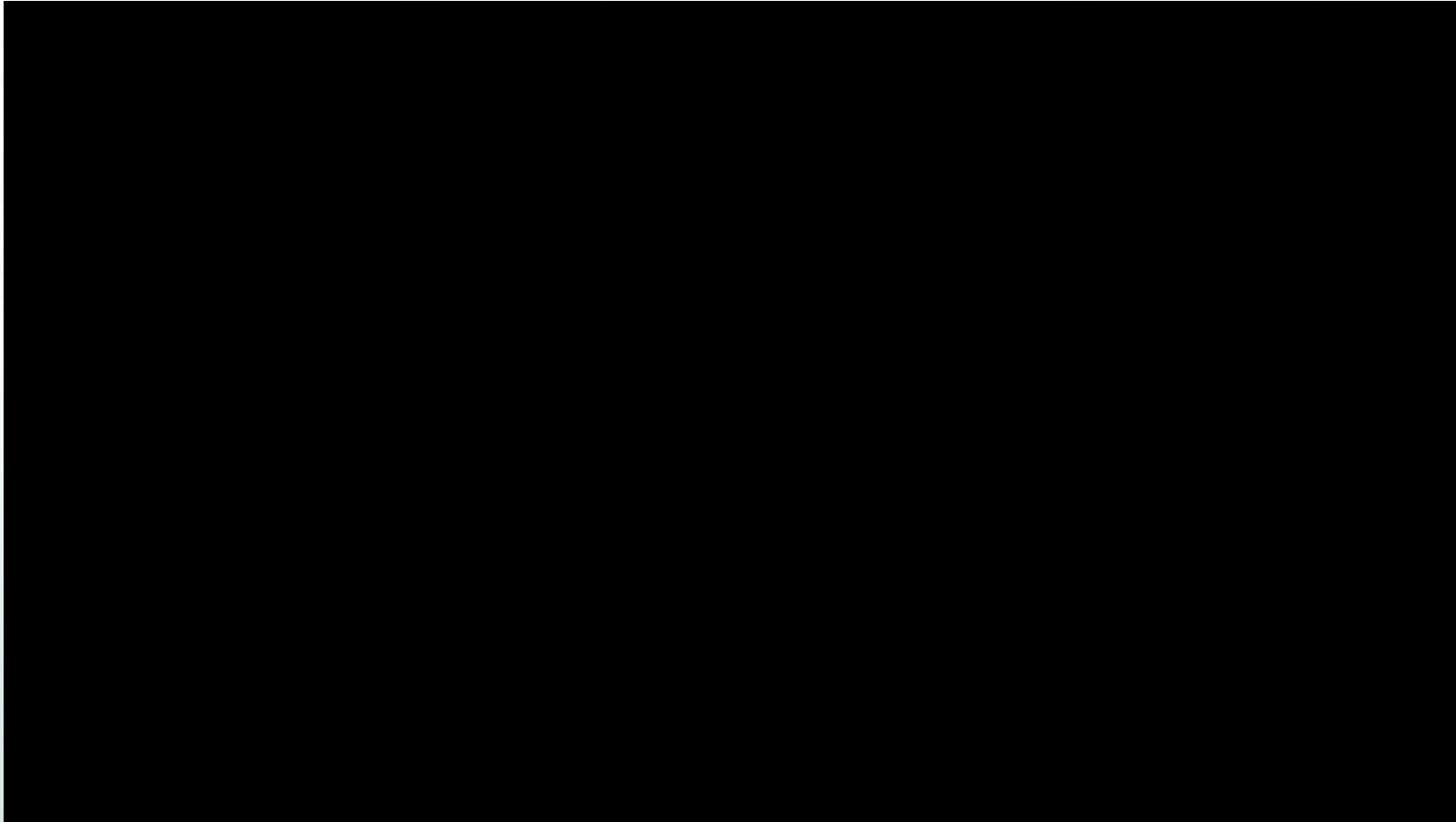
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Mayoral Remarks Remarks  
and Signing of *Paris*  
*Declaration 4.0* and *Seville*  
*Declaration on the Centrality*  
*of Communities in the Urban*  
*HIV, TB, and Viral Hepatitis*  
*Responses*

Mayor Randall L. Woodfin  
City of Birmingham

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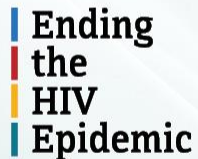
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Welcome from HHS  
Region 4

CPT John Oguntomilade  
National Ending the HIV Epidemic Coordination  
Lead  
Office of Infectious Disease and HIV/AIDS Policy

# 2023 INTRA-JURISDICTIONAL EHE ↔ FTC ALIGNMENT WORKSHOPS

A video call interface showing a participant. The background is a dark blue wall with the 'OASH' logo and 'Office of the Assistant Secretary for Health' in white text. The participant is a man wearing a dark suit, white shirt, dark tie, glasses, and a headset. A name tag at the bottom left of the video frame reads 'CAPT John Oguntomilade, PhD'. Faint text 'DEPARTMENT OF HEALTH AND HUMAN SERVICES' and 'HEALTH AND HUMAN' is visible in the background.

**OASH** | Office of the Assistant Secretary for Health

DEPARTMENT OF HEALTH AND HUMAN SERVICES

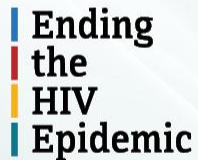
HEALTH AND HUMAN

CAPT John Oguntomilade, PhD

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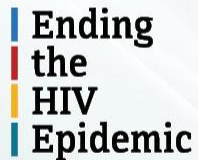
Welcome on Behalf of  
Alabama EHE

Jora White  
Director, HIV Prevention Division  
Alabama Department of Public Health

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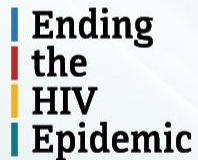
Welcome on Behalf  
of Community

Lisa Johnson-Lett  
Peer Support Specialist  
AIDS Alabama Living Well Center

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Welcome on Behalf of  
ViiV Healthcare

Ramon Gardenhire  
Director, Government Relations  
ViiV Healthcare US



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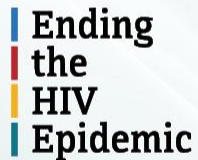
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Birmingham, AL  
August 31, 2023

Increasing Access to  
Treatment and Rapid  
START

Dr. Marguerite Barber-Owens  
Director of Prevention and Living Well Clinic  
Five Horizons



**Marguerite Barber-Owens, MD**



[clinic652.com](https://www.clinic652.com)

**OUR OFFICE**  
2600 East Meighan Boulevard  
Gadsden, AL 35903  
256-399-0101

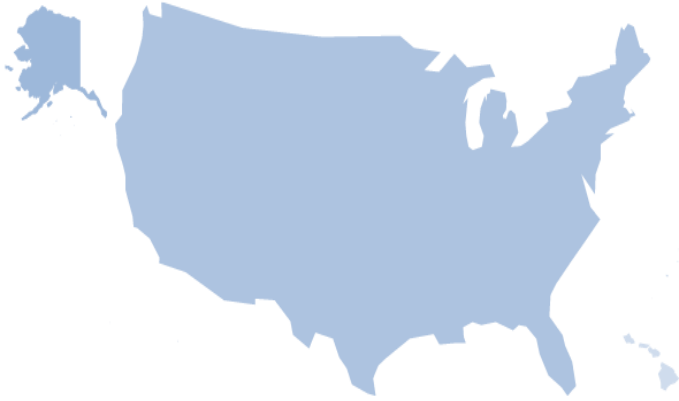


# Disclaimer

This presentation is for educational purposes only. Opinions or points of view expressed in this presentation represent my professional views as a medical professional and does not necessarily represent the official position or policies of Clinic652, LLC or its Member/Owner/CEO, Warren O’Meara-Dates.

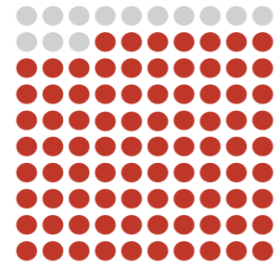


[clinic652.com](http://clinic652.com)

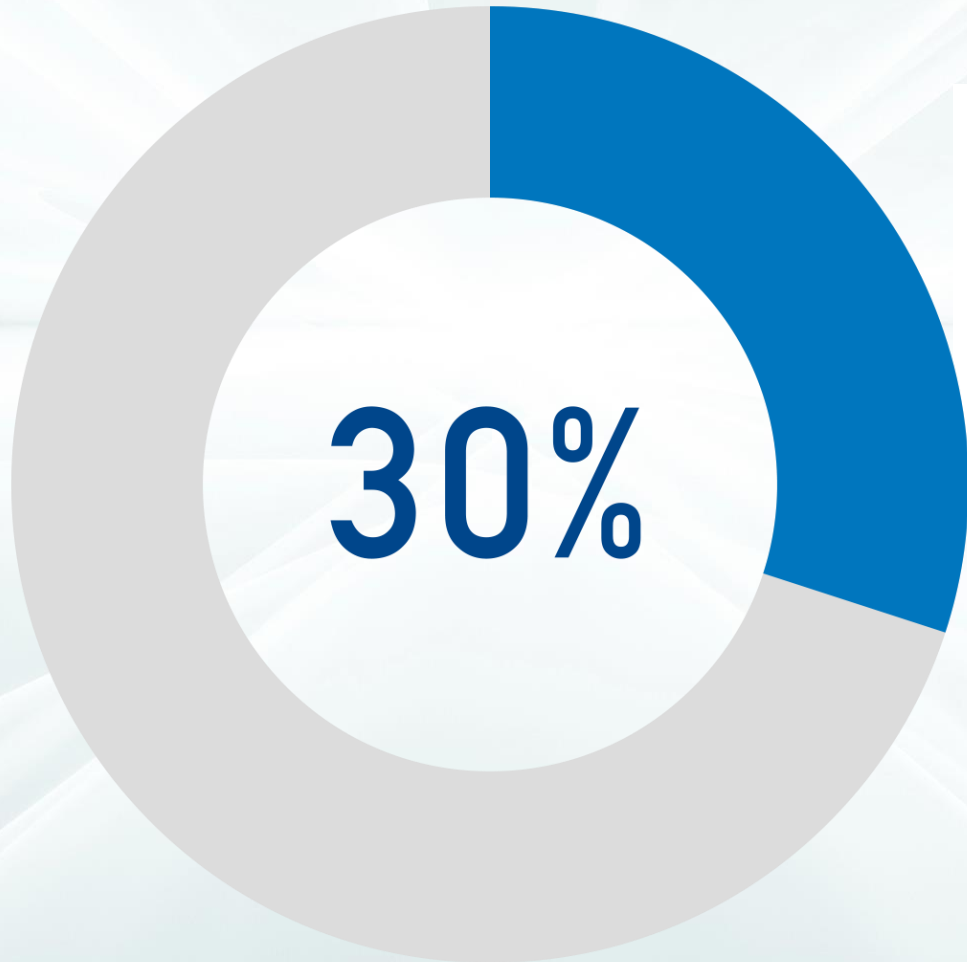


In 2021, an estimated  
**1.2 million people** had HIV.

Overall, for every 100 people with HIV



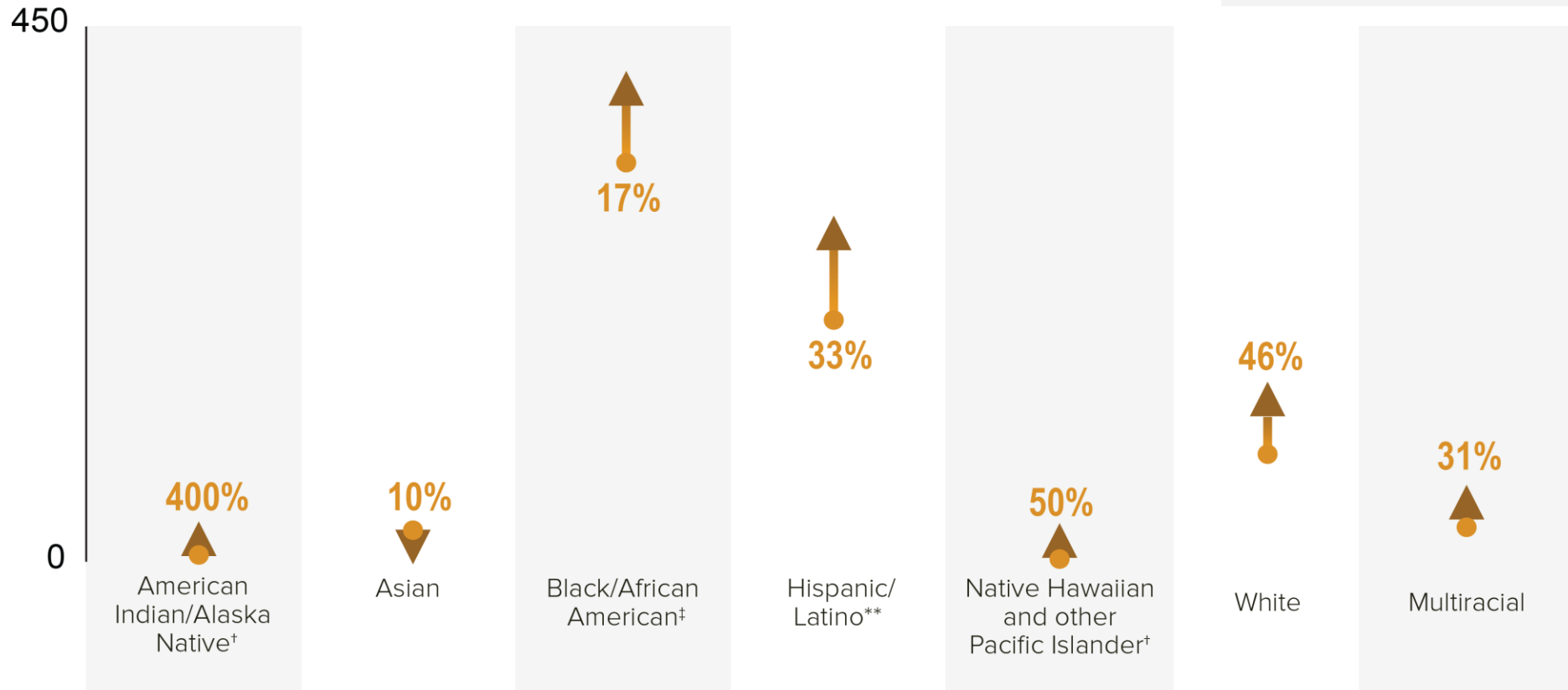
**87**  
knew their  
HIV status.



Of the 1.2 million people in the United States who could benefit from PrEP, only 30% were prescribed PrEP in 2021.



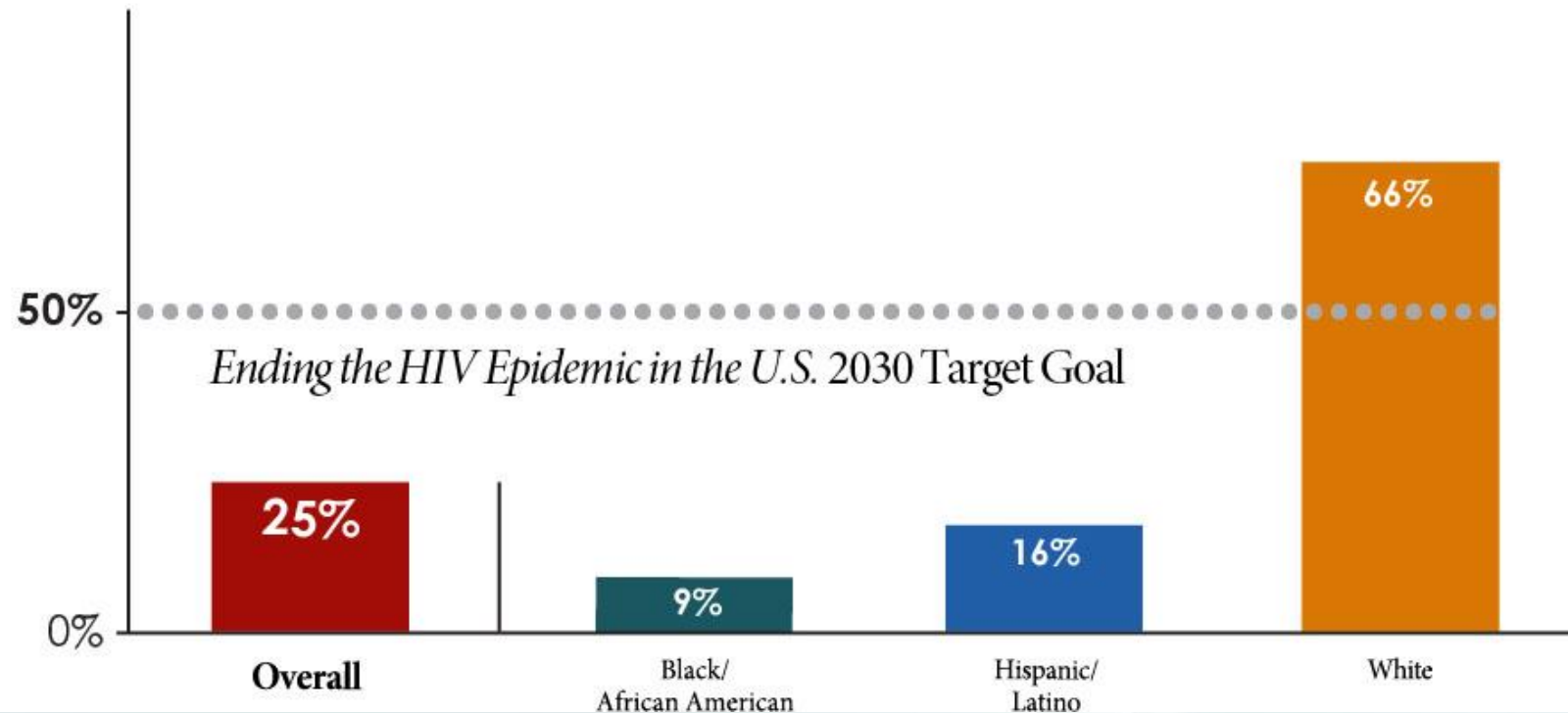
# Trends by Race and Ethnicity



# 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



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

For more information, visit [cdc.gov/nchhstp/newsroom](https://cdc.gov/nchhstp/newsroom)





A recent study suggests patients are more likely to rate their physicians higher when they see physicians of their own race or ethnicity.

One possible reason for these racial biases may stem from the fact that patients and doctors of the same race communicate with each other better, as previous research suggests.

**Patients Prefer Doctors of Same Race and Ethnicity, Study Finds**

By Lindsay Carlton

Updated on November 19, 2020

Fact checked by Marley Hall



**KNOW YOUR  
HIV STATUS  
GET TESTED!**



- CDC-funded tests 2020 in Alabama
- Total=47,994
- Newly diagnosed HIV positive tests=284 (0.6%)
- 306 (0.6) done in Health Care settings
- 47,689 (99.4%) done in Non-health care settings
- Of newly diagnosed (284), 114 (42.7%) linked to care in 30 days
- Of previously diagnosed and not in HIV medical care, 22% linked to care in 30 days



**By and large, Black Americans do not express a widespread preference to see a Black health care provider for routine care: 64% say this makes no difference to them, though 31% say they would prefer to see a Black health care provider for care.**

By PEW Research

**Only 5.7% of US doctors are Black, and experts warn the shortage harms public health**

By Jacqueline Howard, CNN

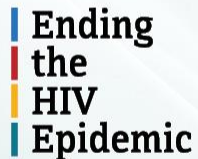
Updated 7:01 AM EST

February 21, 2023

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# Increasing Access to Biomedical Prevention

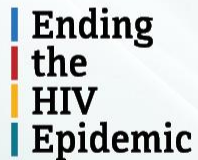
Trevis Smith

Director of Prevention and Living Well Clinic  
AIDS Alabama  
El Centro/The Hub

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Increasing Access to  
Biomedical  
Prevention

Trevis Smith, MS  
Marvin Cole-Crum  
AIDS Alabama Inc.

# What is Biomedical Prevention



- Biomedical prevention encompasses the use of medical treatments such as ARVs for prevention or post-exposure prophylaxis, barrier methods such as male and female condoms, procedures such as medical male circumcision or other methods to reduce the chance of transmission of HIV (Padian et al., 2008).

# Why Increasing Access to Biomedical Prevention is Important?

- Consumer accessibility to quality care?
  - More access, better reduction rate from contracting HIV
- Welcoming Staff
  - From the receptionist through the physician
- Access to PrEP through specialty assistance
  - Gilead Patience Assistance
  - 340B supplemental funds
  - EHE-funded programs
- Support to ensure medical adherence
  - Call/text/email
  - Medication drop-off/storage

# PrEP Medication Available



- Oral

- Truvada
- Descovy

Injectable

- Apretude



# Who are the PrEP Providers in Jefferson County

- **ADPH has 8 registered PrEP clinics in Jefferson County**
  - [The 1917 Clinic at UAB](#)
  - [AIDS Alabama](#)
  - [Birmingham AIDS Outreach](#)
  - [Jefferson County Department of Health](#)
  - [Jefferson County Department of Health- Specialty Clinic](#)
  - [Magic City Wellness Center](#)
  - [UAB - The Adolescent Health Center](#)
  - [UAB Student Health & Wellness Center](#)

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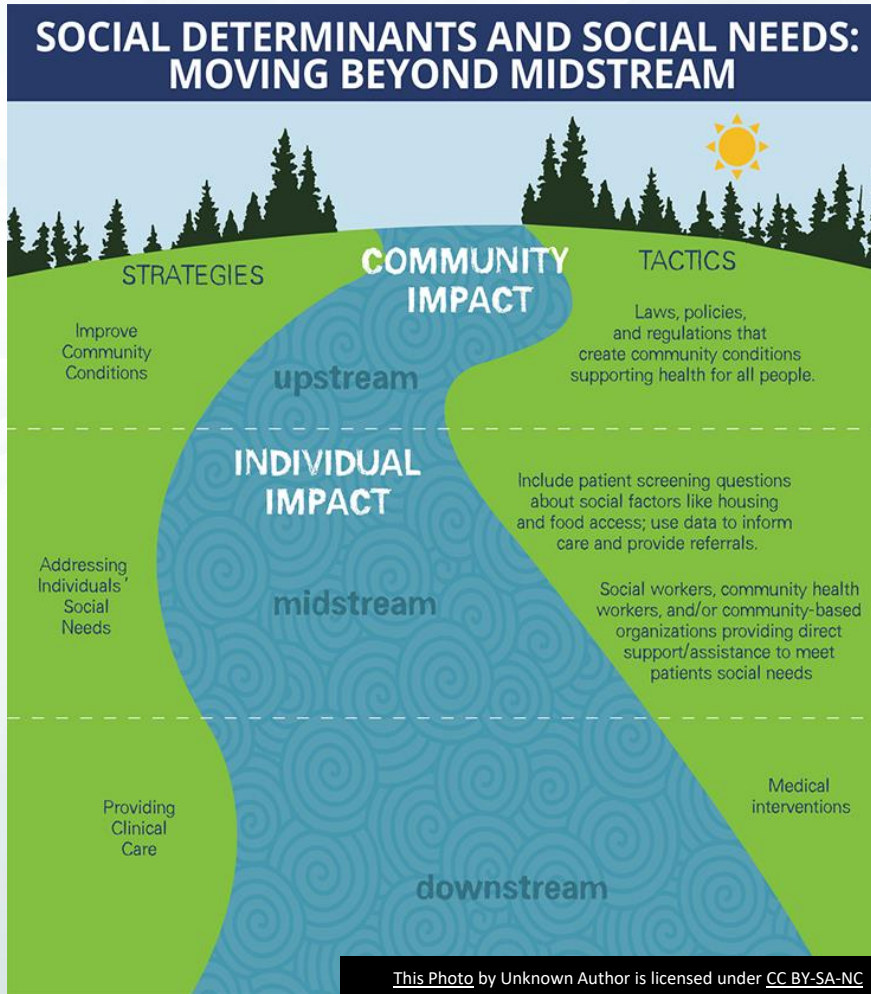
# Eliminating Disparities in HIV Health Outcomes

Dr. Latesha Elope  
Associate Professor  
Division of Infectious Diseases  
Assistant Dean for Diversity and Inclusion,  
Medical Education  
University of Alabama - Birmingham

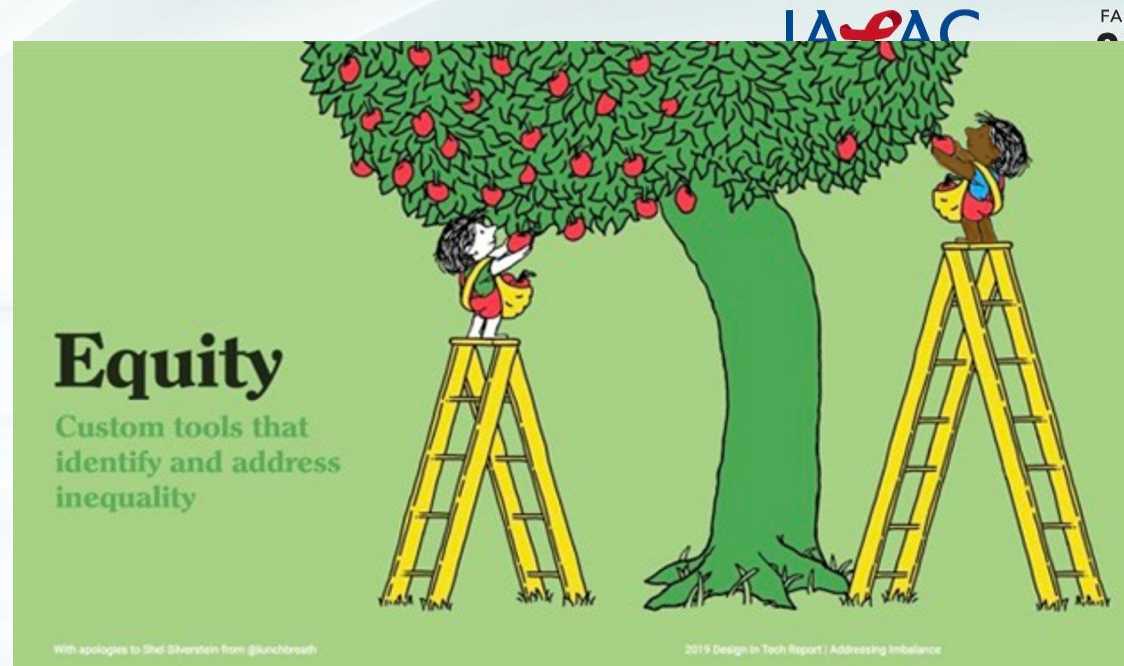
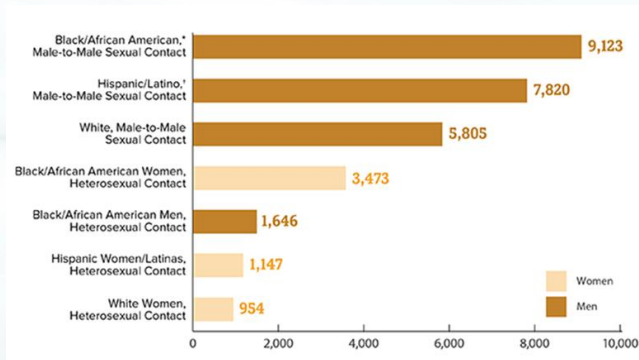
# Disclosures

- **Consultation**
- MedIQ, Practice Point, Clinical Care Options
- **Grants**
- Merck
- NIH/NIMH/NICHD





# Multi-Level Factors Lead to Disparities



IAAC

FAST-TRACK  
CITIES  
TITUTE

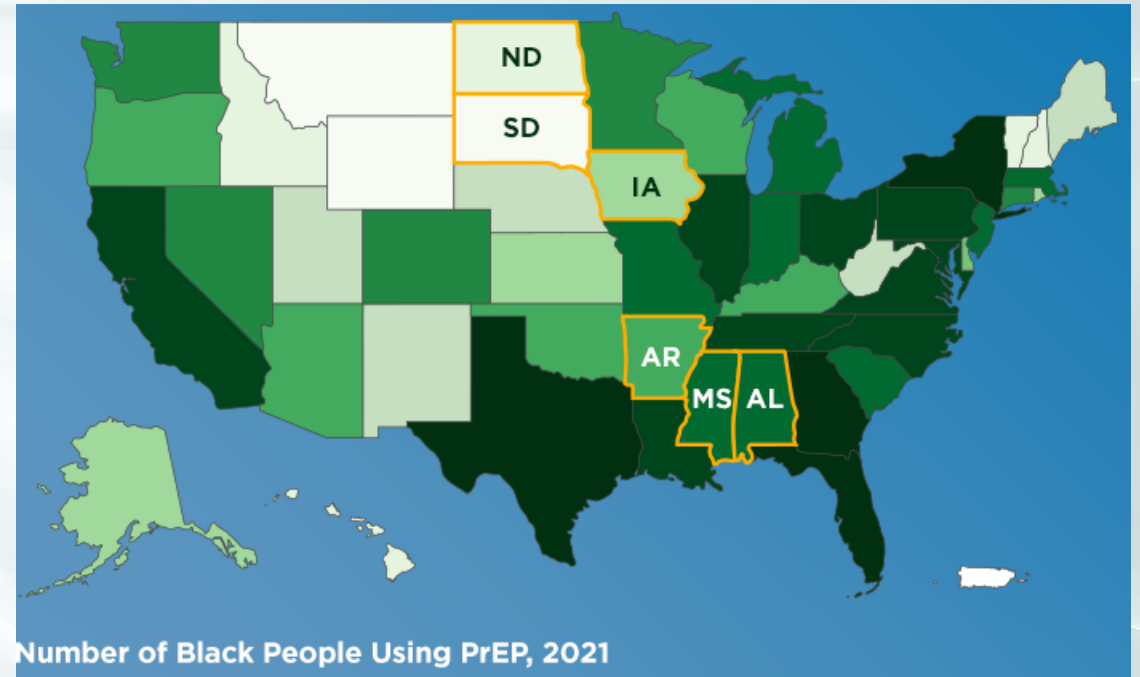
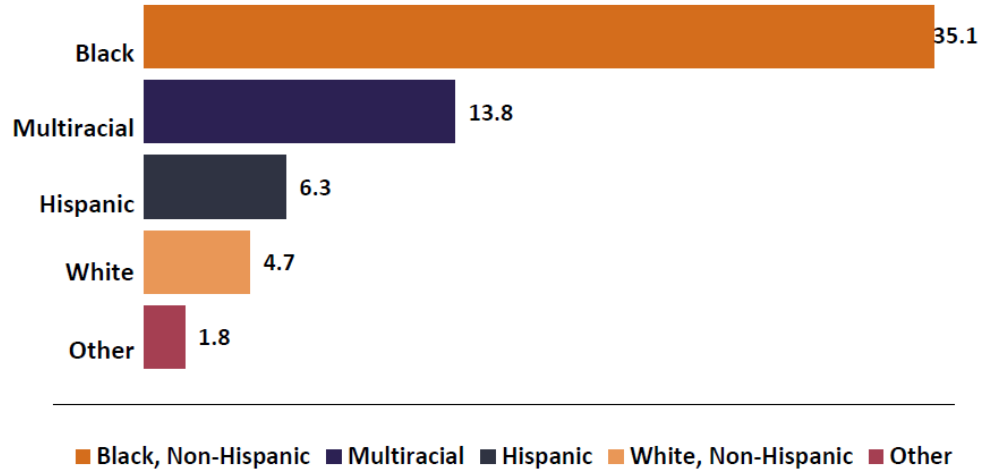
Ending  
the  
HIV  
Epidemic

## Disparities in HIV Rates due to Inequities

# HIV Disparities within al



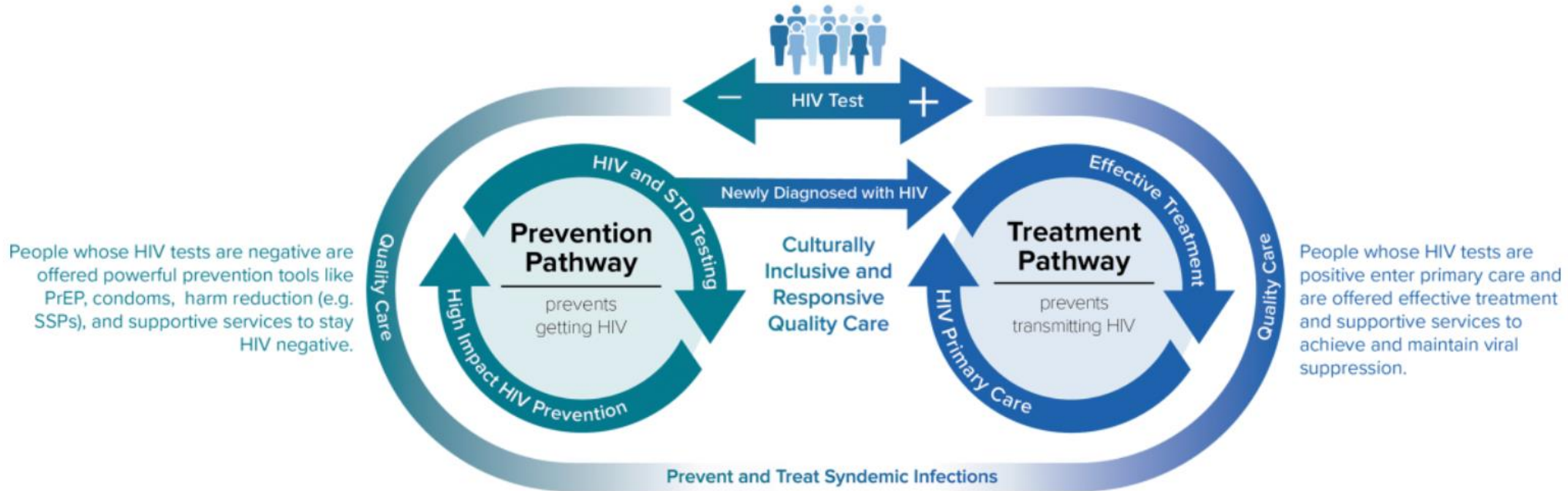
Figure 5. Rate of New HIV Diagnoses by Race/Ethnicity, 2019



# Status Neutral HIV Continuum

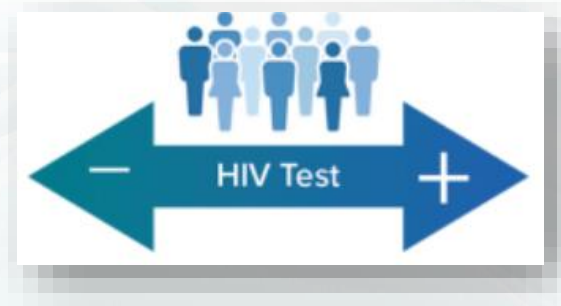


## Status Neutral HIV Prevention and Care



Follow CDC guidelines to test people for HIV. Regardless of HIV status, quality care is the foundation of HIV prevention and effective treatment. Both pathways provide people with the tools they need to stay healthy and stop HIV.

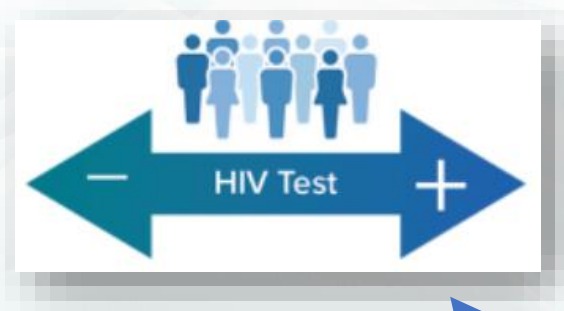
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**Access**

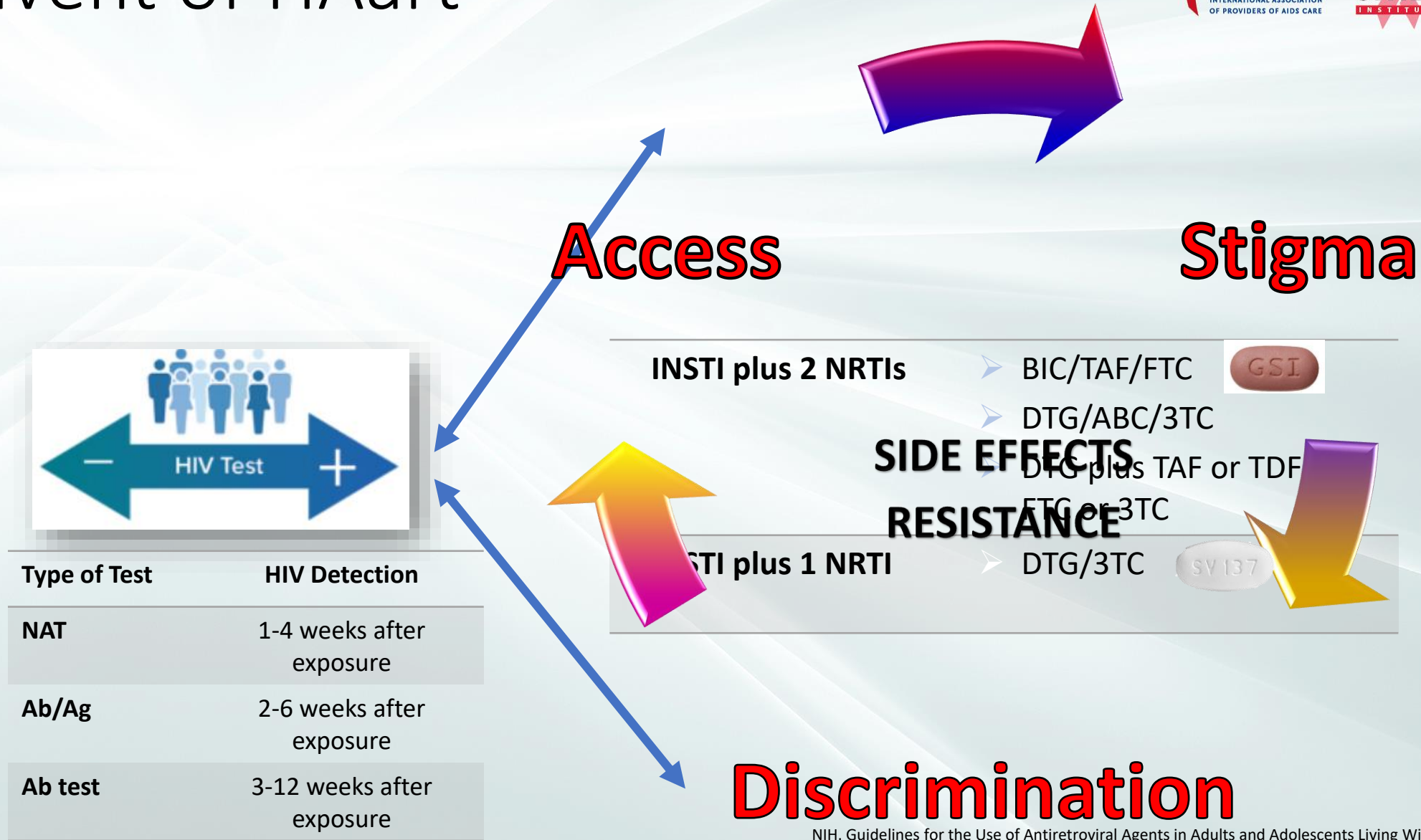
**Stigma**



**Discrimination**



# Advent of HAart

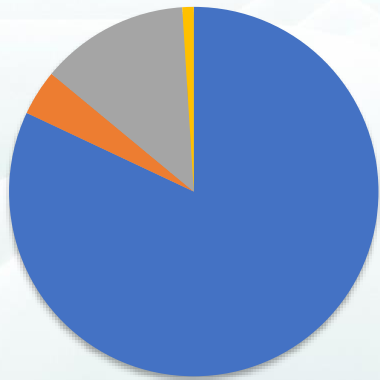


Type of Test	HIV Detection
NAT	1-4 weeks after exposure
Ab/Ag	2-6 weeks after exposure
Ab test	3-12 weeks after exposure

# Disparities in HIV Rates due to Inequities

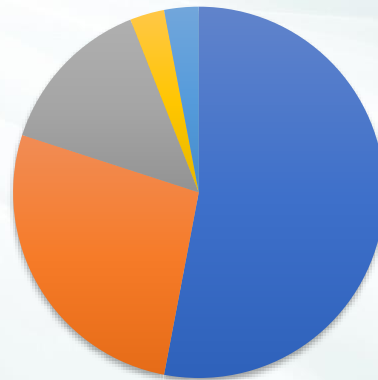
## HIV Diagnoses Among Adolescents 13-24 Yr of Age, 2021<sup>2</sup>

By Exposure Category



- Men who have sex with men
- People who inject drugs
- Heterosexual
- Perinatal

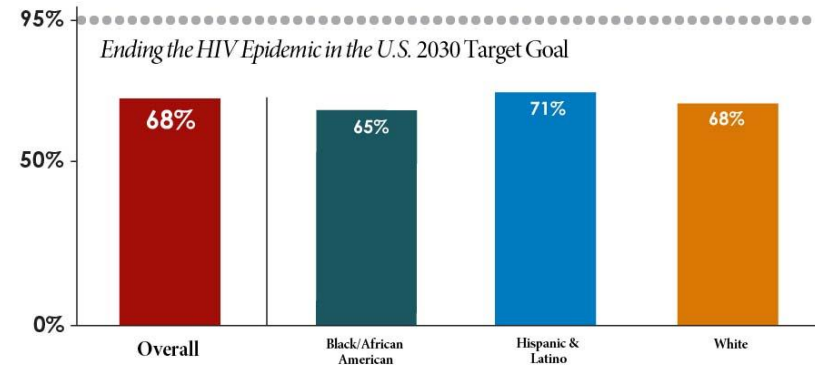
By Race/Ethnicity



- Black
- Hispanic/Latino/Latina
- White
- Multiple
- Other

**EVEN THOUGH 68% OF PEOPLE WITH HIV WERE VIRALLY SUPPRESSED IN 2020, DISPARITIES REMAIN**

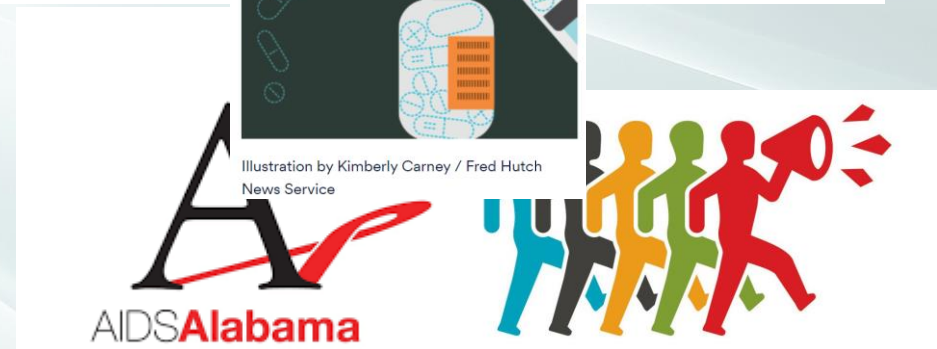
VIRAL SUPPRESSION IN THE U.S. BY RACE/ETHNICITY, 2020 (46 JURISDICTIONS)

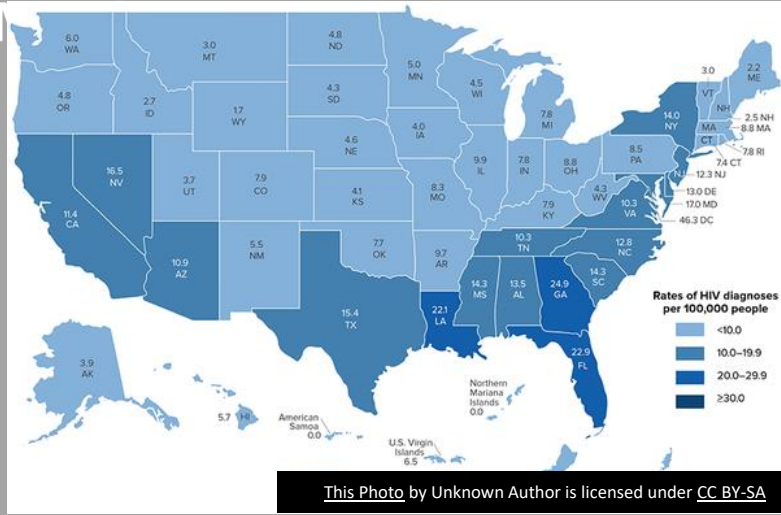


For more information, visit  
[cdc.gov/nchstp/newsroom](https://cdc.gov/nchstp/newsroom)



# Interventions to Improve HIV Disparities





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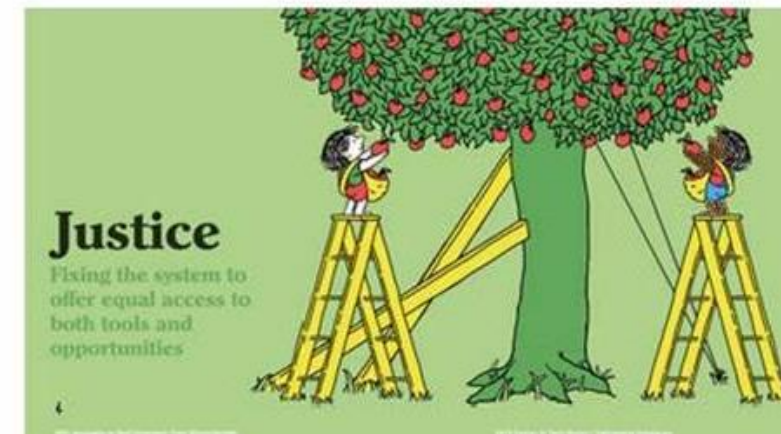
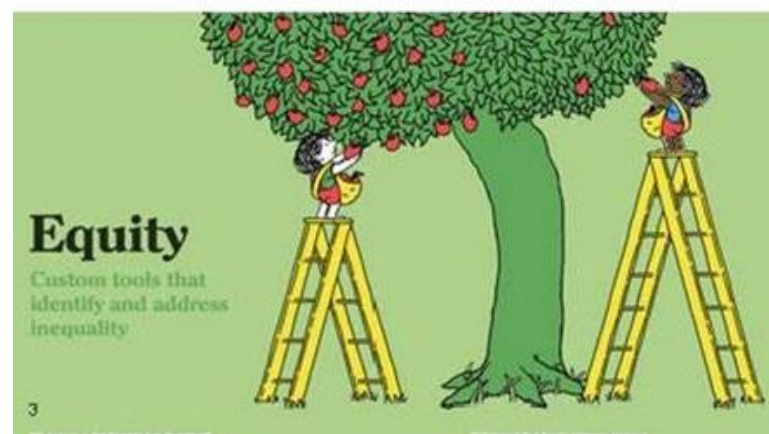
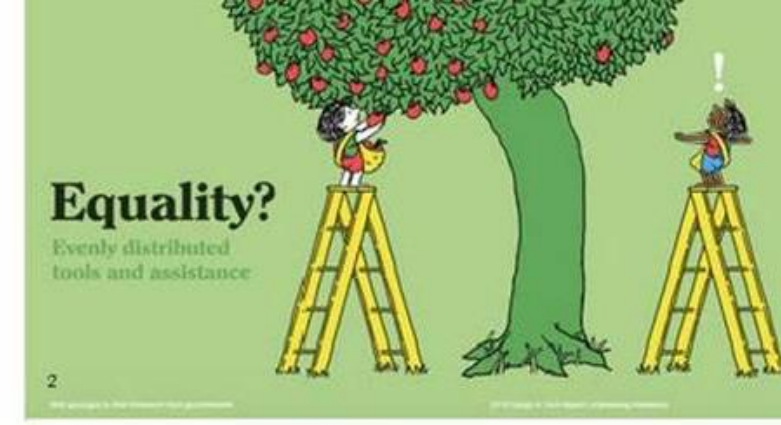
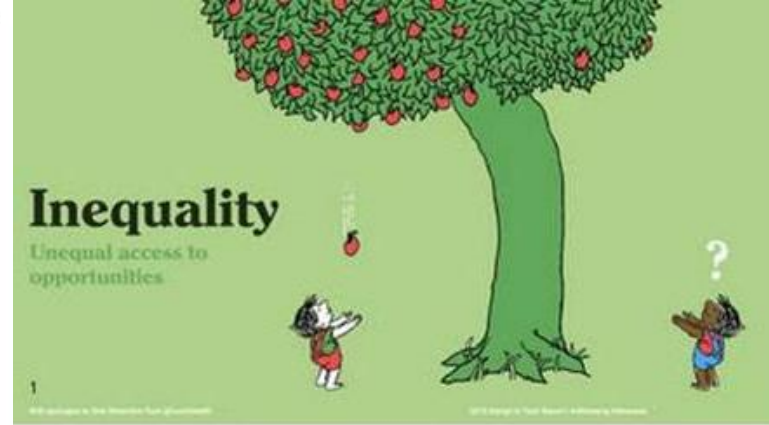
One Intervention is not Our Panacea of HOPE!

## STIGMA RELATED TO BEING BLACK, GAY AND LIVING IN THE SOUTH

***“I don’t feel like I’ve ever had true peace of mind in a sexual encounter in my life, which is kind of sad...straight people... They have no idea what that is because there’s no shame associated with their sex. So much shame associated with gay people, gay sex and all that stuff...”*** – CP120, 29 years old, Black man

## EVERYBODY KNOWS EVERYBODY

***“This is a small community.** Everybody knows everybody. I can pull up—at the drugstore, ‘cause I’m there quite frequently, they know me by name, but you have some that doesn’t—don’t trust people. **They go to physicians out of town. They use pharmacies out of town.** They be, “When I leave, call my prescription in. I’ll get it before I go.” That’s because they don’t trust...”* – Black Rural Woman



# Ending the Epidemic

SCHOOL OF - TO APPLY IN ALL SLIDES AT THE SAME TIME EDIT IN INSERT > HEADER & FOOTER



Special Thanks!

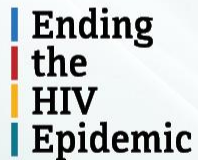
Advocates and Study  
PARTICIPANTS



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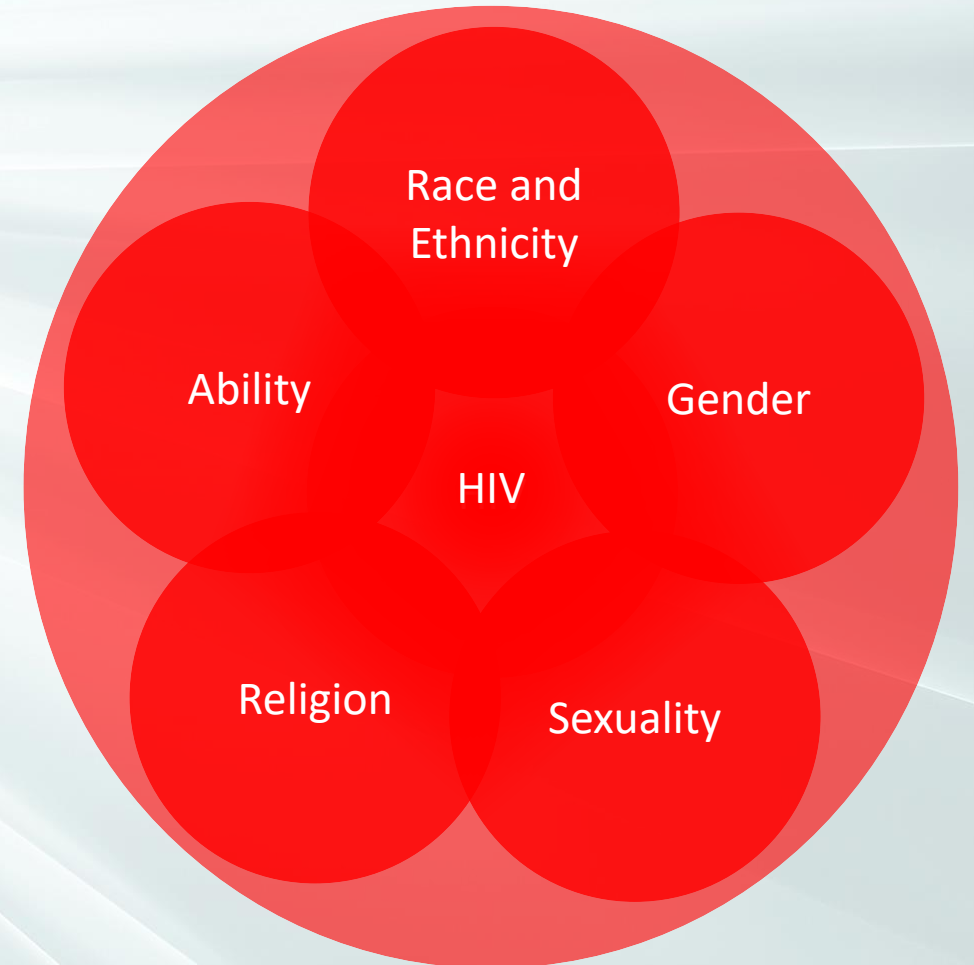
# Reducing Stigma in Clinical Settings

Dr. Ronnie Gravett  
Professor, Division of Infectious Diseases  
University of Alabama - Birmingham

# Intersectional Stigma in the Clinic



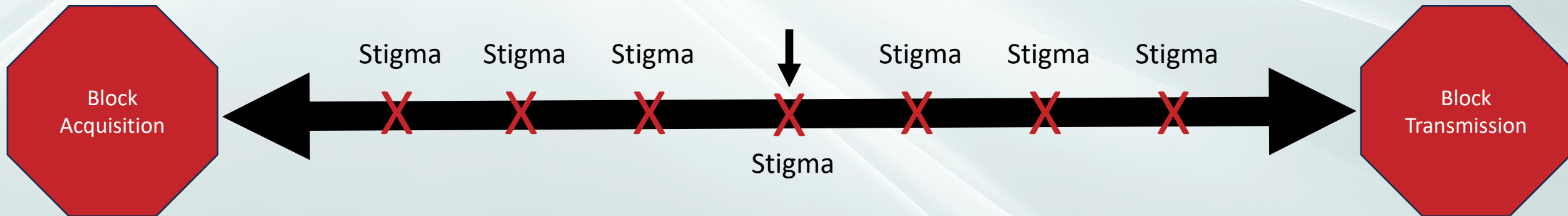
- Intersectional Stigma
  - Overlap of “social identities & structural inequities”
- Overlap with HIV stigma
  - PLWH
  - PrEP (risk for HIV stigma)
- Stigma may manifest throughout a patient’s experience with the clinic and staff



# Acknowledging Stigma and Its Impact



- Stigma limits engagement in care
  - Less likely to attend clinic appointments
  - Lower rates of ART or PrEP adherence
- Stigma reduces medical trust
- Stigma can occur along the entire continuum





# Affirmation to Mitigate Stigma

Don't Say...	Instead, use...
HIV-infected	Person with (or living with) HIV
"Clean"	HIV/STD/STI-Negative In Recovery, Sober
Contract Spread	Acquire Transmit
High Risk	Increased chances for...
Lifestyle	Identity, Orientation
TransgenderED Transvestite Transexual	Transgender or Transgender person

- Reflect on our own privileges
  - Race, ethnicity, gender identity, sexual identity, religion, ability, education or literacy, housing status, employment, health status, etc.
  - Think about yourself, your staff, and your patients
- Be mindful of your presence and your language
  - How are you expressing yourself to your patient?
  - How is your clinic presenting itself to your patient?
- Foster a sense of belonging
  - Ensure a sense of security for your patients
  - Embrace a trauma-informed approach to care from the outside to inside

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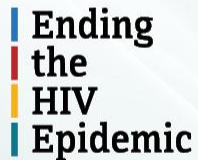
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Birmingham, AL  
August 31, 2023

# Prevention Policy and Implementation

Dr. Wesley Willeford  
Medical Director of Disease Control  
Jefferson County Health Department

# JCDH Efforts Aimed at Prevention



- Implementation of Fast Track Services
- Implementation of Online Self-Scheduling for Clients
- Disease Intervention Specialist Follow Up and Linkage to Care for Persons Newly Diagnosed with HIV Infection
- Expansion of PrEP and PEP Services at JCDH
  - TelePrep
  - PrEP Coalition

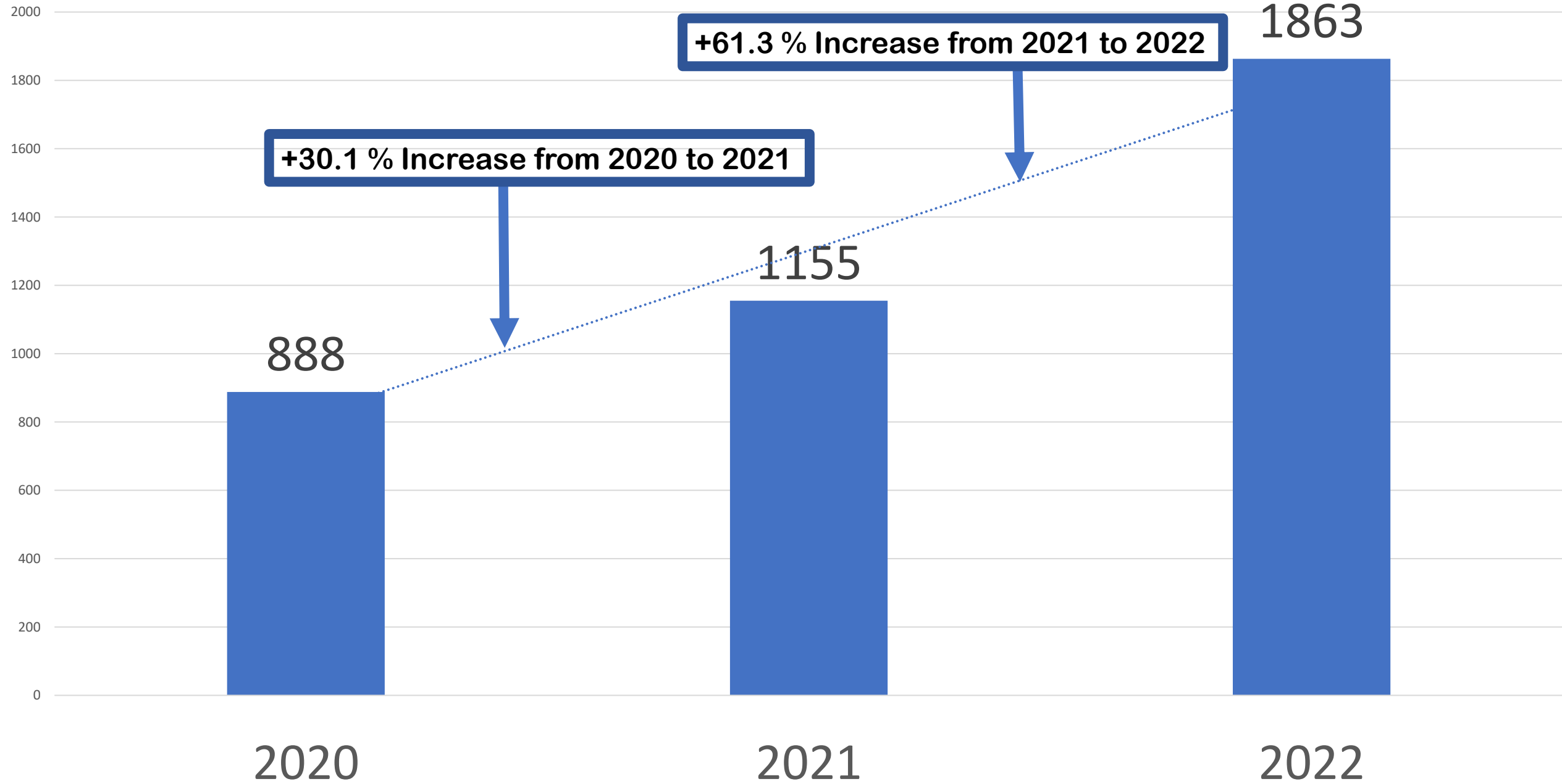
# What is a Fast Track Visit?



- JCDH went live with the Fast Track Visit in late 2019
- This visit type allows a patient without symptoms of an STI to obtain comprehensive STI testing at JCDH.
  - HIV/Syphilis/Gonorrhea/Chlamydia/Trichomoniasis
- Once scheduled, the patient is called by an STI nurse who conducts a screening assessment, and if no symptoms are reported, the patient is instructed to keep their scheduled fast track appointment.
  - If symptoms are present, the nature of the symptoms are assessed, and a priority visit or scheduled follow up visit will be issued.
- Disease Intervention Specialists see the patient at their appointment, they draw blood, and give the patient instructions for the patient to self-collect sexual site-specific NAAT testing.



# Total Number of Fast Track Visits as of 12/31/2022



# Self Sched

PARA ESPAÑOL HAGA CLIC AQUÍ

## Sexual Health Clinic Self-Schedule Service

PLEASE READ ALL INFORMATION BELOW BEFORE CLICKING A LINK

**TESTING ONLY/NO SYMPTOMS VISIT** provides testing for sexually transmitted infection (STD/STI) when you are NOT having symptoms. More information provided below.

**A PROBLEM/SYMPTOM VISIT** is with doctor when you are having symptoms of a sexually transmitted infection, have been exposed to someone with a sexually transmitted infection, or are told to come in for treatment for a sexually transmitted infection. More information provided below.

- The link below that says "**TESTING ONLY/NO SYMPTOMS**" allows you to schedule a visit for sexual health testing where you will NOT see a doctor. This visit is for routine sexual health tests, including tests for Gonorrhea, Chlamydia, Trichomoniasis, HIV, and Syphilis. We DO NOT offer blood testing for the herpes simplex virus (herpes).
  - Test results will be released in 7-10 days on the Patient Portal. We provide treatment if you have a positive test.
  - A nurse will contact you the day before or the morning of your appointment to confirm your self-scheduled appointment. The nurse will review your information with you before your arrival. It is very important that you answer this call.
- The link below that says "**PROBLEM/SYMPTOMS**" allows you to schedule a visit with a Sexual Health Doctor.
  - Problem/Symptom visits are for:
    - When you have a sexual health issue such as a discharge, burning with urination, new skin rashes, or other problems that may be related to your sexual health OR
    - When your partner tells you that they have a sexually transmitted infection OR
    - When the health department notifies you to come to the clinic.
- Keeping your self-scheduled appointment is very important.
  - If you cannot keep your appointment, call (205) 588-5234 to cancel it.
  - DO NOT schedule multiple appointments for the same issue.
    - Please schedule one appointment that fits your schedule.
    - Scheduling multiple appointments may limit your ability to self-schedule appointments.
- You **MUST** provide your LEGAL NAME and DATE OF BIRTH when registering for a self-scheduled appointment.
- Appointments are available at:
  - Central Health Center—1400 6th Avenue South, Birmingham, AL 35233

## ALIGNMENT WORKSHOPS



Website Translator -- Choose Language

Programs: (205) 933-9110  
Clinics: (205) 588-5234

Search Site

TESTING ONLY/NO SYMPTOMS. YOU WILL NOT SEE A DOCTOR.

PROBLEMS/SYMPTOMS VISIT. YOU WILL SEE A DOCTOR.

## Expansion of PrEP and PEP Services at JCDH



- JCDH has implemented a PrEP Navigator in our Sexual Health Clinic
  - PrEP Navigators provide additional education about PrEP services to patients who have expressed interest in routine Sexual Health Visits
  - A JCDH Social Worker works with interested patient to obtain PrEP medications, and we are usually able to get medications for a person regardless of insurance status.
- PrEP Coalition
  - Quarterly meetings are held between PrEP providers in Jefferson County to troubleshoot challenges that arise in the provision of PrEP care.
  - Multiple organizations are represented.

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August 31, 2023

# Treatment Policy and Implementation

Kathy Gaddis  
Director of Social Services and Community  
Engagement  
UAB – 1917 Clinic

# Poverty



- 1917 Clinic population of 3965 clients
  - 1961 clients or 49.4% have income below the Federal Poverty Level (FPL).
  - 2915 clients or 73.5 % have income below 200% of the FPL .
- Poverty impacts viral suppression and retention in care.
- Basic needs like housing and nutrition must be met before PLWH can consider their medical needs.
- Many of our patients do not earn a living wage. Ryan White grant does not allow for Employment Readiness Services (PCN 16-02).

# Medication Access and Adherence



## Challenges

- Internal and external HIV stigma
  - Secrets from family, roommates, friends, coworkers, etc.
  - Jail
- ADAP's interpretation of "payer of last resort" and "underinsured"
- Cohesive communication between ADAP and clinics in Alabama

## Insurance challenges

- High deductibles and copays; limited coverage for HIV medications; "Point of Sale"
- High cost of HIV medications impacts insurance policies
- Low paying jobs where insurance is not affordable and/or is subpar
- Predatory practices
- No Medicaid expansion

# Retention in Care

## Challenges

- HIV stigma
- Shortage of long-term housing solutions for those experiencing poverty
- Affordable transportation especially in rural areas

## Progress

- HIV Re-engagement Program (HREP) through AL Dept. of Public Health
- HOPWA helps many with long-term housing solutions but it's not enough
- Medical transportation is an allowable cost for Ryan White providers, however, transportation costs are expensive and may not be sustainable

# Healthcare system

- Shortage of medical providers, particularly Infectious Disease and Psychiatry, impacts capacity.
- \*Representation matters - “Patients who see physicians who identify as the same race [or] ethnicity as the patient are more satisfied with their care.” Nathan Shaw, MD
- Medical schools like UAB have innovative programs to assist underrepresented populations which start in high school and college but it’s not enough.
- Disparities in education K-12 especially in the south.

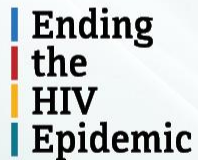
\* Rita Rubin, MA; “How the SCOTUS Affirmative Action Ruling Could Affect Medical Schools and Health Care” JAMA August 8, 2023 Volume 330, Number 6 (<https://jamanetwork.com>)



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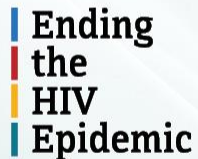
# Federal, State and County Policy Alignment

Derrick Steverson  
Director of Community Partnerships  
Five Horizons Healthcare

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How do the state and federal  
EHE policies align?

The Short Answer:

We have the same EHE goal,  
but don't quite agree on how  
to get there.

Derrick Steverson  
Chief Outreach Officer  
Five Horizon Health Services

# EHA Strategy 1 - Diagnosis



## Strategy



Expand or Implement opt-out testing in healthcare and other setting.



Develop tailored HIV testing programs.



Increased regularity of screening in healthcare and non-healthcare settings.

## Opportunity

This is your area and opportunity to be creative with your strategy.

# EHA Strategy 2 - Treatment



## Strategy



INSURE RAPID LINKAGE TO HIV CARE AND ART FOR ALL NEWLY DIAGNOSED PERSONS.



SUPPORT RE-ENGAGEMENT AND RETENTION IN HIV CARE AND TREATMENT ADHERENCE.

## Opportunity

Most clinics are short staffed and working with limited funds to meet their needs. What is your/can your clinic or agency do different to handle the clients you have and bring in those who need us?

**“That’s where the comes from.”**

# EHA Strategy 3 – Prevention

## Strategy

- Accelerated PrEP initiative for populations with the highest rates of new HIV Diagnosis.
- Implement Comprehensive Syringe Service Program (SSP).

## Opportunity



Federal, state, and local definition of “innovative” don’t align.



Federal funds limit us to spend on many of things we’ve found to be successful recruiting methods in the past.



Availability of care, wrap around services, and incentives depends on your area.

# EHA Strategy 4 - Response

## Strategy



Develop partnerships, processes, and policies to facilitate real-time cluster detection and response.



Investigate and Intervene



Identify and address gaps in programs and services.

## Opportunity

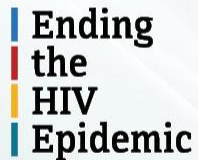
Build and leverage “intentional” partnerships with agencies and clinics offer services of which you have a need and reciprocate the offer.

**Don't just complain,  
DO SOMETHING!!!**

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# Community Access to HIV Services

Josh Bruce  
Director of New Initiatives  
Birmingham AIDS Outreach

# HIV Continuum of care



## HIV CARE CONTINUUM:

The steps that people with HIV take from diagnosis to achieving and maintaining viral suppression.





## Linkage to care : *Fast-Track!*



- Commitment of Patient Navigators, Linkage teams at clinics, Case Managers and Social Workers, and dedicated HIV Medical Providers.
- Most newly diagnosed HIV patients are seen within 72 hours of diagnosis.

# Wraparound services



- Alabama Insurance Assistance Program (AIAP)
- Holistic care for HIV patients
  - Primary Care
  - Dental Care
  - Mental Health
  - Dermatology
  - Nutritionists
  - Endocrinology

# Support systems

- **Birmingham AIDS Outreach (BAO)**

- Food pantry and home delivered meals
- Nutrition Supplements
- Personal care items and household cleaning supplies
- Legal services
- Financial management
- Transportation – medical and nonmedical needs

- **AIDS Alabama**

- Housing Support
- Mental Health services
- Health insurance co-pay assistance
- Alabama Latino AIDS Coalition (ALAC)
- National advocacy for

- **Aletheia House**

- Substance use disorder treatment
- Affordable Housing
- Women’s health services

- **UAB 1917**

- Chaplains (spiritual and faith)
- Substance use treatment
- Mental Health Services

- **Alabama Department of Public Health**

- HIV Surveillance data
- Start Talking Alabama and other HIV PSAs

# Data to care

- Identify persons who are not in care (NIC) and then link or re-engage them in care;
- Identify persons who are in care but not virally suppressed and work with these clients and their providers to achieve viral suppression; and
- Identify pregnant women or mothers and their exposed infants who may need coordinated services (perinatal HIV services coordination).

# research



- Medication adherence
- Viral suppression
- Community and behavioral science
- Therapeutic HIV injections
  
- Alabama Vaccine Research Clinic (AVRC) – HIV vaccine trials

# Prevention services



- Innovative PrEP Services
- Community Outreach
- HIV testing –
  - Mobile testing units
  - Take-home test kits

# HIV Continuum of care



## HIV CARE CONTINUUM:

The steps that people with HIV take from diagnosis to achieving and maintaining viral suppression.



We are in the business of ending hiv



“Not finance. Not strategy. Not technology. It is teamwork that remains the ultimate competitive advantage, both because it is so powerful and so rare.”

–Patrick Lencioni



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# Addressing Criminal Justice as a Barrier to Ending HIV



Moderator:  
Vanessa Tate Finney  
Director of Policy and Advocacy  
AIDS Alabama, Inc.

## Panelists

- Sinseliti Banks – T-CHIP Social Networking Manager – Birmingham AIDS Outreach
- Morgan Farrington – Good Works
- Carmarion D. Anderson-Harvey – Alabama State Director – Human Rights Campaign

# Scaling Up PrEP Access and Utilization



Moderator:  
Warren Dates  
Founder and CEO  
The 6:52 Project Foundation

## Panelists

- Kendall Lawson – El Centro/The Hub
- Karina Harris – El Centro/The Hub
- Christa Mayfield – Director - Magic City Wellness

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# Optimizing Social Determinants to Achieve U=U



Moderator:  
Kathie Heirs  
Executive Director  
AIDS Alabama

## Panelists

- Tonya Jackson – Administrative Director of Programs – AIDS Alabama
- Carmarion D. Anderson-Harvey – Alabama State Director – Human Rights Campaign
- Marco Mays – Program Developer – Montgomery Pride United

# Implementing HIV Status Neutrality in Practice



Moderator:  
Trevis Smith  
Director of Prevention and Living Well Clinic  
AIDS Alabama  
El Centro/The Hub

## Panelists

- Dr. Kre Johnson – Owner – Brownstone Healthcare and Aesthetics
- Henriette Reed-Pickens – Community Engagement Coordinator – University of Alabama-Birmingham CFAR & 1917 Clinic
- Amanda Preston – Director of Education – Birmingham AIDS Outreach

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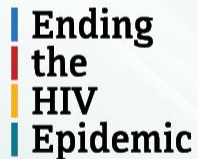
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Birmingham, AL  
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Identified Challenges and  
Opportunities to  
EHE in Birmingham/Jefferson  
County

Scott Lyles  
EHE and FTC Alignment Consultant  
Fast-Track Cities Institute



# HIV Care Continuum Optimization for EHE and FTC Goals

- Routine testing needs to be implemented in all clinical settings
- Too system centered, needs to be patient-centered care model - Meet people where they are at the times that work for them
- Eligibility system is broken – too burdensome on patients for documentation
- Care centers should be proactive on awareness of clients' eligibility timeframes and time for renewal
- Bringing more mobile and wider telehealth services to the community, need to go digital
- Continuous education and feedback to providers – re-educate on Rapid ART and PrEP
- Challenges with linkage to care with opt out testing at ED - sensitization on personal circumstances of people getting tested informing linkage
- Empower patients to maintain quality of healthcare, observe why people fall out of care
- Transparency between organizations and care systems

# Improving Engagement

## Widen the circle

- Youth
  - Find spaces outside the school to engage them
- Parents
  - Educate parents to better support their youth
- Transgender populations
- Faith-based leaders
- Black heterosexual identifying men
  - Address the stigma that is keeping them from the table – invitation not accusation

# Centrality of Community



- Community needs to be at the table when developing new programs and policies – there are processes and procedures that don't fit within the existing programs
- Community organizations need to be prioritized for funding
  - Funding is based on volume, smaller organizations may not have numbers but they have reach
  - Question the existing funding systems and how to make it more relevant to community
- How to build capacity of small community organizations to manage larger budgets?
- Engage community on HOW to spend existing funds

# Policy Landscape



- Intersection of racism and HIV criminalization
- Engage other organizations that engage communities that are disproportionately hurt by HIV criminalization
  - NAACP
  - Faith community
- Assumed guilt just for living with HIV – increases stigma
- Careful with how U=U is used in criminalization so we don't separate "good people living with HIV" and "bad people living with HIV"
- How do we mobilize to change these laws?
  - Need to educate legislators on HIV transmission – data alone is not enough
  - Community needs to be in the room in educating legislators on the impact of laws
  - Connect with Prince George's County and Montgomery County EHE partners on addressing their local legislators
- Reframe the discussion on criminality tied to these laws
  - Legislators are not 'soft on crime' they can be 'smart on science'
  - Legislators don't own these laws, these were voted into existence 30-40 years ago, those laws can be retired as they no longer serve the intended purpose
- Once laws are changed
  - Educate law enforcement officers
  - Educate community that this is not something you can be criminalized by
  - Remove people from sex offender list
  - Prepare a body of lawyers that are equipped with the knowledge to stand by the community

# Scaling up PrEP Access and Utilization

- Stigma associated with HIV makes people hesitant to hear about PrEP
- Stigma associated with PrEP makes people hesitant to consider PrEP
- Normalize PrEP as part of wholistic care
- Representation matters! – inclusion of black and Latinx women on advertisements for PrEP
- Access – need to make the processes for accessing PrEP easier
  - Need to keep up momentum so people link to PrEP
  - Same day PrEP
  - Bring PrEP directly to community events
- Engage more college/university groups on PrEP education (and advocacy) activities
  - Frats
  - Sororities
  - The Devine Nine
- De-stigmatize PrEP usage – must be seen as a tool and a big reason for advancing HIV goals

# Stigma



- Stigma in healthcare settings – training as a continuous process
- Need to normalize U=U and PrEP – kitchen table conversations
- De-stigmatize black men’s assumed role in transmission
- Religion and stigma- Capacity building for faith-based leaders to support their communities.
- Language matters!
  - De-stigmatize language on sex and sexuality

# Social Determinants of Health



- Federal funding cuts for affordable housing; unsustainable cost for building more affordable housing (lasagna of money)– creatively “braiding” funding
  - HOPWA dollars, EHE dollars, other funding/medical dollars
  - Unique partnerships to ensure affordable housing – Gulf Coast Housing Perspective working with health insurance providers and FQHCs
- Resources that can be mobilized at local level
  - DHHS resources
  - Office of community development
  - Available lots
  - Making the budget stretch - townhomes, duplexes
- Intersecting vulnerabilities of those who are unhoused – beyond HIV. How can these intersecting vulnerabilities be addressed?
- Need to think about other social determinants of health
  - Transportation
  - Social injustices
  - Socio-economic status

# HIV Status Neutral Services



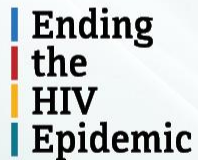
- Funding – how to get funding for wrap around services to implement status neutrality
- Status neutrality is not limited to HIV – it should focus on equitable whole person quality of care and quality of life irrespective of serostatus
- Capacity building for providers on linkage to care for ALL



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Actionable EHE and FTC  
Implementation Steps  
in Birmingham/Jefferson County

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

# FTC – EHE Joint Focus



- FTC-EHE Synergies are significant
- Areas of joint focus in 2022-2025, including:
  - Technical guidance: **Inter-/Intra-jurisdictional planning**
  - Health inequity: **Social Transformation Agenda**
  - Capacity-building: **LAI tx/PrEP implementation, person-centered care, cultural responsiveness**
  - Best-practice sharing: **Best Practice Repository**
  - Assessment tools: **QoC, QoL surveys**
  - Public policy interventions: **Housing, criminalization**
  - Health workforce: **Stress, burnout, well-being survey**
  - **Stigma elimination: #ZeroHIVStigmaDay**

# Leveraging FTC for EHE



## EHE Goals

- Expanding Engagement Points for EHE Advocacy – Widening the Circle
- Integrating treatment and prevention strategies together to achieve status neutrality
- Local stakeholder buy-in and education [health networks/districts, clinicians, educators]
- Strengthening Health System Resilience
- Upscaling integrated care models addressing intersectional infections and conditions (MPX, hepatitis, syphilis, gonorrhea, chlamydia, under- or non-insured, unhoused, mental health, addiction)
- Measuring and assessing Quality of Care and Quality of Life Metrics

## FTC Advantage

- **Social Transformation Agenda**
  - Leveraging FTC core groups to enhance engagement with community-based stakeholders towards comprehensive planning that supports EHE and equity-based goals for social determinants
- Inter-jurisdictional holistic HIV planning,
- Best Practice documentation/validation/sharing,
- Implementation Science funded studies
- Research and guidance for universal stigma, QoC, QoL metrics

# Leveraging FTC for EHE, Cont.



## EHE Goals

- Policy advocacy for holistic HIV health systems
- Increase HIV awareness in non-traditional medical fields and general community
- Eliminating disparities in HIV health outcomes, rates of new infections, and PrEP uptake
- Optimizing the urban and rural HIV care continuum
- Enhancing accessibility for HIV service and clinical interfacing for key populations

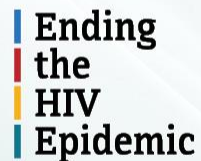
## FTC Advantage

- **Model Policies, HIV Care Optimization Guidance, Status Neutral implementation**
- **Normative Implementation guidance for DoxyPep and DoxyPrEP**
- **Normative guidance on strengthening STI capacities for clinics and health departments**
- **Data and Research for policy impact**
- **Social Transformation Agenda, Inter-Jurisdictional Planning, QoL/QoC Assessments**
- **Global reach for leading edge partnership exploration**

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## Closing Remarks

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

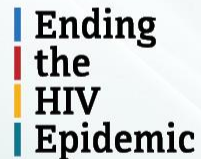
- **TOGETHER**, we can achieve a future in which:
  - New HIV infections are **EXCEEDINGLY RARE** and AIDS-related deaths are a thing of the past
  - People living with and affected by HIV are **VALUED** and not subjected to inequality
- Lags in our global, national, municipal HIV responses reflect underlying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

# Closing Remarks

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August 31, 2023

Tommy Williams  
Sr. Linkage Coordinator  
University of Alabama – Birmingham  
1917 Dewberry Specialty Care