Welcome and Setting the Stage

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

Birmingham, AL
August 31, 2023
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.

<table>
<thead>
<tr>
<th>Fast-Track Cities</th>
<th>Ending the HIV Epidemic</th>
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<tbody>
<tr>
<td>• Global initiative, local implementation</td>
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<tr>
<td>• Both a technical and political initiative inclusive of engagement from mayor’s office, health department, and community</td>
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<tr>
<td>• Targets:</td>
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<td>• 95-95-95 and zero stigma and discrimination by 2025</td>
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<tr>
<td>• Ending the HIV epidemic by 2030 (zero new infections and zero HIV-related deaths)</td>
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<tr>
<td>• Federal initiative, local implementation</td>
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<tr>
<td>• HHS inter-agency leadership engaging community and local stakeholders</td>
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<tr>
<td>• Targets:</td>
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<tr>
<td>• Reduce # new HIV infections in the United States by 75% by 2025</td>
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<tr>
<td>• Reduce # new HIV infections in the United States by at least 90% by 2030</td>
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Setting the Stage...

The purpose of this workshop is to:

• Leverage synergistic efforts of EHE and FTC initiatives

• Discuss gaps and opportunities to achieving common goals:
  o prevention and treatment policy implementation
  o community access to HIV services
  o criminalization as a barrier to ending HIV
  o equitable scale up of PrEP
  o implementation of status neutrality

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

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

Birmingham, AL
August 31, 2023
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%**
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

Birmingham, AL
August 31, 2023
Welcome from HHS Region 4

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

Birmingham, AL
August 31, 2023
Welcome on Behalf of Alabama EHE

Jora White
Director, HIV Prevention Division
Alabama Department of Public Health
Welcome on Behalf of Community

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

Birmingham, AL
August 31, 2023
Welcome on Behalf of ViiV Healthcare

Ramon Gardenhire
Director, Government Relations
ViiV Healthcare US

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

Birmingham, AL
August 31, 2023
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.
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

- American Indian/Alaska Native: 400% increase from 0 in 2017 to 400% in 2021.
- Asian: 10% increase from 0 in 2017 to 10% in 2021.
- Black/African American: 17% increase from 0 in 2017 to 17% in 2021.
- Hispanic/Latino: 33% increase from 0 in 2017 to 33% in 2021.
- Native Hawaiian and other Pacific Islander: 50% increase from 0 in 2017 to 50% in 2021.
- White: 46% increase from 0 in 2017 to 46% in 2021.
- Multiracial: 31% increase from 0 in 2017 to 31% in 2021.
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**

- **Overall**: 25%
- **Black/African American**: 9%
- **Hispanic/Latino**: 16%
- **White**: 66%

*Ending the HIV Epidemic in the U.S. 2030 Target Goal*
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.
• 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
Increasing Access to Biomedical Prevention

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

Birmingham, AL
August 31, 2023
Birmingham, AL
August 31, 2023

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
Eliminating Disparities in HIV Health Outcomes

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

Birmingham, AL
August 31, 2023
Disclosures

• Consultation
• MedIQ, Practice Point, Clinical Care Options

• Grants
• Merck
• NIH/NIMH/NICHD
Multi-Level Factors Lead to Disparities
Disparities in HIV Rates due to Inequities
HIV Disparities within al

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

- Black: 35.1
- Multiracial: 13.8
- Hispanic: 6.3
- White: 4.7
- Other: 1.8

Number of Black People Using PrEP, 2021
Status Neutral HIV Continuum

Status Neutral HIV Prevention and Care

People whose HIV tests are negative are offered powerful prevention tools like PrEP, condoms, harm reduction (e.g. SSPs), and supportive services to stay HIV negative.

Prevention Pathway
- Prevents getting HIV
- High Impact HIV Prevention
- Quality Care

Treatment Pathway
- Prevents transmitting HIV
- HIV Primary Care
- Quality Care

Newly Diagnosed with HIV
Culturally Inclusive and Responsive Quality Care

Effective Treatment
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.
2023 INTRA-JURISDICTIONAL EHE-ETC ALIGNMENT WORKSHOPS

Access

Stigma

Discrimination

SIDE EFFECTS

DOSING

RESISTANCE

EFFECTIVENESS
Advent of HAart

<table>
<thead>
<tr>
<th>Type of Test</th>
<th>HIV Detection</th>
</tr>
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<tbody>
<tr>
<td>NAT</td>
<td>1-4 weeks after exposure</td>
</tr>
<tr>
<td>Ab/Ag</td>
<td>2-6 weeks after exposure</td>
</tr>
<tr>
<td>Ab test</td>
<td>3-12 weeks after exposure</td>
</tr>
</tbody>
</table>

- **NAT**: NAT - 1-4 weeks after exposure
- **Ab/Ag**: Ab/Ag - 2-6 weeks after exposure
- **Ab test**: Ab test - 3-12 weeks after exposure

**Access**
- INSTI plus 2 NRTIs
  - BIC/TAF/FTC
  - DTG/ABC/3TC
- INSTI plus 1 NRTI
  - DTG/3TC

**Stigma**

**SIDE EFFECTS**
- RESISTANCE
  - BIC/TAF/FTC
  - DTG/ABC/3TC
  - DTG plus TAF or TDF
  - FTC or 3TC
  - DTG/3TC

NIH. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living With HIV, 2022.
Disparities in HIV Rates due to Inequities

HIV Diagnoses Among Adolescents
13-24 Yr of Age, 2021

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/nchhstp/newsroom
Interventions to Improve HIV Disparities

- Trauma Informed Care
- Comprehensive Health Services
- Office Based Opioid Treatment
- Women’s Healthcare
- Food Boxes
- Housing Services
- Intensive Case Management
- Mental Health Services
- Peer Navigation
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

Illustration by Kimberly Carney / Fred Hutch News Service
Special Thanks!

Advocates and Study PARTICIPANTS
Reducing Stigma in Clinical Settings

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

Birmingham, AL
August 31, 2023
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

Figure adapted from Elopre et al., Logie et al., PLoS Med 2011
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

Babel et al., AIDS Behav 2021
Small et al., Cult Health Sex 2022
Affirmation to Mitigate Stigma

• 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

<table>
<thead>
<tr>
<th>Don’t Say…</th>
<th>Instead, use…</th>
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<tbody>
<tr>
<td>HIV-infected</td>
<td>Person with (or living with) HIV</td>
</tr>
<tr>
<td>“Clean”</td>
<td>HIV/STD/STI-Negative</td>
</tr>
<tr>
<td></td>
<td>In Recovery, Sober</td>
</tr>
<tr>
<td>Contract</td>
<td>Acquire</td>
</tr>
<tr>
<td>Spread</td>
<td>Transmit</td>
</tr>
<tr>
<td>High Risk</td>
<td>Increased chances for…</td>
</tr>
<tr>
<td>Lifestyle</td>
<td>Identity, Orientation</td>
</tr>
<tr>
<td>TransgenderED</td>
<td>Transgender or Transgender person</td>
</tr>
<tr>
<td>Transvestite</td>
<td></td>
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<tr>
<td>Transexual</td>
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Prevention Policy and Implementation

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

Birmingham, AL
August 31, 2023
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

- **2020**: 888
- **2021**: 1155 (61.3% Increase from 2021 to 2022)
- **2022**: 1863 (30.1% Increase from 2020 to 2021)
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 infections (STIs) when you are NOT having symptoms. More information provided below.

A PROBLEM/SYMPMOTMS VISIT is with a 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 (HSV).
  - 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 call 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 the call.

- The link below that says "PROBLEM/SYMPMOTMS" 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.
    - When your partner tells you that they have a sexually transmitted infection
    - 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) 598-5234 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

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

- PROBLEMS/SYMPMOTMS 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.
Treatment Policy and Implementation

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

Birmingham, AL
August 31, 2023
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)
Federal, State and County Policy Alignment

Derrick Steverson
Director of Community Partnerships
Five Horizons Healthcare

Birmingham, AL
August 31, 2023
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 settings.
- 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!!!
Community Access to HIV Services

Josh Bruce
Director of New Initiatives
Birmingham AIDS Outreach

Birmingham, AL
August 31, 2023
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).
• 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.

- Diagnosed with HIV
- Received HIV medical care
- Linked to care
- Retained in care
- Achieved and maintained viral suppression
We are in the business of ending hiv

“If you think finance is all you need, I’ve got a hiv ribbon for you. If you’re convinced strategy is the solution, I’ve got a hiv ribbon for you. If technology is your ultimate solution, I’ve got a hiv ribbon for you. But it is teamwork that remains the ultimate competitive advantage, both because it is so powerful and so rare.”

–Patrick Lencioni
Addressing Criminal Justice as a Barrier to Ending HIV

Panelists

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

Moderator:
Vanessa Tate Finney
Director of Policy and Advocacy
AIDS Alabama, Inc.
Scaling Up PrEP Access and Utilization

Panelists

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

Moderator:
Warren Dates
Founder and CEO
The 6:52 Project Foundation
2023 INTRA-JURISDICTIONAL EHE FTP ALIGNMENT WORKSHOPS
Optimizing Social Determinants to Achieve U=U

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

Moderator:
Kathie Heirs
Executive Director
AIDS Alabama
Implementing HIV Status Neutrality in Practice

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

Moderator:
Trevis Smith
Director of Prevention and Living Well Clinic
AIDS Alabama
El Centro/The Hub
Identified Challenges and Opportunities to EHE in Birmingham/Jefferson County

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

Birmingham, AL
August 31, 2023
HIV Care Continuum Optimization for EHE and FTC Goals

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

Widen the circle

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

• Community needs to be at the table when developing new programs and policies – there are processes and procedures that don’t fit within the existing programs

• Community organizations need to be prioritized for funding
  • Funding is based on volume, smaller organizations may not have numbers but they have reach
  • Question the existing funding systems and how to make it more relevant to community

• How to build capacity of small community organizations to manage larger budgets?

• Engage community on HOW to spend existing funds
Policy Landscape

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

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

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

• Federal funding cuts for affordable housing; unsustainable cost for building more affordable housing (lasagna of money) – creatively “braiding” funding
  • HOPWA dollars, EHE dollars, other funding/medical dollars
  • Unique partnerships to ensure affordable housing – Gulf Coast Housing Perspective working with health insurance providers and FQHCs

• Resources that can be mobilized at local level
  • DHHS resources
  • Office of community development
  • Available lots
  • Making the budget stretch - townhomes, duplexes

• Intersecting vulnerabilities of those who are unhoused – beyond HIV. How can these intersecting vulnerabilities be addressed?

• Need to think about other social determinants of health
  • Transportation
  • Social injustices
  • Socio-economic status
HIV Status Neutral Services

• Funding – how to get funding for wrap around services to implement status neutrality
• Status neutrality is not limited to HIV – it should focus on equitable whole person quality of care and quality of life irrespective of serostatus
• Capacity building for providers on linkage to care for ALL
Actionable EHE and FTC Implementation Steps in Birmingham/Jefferson County

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

Birmingham, AL
August 31, 2023
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
INTRA-JURISDICTIONAL
EHE ➔ FTC
ALIGNMENT
2023 WORKSHOPS

IAPAC
INTERNATIONAL ASSOCIATION
OF PROVIDERS OF AIDS CARE

FAST-TRACK CITIES INSTITUTE
Ending the HIV Epidemic

Closing Remarks

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

Birmingham, AL
August 31, 2023
• **TOGETHER**, we can achieve a future in which:
  o New HIV infections are **EXCEEDINGLY RARE** and AIDS-related deaths are a thing of the past
  o People living with and affected by HIV are **VALUED** and not subjected to inequality

• Lags in our global, national, municipal HIV responses reflect underlying **SOCIAL INEQUALITIES**:
  o **GAY MEN, OTHER MSM** who are forced to live on societal margins
  o **TRANSGENDER INDIVIDUALS** whose identities are violently suppressed
  o **RACIAL, ETHNIC MINORITIES** who lack socioeconomic opportunity and confront racism
  o **WOMEN, GIRLS** who often lack a voice about their own bodies and healthcare decisions

• Ending the HIV epidemic does not just mean suppressing or even curing the virus, but rather **ADDRESSING MYRIAD INJUSTICES** that have been both causes and effects

• HIV is as much about **HUMAN RIGHTS AND SOCIAL JUSTICE** as it is about public health or science

• EHE and FTC are well **ALIGNED AND SYNERGISTIC** to advance a **HOLISTIC** HIV response
Closing Remarks

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