INTRA-JURISDICTIONAL EHE ⇄ FTC ALIGNMENT

2023 WORKSHOPS
Welcome to the Intra-Jurisdictional EHE-FTC Alignment 2023 Workshops in Houston, TX on August 22, 2023.

This event is supported by the International Association of Providers of AIDS Care (IAPAC), Fast-Track Cities Institute, and Ending the HIV Epidemic.
Welcome and Setting the Stage

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

Houston, TX
August 22, 2023
Setting the Stage....

• Houston and Harris County signed on as a Fast-Track City Jurisdictions on December 4, 2019. Harris County 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>
</tr>
</thead>
<tbody>
<tr>
<td>• Global initiative, local implementation</td>
<td>• Federal initiative, local implementation</td>
</tr>
<tr>
<td>• Both a technical and political initiative</td>
<td>• HHS inter-agency leadership engaging community and local</td>
</tr>
<tr>
<td>inclusive of engagement from mayor’s</td>
<td>stakeholders</td>
</tr>
<tr>
<td>office, health department, and community</td>
<td>• Targets:</td>
</tr>
<tr>
<td>• Targets:</td>
<td>• Reduce # new HIV infections in the United States by</td>
</tr>
<tr>
<td>• 95-95-95 and zero stigma and</td>
<td>75% by 2025</td>
</tr>
<tr>
<td>discrimination by 2025</td>
<td>• Reduce # new HIV infections in the United States by</td>
</tr>
<tr>
<td>• Ending the HIV epidemic by 2030 (zero</td>
<td>at least 90% by 2030</td>
</tr>
<tr>
<td>new infections and zero HIV-related</td>
<td></td>
</tr>
<tr>
<td>deaths)</td>
<td></td>
</tr>
</tbody>
</table>
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

Houston, TX
August 22, 2023
Significant **PROGRESS HAS BEEN MADE** in Houston

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%**
Welcome from HHS Region 6

Houston, TX
August 22, 2023

CDR Rodrigo Chavez
PACE Program Deputy Director Director
Office of Infectious Disease and HIV/AIDS Policy
Region 6
• FTC Welcome Houston Aug 2023-20230817_142512-Meeting Recording.mp4 (sharepoint.com)
INTRA-JURISDICTIONAL
EHE ↔ FTC
ALIGNMENT
2023 WORKSHOPS

Welcome on Behalf of Harris County EHE

Jason Black
Project Coordinator
Ending the HIV Epidemic Coordinator
Harris County Department of Health

Marlene McNeese
Deputy Assistant Director
Bureau of HIV/STD and Viral Hepatitis Prevention
Houston Health Department

Houston, TX
August 22, 2023
Welcome on Behalf of Community

Dominique Guinn
Co-Chair Community
Houston HIV Prevention Community Planning Group

Crystal Starr
Chair – Steering Committee
Houston HIV Prevention Community Planning Group
Welcome on Behalf of ViiV Healthcare

Ramon Gardenhire
Director, Government Relations
ViiV Healthcare US

Houston, TX
August 22, 2023
2023 INTRA-JURISDICTIONAL EHE FTC ALIGNMENT WORKSHOPS
Increasing Access to Treatment and Rapid START

Ritchie Martin, Jr.
Chief Public Health Officer
Allies in Hope

Houston, TX
August 22, 2023
Progress of Implementation

- Served 120 clients through the START Now initiative
  - 87 newly diagnosed
  - 28 out of care
  - 5 new to care

- Offered 100% of rapid start ART to persons referred to START Now for a period of 3 years
  - Maintained a 3-day Median of initiation of rapid start ART to all START Now referrals.
  - RETAINED 67% of ALL START Now clients in long-term care with a referred care provider in Houston.
Challenges and Lessons Learned

• Limited-service provision hours
• Test, treat and refer model
• Transportation
• Language Barriers
• Delayed Ryan White approvals and recertification
Barriers to further sustaining Rapid Start

• High turnover of leadership and staff
• Cost of Rapid START
• Access to referred medical providers
• Access to mental health services
Increasing Access to Biomedical Prevention

Dr. Mandy Hill
Professor (effective 9/1) and Director of Population Health in Emergency Medicine
UTH Health Houston – McGovern Medical School

Houston, TX
August 22, 2023
“However, less than 2% of eligible cis Black women take pre-exposure prophylaxis.” (Conley, 2022)
How have researchers increased access to PrEP in Harris County?

- We led the first randomized controlled trial of a behavioral intervention that was supported by a warm hand-off referral process, connecting patients from the emergency department to two local PrEP clinics for an initial clinic visit.

- Local PrEP Clinic Partners
  - Allies in Hope (formerly AIDS Foundation Houston)
  - Legacy Community Health

We enrolled 40 PrEP-eligible cis Black women ages 18-55 years with low acuity health conditions.
Methods and Findings

METHODS

• Participants were approached while waiting in ED
• iPrEP intervention (pre/post test, randomized to intervention or treatment as usual), then PrEP clinic warm handoff
• Telephone follow-ups at 1, 3, and 6 months
• Linkage verified through participant number w/ PrEP clinic

FINDINGS

• 1 participant linked and adhered to PrEP regimen for at least 30 days
• 2 participants self-reported linkage, but no verification from clinic occurred.
• Follow-up attendance: 28% attended all; 35% attended some; 37% attended none.
TAKEAWAY

• In order to increase access to biomedical prevention in Houston/Harris County, we:

  • Need to **prioritize** culturally tailored PrEP interventions for cis Black women

  • **Adopt** AND **Implement** a multifaceted approach to prevent further compounding existing inequities in PrEP linkage, access, and uptake.
Eliminating Disparities in HIV Health Outcomes

Thomas P. Giordano, MD, MPH
Baylor College of Medicine
Texas Developmental Center for AIDS Research (D-CFAR)
Improvements in Incidence and knowledge of status in the population

“Met need” and retention generally stable despite COVID-19

Slow improvements in viral suppression in the population

Improvement in linkage to care in the population

Source: Houston Health Department, HIV Care Continuum, 2021, revised Feb 2023.
Ordered by viral suppression, lowest to highest

Blue border = male at birth; pink border = female at birth

Black males and females and non-Hispanic White females doing worst; Hispanics in the middle; White males doing best (58% to 70%)

Meaningful differences; but no population is at EHE goal (95%)

“Met need” and retention generally track with viral suppression

Source: Houston Health Department, HIV Care Continuum, 2021, revised Feb 2023.
Ordered by linkage to care within 1 month, lowest to highest

Blue border = male at birth; pink border = female at birth

Linkage to care ranges 70% to 78% for larger groups; no population at goal (95%)

Among the larger groups, Black males doing worst and White males doing best

Source: Houston Health Department, HIV Care Continuum, 2021, revised Feb 2023.
Reducing Stigma in Clinical Settings

Dr. Lakecia Pitts
Family Medicine Physician and HIV Specialist
Avenue 360 Health and Wellness

Houston, TX
August 22, 2023
Defining HIV-related Stigma

• Negative attitudes/beliefs about people living with HIV\textsuperscript{1}

• Confounded/complicated by stigma related to substance use, mental health, sexual orientation, gender identity, race/ethnicity, or sex work\textsuperscript{2}

• Stigma $\rightarrow$ discrimination $\rightarrow$
  • Perpetuate HIV related disparities
  • Barrier to HIV prevention, testing, and care
Internal vs External Stigma

Structural Stigma
- Discriminatory social structures, policies and legislations
- Poor and inadequate quality of mental health services

Interpersonal Stigma
- Ignorance/misinformation: problems in knowledge
- Prejudice: problems in attitudes
- Discriminatory behavior: targeted violence, hostility and human rights violations

Intrapersonal Stigma
- Self-stigma
- Internalization of stigma

Impact on Engagement in Care

HIV CARE CONTINUUM:
The steps that people with HIV take from diagnosis to achieving and maintaining viral suppression.
Taking a Stand Against Stigma

- Recognize the role implicit bias plays in perpetuating stigma

- Comprehensive training of all staff on
  - Trauma informed care
  - Cultural humility
  - Implicit bias
  - HIV related stigma and discrimination

- Use of non-stigmatizing, culturally sensitive language around HIV related messaging and services

- Have open conversations that normalize HIV to provide opportunities to correct misconceptions and provide science-based education about HIV
Ending the HIV Epidemic in Houston/Harris County: The MasterPlan

Community Planning and Community-Centered Engagement

▪ Ensure community partners are meaningfully engaged in the planning and implementation of EHE;
▪ Build trust, support, and continued dialogue for the initiative with community partners.

Identify barriers or unmet needs that exist within communities as well as identify potential solutions and address gaps

▪ Access to basic prevention services, e.g. testing, treatment, more in home and extended hours options
▪ Disparities in PrEP utilization
▪ Child abuse reporting laws
▪ Socioeconomic justice through recruiting, hiring, housing
Syndemic Approaches

Syndemics are epidemics that interact with each other and by that interaction increase their adverse effects on the health of communities that face systematic, structural, and other inequities.

Source: Daskalakis, D. (2023) Centers for Disease Control and Prevention
Syndemic Approaches

Syndemic Problems Require Syndemic Solutions

Source: Daskalakis, D. (2023) Centers for Disease Control and Prevention
Ending the HIV Epidemic (EHE) Funding from the Centers for Disease Control and Prevention (CDC)

- HHD receives approx. **$2.6 million annually** since 2020
- Received an additional **$420,000 annually** in 2021 through 2024 to expand EHE HIV prevention in HHD Health Centers
- Total enhancement to existing core HIV funding: Approximately **$11.6 million** over four years

**Diagnose all individuals with HIV as early as possible after infection.**
- Support Houston-Area providers of HIV prevention to increase HIV screening in clinical and non-clinical settings
- Increase availability and accessibility to HIV testing services

**Treat people with HIV rapidly and effectively to reach sustained viral suppression.**
- Expand and improve HHD community engagement for HIV treatment and prevention
- Expand and improve HHD provider engagement for HIV treatment and prevention

**Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).**
- Accelerate efforts to increase PrEP referrals, linkages, and use
- Expand public information and messaging around PrEP and U=U

**Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.**
- Develop partnerships, processes, and data systems to facilitate improved connections to prevention and care services
Thank You!
Treatment Policy and Implementation

Dr. Shital Mahendra Patel
Assistant Professor
Medicine – Infectious Disease
Baylor College of Medicine

Houston, TX
August 22, 2023
Conflict of Interest Disclosure

• Speaker has no conflict of interests

• Funding sources:
  • This program was supported in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $3,132,205, with 0% financed with non-governmental sources.
  • The research component was funded in part through an Administrative Supplement to the Texas Developmental Center for AIDS Research (D-CFAR), an NIH funded program P30AI161943.
Objectives

• What’s the current landscape of treatment policy for the Houston/Harris County region for HIV, what’s currently being implemented?
• To describe the current challenges observed in implementing treatment policy Harris County and the region
• Relay any progress or specific developments in relation to improvement of linkage rates and delay times from diagnosis to ART initiation.
• Identify any barriers or challenges observed in closing the gaps in ART initiation disparities or long-term adherence
- Rapid ART* is key for Ending the HIV Epidemic
- Houston/Harris County ranks #9 in rate of new HIV diagnoses in the US

- **2019**
  - > 30,000 PWH in Houston EMA
  - 63% newly diagnosed were linked to care within a month of diagnosis
- **2018**
  - 39% of recently diagnosed PWH took longer than one month to start ART

*ART: Antiretroviral therapy*
Ending the HIV Epidemic in Houston/Harris County will require a coordinated effort

<table>
<thead>
<tr>
<th>Clinic Name (Spoke)</th>
<th>Clinic Type</th>
<th>Houston Geographic Areas</th>
<th>RW Primary Care Patient Demographic (%) - 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS Healthcare Foundation Healthcare Center - Houston</td>
<td>501 (c)(3)</td>
<td>Central</td>
<td>AA/B* 55.7, W* 44.6, H* 30.8</td>
</tr>
<tr>
<td>Avenue 360 Health and Wellness The Heights</td>
<td>FQHC</td>
<td>Northwest</td>
<td>AA/B* 45.8, W* 53.0, H* 47.0</td>
</tr>
<tr>
<td>Harris Health System Thomas Street Health Center</td>
<td>Health System</td>
<td>Northside</td>
<td>AA/B* 45.4, W* 52.6, H* 44.9</td>
</tr>
<tr>
<td>Legacy Community Health Montrose Clinic</td>
<td>FQHC</td>
<td>Central (LGBT/MSM Community)</td>
<td>AA/B* 43.7, W* 53.3, H* 38.2</td>
</tr>
<tr>
<td>St. Hope Foundation Bellaire Community Health Center</td>
<td>FQHC</td>
<td>Southwest</td>
<td>AA/B* 56.4, W* 41.0, H* 31.0</td>
</tr>
</tbody>
</table>

*AA/B African American/Black; W: White; H: Hispanic
Baylor College of Medicine ECHO Facilitating Antiretroviral StART Earlier (BE FASTER) program

Monthly 1 hour Zoom sessions

- 15 min: didactic by Hub team
- 45 min: case presentation by a spoke clinic followed by discussion

"It's an excellent program to educate people, and to connect...they make you feel maybe a little bit more comfortable reaching out."

Participants reported an improved sense of community
Preliminary Data

EHE Clients: Rapid StART protocols

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-21</td>
<td>Subcontracts signed, development of protocols</td>
</tr>
<tr>
<td>21-22</td>
<td>Piloting of protocols</td>
</tr>
<tr>
<td>22-23</td>
<td>BE FASTER CoP and full implementation of protocols</td>
</tr>
</tbody>
</table>
Next Steps

- Expanding the Rapid Start Network
- Expanding cross agency/organizational partnerships
- Understanding the point of entry
- Understanding the patient journey
- Making it a city/county wide initiative

*** linking frontline testing programs to agencies for Rapid Start programs
Acknowledgements

Shital M. Patel MD, MSc
Director, Houston AETC
TX CFAR
Assistant Professor, Infectious Diseases
shitalp@bcm.edu

Monisha Arya, MD, MPH
Director of Marketing, Houston AETC
TX CFAR
Assistant Professor, Infectious Diseases

Melanie Goebel, MD
Associate Director, Houston AETC
Assistant Professor, Infectious Diseases

Bich Dang, MD
Faculty, Houston AETC
TX CFAR
Assistant Professor, Infectious Diseases

Kathryn Fergus
Program Manager, Houston AETC

Avishek Ghosh-Hajra, MD, MHA/MBA
Lead Coordinator, Business Operations and Project ECHO Program Manager, Houston AETC

Meheret Adera, BA
Project Intern, Houston AETC
Emory MPH student

Caleb Brown, MPH, Former Project Coordinator

Naomi Sequeira, BS
Project Intern, Houston AETC
BCM Medical Student

Shiva Sharma, MD, Former Research Coordinator
Houston AETC

Special Thank You to all of our partners!
• All the health professionals at the 5 Ryan White Agencies in Houston/Harris County
• Harris County Public Health/Ryan White Grant Administration
Federal, State and County Policy Alignment

Lindsay Lanagan
VP-Government Relations and Public Affairs
Legacy Community Health

Houston, TX
August 22, 2023
Alignment Initiative:
Education
HIV Day at the Capitol

Partners:
Positive Women’s Network
Prism
Legacy

Stats:
100+ people attended
50+ legislative visits
Alignment Initiative: Education
HIV Day at the Capitol

Outcomes:
- First time to get testing bills out of Committee
- First time to pass HIV-related testing bills out of the House
Alignment Initiative: Education
New Legislative Champions
Alignment Initiative: Increase Testing

HB 3377 by Representative Venton Jones
Currently an STD panel does include an HIV test. This bill allows the patient to opt-out to receive an HIV test during routine STD screening.
Passed out of Public Health
Passed the House!
Died in the Senate

HB 2235 by Representative Venton Jones
Allows the patient to opt-out to receive an HIV test during routine medical screening.
Passed out of Public Health
Passed the House!
Died in the Senate

Fund HIV Injectables for ADAP
Community Access to HIV Services

Jill Jahns
Public Health Director
Legacy Community Health

Houston, TX
August 22, 2023
The Current Landscape

- Houston Fast Track City since December 2019
- Currently 9th in Nation for New HIV diagnoses (Brown Public Health)
- Averaging ~1200 new HIV diagnoses/year according to HHD
- Active partnerships with multiple organizations across Houston/Harris County as we work together to decrease and eventually stop the spread of new HIV diagnoses in our community
The Current Landscape

Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.

Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.
How We Have Grown

• Introduction of Injectables for HIV treatment and prevention
• Houston Health Department HIV Prevention Needs Assessment (2022)
• Reinvigorated focus on testing accessibility, particularly community testing, which has been on pause due to COVID-19
Areas of Continued Growth

• Improved access to injectable prevention/treatment options
• Disruption of COVID-19: reduced access to testing, treatment
• Barriers identified by community:
  • Education & Awareness
  • Financial
  • Interaction with Staff
  • Accessibility
  • Resource Availability
  • Transportation*
• Resources may be available and known, but community members unsure how to access
• Resource availability changing as service availability changes within the community
Addressing Criminalization as a Barrier to Ending HIV

Panelists

- Gin Pham – Community Engagement Manager – Transgender Education Network of Texas
- Mitchell Katine – Attorney – Katine, Nechman, McLaurin LLP

Moderator:
Micheal Webb
Public Health Policy Strategist
Equality Federation
Scaling Up PrEP Access and Utilization

Panelists

- Dr. Mandy Hill – Professor (effective 9/1) and Director of Population Health in Emergency Medicine – UTHealth Houston – McGovern Medical School
- Sha’Terra Johnson – HIV Health Planner – Houston Regional HIV/AIDS Resource Group
- Dr. Charlene Flash – President and CEO – Avenue 360 Health and Wellness

Moderator:
Jeffrey Campbell
Chief Executive Officer
Allies in Hope
Optimizing Social Determinants to Achieve U=U

Panelists

- Melody Barr – Deputy Assistant Director – Housing and Community Development – Public Services – City of Houston
- Amber David, Sr. – Risk Reduction Specialist – Houston Health Department
- Steven Vargas – Chair, Community Advisory Board, Texas Developmental Center For AIDS Research – Chair, National HIV and Aging Advocacy Network

Moderator:
Kevin Anderson
Founder/Chief Executive Officer
Implementing HIV Status Neutrality in Practice

Moderators

Jason Black
Project Coordinator – Ending the HIV Epidemic
Harris County Public Health

Marlene McNeese
Deputy Assistant Director
Bureau of HIV/STD and Viral Hepatitis Prevention
Houston Health Department
Identified Challenges and Opportunities to EHE in Houston

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

Houston, TX
August 22, 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 Houston

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

Houston, TX
August 22, 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
Closing Remarks

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

Houston, TX
August 22, 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

Michael Webb
Public Health Policy Strategist
Equality Federation

Houston, TX
August 22, 2023