

**INTRA-JURISDICTIONAL**

**EHE ↔ FTC  
ALIGNMENT**

**2023 WORKSHOPS**

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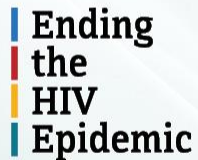
Houston, TX  
August 22, 2023

**WELCOME**

**INTRA-JURISDICTIONAL**

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**2023 WORKSHOPS**



Houston, TX  
August 22 , 2023

Welcome and Setting  
the Stage

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



# 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.

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...



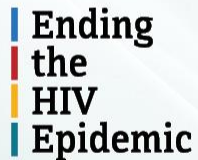
The purpose of this workshop is to:

- 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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# EHE ↔ FTC ALIGNMENT

**2023 WORKSHOPS**



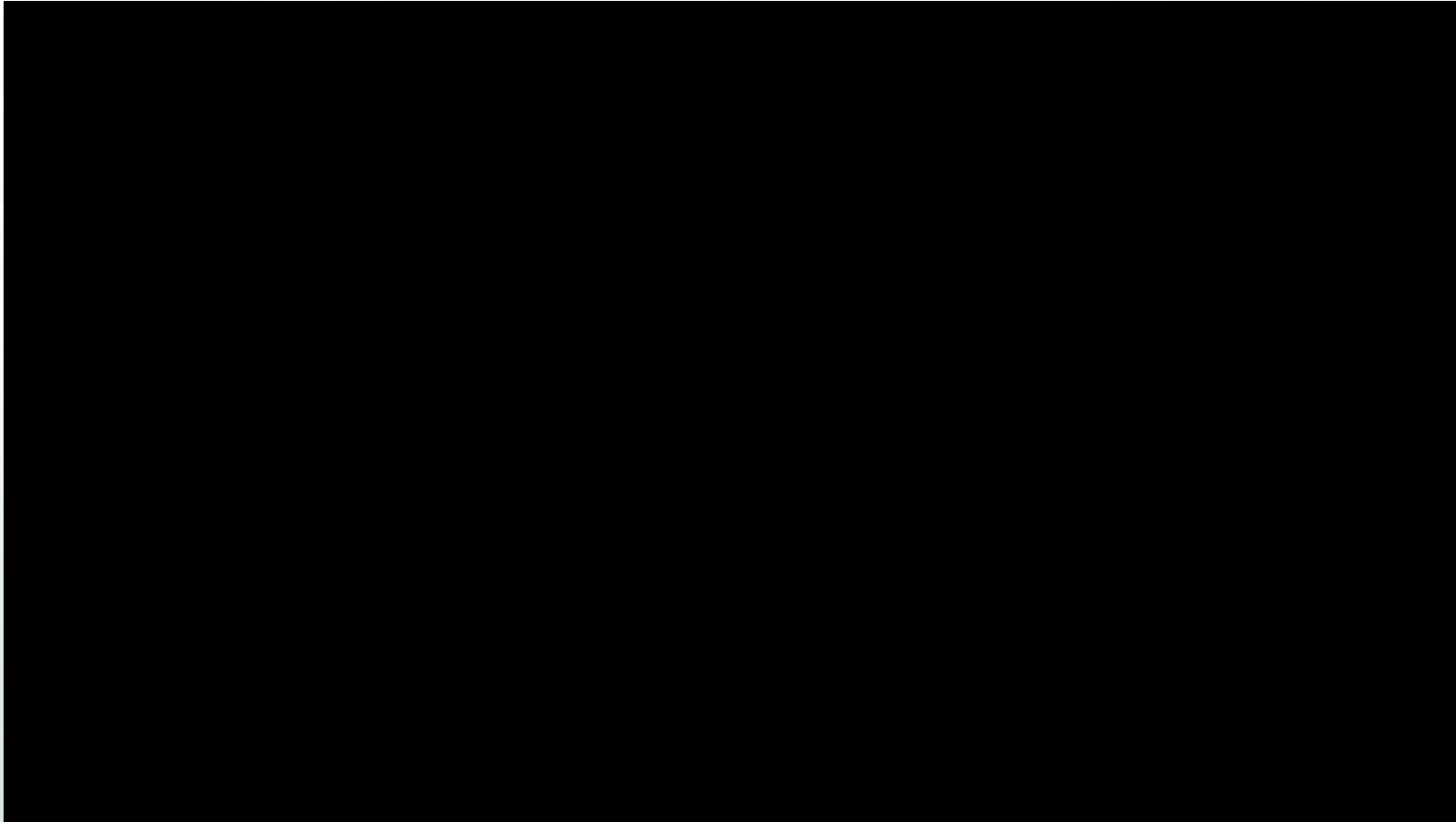
Houston, TX  
August 22, 2023

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 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%**



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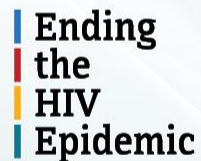
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Houston, TX  
August 22, 2023

Welcome from HHS  
Region 6

CDR Rodrigo Chavez  
PACE Program Deputy Director Director  
Office of Infectious Disease and HIV/AIDS Policy  
Region 6

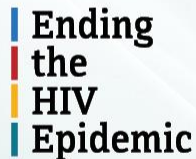


- [FTC Welcome Houston Aug 2023-20230817 142512-Meeting Recording.mp4 \(sharepoint.com\)](#)

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**2023 WORKSHOPS**



Houston, TX  
August 22, 2023

# 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

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# EHE ↔ FTC ALIGNMENT

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Houston, TX  
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Welcome on Behalf  
of Community

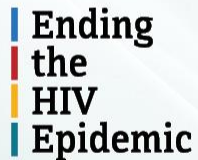
Dominique Guinn  
Co-Chair Community  
Houston HIV Prevention Community  
Planning Group

Crystal Starr  
Chair – Steering Committee  
Houston HIV Prevention Community  
Planning Group

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Houston, TX  
August 22, 2023

Welcome on Behalf of  
ViiV Healthcare

Ramon Gardenhire  
Director, Government Relations  
ViiV Healthcare US

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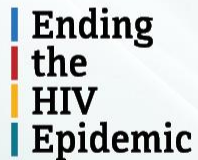
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Houston, TX  
August 22, 2023

Increasing Access to  
Treatment and Rapid  
START

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



# 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

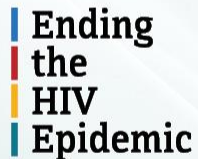


- High turnover of leadership and staff
- Cost of Rapid START
- Access to referred medical providers
- Access to mental health services

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# Increasing Access to Biomedical Prevention

Dr. Mandy Hill

Professor (*effective 9/1*) and Director of  
Population Health in Emergency Medicine  
UTHealth Houston – McGovern Medical School

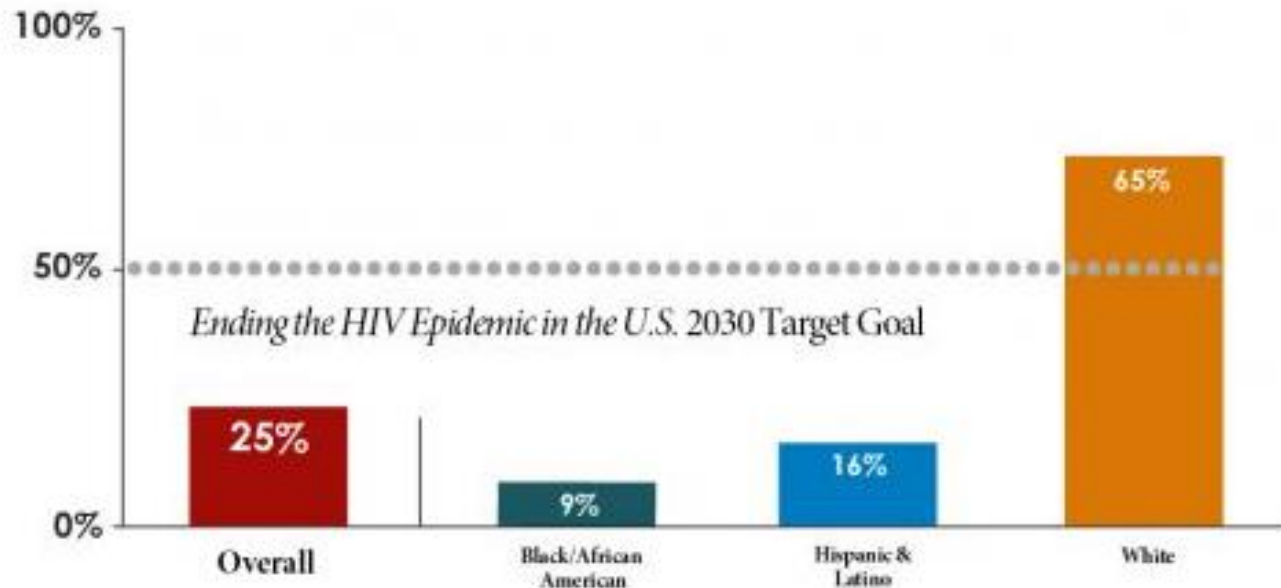


# PrEP Use and Cis Black Women



**ONLY 9% OF BLACK PEOPLE IN THE U.S. WHO WERE ELIGIBLE FOR PREP IN 2020 WERE PRESCRIBED IT, SHOWING THAT UNEQUAL COVERAGE PERSISTS**

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



“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



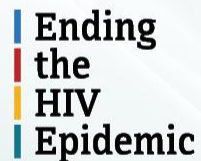
- In order to increase access to biomedical prevention in Houston/Harris County, we:
  - Need to **prioritize** culturally tailored PrEP interventions for cis Black women
  - **Adopt AND Implement** a multifaceted approach to prevent further compounding existing inequities in PrEP linkage, access, and uptake.



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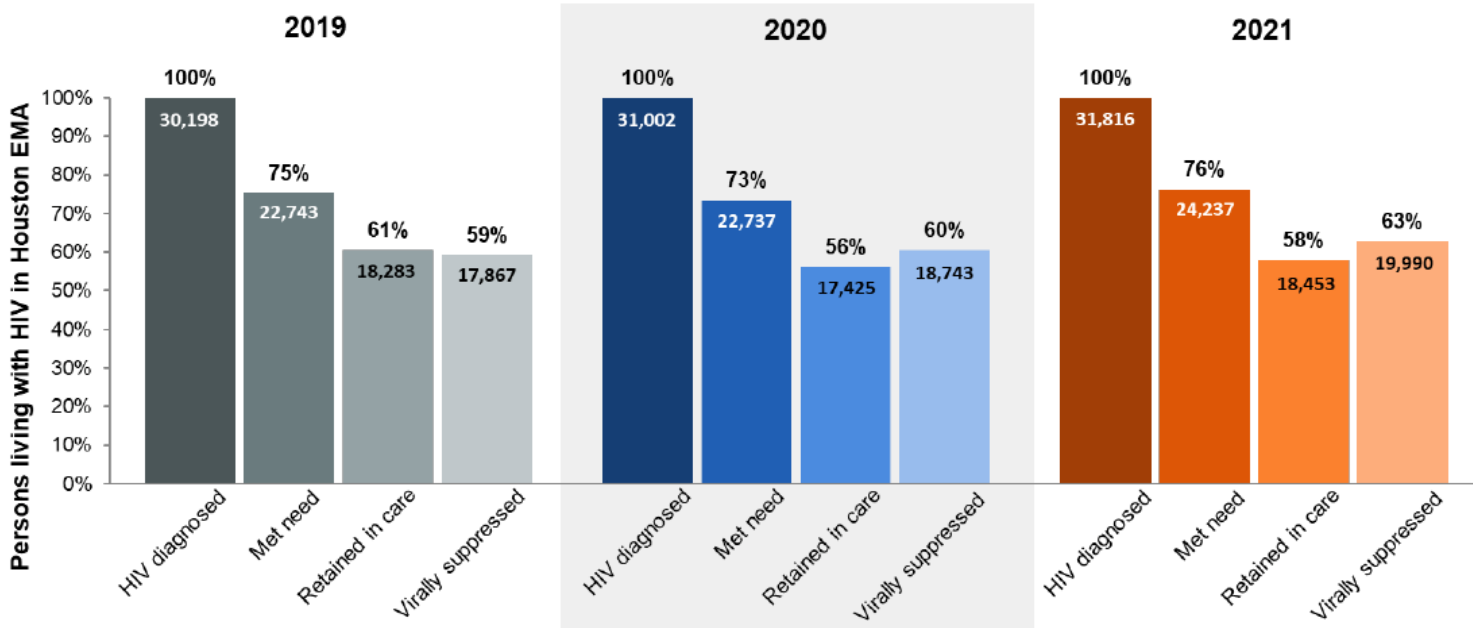
Eliminating Disparities in  
HIV Health Outcomes

Thomas P. Giordano, MD, MPH  
Baylor College of Medicine  
Texas Developmental Center for AIDS  
Research (D-CFAR)

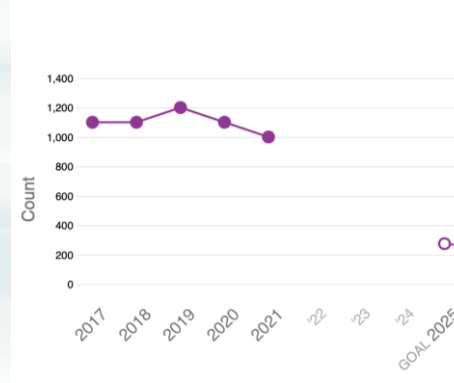
### HIV Care Continuum – Houston EMA (2019 – 2021)



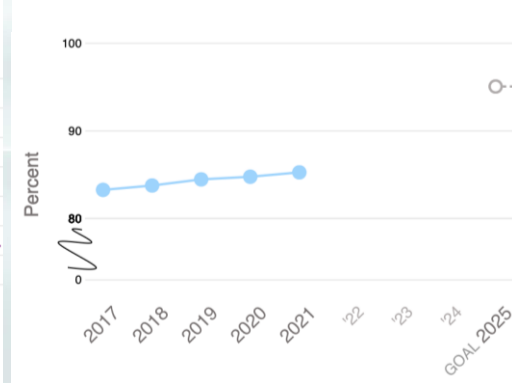
Ending the HIV Epidemic



#### Incidence

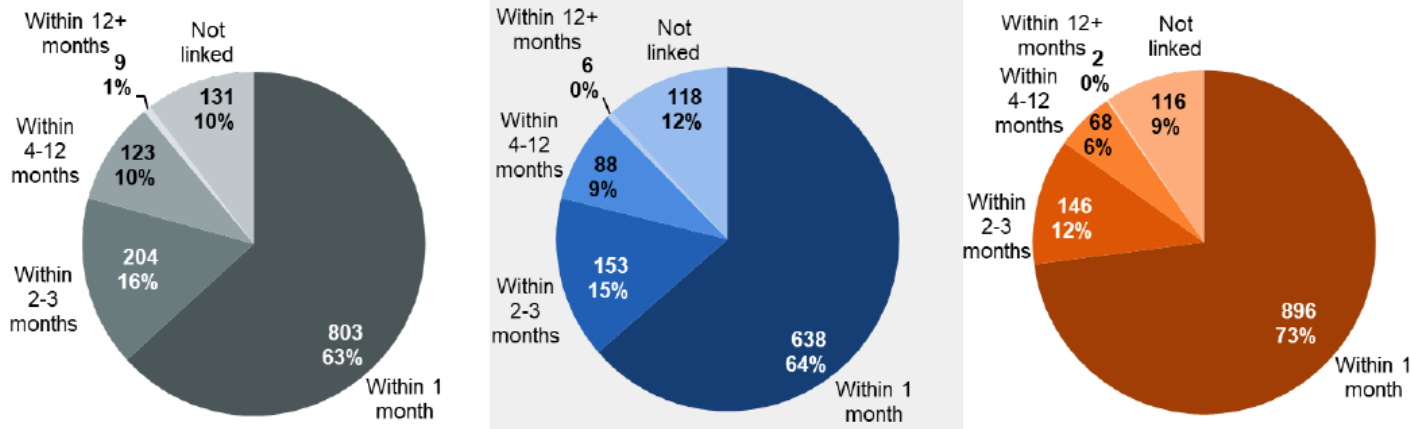


#### Knowledge of Status



Source: <https://ahead.hiv.gov/locations/harris-county>; accessed August 2023

#### LINKAGE TO CARE AMONG PERSONS NEWLY DIAGNOSED



Source: Houston Health Department, HIV Care Continuum, 2021, revised Feb 2023.

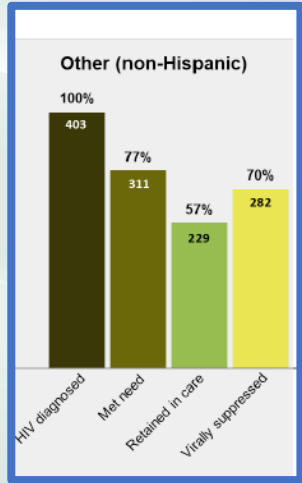
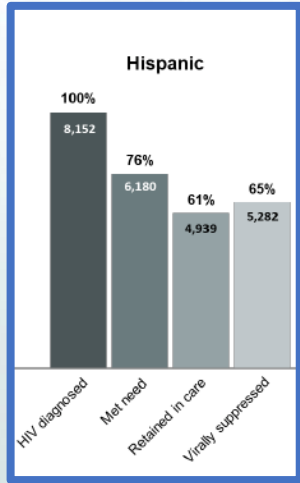
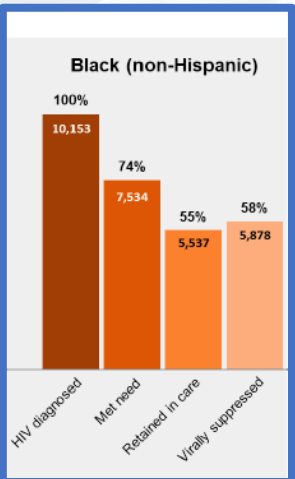
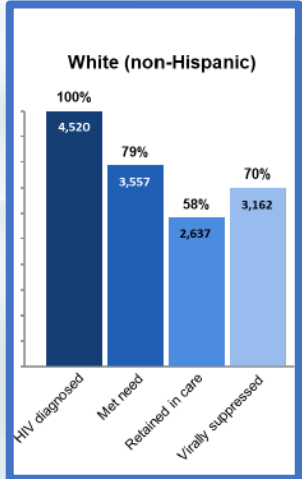
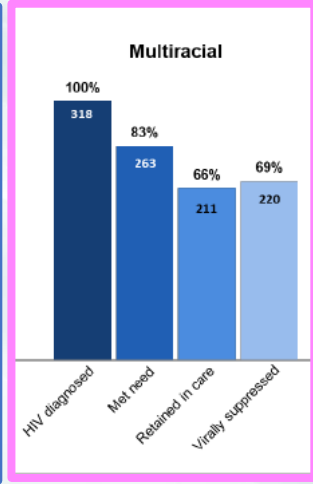
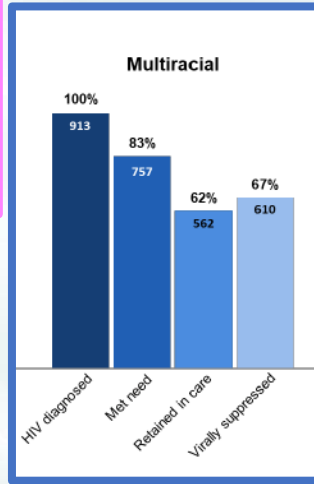
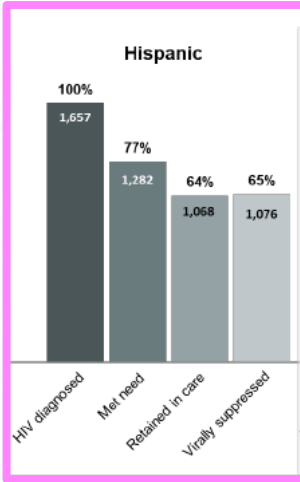
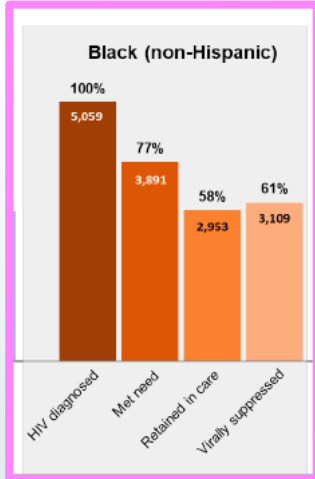
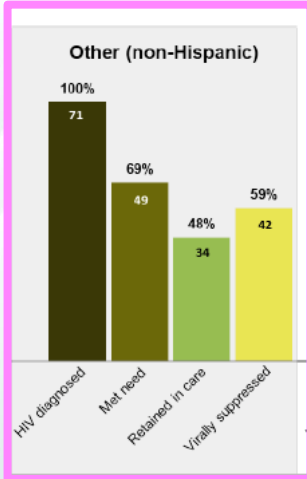
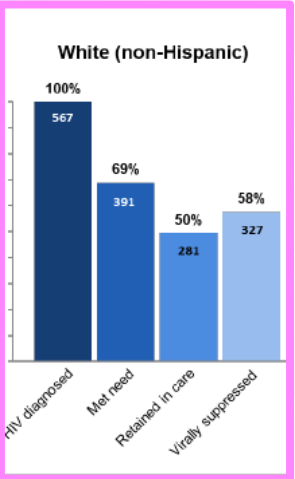
Improvements in Incidence and knowledge of status in the population

“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

# Houston EMA HIV Care Continuum by Sex Assigned at Birth Race/Ethnicity, 2021



Ordered by viral suppression, lowest to highest

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

Source: Houston Health Department, HIV Care Continuum, 2021, revised Feb 2023.

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

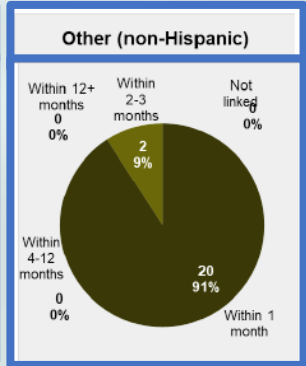
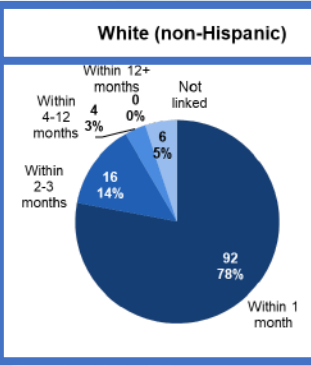
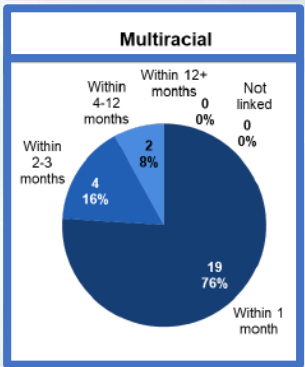
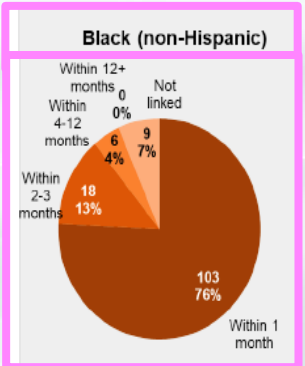
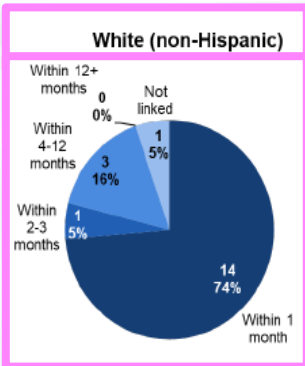
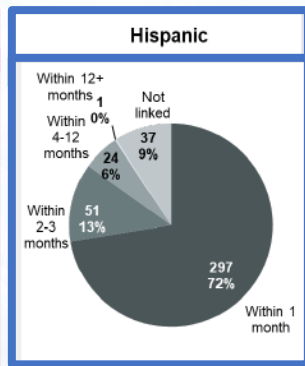
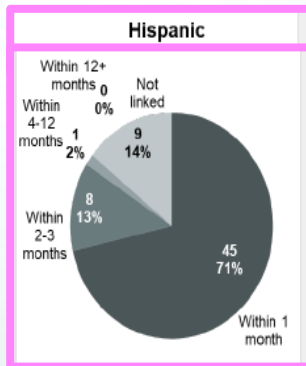
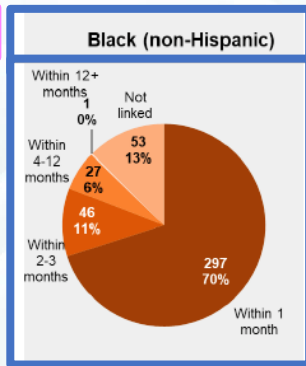
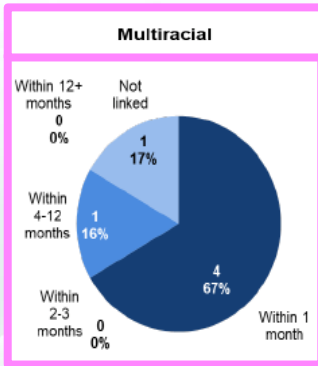
Meaningful differences; but no population is at EHE goal (95%)

“Met need” and retention generally track with viral suppression

# Houston EMA HIV Care Continuum by Sex Assigned at Birth Race/Ethnicity, 2021



## LINKAGE TO CARE AMONG PERSONS NEWLY DIAGNOSED



Other (non-Hispanic)

Data suppressed due to case counts <5

Ordered by linkage to care within 1 month, lowest to highest

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

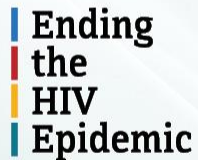
Linkage to care ranges 70% to 78% for larger groups; no population at goal (95%)

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

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# Reducing Stigma in Clinical Settings

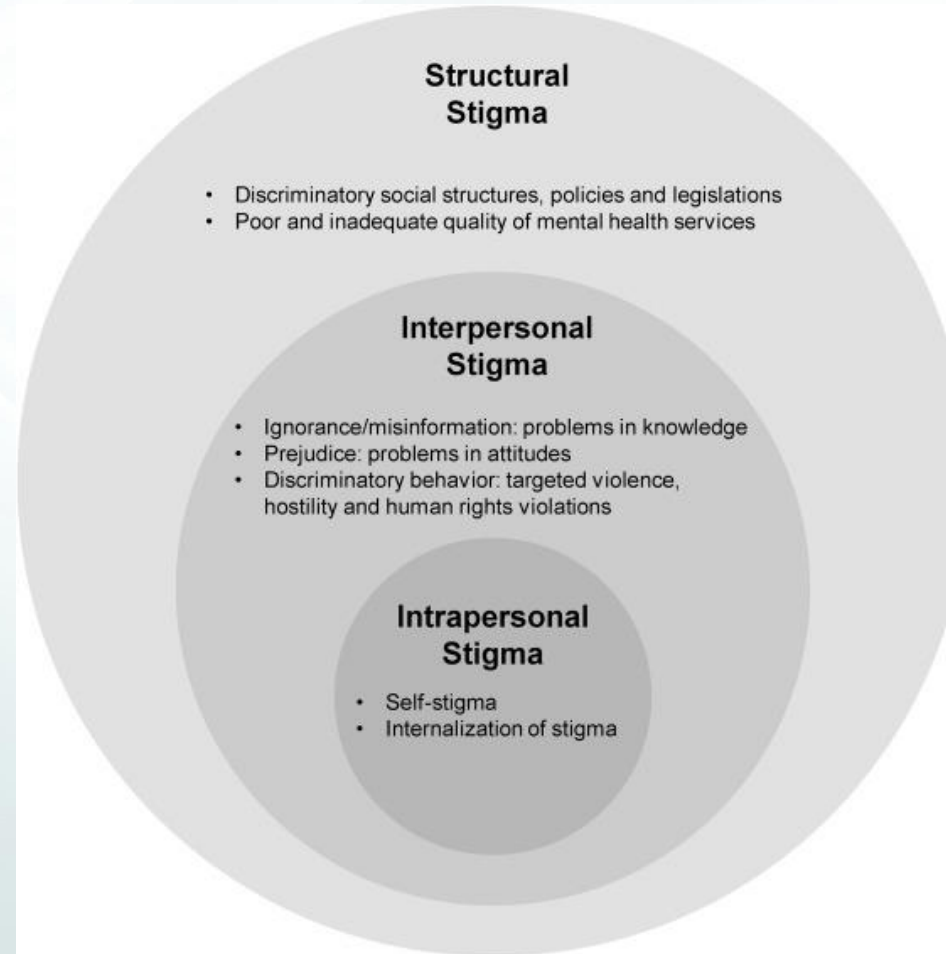
Dr. Lakecia Pitts  
Family Medicine Physician and HIV  
Specialist  
Avenue 360 Health and Wellness

# Defining HIV-related Stigma



- Negative attitudes/beliefs about people living with HIV<sub>1</sub>
- Confounded/complicated by stigma related to substance use, mental health, sexual orientation, gender identity, race/ethnicity, or sex work<sub>2</sub>
- Stigma → discrimination →
  - Perpetuate HIV related disparities
  - Barrier to HIV prevention, testing, and care

# Internal vs External 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

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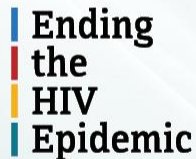
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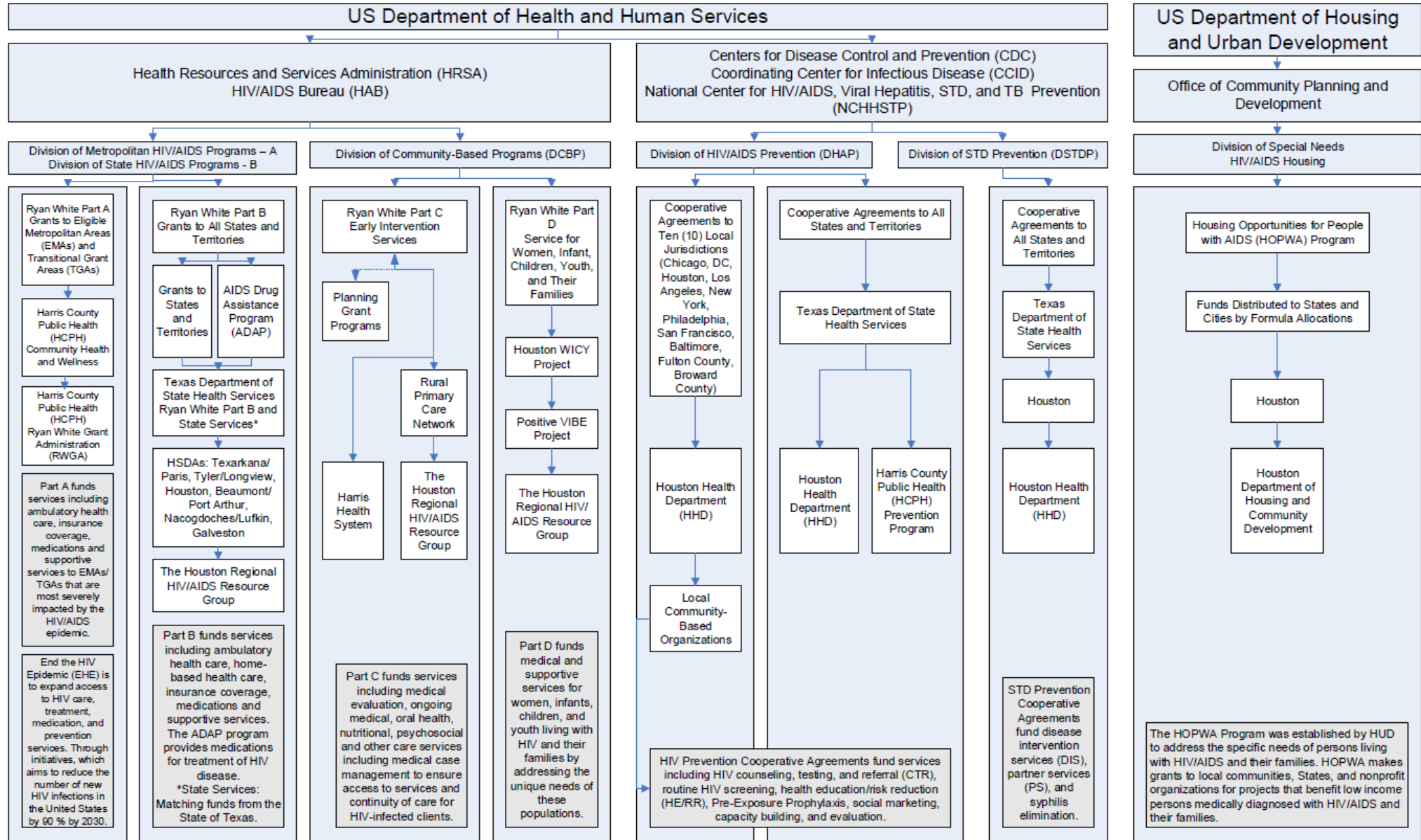
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August 22, 2023

# Prevention Policy and Implementation

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



# Ending the HIV Epidemic in Houston/Harris County: The MasterPlan

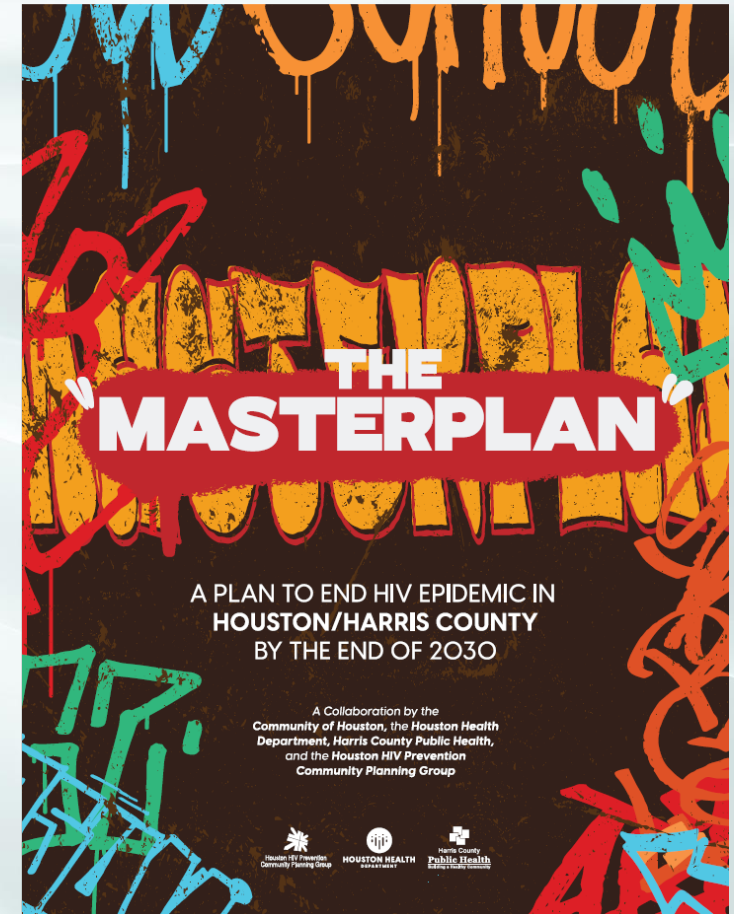


## Community Planning and Community-Centered Engagement

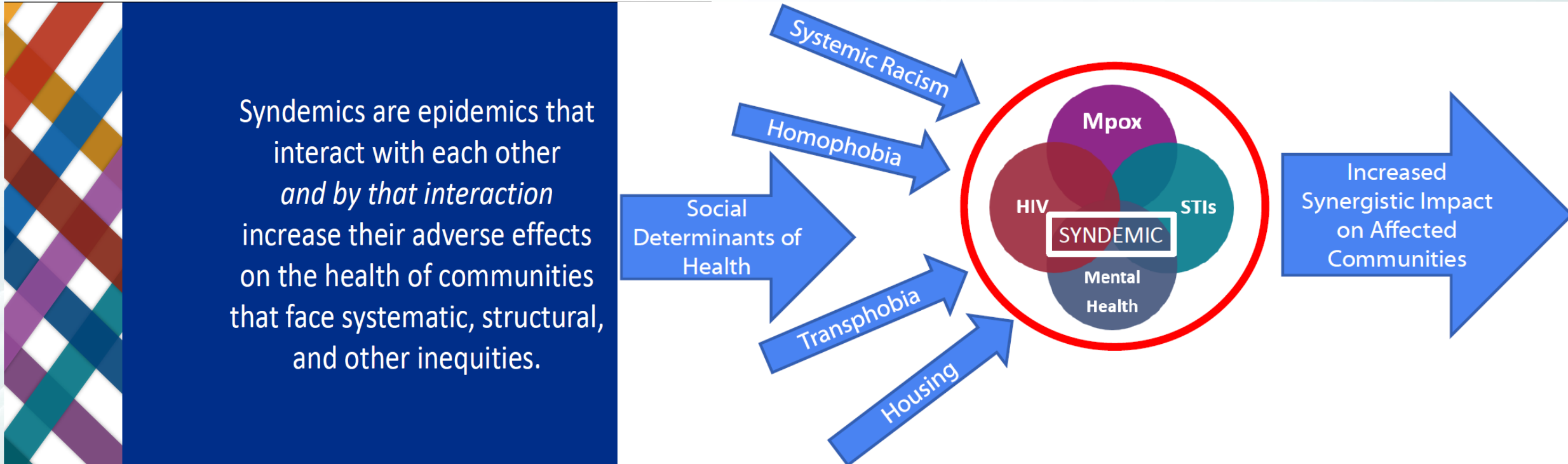
- Ensure community partners are meaningfully engaged in the planning and implementation of EHE;
- Build trust, support, and continued dialogue for the initiative with community partners.

## 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



# Syndemic Approaches



## Syndemic Problems Require Syndemic Solutions



August 3, 2022

Dear Ryan White HIV/AIDS Program Colleagues:

On August 4, 2022, the monkeypox outbreak was declared a public health emergency in the U.S. From the outset, the Health Research and Services Administration (HRSA) HIV/AIDS Division (HIVAD) engaged with federal partners across the Department of Health & Human Services (HHS), including the Centers for Disease Control & Prevention (CDC), to provide resources to combat the ascending spread of monkeypox. Help health care providers who are treating patients who have monkeypox, understand how to care for them in the face of our unique system of care.

As of today, there are more than 2,000 reported cases of monkeypox in the U.S., and the outbreak continues to spread nationwide. Stay focused, and make sure you have a solid plan (SRMP) that has been previously utilized by the outbreak. An initial period of care is being funded through the HRSA HIV/AIDS Program (HIVAD) resources and arrangements as responding to the monkeypox outbreak. This funding is provided through HRSA HIV/AIDS Program (HIVAD) resources, HRSA HIVAD is providing contributions to the use of HRSA HIVAD funds for monkeypox testing, treatment, and vaccination.

Monkeypox testing is available through public health and commercial laboratories. Testing through public health laboratories is free of charge, while there are some associated with cost at commercial laboratories. It is possible caring for a RWHAAP client does not have ready access to public health laboratory testing. RWHAAP funds can be used to cover out-of-pocket costs for several states and the cost of testing for associated clients when a commercial laboratory is not available.

CDC resources for praziquantel prophylaxis and antiviral treatment are available for people exposed to monkeypox or diagnosed with monkeypox virus infection. Please note, at the time monkeypox vaccines and treatment are being provided by the U.S. federal government, HRSA providers should work with their state/local health departments to access these resources. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6915a1.htm> for the treatment of monkeypox and the <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6915a1.htm> for the treatment of monkeypox and the <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6915a1.htm> for the treatment of monkeypox.

RWHAAP funds may be used to pay for fees associated with vaccine administration and costs of monkeypox for eligible clients, such as needed materials, including personal protective equipment for staff, vaccine supplies, including supplies and supplies for the animal clinic in accordance with Public Health Law 2020-100. State/Local Health Departments (SLHD) should coordinate with their state health departments and work together to address monkeypox in their communities.



September 7, 2022

Dear Colleague:

The United States is currently experiencing a nationwide monkeypox outbreak. Most monkeypox transmissions are occurring through sexual transmission in the same population who experience the highest risk for HIV and other STDs. The purpose of this message is to provide additional guidance to RWHAAP providers about the appropriate use of current award resources based on the RWHAAP's syndemic approach to HIV, STD, and monkeypox prevention. This guidance builds on CDC's previous information <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6915a1.htm> and <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6915a1.htm>.

Partners funded under the following CDC Notice of Funding Opportunity (NOFO) may use their RWHAAP resources, including funds on-site, for monkeypox activities that are conducted in conjunction with your HIV or STD prevention activities:

- P25U1901, "Syndemic STD Prevention and Control for Health Departments"



September 26, 2022

SAMHSA grants may use SAMHSA grant resources, including funds on-site, for monkeypox-related activities conducted in conjunction with SAMHSA supported activities.

Dear Colleague:

As you know, there are more than 2,000 confirmed monkeypox cases in the U.S. and the outbreak continues to spread. Currently, monkeypox is disproportionately affecting gay, bisexual, and other men who have sex with men (MSM). However, anyone can get monkeypox. Although limited transmission has been seen in people who live in close quarters, the people experiencing homelessness, experience of homelessness is needed to quickly identify and prevent the spread of infection in such settings. Like other infectious diseases, the monkeypox virus can affect people of any ethnicity or genetic identity.

SAMHSA addresses a whole-person approach to the prevention, treatment, and recovery of mental health and substance use conditions. Although SAMHSA grant recipients are not permitted to use SAMHSA funds for monkeypox testing, testing, or vaccine administration, SAMHSA grants may use grant resources, including funds on-site, for monkeypox activities conducted in conjunction with SAMHSA supported work. Such monkeypox activities include, but are not limited to, supporting people served by SAMHSA funds in testing, treatment, and prevention resources identified through collaboration with local health departments and mental health providers.

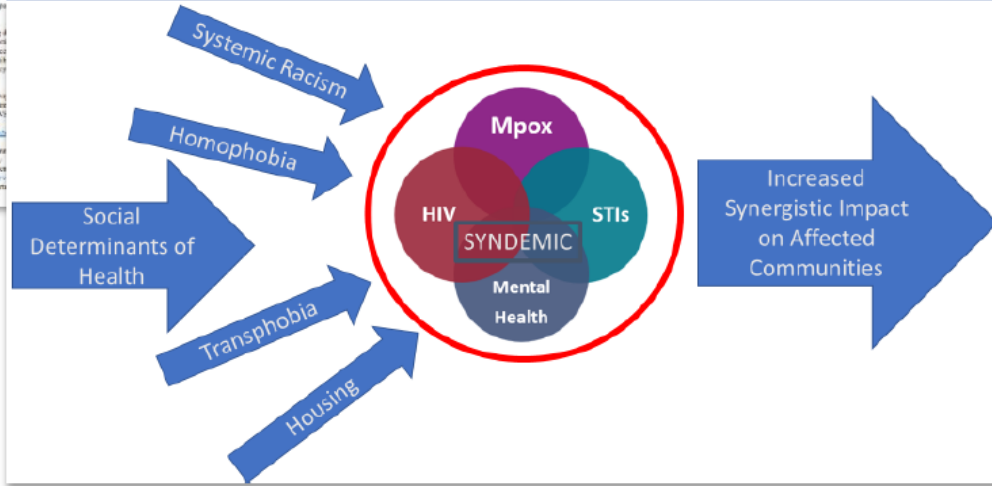
### In Focus: MMWR Severe Monkeypox (MPX) Study

The first Monkeypox (MPX) case in the United States was confirmed on May 17, 2022, and after a significant rise in cases, MPX was declared a public health emergency in the United States on August 4, 2022. New data is showing that the current MPX outbreak is disproportionately affecting people living with HIV and those experiencing homelessness. This is the same population that meets eligibility requirements for assistance through HUD's Housing Opportunities for Persons With AIDS (HOPWA) and Homeless Assistance programs.

The latest publication of the [Morbidity and Mortality Weekly Report \(MMWR\)](https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6915a1.htm) by the Centers for Disease Control and Prevention (CDC) on October 26, 2022 provides evidence through a study that people with HIV and people experiencing homelessness are highly impacted with the most severe cases of MPX. Of the sample of people with severe MPX disease, 82% were people with HIV and 23% were people experiencing homelessness. Further, 72% of the severe MPX cases among people with HIV had <50 CD4 cells/mm<sup>3</sup>. A person with HIV is considered to have progressed to AIDS when their CD4 cells drop below 200 CD4 cells/mm<sup>3</sup>. A CD4 cell count of <50 CD4 cells/mm<sup>3</sup> indicates a badly damaged immune system and is a likely sign that a person with HIV is not maintaining an HIV medication regimen. In this study, just 9% of these patients

received antiretroviral therapy at the time of their MPX diagnosis. [The full study can be accessed](https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6915a1.htm)

here. To address the most severe MPX, we need to get people housed, linked to HIV care, tested through MPX vaccination, and connected to needed supportive mental health and substance use services. Housing can and should be used as individuals who have disengaged from HIV care to reconnect, and to ensure a regimen can be maintained. Both HOPWA and the Homeless Assistance Continuum of Care (CoC) and Emergency Solutions Grants (ESG) provide housing and supportive services for individuals most vulnerable to MPX re health outcomes. Individuals and families who have HIV and who are eligible for assistance under the CoC and ESG programs, HOPWA and ESG should provide assistance for individuals or families experiencing homelessness with the only eligibility requirements being that the family is low-



# 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!

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Houston, TX  
August 22, 2023

# Treatment Policy and Implementation

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

# 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

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



- 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

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

\*AA/B African American/Black; W: White; H: Hispanic

**BAYLOR COLLEGE OF MEDICINE**  
HOUSTON AIDS EDUCATION TRAINING CENTER  
A LOCAL PARTNER SITE OF THE  
SOUTH CENTRAL AIDS EDUCATION TRAINING CENTER

**RECOMMENDATIONS FOR RAPID INITIATION OF ANTIRETROVIRAL THERAPY**

**PROTOCOL TEMPLATE**  
Guidance for Houston/Harris County  
Best Practices and Template Guide for the Development of your Rapid ART Initiation Protocol

# 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



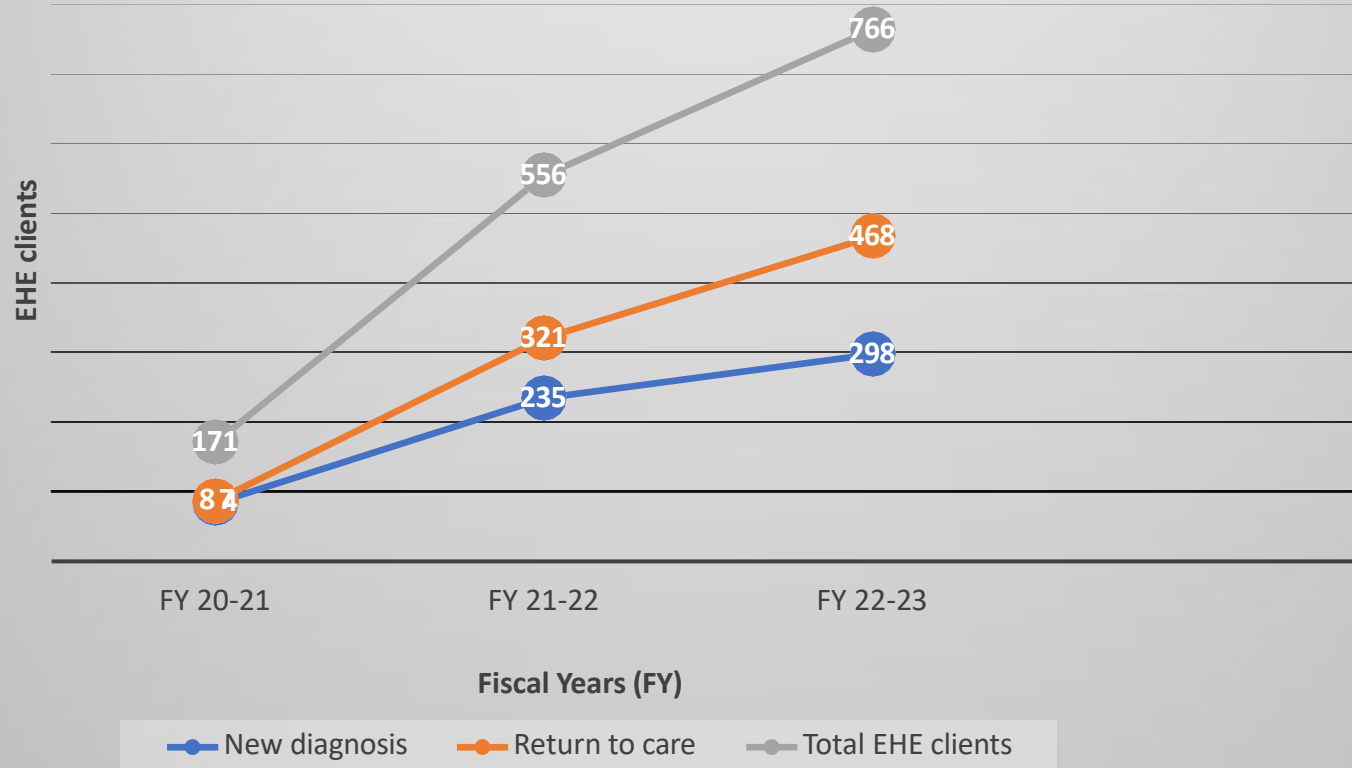
"It's an excellent program to educate people, and to connect...they make you feel maybe a little bit more comfortable reaching out."

***Participants reported  
an improved sense of  
community***

# Preliminary Data



**EHE Clients: Rapid StART protocols**



Fiscal Year	Events
20-21	Subcontracts signed, development of protocols
21-22	Piloting of protocols
22-23	BE FASTER CoP and full implementation of protocols



# 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



**Houston AETC**  
EHE-RAPID Start  
COMMUNITY OF PRACTICE  
**2023 RETREAT**

*let's celebrate successes and discuss opportunities*

**BE FASTER**

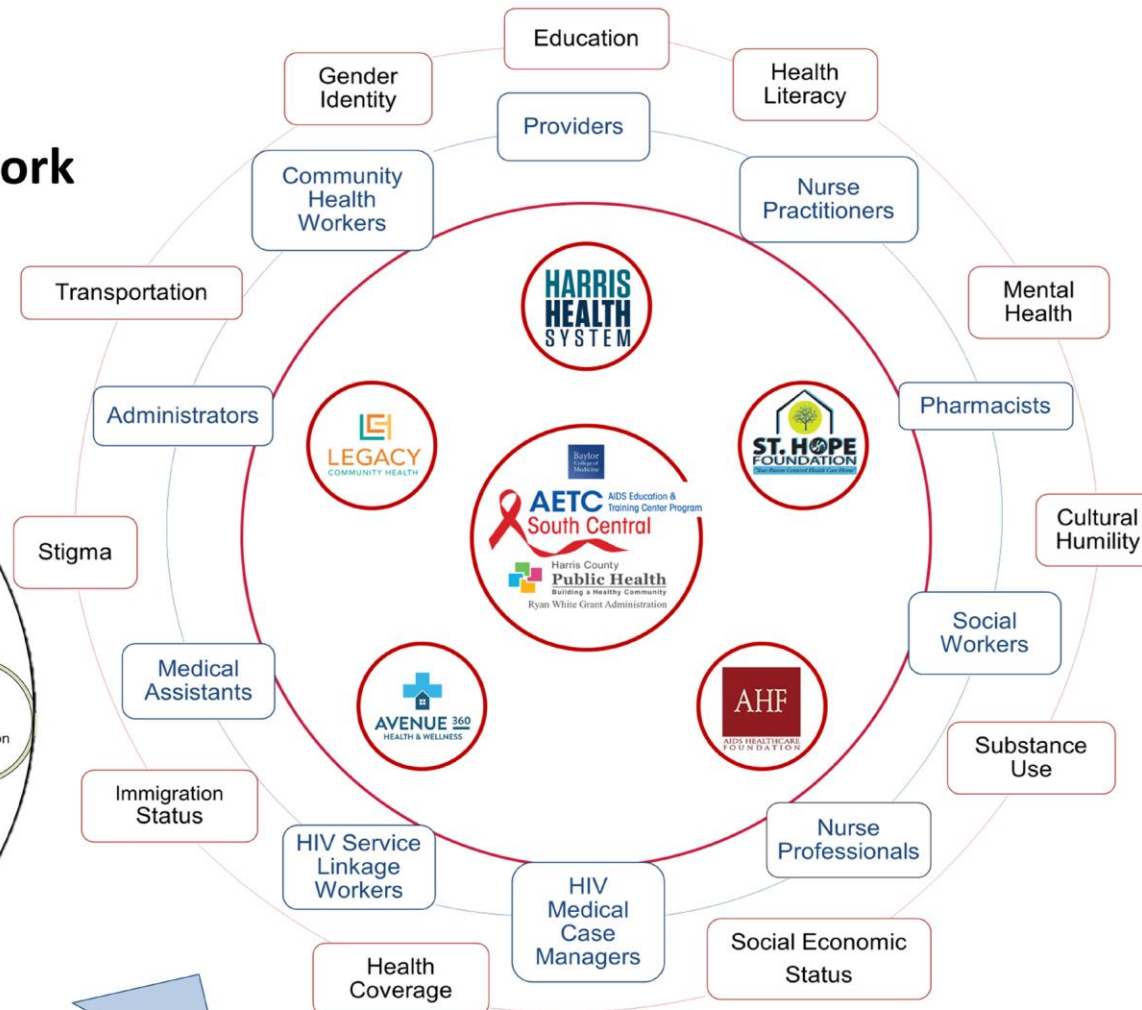
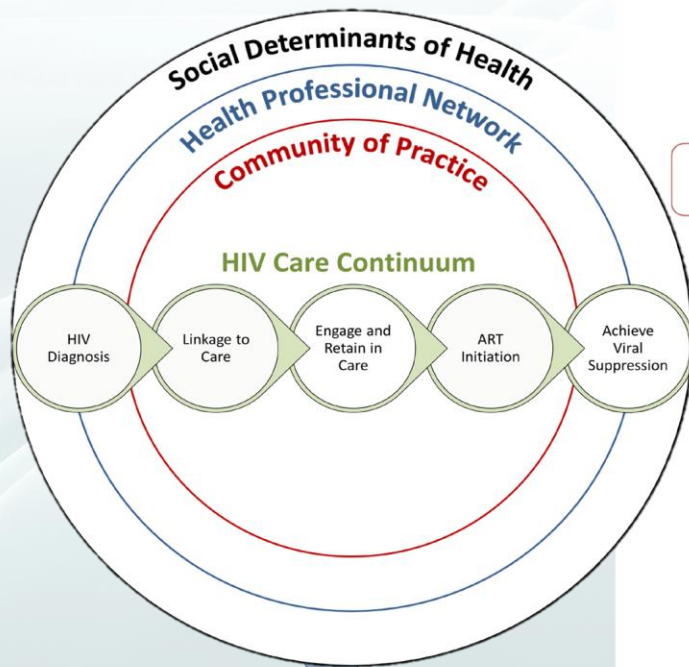
**RAPID Start HOUSTON**

AHF  
LEGACY  
ST. HOPE  
AETC South Central  
Harris County Public Health  
Duke University  
TX D-CFAR  
AVENUE360  
HARRIS HEALTH SYSTEM

**June 23, 2023**  
**9:00 am - 1:00 pm CST**  
**in-person event**

**United Way of Houston**  
**50 Waugh Drive**  
**Houston, TX 77007**

## EHE Collaborative Network Houston/Harris County



Created by SM Patel, MD, and Natalia Rodriguez MPH



*Expand the network*



# Acknowledgements



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**Shiva Sharma, MD**, Former Research Coordinator  
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Project Intern, Houston AETC  
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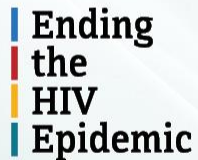
***Special Thank You to all of our partners!***

- All the health professionals at the 5 Ryan White Agencies in Houston/Harris County
- Harris County Public Health/Ryan White Grant Administration

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Houston, TX  
August 22, 2023

# Federal, State and County Policy Alignment

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

# 2023 INTRA-JURISDICTIONAL EHE ↔ FTC ALIGNMENT WORKSHOPS



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

# 2023 INTRA-JURISDICTIONAL EHE ↔ FTC ALIGNMENT WORKSHOPS



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**

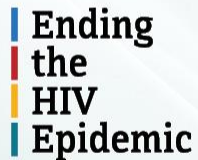




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# EHE ↔ FTC ALIGNMENT

**2023 WORKSHOPS**



Houston, TX  
August 22, 2023

# Community Access to HIV Services

Jill Jahns  
Public Health Director  
Legacy Community Health

# The Current Landscape



- Houston Fast Track City since December 2019
- Currently 9<sup>th</sup> 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

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# Addressing Criminalization as a Barrier to Ending HIV



Moderator:

**Micheal Webb**

Public Health Policy Strategist  
Equality Federation

## Panelists

- Venita Ray – Social Justice Movement Consultant – Venita Ray Consulting + Freelance
- Gin Pham – Community Engagement Manager – Transgender Education Network of Texas
- Mitchell Katine – Attorney – Katine, Nechman, McLaurin LLP

# Scaling Up PrEP Access and Utilization



Moderator:  
**Jeffrey Campbell**  
Chief Executive Officer  
Allies in Hope

## 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



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# Optimizing Social Determinants to Achieve U=U



Moderator:  
Kevin Anderson  
Founder/Chief Executive Officer  
The T.R.U.T.H. Project, Inc.

## 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

# Implementing HIV Status Neutrality in Practice



**Jason Black**

Project Coordinator – Ending the  
HIV Epidemic  
Harris County Public Health

Moderators



**Marlene McNeese**

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

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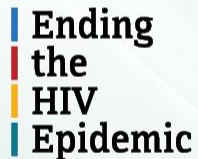
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# EHE ↔ FTC ALIGNMENT

**2023 WORKSHOPS**



Houston, TX  
August 22, 2023

Identified Challenges and  
Opportunities to  
EHE in Houston

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

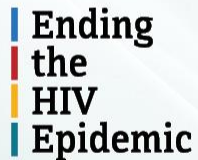


- Funding – how to get funding for wrap around services to implement status neutrality
- Status neutrality is not limited to HIV – it should focus on equitable whole person quality of care and quality of life irrespective of serostatus
- Capacity building for providers on linkage to care for ALL

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Houston, TX  
August 22, 2023

Actionable EHE and FTC  
Implementation Steps  
in Houston

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

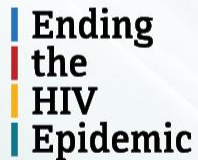
## FTC Advantage

- **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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# EHE ↔ FTC ALIGNMENT

**2023 WORKSHOPS**



Houston, TX  
August 22, 2023

## Closing Remarks

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

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

# Closing Remarks

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August 22, 2023

Michael Webb  
Public Health Policy Strategist  
Equality Federation