

INTRA-JURISDICTIONAL

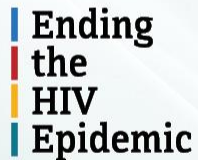
**EHE ↔ FTC
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2023 WORKSHOPS

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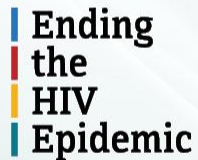
Miami, FL
August 29, 2023

WELCOME

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August 29, 2023

Welcome and Setting
the Stage

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



Setting the Stage....

- Miami signed on as a Fast-Track City on June 8, 2015. Miami-Dade 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"> • Global initiative, local implementation • Both a technical and political initiative inclusive of engagement from mayor’s office, health department, and community • Targets: <ul style="list-style-type: none"> • 95-95-95 and zero stigma and discrimination by 2025 • Ending the HIV epidemic by 2030 (zero new infections and zero HIV-related deaths) 	<ul style="list-style-type: none"> • Federal initiative, local implementation • HHS inter-agency leadership engaging community and local stakeholders • Targets: <ul style="list-style-type: none"> • Reduce # new HIV infections in the United States by 75% by 2025 • Reduce # new HIV infections in the United States by at least 90% by 2030

Setting the Stage...



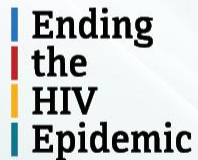
The purpose of this workshop is to:

- 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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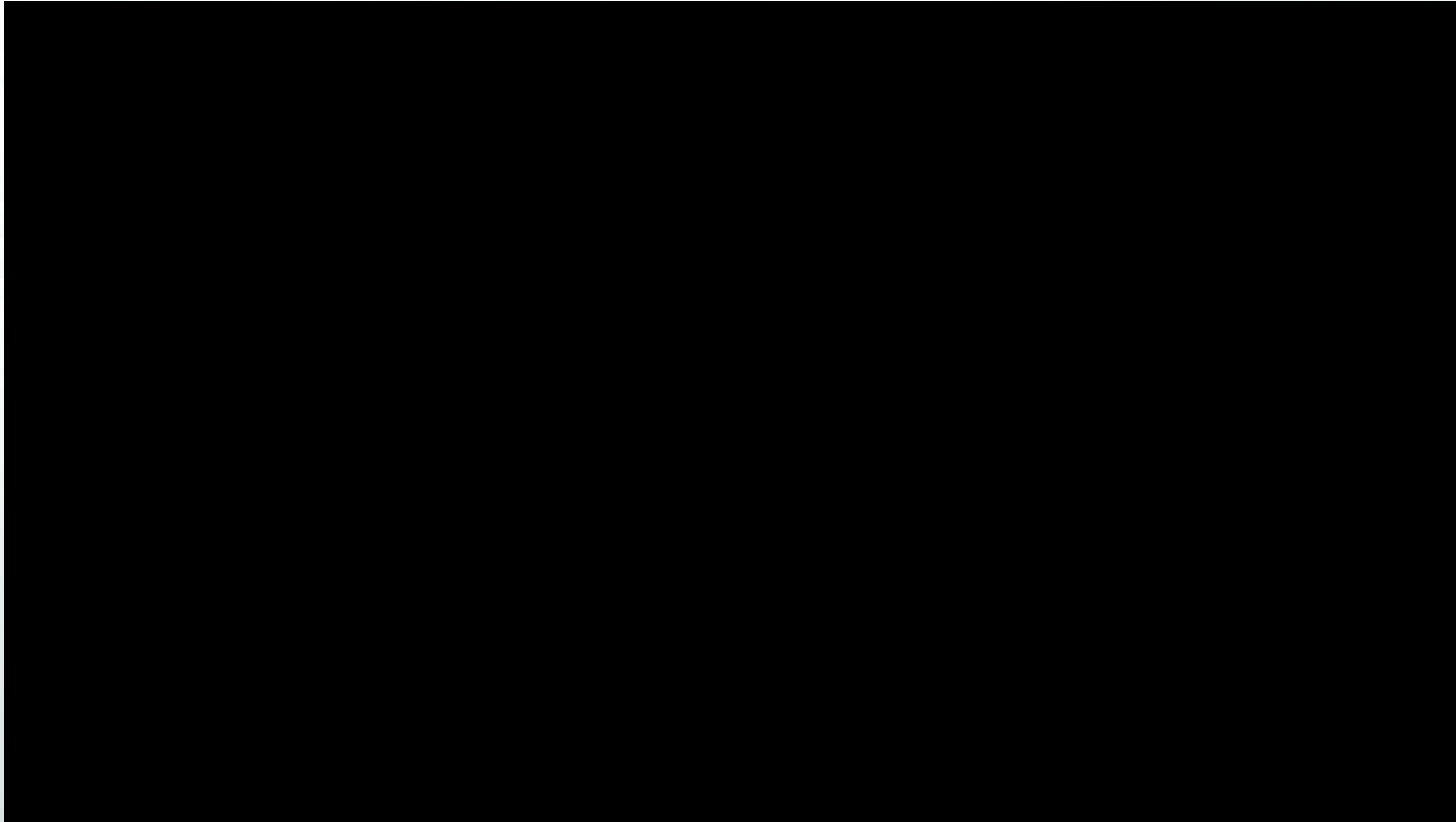


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Welcome
Remarks

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

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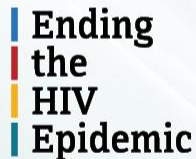


- Significant **PROGRESS HAS BEEN MADE** in Miami and Miami-Dade County
- Yet, much work remains to ensure **EQUITABLE ACCESS** to:
 - HIV prevention/treatment, **PERSON-CENTERED CARE**, social support
 - Within context of environment enabled to respect every person's **DIGNITY**
- Multistakeholder **HIV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

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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 Francis Suarez
City of Miami

Mayor Daniella Levine Cava
Miami-Dade County

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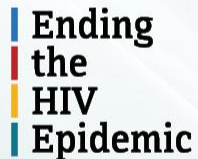
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Welcome from HHS
Region 4

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

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Dashiell Sears

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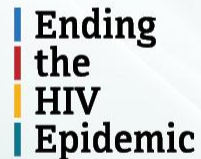
Welcome on Behalf of
Miami-Dade County EHE

Kira Villamizar
Public Health Services Manager
Florida Department of Health – Miami-
Dade County

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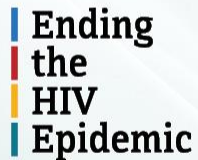
Welcome on Behalf
of Community

Alecia Tramel-McIntyre
CEO – Positive People’s Network
Chair – Miami-Dade HIV and AIDS
Partnership

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Welcome on Behalf of
ViiV Healthcare

J. Maurice McCants-Pearsall
Director, Government Relations
ViiV Healthcare US

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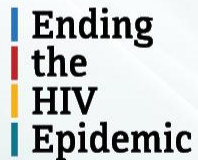
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Increasing Access to
Treatment and Rapid
START

Daniel Wall
Director, Office of Grants Coordination
Miami-Dade County

Ending the HIV Epidemic (EHE)



CDC EHE funding through the state to Florida Department of Health in Miami-Dade County for Testing (Highlights)

14 Organizations receiving over \$1 million

- HIV Testing & Linkage to Care
- STI Screening
- Referral Services for HIV Testing

Ending the HIV Epidemic (EHE)



CDC EHE funding through the state to Florida Department of Health in Miami-Dade County for Messaging (Highlights)

6 Organizations receiving nearly \$450,000

- Broadcast TV & Radio
- Bus Stop Static Ads and Vehicle Wraps
- Various Social Media Platforms

Ending the HIV Epidemic (EHE)



HRSA EHE funding to Miami-Dade County

- HealthTec
- Quick Connect (Rapid ART)
- Housing Stability Support
- Mobile GO Teams (Rapid ART)

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Increasing Access to
Biomedical Prevention

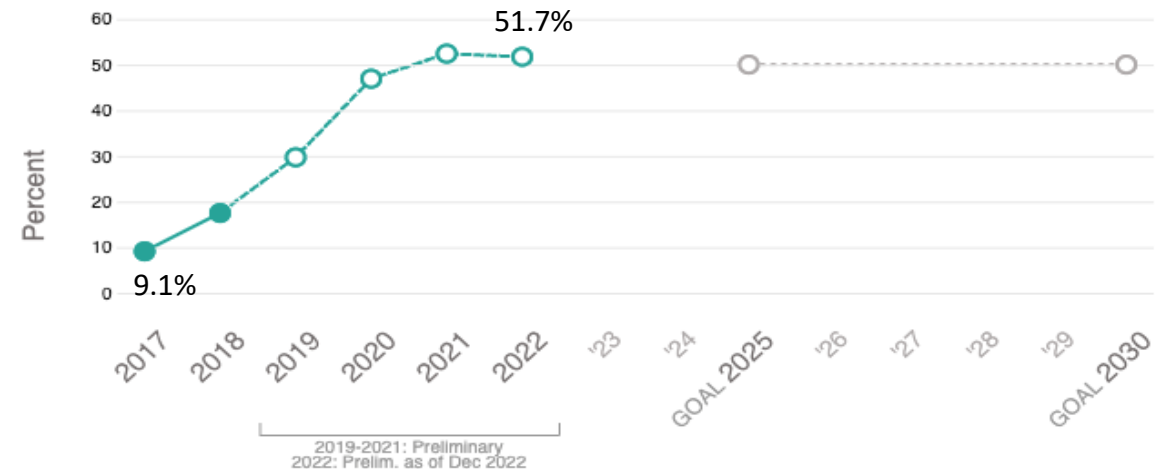
Dr. Sarah Suarez
Director of CBA Monitoring, Evaluation,
and Learning
Latino Commission on AIDS

America's HIV Epidemic Analysis Dashboard (AHEAD): *PrEP Indicator for Miami-Dade County, FL*

PrEP Coverage



PrEP coverage is the estimated percentage of individuals prescribed PrEP among those who need it.



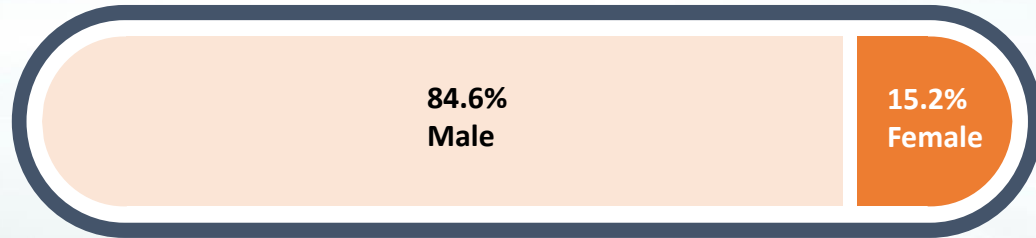
2019-2021: Preliminary

2022: Prelim. as of Dec 2022

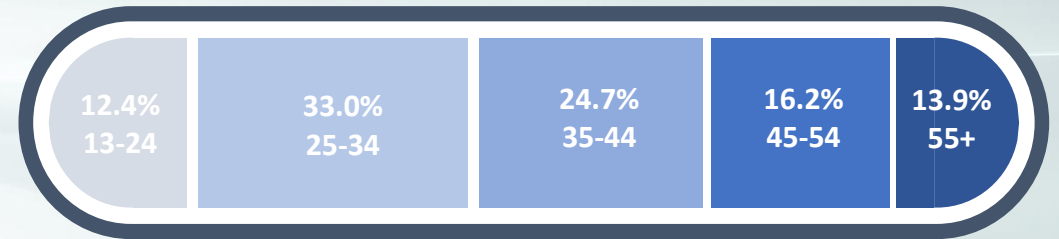


Viewing PrEP Equitably, Miami-Dade County

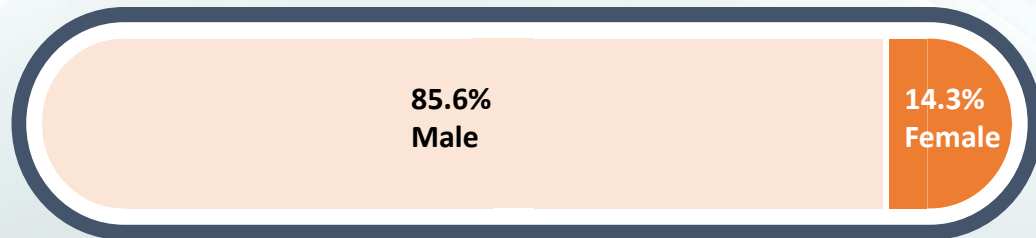
Percent of PrEP Users, by Sex, 2022¹



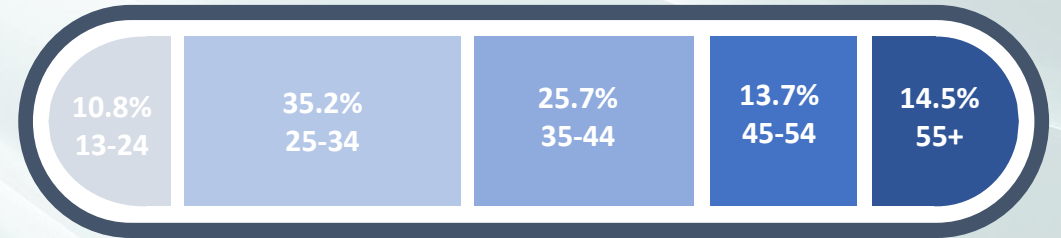
Percent of PrEP Users, by Age, 2022¹



Percent of new HIV diagnoses, by Sex, 2021²



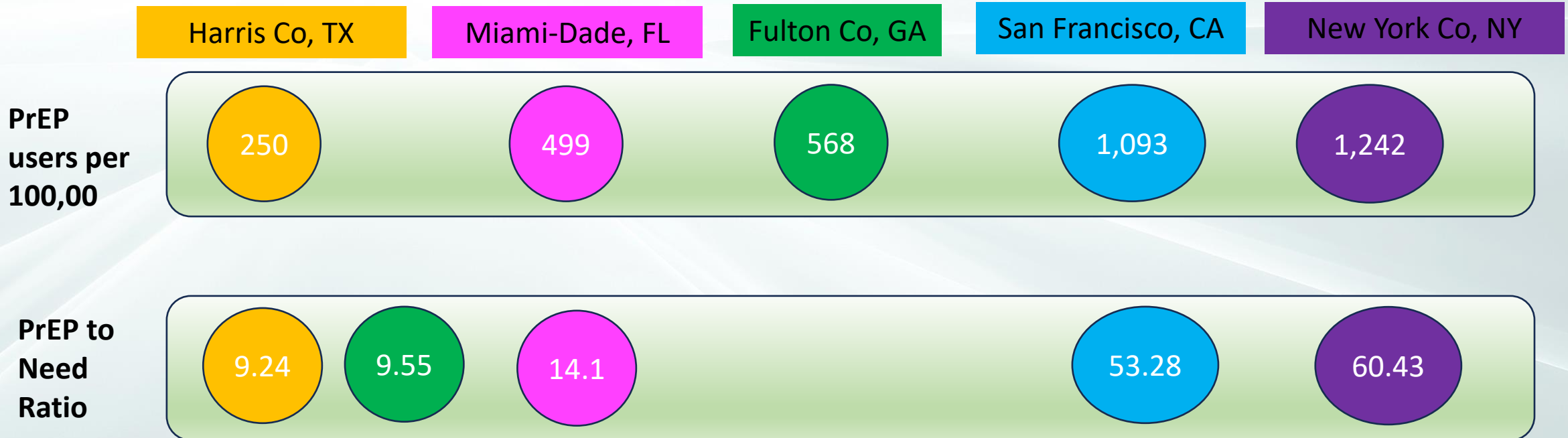
Percent of new HIV diagnoses, by Age, 2021²



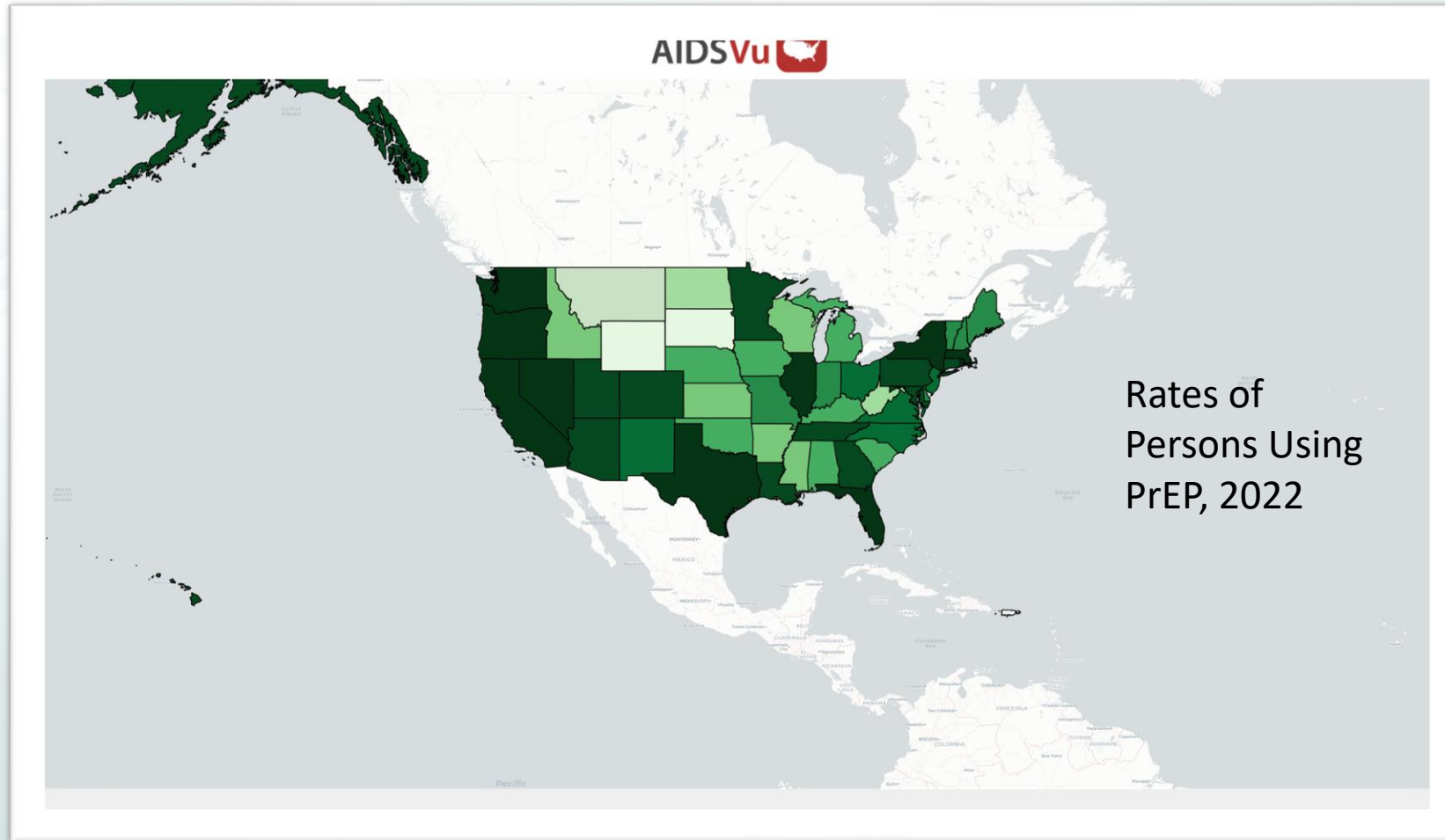
1. Sullivan PS, Woodyatt C, Koski C, Pembleton E, McGuinness P, Taussig J, Ricca A, Luisi N, Mokotoff E, Benbow N, Castel AD. A data visualization and dissemination resource to support HIV prevention and care at the local level: analysis and uses of the AIDSvu Public Data Resource. *Journal of medical Internet research*. 2020;22(10):e23173."

2. Florida Department of Health in Miami-Dade County. (2022, June 30). *HIV Surveillance*. Retrieved from <https://miamidade.floridahealth.gov/programs-and-services/infectious-disease-services/hiv-aids-services/hiv-surveillance.html>

PrEP Use in Ending the Epidemic Counties, 2022



Miami-Dade: Moving PrEP Forward



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Eliminating Disparities in HIV Health Outcomes

Sonya Odette Wright
CAP MCM Supervisor, AETC Faculty
University of Miami

Objectives



- Provide an overview of the HIV health disparities in Miami-Dade County
- Present progress towards eliminating HIV health disparities

HIV health disparities in Miami-Dade County



Miami-Dade County is one of the 48 counties identified as a national HIV/AIDS “hot spot” (where >50% of HIV diagnoses occurred in 2016 and 2017); leads the State of Florida in the total number of people with HIV (>23% of the total)

Miami-Dade County residents had almost double the rate of new HIV diagnosed cases than the state rate (4.4:10,000 vs 2.3:10,000) – FDOH-MD 2018

Among the highest concentration in the United States of people with HIV and new HIV infection

From 2020 to 2021: 48% increase new HIV cases and 28% new AIDS cases

By demographics

As of 2021, the population diagnosed with and at-risk for HIV are primarily racial and ethnic minorities

Hispanics represented:

- 69% of the total EMA population
- 48% of people with HIV
- 64% of new HIV diagnoses
- 53% of new AIDS diagnoses

Black/African Americans represented:

- 15% of total EMA population
- 40% of people with HIV
- 25% of new HIV diagnoses
- 39% of the new AIDS diagnoses

Non-Hispanic Black residents living with HIV experienced the highest percentage of HIV-related deaths compared to any other racial or ethnic group between 2014 through 2018

Additional Factors

The eight co-occurring conditions of interest to the Miami-Dade RWP include: poverty (<136% of FPL), current AIDS diagnosis, lack of health insurance, mental illness, substance abuse, Hepatitis B/C co-infection, other STI co-infection, and homelessness. Source: Behavioral Science Research Corporation. Extracted from http://aidsnet.org/wp-content/uploads/2019/08/FY28_RW-NA_Demographics.pdf

Top five identified Social Determinants of Health that most affect access to HIV-related services in Miami-Dade County 1) Homelessness, 2) Mental Health 3) Substance Use 4) Immigration Status 5) Uninsured/Underinsured Population. These factors have been linked to increasing HIV incidence when they are not properly addressed in the impacted communities.

Socio-economic Factors

- Language barriers
- Poverty
- Unstable housing/homelessness
- Uninsured status

Impact: barrier to health care access

Behavioral Factors

sexual risk factors/Modes of HIV Acquisition: Among new (non-pediatric) HIV cases in cisgender women were attributed to 96% heterosexual contact (heterosexual contact increased from 92.3% in 2014 to 97.1% in 2018. MSM accounted for the highest percentage of HIV diagnoses each year. Miami-Dade County has the most cases of bacterial sexually transmitted infections among 13- to 19-year-olds in Florida.

substance use disorders: The top co-occurring condition with the highest rates in Miami-Dade County among PLWH. 14.65% of the people with HIV with history of substance use ▪ Substance use. data estimates from 2020 in the EMA.

mental health needs: #2 of the co-occurring conditions with the highest rates in Miami-Dade County among PLWH. Mental health diagnoses are closely associated with HIV diagnoses, HIV/AIDS stigma, and the sense of isolation that comes with hiding one's disease status from friends, family, and intimate partners (HIV Stigma Among Substance Abusing Persons With AIDS, AIDS Patient Care Standards, August 2014).

health-related risk factors: #3 of the co-occurring conditions with the highest rates in Miami-Dade County among PLWH. From 2016 to 2020, cases of gonorrhea and early syphilis each increased more than 60%.

Progress towards eliminating HIV health disparities

- Improvements in prevention and care included routinized HIV testing in emergency departments
- FDOH moving the linkage-to-care benchmark from 90 to 30 days
- Increased awareness of pre-exposure prophylaxis
- Harm Reduction
- Coordinating responses to the HIV epidemic, linking programs in community education, supporting HIV prevention, HIV testing, and linkage to care activities, as well as strengthening core medical and support services for people with HIV through the Getting to Zero initiative in 2016, the 2017-2021 Miami-Dade County Integrated HIV/AIDS Prevention and Care Plan (2017-21 Integrated Plan); the National HIV/AIDS Strategy 2022-2025; the Ending the HIV Epidemic Jurisdictional Plan; and the ongoing cooperation between the Partnership's Prevention and Strategic Planning Committees.

Resources



Office of Infectious Disease and HIV/AIDS Policy, HHS **Updated:** August 1, 2023. <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview/>

Escudero DJ, Bennett B, Suarez S, Darrow WW, Mayer KH, Seage GR 3rd. Progress and Challenges in "Getting to Zero" New HIV Infections in Miami, Florida. J Int Assoc Provid AIDS Care. 2019 Jan-Dec;18:2325958219852122. doi: 10.1177/2325958219852122. PMID: 31131664; PMCID: PMC6573019.

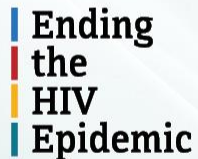
Miami-Dade County 2022-2026 Integrated HIV Prevention and Care Plan. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://aidsnet.org/wp-content/uploads/2022/11/2022-2026MDC-IP-Web.pdf

Ending the HIV Epidemic in Miami-Dade County. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://miamidade.floridahealth.gov/_files/_documents/2020/_documents/2020-12-18-EHE-HCSF-FDOH-Final-Report.pdf

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August 29, 2023

Reducing Stigma in Clinical Settings

Dr. Edward Suarez, Jr.
Research Assistant Professor
Behavioral Health Director at Idea
Exchange Syringe Service Program
Department of Psychiatry and
Behavioral Sciences
University of Miami – Miller School of
Medicine

Types of HIV Related Stigma

- Anticipated stigma (expected; future)
- Enacted stigma (experienced by others; external)
- Internalized or self stigma (absorption of negative attitudes)
- Stigma has been labeled as the most important factor in the social and psychological experience for those living with HIV.

My thoughts on the Matter

- Reducing HIV stigma in a clinical setting is crucial for providing effective and compassionate care to individuals living with HIV/AIDS.
- Stigma can deter people from seeking medical attention, adhering to treatment plans, and openly discussing their health concerns.
- As one of the co-founders of Florida's first needle exchange program, I had to build avenues for People Who Inject Drugs so that they could get into HIV care and remain in care.
- From the ADAP pharmacy to special immunology clinic at Jackson, I built bridges using compassion, smiles, and handshakes. I learned that reducing stigma means you must be a true advocate for those who are marginalized.



It starts with us....

Education and Training

- Provide comprehensive education and training to healthcare providers about HIV transmission, treatment, and the realities of living with HIV/AIDS. Correct misconceptions and outdated information.
- Train healthcare staff in cultural competence and sensitivity to better understand the unique needs and challenges faced by people living with HIV, especially those from marginalized communities.

It starts with us....

Language and Communication

Use non-stigmatizing and inclusive language when discussing HIV/AIDS. Avoid derogatory terms and emphasize person-centered language that respects individuals' dignity and autonomy.

Encourage open and non-judgmental communication between healthcare providers and patients. Create an environment where patients feel safe discussing their concerns.

Confidentiality

Emphasize the importance of maintaining patient confidentiality. Assure patients that their HIV status will be kept private and only shared with those directly involved in their care.

It starts with us...

Visibility and Role Modeling

Display educational materials about HIV/AIDS in waiting areas and clinics. This can help normalize discussions about the virus and provide accurate information to patients.

If possible, feature individuals living with HIV/AIDS in educational materials, videos, or guest speaking engagements to share their personal experiences and challenge stereotypes.

Support Services

Integrate social workers, counselors, or support groups into the clinical setting to provide emotional and psychological support for patients. These services can help patients cope with stigma-related stress.

What we are doing right now is a great move...

Continuous Training and Reflection

Offer regular training sessions and workshops for healthcare providers to reinforce knowledge about HIV and stigma reduction. Encourage providers to reflect on their own biases and attitudes.

Leadership and Advocacy

Hospital administrators and healthcare leaders should lead by example in promoting a stigma-free environment. Support initiatives that address stigma and discrimination in healthcare settings.

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Prevention Policy and Implementation

Dr. Jessica Altamirano
Physician
CAN Community Health

National HIV/AIDS Strategy Federal Implementation Plan 2022- 2025



Goal 1: Prevent New HIV Infections

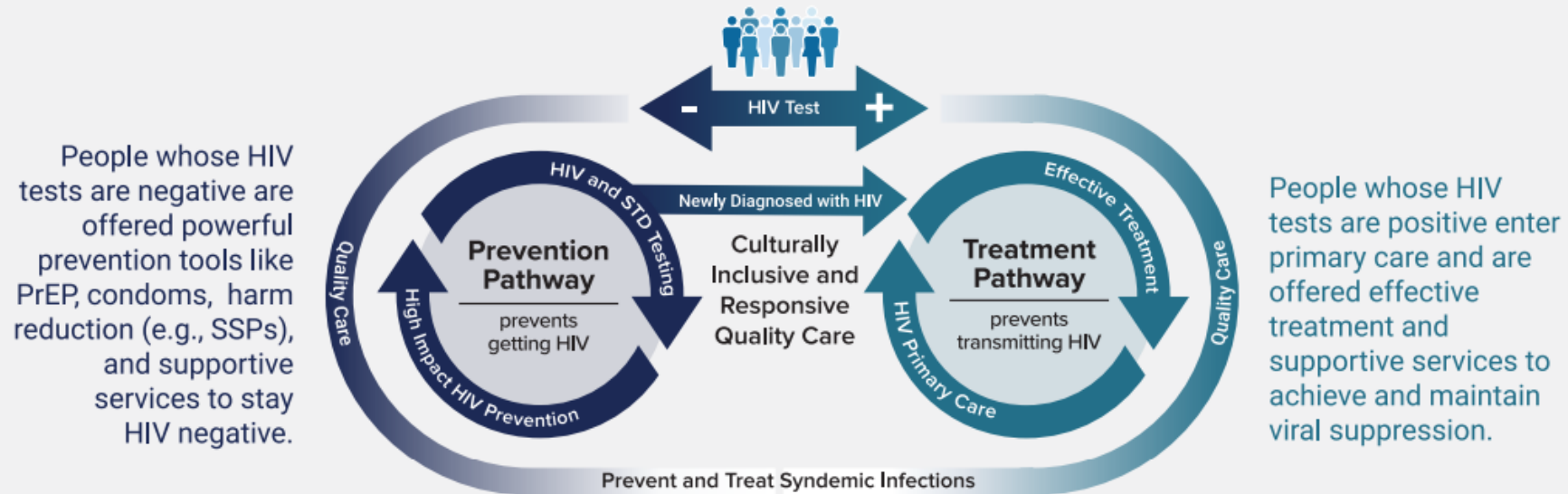
- Objective 1.1: Increase awareness of HIV
- Objective 1.2: Increase knowledge of HIV status
- Objective 1.3: Expand and improve implementation of safe, effective prevention interventions, including treatment as prevention, PrEP, PEP, and SSPs, and develop new options
- Objective 1.4: Increase the diversity and capacity of health care delivery systems, community health, public health, and the health workforce to prevent and diagnose HIV

One indicator of Progress:

Increase PrEP coverage to 50% from a 2017 baseline of 13.2%.

Challenges and Barriers for Implementation

Status-Neutral HIV Prevention and Care



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

Figure 7. CDC's HIV status-neutral approach to HIV services



Factors affecting implementation of HIV prevention policy	Macro-level	Meso-level	Micro-level
Material factors	<ul style="list-style-type: none"> - Access to HIV treatment and prevention services - Health infrastructure 	<ul style="list-style-type: none"> - Access to organizations offering PrEP and PEP services - Insurance coverage of PrEP services 	<ul style="list-style-type: none"> - Transportation services to access points - Digital gap for TelePrEP - Underinsured and uninsured groups seeking PrEP services
Symbolic factors	<ul style="list-style-type: none"> - Media representations of PrEP - State legislation; messaging 	<ul style="list-style-type: none"> - Social and cultural norms - Stigmatizing attitudes - Linguistical barriers 	<ul style="list-style-type: none"> - Fear of stigma among minority groups (from family, partners, community) - Apprehension/anxiety to engage
Competence factors	<ul style="list-style-type: none"> - Dissemination of PrEP guidelines; status-neutral approach - Administrative readiness for new biomedical scenarios 	<ul style="list-style-type: none"> - Elimination of the “purview paradox” among providers - Implementation of new injectables for HIV treatment/prevention 	<ul style="list-style-type: none"> - Implementation of PEP, same day PrEP, on-demand PrEP - Workflows to procure and administer injectable Cabotegravir for PrEP



	Current strategies to implement HIV prevention policy	Additional strategies needed
Material Factors	<ul style="list-style-type: none"> - Increase community access points for PrEP (clinical, non-clinical, mobile units, TelePrEP) - Access to HIV self-testing (at home testing kits, at home labs) - Ready-set-PrEP program to access PrEP medications - PrEP grants for uninsured and underinsured 	<ul style="list-style-type: none"> - Policy changes for all insurers to cover PrEP services and medications - Bridge digital gap - Expand funding for transportation to health services
Symbolic Factors	<ul style="list-style-type: none"> - Culturally and linguistically competent healthcare staff/Providers - Educational materials in Spanish and Haitian Creole - Injectable PrEP as a more discreet option 	<ul style="list-style-type: none"> - Work to change perception of HIV prevention in minority groups - Provide psychological safety to migrant and transgender populations
Competence Factors	<ul style="list-style-type: none"> - Treatment as Prevention - Same-day PrEP initiatives - On-Demand PrEP initiatives - Research initiatives for Injectable PrEP 	<ul style="list-style-type: none"> - Engage/educate ALL providers (PCPs, gynecologists) to recognize at risk people; approach care and referrals from a status-neutral approach - Innovate ways to procure and deliver injectable



Thank you.

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Treatment Policy and Implementation

Rafael Jimenez
Director of Social Services
Care Resource Community Health Center

Challenges



Social Determinants of Health (SDOH):

- a. Patients experiencing unmet needs do not prioritize their medical care - Results from Project DARE top 5 social determinants of health in Miami-Dade includes:
 - b. Housing, Financial, Transportation, Behavioral Health, Unemployment.
 - c. Stigma
 - d. Relocation
 - e. Cultural Differences
 - f. Engagement in Care
- g. To meet those needs, Care Resource offers:
 - i. Unlimited Uber rides
 - ii. Housing Case Management
 - iii. Transitional Emergency Housing
 - iv. Behavioral Health (as part of Test and Treat)
 - v. Employment assistance (Behavioral Health)
 - vi. Priority client protocol: patients who are not virally suppressed are closely monitored by our multidisciplinary team and their VL/CD4 are measured more frequently

Retention In Care

1. Clients are more likely to fall out of care during their 1st year in care. Care Resource focuses on building skills for retention and adherence with:

- I-ENGAGE intervention
- Adherence education through CM, Providers, Linkage Coordinators
- A position at CR is solely focused on retention of HIV positive Clients : Access and Retention Supervisor
- Priority Client protocol flags clients who struggle with viral suppression and follows them even after they reached viral suppression

2. What happens as a result of addressing SDOH and implementing client-centered intervention strategies to reduce barriers to care (Project DARE):

- Depression and AOD problems decrease
- Improvements in self-reported adherence and engagement in care
- 95% report positive impact on life



Benefits of Community Engagement

Key benefit-cost findings on social determinants of health and HIV primary care for Project DA²RE in Miami, FL.

PROJECT DA²RE

Care Resource Community Health Centers, Inc. is a Federally Qualified Health Center (FQHC) with four locations in Miami, Florida. Care Resource provides holistic wraparound clinical and supportive services for people living with HIV (PLWH) through Project DA²RE (Disparities in care Addressed through Access, Retention, and Equity).

KEY FINDINGS



RETURN ON INVESTMENT (ROI)

\$7.62 for each \$1 spent

For every \$1 Care Resource spends on clinical and supportive services, \$7.62 worth of services is delivered to PLWH and the community.



HOUSING

\$17.38
for each \$1 spent

Care Resource works with local organizations to help PLWH find temporary and subsidized housing with Housing Opportunities for Persons With AIDS (HOPWA) or Section 8 vouchers. Each \$1 spent provides \$17.38 worth of savings to PLWH and the community.



FOOD SECURITY

\$11.02
for each \$1 spent

Care Resource helps PLWH achieve food security by providing food packages, gift cards for grocery stores, and connections to Supplemental Nutrition Assistance Program (SNAP). For each \$1 spent, \$11 worth of benefits is provided to PLWH and the community.



TRANSPORTATION

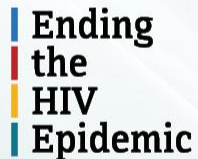
\$0.50
for each \$1 spent

Care Resource helps PLWH attend medical and supportive appointments through transportation assistance in the form of payments for ridesharing. This activity provides \$0.50 worth of savings for each \$1 spent.

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State and County Policy Alignment

Daniel Wall
Director, Office of Grants Coordination
Miami-Dade County

Federal EHE Pillars



Diagnose

Treat

Prevent

Respond

National HIV/AIDS Strategy (NHAS)



Goals:

- Prevent New HIV Infections
- Improve HIV-Related Health Outcomes of People With HIV
- Reduce HIV-Related Disparities and Health Inequities
- Achieve Integrated, Coordinated Efforts that Address the HIV Epidemic Among All Partners

Integrated Plan Alignment

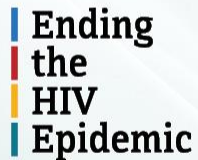


- State of Florida Integrated HIV Prevention and Care Plan
- Miami-Dade County 2022-2026 Integrated HIV Prevention and Care Plan

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Community Access to HIV Services

Gregory Jacques
Director, Testing and Programs
AIDS Healthcare Foundation

Roadblocks

- Affordable Housing
- Immigration Status
- Accessibility
- Lack of Transportation
- Stigma
- Comprehensive services
- Mental Health
- Youth



Overcoming Roadblocks

- Offer services during the nontraditional hours/locations
 - Having 2 or 3 slots available for walk-in appt
 - Offer services during non traditional
- Access to testing sites and treatment location
 - Comprehensive services
 - (PrEP, STI, etc..)
- Continue to change the Cultural
 - Create more welcoming environment
 - More Collaborations



2023 INTRA-JURISDICTIONAL EHE ↔ FTC ALIGNMENT WORKSHOPS





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2023 WORKSHOPS

Addressing Criminalization as a Barrier to Ending HIV



Moderator:

Orlando Gonzales

Executive Director

Safeguarding American Values for Everyone

Panelists

- Donna Sabatino – Director of State Advocacy and Policy – The AIDS Institute

Scaling Up PrEP Access and Utilization



Moderator:

Juan Buchs

Miami East Programs Coordinator

Latinos Salud

Panelists

Wincy Guillen – PrEP Navigator- Care Resource
Community Health Center

Vanessa Mills – Chief Operations Officer – Care 4 U
Community Health Center

Gena Grant – Co-Chair – Positive Peoples Network

What is PrEP?



- Pre-Exposure Prophylaxis – a preventive strategy to protect you against HIV.



How does PrEP work!



- **PrEP** prevents the HIV virus from copying its single strand RNA and making it look like human DNA.
- Without that copy, it can't integrate into the cell.
- If it can't integrate into the cell, it can't colonize.
- No colonization = no infection.
- **PrEP** = death (to HIV)



PrEP options for everyone



- Same day PrEP
- PrEP@Home
- Injectable PrEP



- Same-Day PrEP

In-Office Patients may obtain oral PrEP for HIV prevention the same day they see one of our medical providers.



- Injectable PrEP

This long-acting PrEP option is available to patients who have issues with traditional daily pill regimens. Ask one of our providers if this is the right choice for you.

- PrEP@Home

This program allows you to obtain oral PrEP from the comfort of your home. You never have to come to the health center unless additional testing is required.

Apretude



- An injectable PrEP given by your healthcare provider every other month, instead of a pill you take every day.
- After 2 initial injections given 1 month apart, APRETUDE is given as few as 6 times a year instead of pill you take 365 days a year.
- It contains medicine that slowly releases over time to keep around the same level of medicine in your body between appointments.
- Apretude may be obtained for both insured and uninsured individuals.

Truvada & Descovy



- Same day PrEP is a program by which a patient can obtain oral PrEP for HIV (emtricitabine/tenofovir disoproxil fumarate or emtricitabine/tenofovir alafenamide) on the same day that they present to the clinic and are identified by a PrEP navigator as someone who can benefit from this.
- Truvada & Descovy are once-daily prescription medicine for adults and adolescents at risk of HIV who weigh at least 77 pounds. It helps lower the chance of getting HIV through sex.
- It's one pill, taken once a day, every day. You can take it with or without food.

Binx & PrEP@Home



- This new program gives patients the opportunity to consult online with Care Resource medical providers, complete all required lab testing at home, and have their medication delivered to their door - all without needing to visit a lab or health center.
- Those who qualify will receive an at-home lab testing kit along with simple instructions on how to collect and return their samples. After the samples are received, they are processed by Binx, Care Resource's trusted laboratory partner.
- When the results are ready, patients will meet with a Care Resource provider virtually to discuss if PrEP is right for them.
- In some cases, the medical provider may require additional comprehensive in-person testing depending on their patient's health history.
- If the patient is eligible for PrEP, their prescription will be sent electronically to a pharmacy and their medication will be delivered directly to the patient.



- Why is PrEP relevant to your community?
- What are the specific medical needs of your community and how do they intersect with PrEP?
- What is the future of PrEP in the community – how will it change as more options become available?
- Barriers: why doesn't everyone have access to PrEP?
- How can we market PrEP that's more effectively for everyone in the community?"

Working Together!



These may be the babies that grow up in a world without HIV/AIDS.

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Optimizing Social Determinants to Achieve U=U



Moderator:

Susana Peñaranda

Program Manager, Department of Human Services
City of Miami

Panelists

- Raymond Louis – Housing Manager – City of Miami
- Nicole Marriott – President and CEO – Health Council of South Florida
- Adrian Madriz – Co-Executive Director for Development and Infrastructure – Struggle for Miami’s Affordable and Sustainable Housing (SMASH) Inc.

Implementing HIV Status Neutrality in Practice



Moderator:
Joey Wynn
Chair
South Florida AIDS Network

Panelists

- Dr. Allen E. Rodriguez – Professor of Clinical Medicine – Director of Population Engagement Core of Miami CFAR – Co-Director of Mental Health Disparity Core of CHARM – Division of Infectious Disease – University of Miami Miller School of Medicine
- Dr. Micheal A. Kolber – Professor and Vice Chair of Clinical Transformation – Department of Medicine – University of Miami Miller School of Medicine
- Luigi Ferrer – Health Education Supervisor – Florida Department of Health – Miami-Dade County

Florida Department of Health

Implementing HIV Status Neutrality

Luigi Ferrer

Health Education Supervisor



Florida
HEALTH

What is the Status Neutral Approach?

Status neutral approach centers on the person instead of their HIV status.

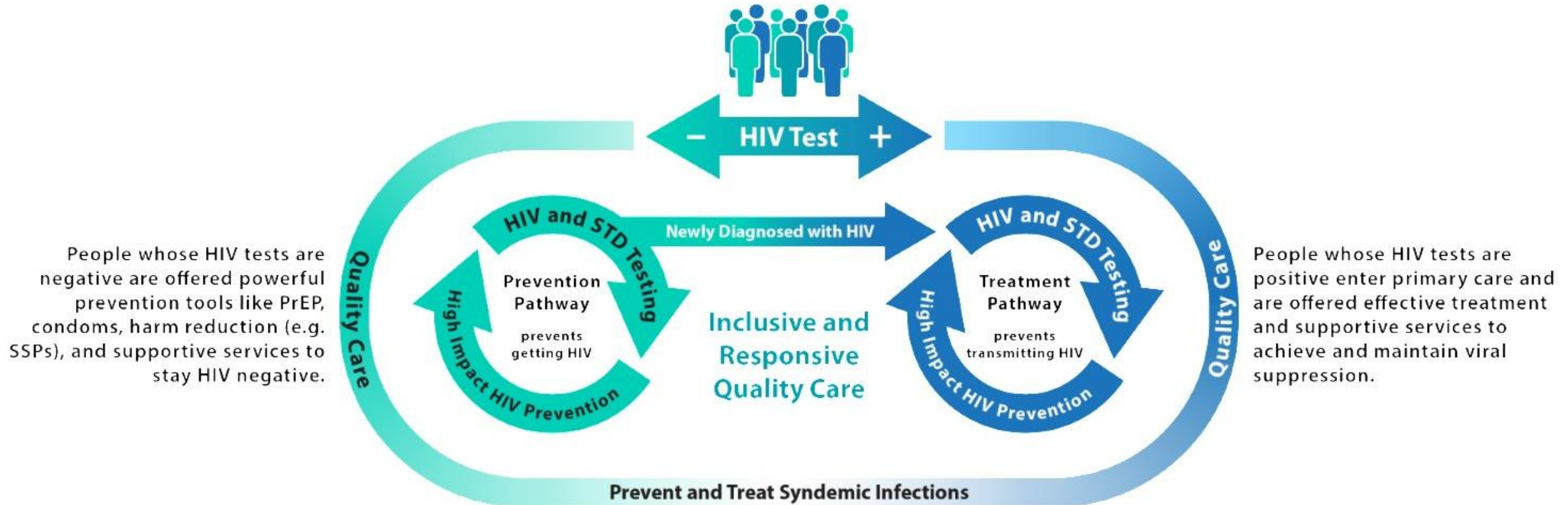
Status neutral services are holistic, comprehensive, continuous, and responsive.

- HIV testing, treatment and prevention together with other medical or health care services.
- Service delivery that includes social support services as a path to optimal HIV and other beneficial health outcomes.

All services and support are part of prevention in a status neutral approach, regardless of HIV status.

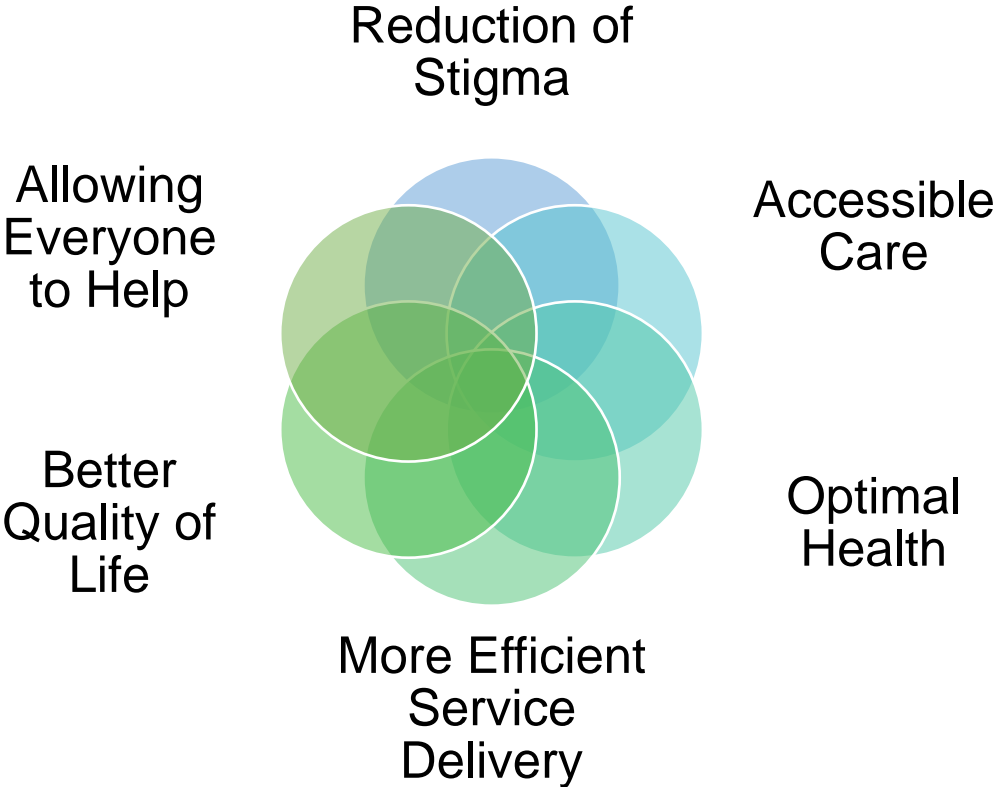


Status Neutral HIV Prevention and Care



Potential Benefits

Status neutral services have many potential benefits, including:



Contact Information

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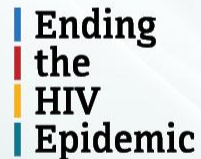
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Miami, FL
August 29, 2023

Identified Challenges and
Opportunities to
EHE in Miami

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

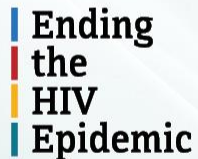


- Funding – how to get funding for wrap around services to implement status neutrality
- Status neutrality is not limited to HIV – it should focus on equitable whole person quality of care and quality of life irrespective of serostatus
- Capacity building for providers on linkage to care for ALL

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August 29, 2023

Actionable EHE and FTC
Implementation Steps
in Miami/Miami-Dade County

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

FTC – EHE Joint Focus



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

Leveraging FTC for EHE



EHE Goals

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

FTC Advantage

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

Leveraging FTC for EHE, Cont.



EHE Goals

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

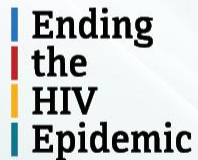
FTC Advantage

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

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Miami, FL
August 29, 2023

Closing Remarks

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

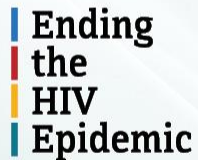
- **TOGETHER**, we can achieve a future in which:
 - New HIV infections are **EXCEEDINGLY RARE** and AIDS-related deaths are a thing of the past
 - People living with and affected by HIV are **VALUED** and not subjected to inequality
- Lags in our global, national, municipal HIV responses reflect underlying **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 29, 2023

Lamar McMullen
Mpowerment Coordinator
Empower U Community Health Center