

INTRA-JURISDICTIONAL

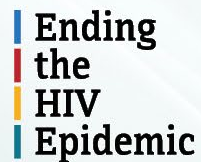
**EHE ↔ FTC
ALIGNMENT**

2023 WORKSHOPS

INTRA-JURISDICTIONAL

EHE ↔ FTC
ALIGNMENT

2023 WORKSHOPS



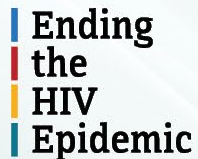
New Orleans, LA
September 15, 2023

WELCOME

INTRA-JURISDICTIONAL

EHE ↔ FTC
ALIGNMENT

2023 WORKSHOPS



New Orleans, LA
September 15, 2023

Welcome and Setting
the Stage

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



Setting the Stage....

- New Orleans signed on as a Fast-Track City on April 29, 2016. Orleans Parrish 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...



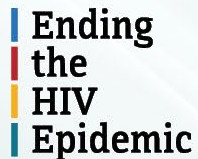
The purpose of this workshop is to:

- 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

INTRA-JURISDICTIONAL

EHE ↔ FTC
ALIGNMENT

2023 WORKSHOPS

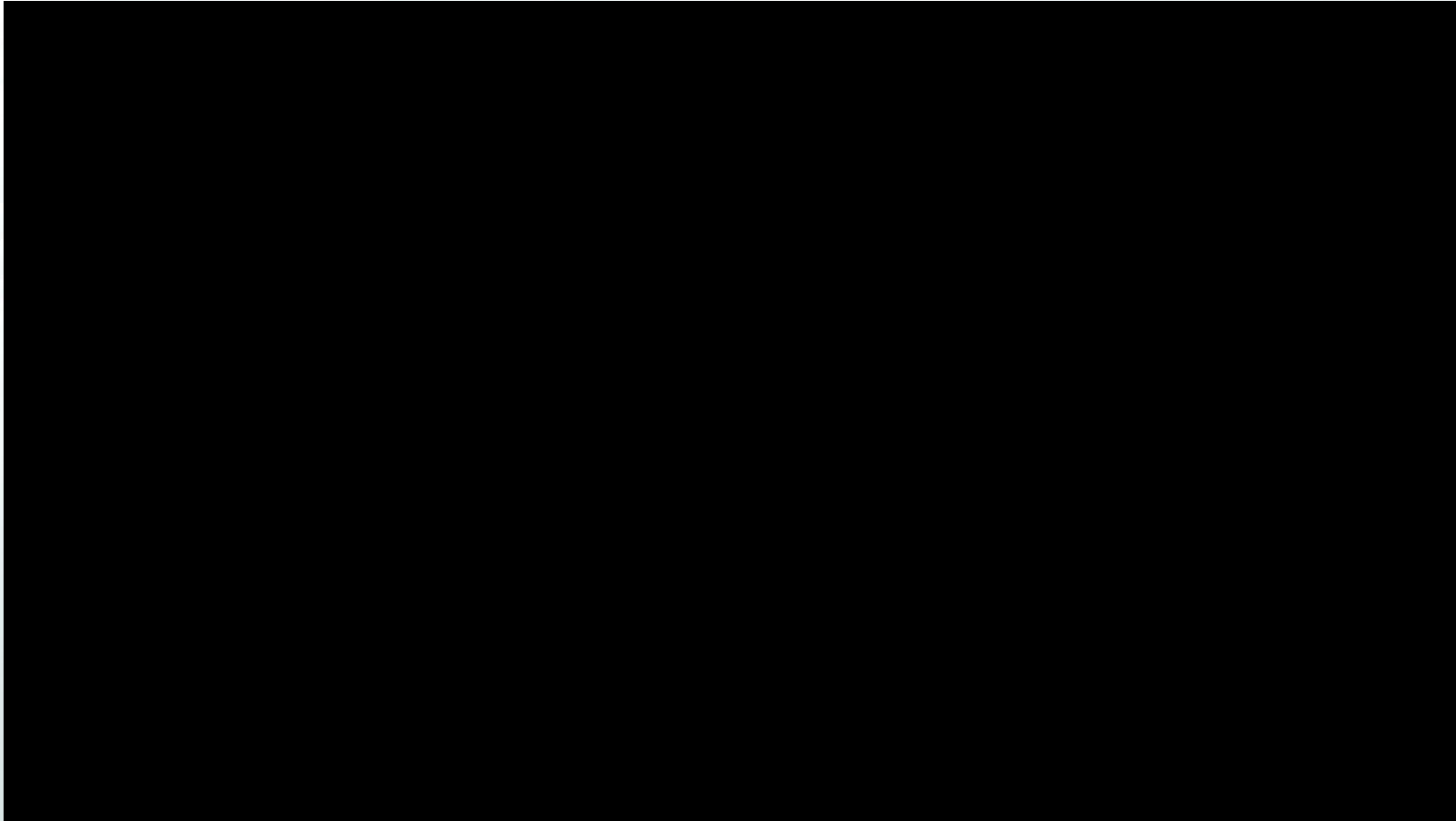


New Orleans, LA
September 15, 2023

Welcome
Remarks

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

2023 INTRA-JURISDICTIONAL EHE ↔ FTC ALIGNMENT WORKSHOPS



- Significant **PROGRESS HAS BEEN MADE** in New Orleans
- 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%**

INTRA-JURISDICTIONAL

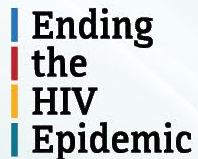
**EHE ↔ FTC
ALIGNMENT**

2023 WORKSHOPS

INTRA-JURISDICTIONAL

**EHE ↔ FTC
ALIGNMENT**

2023 WORKSHOPS



New Orleans, LA
September 15, 2023

Welcome from HHS
Region 6

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

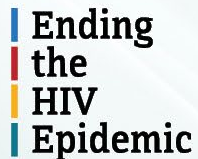
2023 INTRA-JURISDICTIONAL EHE ↔ FTC ALIGNMENT WORKSHOPS



INTRA-JURISDICTIONAL

EHE ↔ FTC
ALIGNMENT

2023 WORKSHOPS



New Orleans, LA
September 15, 2023

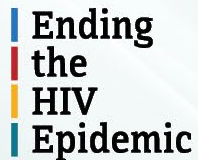
Welcome on Behalf of
New Orleans EHE

Jeanie Donovan
Deputy Director
New Orleans Department of Health

INTRA-JURISDICTIONAL

**EHE ↔ FTC
ALIGNMENT**

2023 WORKSHOPS



New Orleans, LA
September 15, 2023

Welcome on Behalf
of Community

Morris A. Singletary
Executive Director
PoZitive2PoSitive Initiative

INTRA-JURISDICTIONAL

EHE ↔ FTC
ALIGNMENT

2023 WORKSHOPS



New Orleans, LA
September 15, 2023

Welcome on Behalf of
ViiV Healthcare

Ramon Gardenhire
Director, Government Relations
ViiV Healthcare US

INTRA-JURISDICTIONAL

**EHE ↔ FTC
ALIGNMENT**

2023 WORKSHOPS

INTRA-JURISDICTIONAL

EHE ↔ FTC
ALIGNMENT

2023 WORKSHOPS



New Orleans, LA
September 15, 2023

Increasing Access to
Treatment and Rapid
START

Vatsana Chanthala
Director, Ryan White Services and Resources
New Orleans Department of Health

New Orleans FTC/EHE

New Orleans EMA HIV Prevalence (2022)



| Parish | N | % |
|----------------------|-------|------|
| Jefferson | 2,172 | 25% |
| Orleans | 5,028 | 59% |
| Plaquemines | 58 | <1 |
| St. Bernard | 232 | 3% |
| St. Charles | 132 | 2% |
| St. James | 86 | 1% |
| St. John the Baptist | 191 | 2% |
| St. Tammany | 627 | 7% |
| | 8,526 | 100% |

FTC/Ryan White/EHE



- Mayor Cantrell appointed the first FTC members in 2018
- The members identified four sub-committees
 - Testing
 - Linkage
 - Treatment
 - Stigma Elimination Education
- PrEP is addressed within each subcommittee
- The committees developed a strategy that incorporated Ryan White Part A resources and additional items to reach 95-95-95 (previously 90-90-90) and to end the HIV epidemic.
- NOEMA receives Ryan White Part A and EHE grants funded by HRSA and EHE funded by the CDC, via Louisiana Department of Health



FTC Strategy Guided EHE Plans

- NOEMA receives funding Ryan White Part A and EHE funded by HRSA and EHE funded by the CDC, via Louisiana Department of Health

| EHE: HRSA New Orleans Jurisdiction | EHE: CDC Orleans Parish Only |
|---|--|
| <ul style="list-style-type: none"> • Target Marketing: Treatment related and linkage to care messages, U=U • Workforce development; GED Prep Classes (only PLWH) • Expansion of services to non-Ryan White Providers (Test and Treat) • Mobile Health Team • Health Models | <ul style="list-style-type: none"> • Target Marketing: HIV prevention messages/ PrEP/PEP/U=U • Workforce development (both PLWH and high risk) • Community Health Workers • Peer Program Empowerment Training, Health Literacy Routine testing in hospitals and clinics • SSP and Health Models (LDH SHHP) • Health Models |

Results to date

- Implemented Centralized Linkage
- Bounce to Zero campaign
 - Website: Bouncetozero.com
- Workforce development/GED Prep
- Expanded services:
 - Implemented Test and Treat at a non-RW agency
 - Address gaps in services among justice involved individuals
- Community Health Workers to address HIV prevention, at-home testing and re-engagement in care activities

INTRA-JURISDICTIONAL

EHE ↔ FTC ALIGNMENT

2023 WORKSHOPS

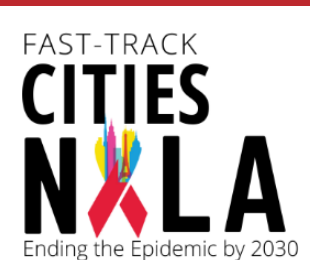


Ending
the
HIV
Epidemic

New Orleans, LA
September 15, 2023

Increasing Access
to Testing and
Rapid START

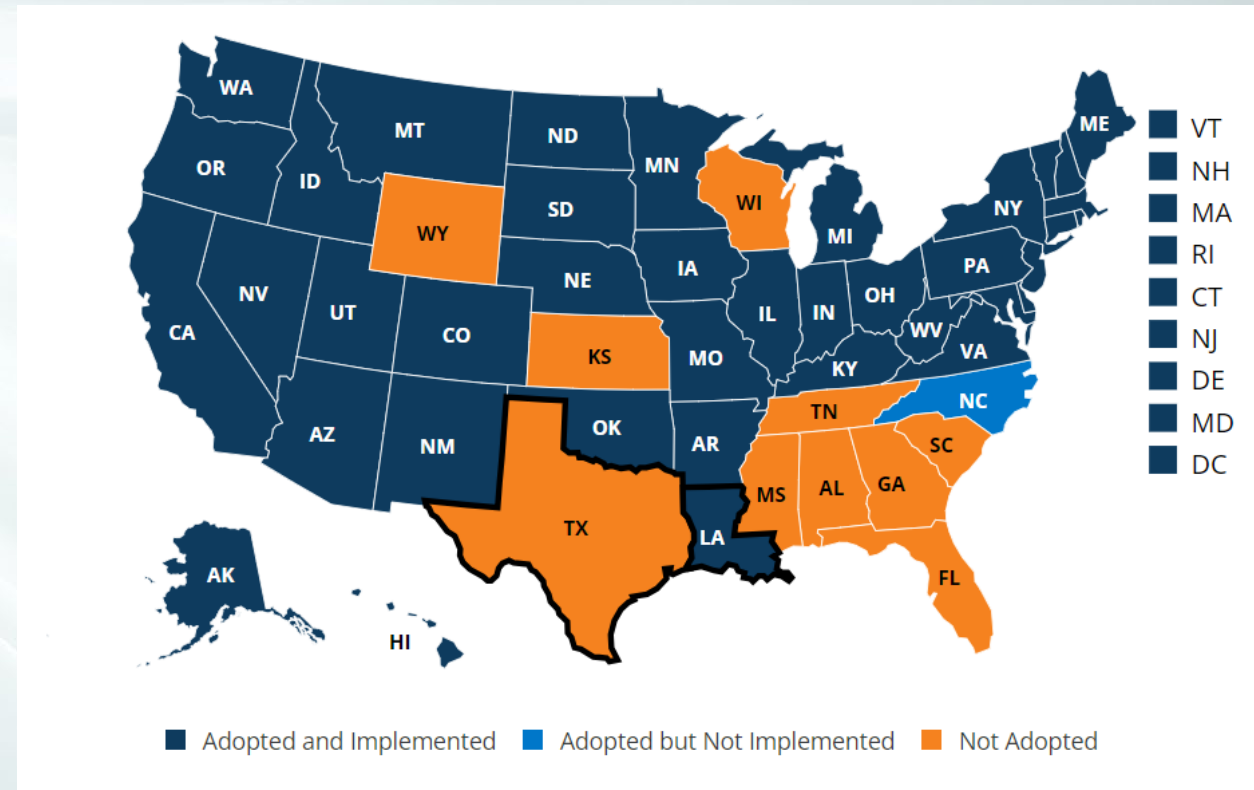
Vatsana Chanthala, MPH



Health Care Landscape

- Increase in health insurance access
- Affordable Care Act of 2010
- Louisiana expanded Medicaid on 7/1/2016

| Percent of Uninsured in Louisiana | | | |
|-----------------------------------|-------|------|------|
| Year | 2012 | 2019 | 2021 |
| Uninsured | 16.7% | 8.9% | 7.5% |



Increase Access to Testing

of Tests Completed at Publicly-Funded Sites



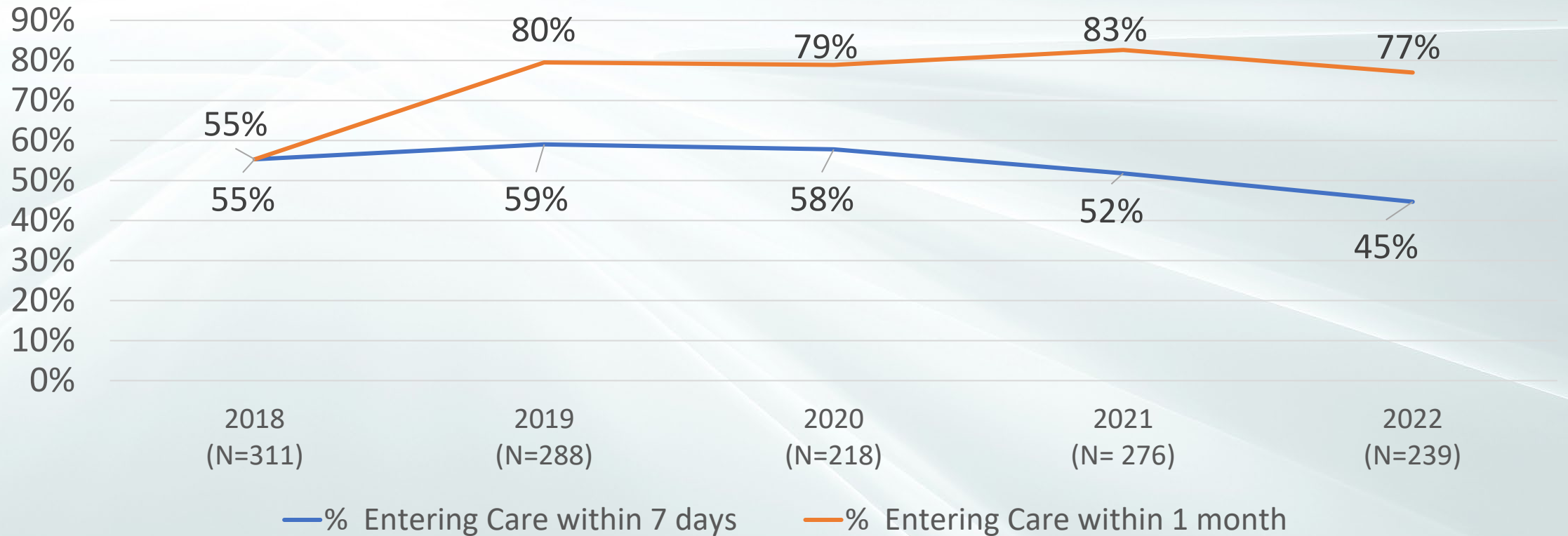
- Policy Infrastructure
 - Louisiana is an Opt-Out testing state
 - HIV Criminalization Law
- Opportunities
 - Routine Testing in the ERs and Clinics
 - Community Health Workers
 - Free At-Home Testing
 - Mobile Health team
- Barriers
 - COVID-19 Pandemic
 - Monkeypox
 - HIV Stigma
 - HIV Criminalization Law
 - Hurricane Ida

Rapid Start Implementation



- At the 2016 Ryan White conference Dr. Anthony Fauci, Director of the National Institutes of Health's (NIH) National Institute of Allergy and Infectious Diseases (NIAID) presented on test and treat or Rapid Start.
- Test and Treat concept: Clinicians provided medications to newly diagnosed individuals upon diagnosis, instead of waiting for lab work to come back to provide medications.
- By December New Orleans pilot tested the Test and Treat model with one of our partners (with access to primary care and medications within 72 hours).
- To date, all agencies have implemented Rapid Start, and some Rapid ReStart, added a new agency to implement Rapid Start

Newly Diagnosed with HIV Entry to Care in New Orleans EMA



Data from LDH SHHP

Access to ART



- Since most people have insurance, ART can be accessed via their insurance plan
- All RW clinics have funding to support access to medications for long-term uninsured or short-term to address emergency situations
- Part B has the ADAP formulary list: [Louisiana Health Access Program – LA HAP stands for Louisiana Health Access Program, which is the ADAP for the state of Louisiana.](#)
- Ryan White Part A has a formulary. List includes Cabenuva.: [Part A Formulary – New Orleans Regional AIDS Planning Council \(norapc.org\)](#)

INTRA-JURISDICTIONAL

EHE ↔ FTC
ALIGNMENT

2023 WORKSHOPS



New Orleans, LA
September 15, 2023

Increasing Access to
Biomedical Prevention

Ryanne Clarke
Chief Clinical Officer
Priority Health Care

PrEP: The State of Our State



| | |
|---|---|
| | <p>Health Alert Network Message 22-32: Increasing HIV Diagnoses Across Louisiana</p> |
| <p>Origination Date: <i>September 29, 2022</i></p> | <p>Revision Dates (List All Revision Dates):</p> |

To: Medical Providers and Community Leaders in Louisiana

From: Joseph Kanter, MD, Louisiana State Health Officer

Date: September 29, 2022

Subject: Increasing HIV Diagnoses across Louisiana

“All community and medical providers should ensure their patients are aware of HIV prevention options. These include Pre-Exposure Prophylaxis (PrEP), Post Exposure Prophylaxis (PEP), and an understanding that people with HIV who take their HIV medicine as prescribed and who achieve and maintain viral suppression (undetectable) can stay healthy and will not transmit HIV to their sex partners. – this is known as undetectable equals untransmittable (or U=U). More information can be found at <https://louisianahealthhub.org/hiv/> and www.cdc.gov/hiv/risk/art/index.html.”

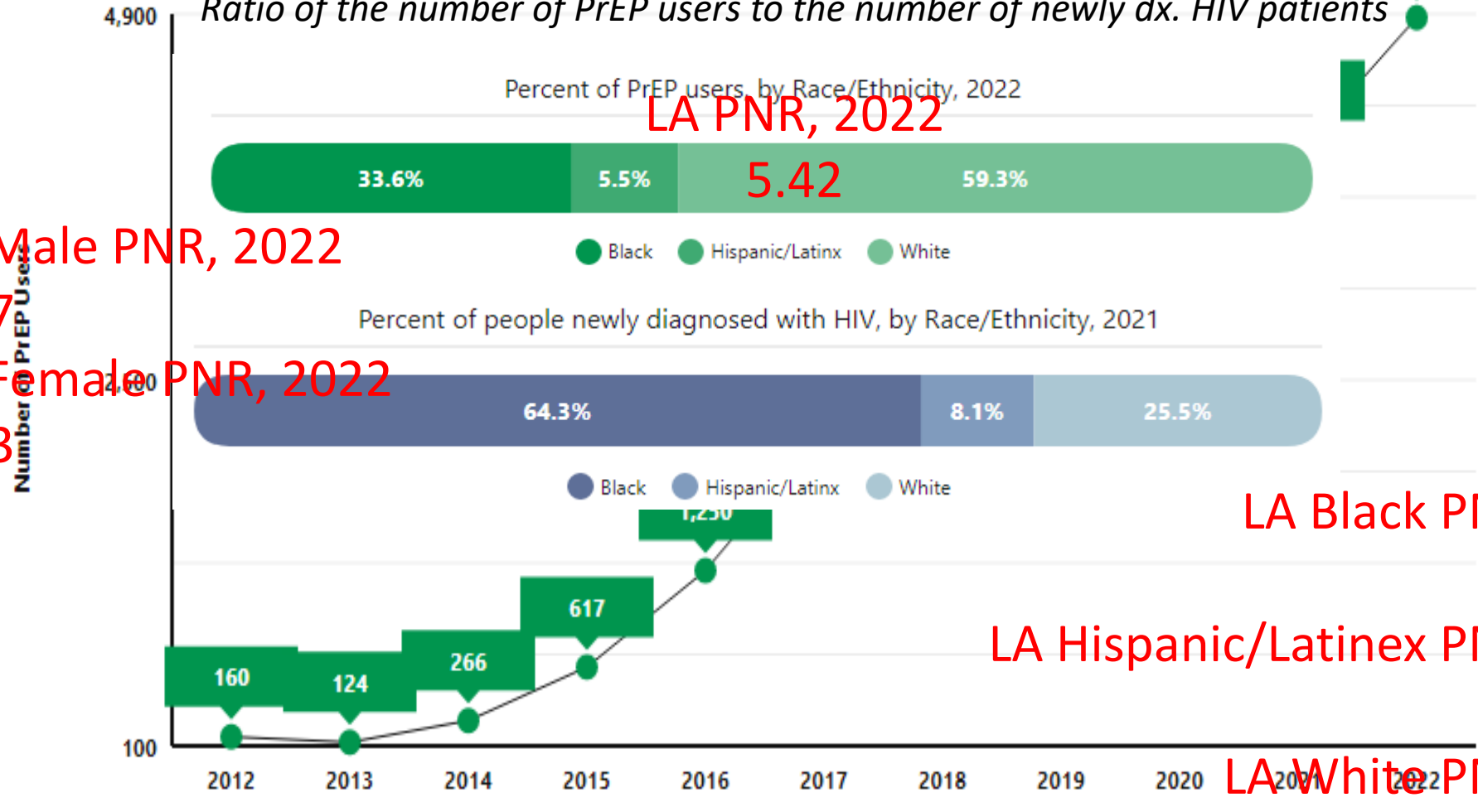
“Discuss HIV prevention options such as PrEP, PEP, and U=U with all sexually active patients, regardless of age, gender, or sexual orientation.”

PrEP: The State of Our State



PrEP-to-Need Ratio (PNR)

Ratio of the number of PrEP users to the number of newly dx. HIV patients



LA Male PNR, 2022

5.97

LA Female PNR, 2022

3.63

LA PNR, 2022

5.42

LA Black PNR, 2022

2.83

LA Hispanic/Latinex PNR, 2022

3.66

LA White PNR, 2022

12.62

PrEP: The State of our City

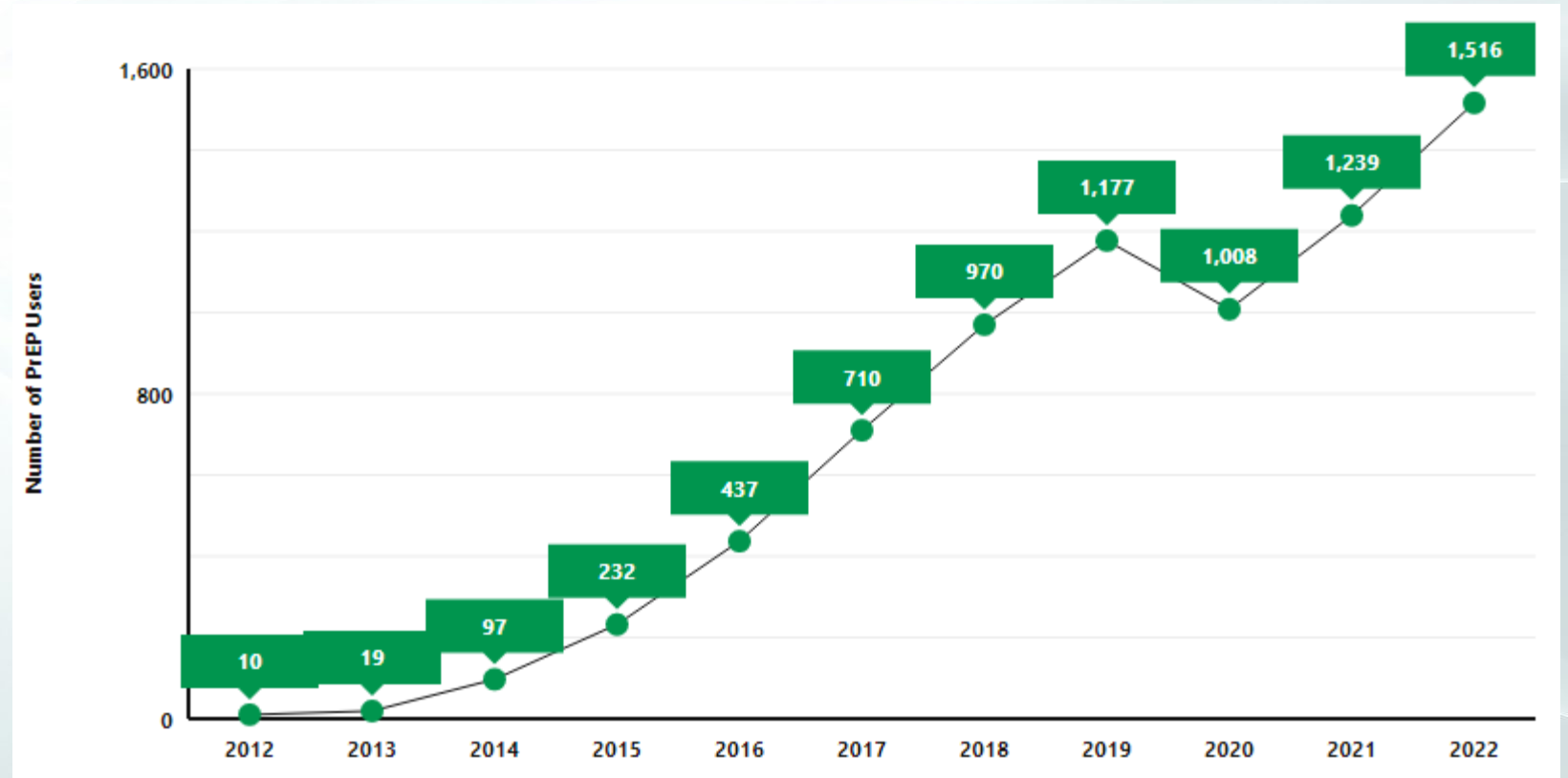


31% of all PrEP in LA was in NOLA

NOLA PNR, 2022
10.46

Male NOLA PNR, 2022
11.98

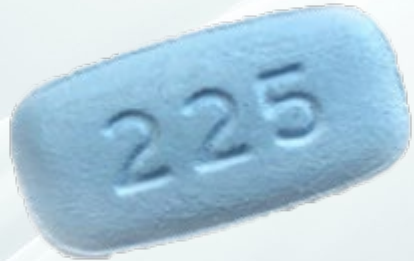
Female NOLA PNR, 2022
6.00



PrEP: Where Can I Get What?



Emtricitabine (F) 200 mg in combination with tenofovir disoproxil fumarate (TDF) 300 mg (F/TDF – brand name Truvada® or generic equivalent)



Emtricitabine (F) 200 mg in combination with tenofovir alafenamide (TAF) 25 mg (F/TAF – brand name Descovy®)



Cabotegravir (CAB) 600 mg injection (brand name Apretude®)

43 Sites
15 Organizations
≈ 25 Prescribers



<https://prepondemand.com/>

https://bouncetozero.com/find-prep/?utm_source=google&utm_medium=cpc&utm_campaign=Deveney_BounceToZeroPrEp/PEP&gclid=CjwKCAjw6eWnBhAKEiwADpnw9vlRQKWV06VFD5p2LA-FT63jIXYRWjb4U4sFdk5z8-a87Ax0ZPSPbxoCoKAQAvD_BwE

PrEP: What's It Going to Cost?

In 2021, states that had expanded their Medicaid programs had rates of PrEP use that were 1.5x higher than states that did not expand Medicaid



340B

ADVANCING ACCESS *connect*

| HealthCare+ | HMO |
|------------------------------------|---|
| Name JANE DOE ID # xxx-xxx-xxxx | Group # xxx-xxx-xx Effective xx-xx-xxxx Coverage INDIVIDUAL Plan HMO |
| Copay \$xxx.xx | Rx YES RXBIN xxxxx RXPCN xxxxxxxx |

- *F/TDF - \$6-13/month
- *Truvada - \$570/month
- *Descovy - \$900/month
- *Apretude - \$2883/dose

After the Affordable Care Act PrEP is considered preventative healthcare and must be provided free under most private health insurance plans

INTRA-JURISDICTIONAL

**EHE ↔ FTC
ALIGNMENT**

2023 WORKSHOPS

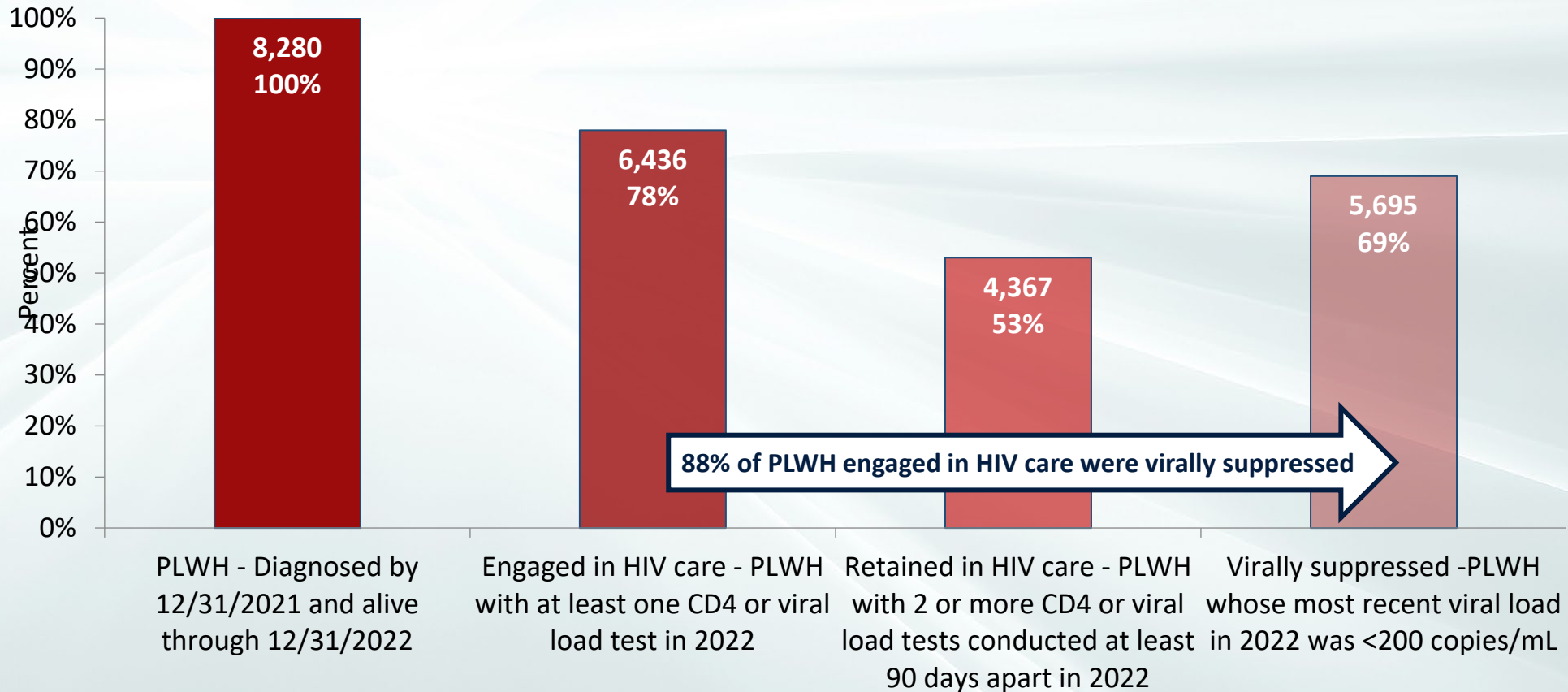


New Orleans, LA
September 15, 2023

Eliminating Disparities in HIV Health Outcomes

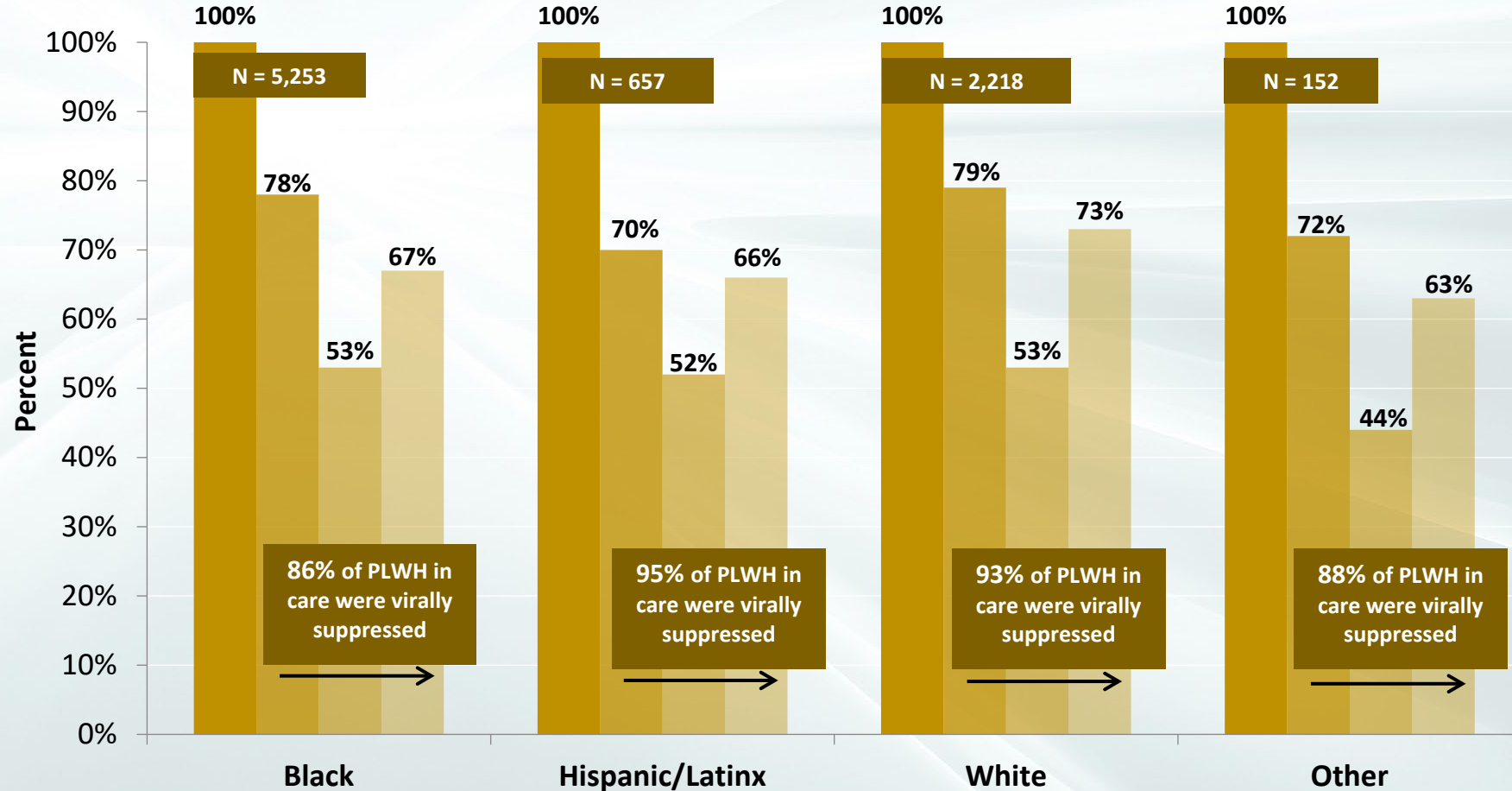
Dr. Daniel Murdock
EHE Manager, Ryan White Services and
Resources
New Orleans Department of Health

HIV Care Continuum New Orleans EMA, 2022



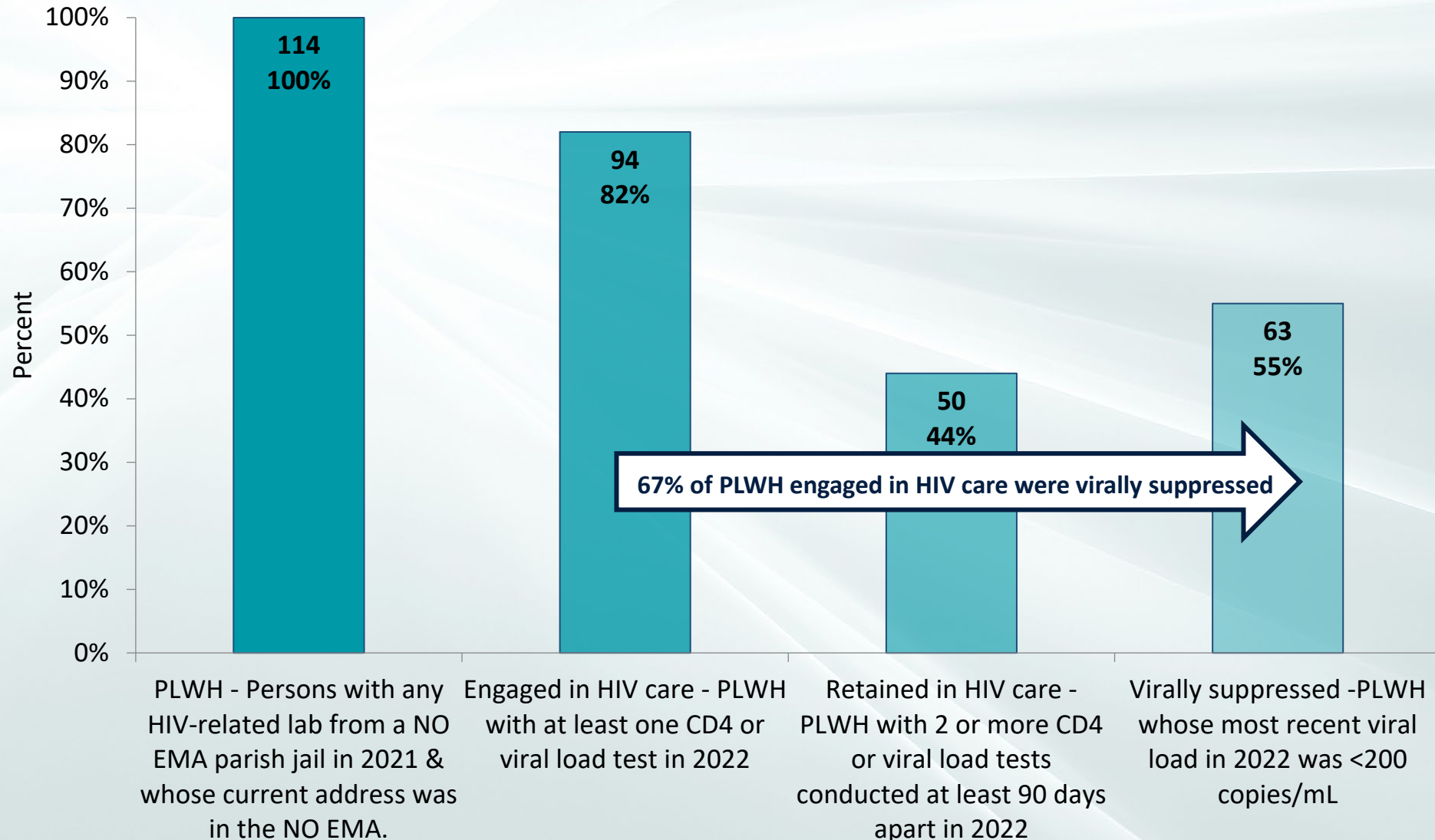
HIV Care Continuum by Race/Ethnicity

New Orleans EMA, 2022



- PLWH - Diagnosed by 12/31/2021 and alive through 12/31/2022
- Engaged in HIV care - PLWH with at least one CD4 or viral load test in 2022
- Retained in HIV care - PLWH with 2 or more CD4 or viral load tests conducted at least 90 days apart in 2022
- Virally suppressed - PLWH whose most recent viral load in 2022 was <200 copies/mL

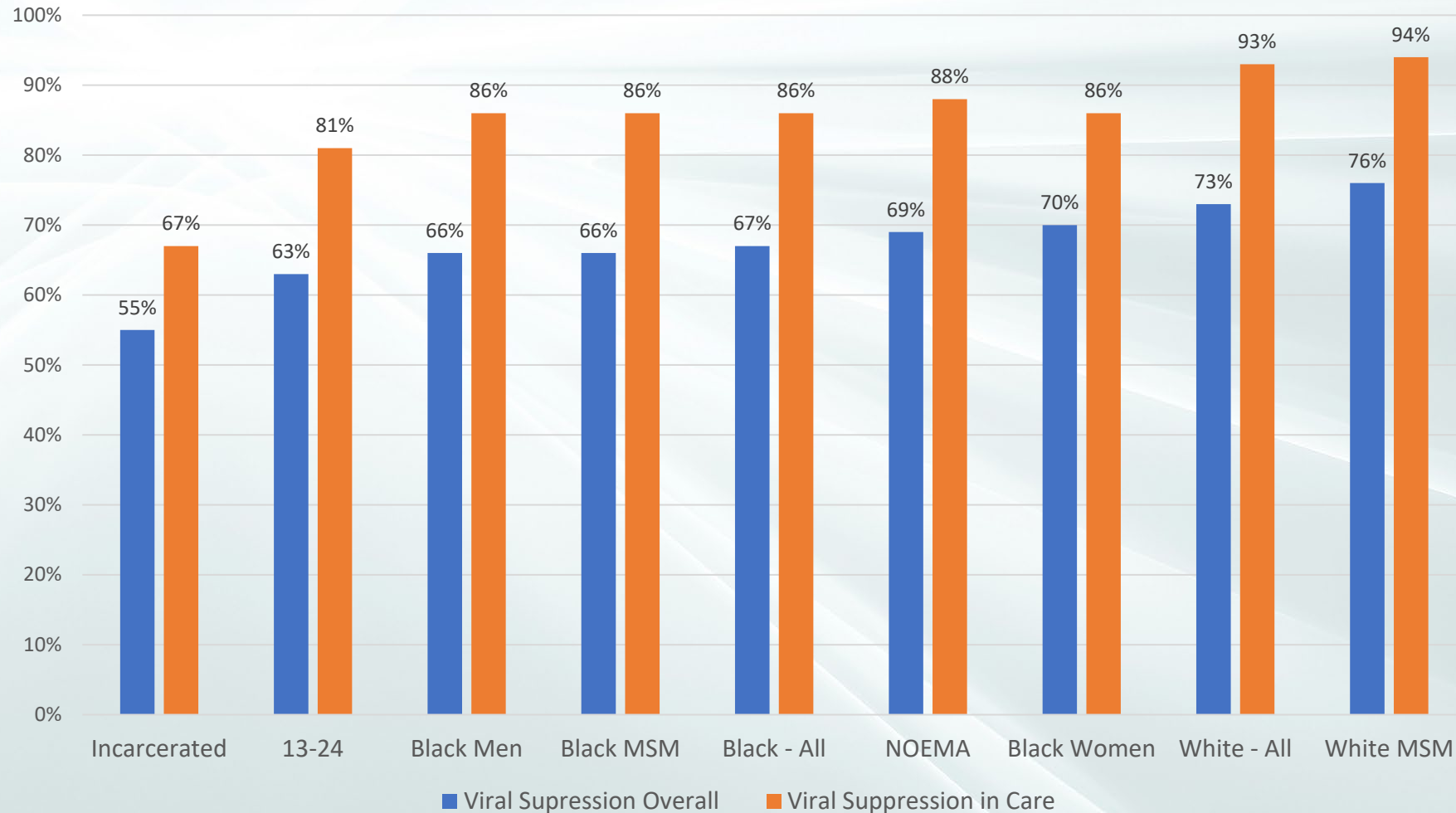
HIV Care Continuum Persons Incarcerated and Living in NO EMA, 2022



Viral Suppression

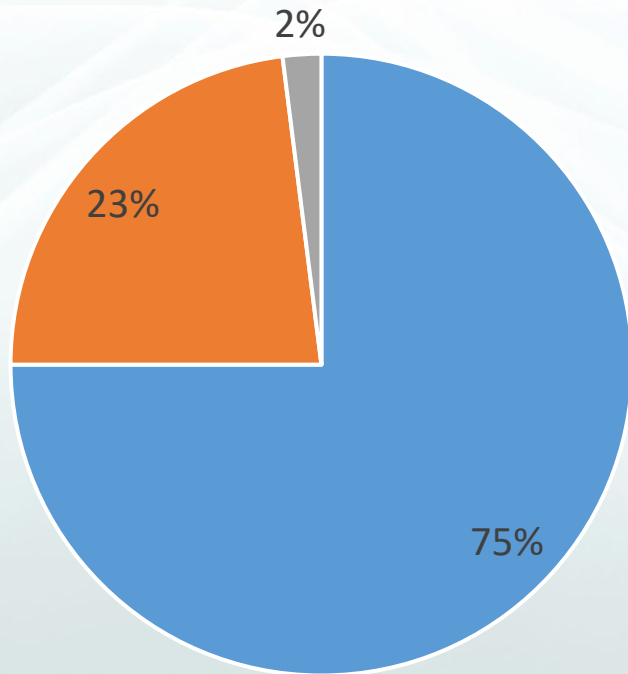


Viral Suppression across Groups, NOEMA 2022



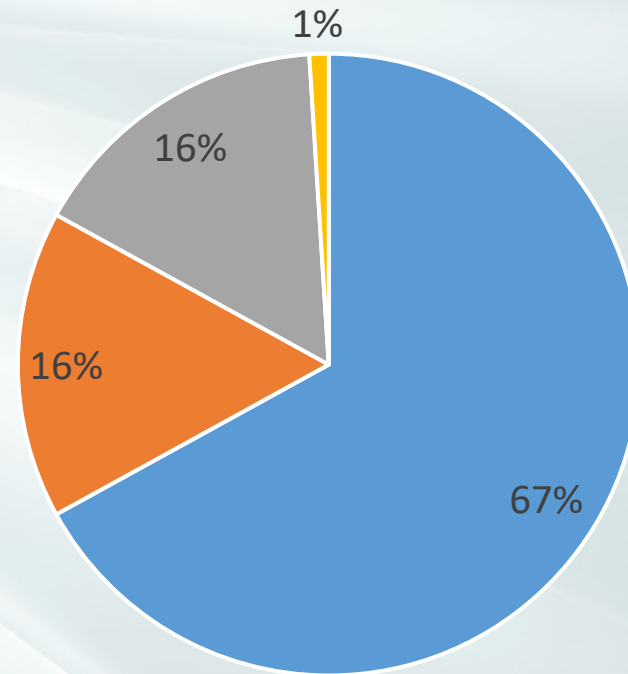
New HIV/AIDS Diagnoses in NOEMA by Sex/Gender Identity & Race/Ethnicity

New Diagnoses by Sex/Gender ID, 2022



Male Female Transgender

New Diagnoses by Race/Ethnicity, 2022

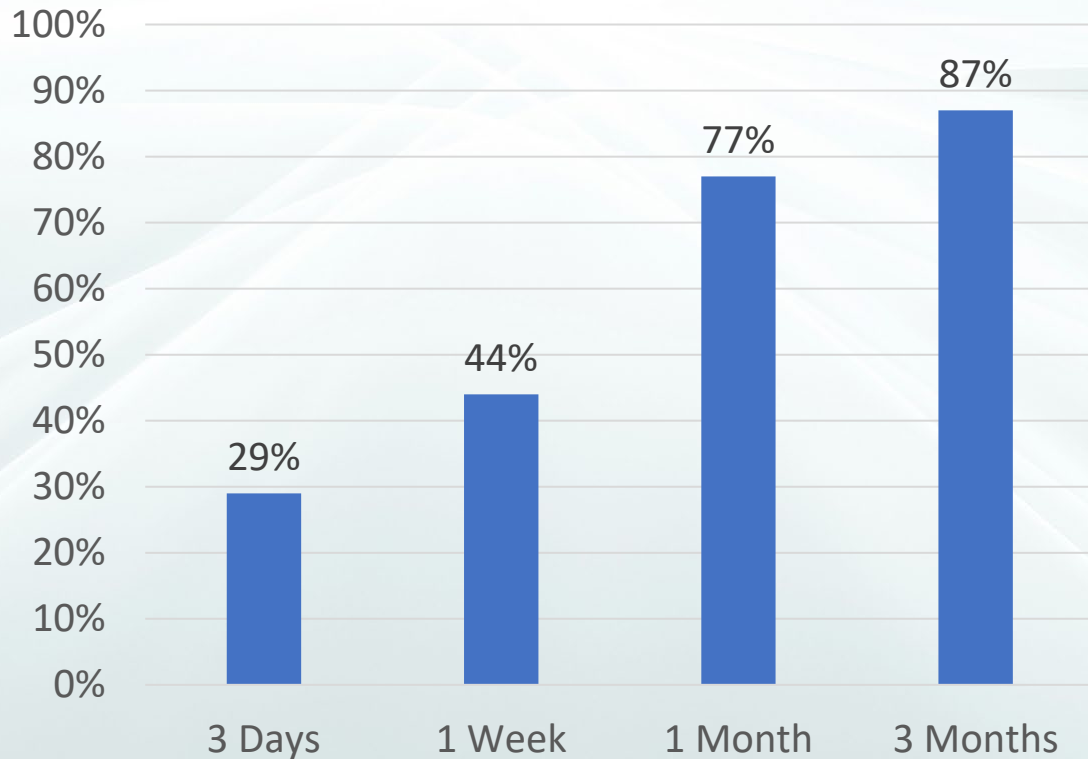


Black, NH White, NH Hispanic/Latinx Other

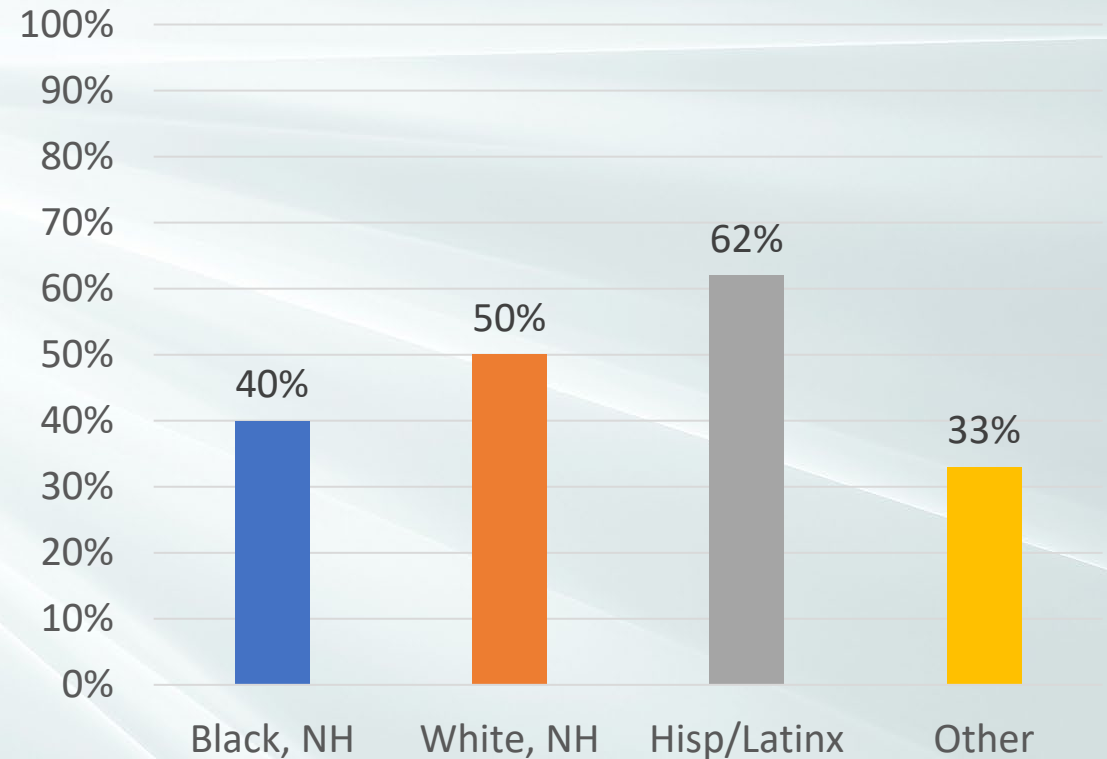
Linkage to Care



Cumulative Entry into Care from Date of Diagnosis, 2022



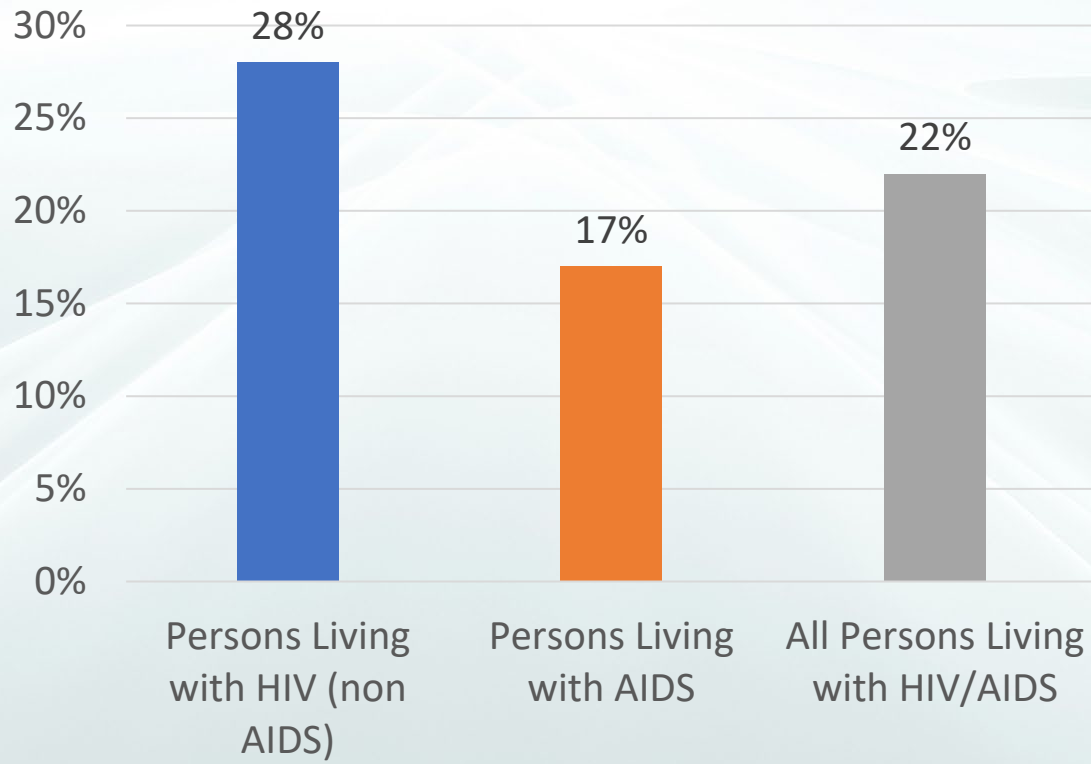
Entry into Care within 7 Days by Race/Ethnicity, 2022



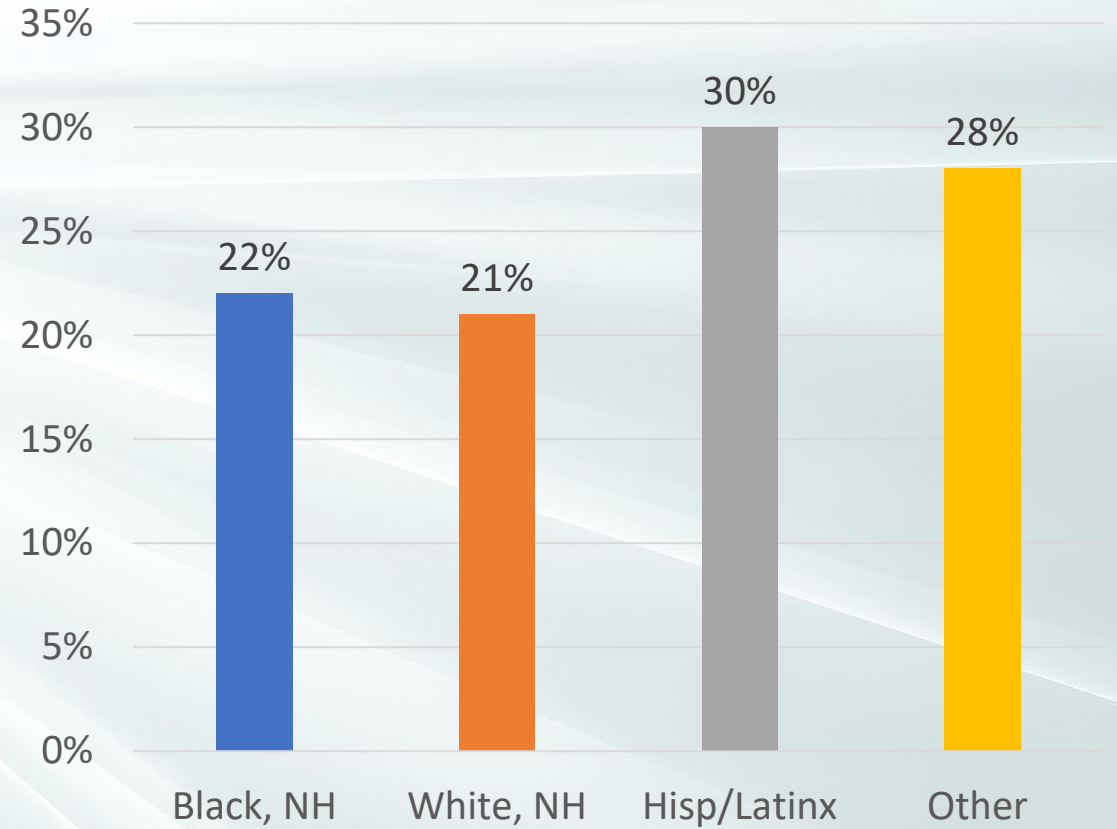
Unmet Need



Unmet Need by HIV/AIDS Diagnosis, 2022



Unmet Need by Race/Ethnicity, 2022



Key Trends

- African Americans account for a disproportionate share of new cases
- African Americans are less likely to be linked to care within 7 days, compared to other racial/ethnic groups
- Latinx PLWH are more likely to be out of care compared to other racial/ethnic groups
- African Americans experience the lowest rates of viral suppression, even among those engaged in care
- Justice involved PLWH experience poor outcomes across the care continuum

INTRA-JURISDICTIONAL

EHE ↔ FTC
ALIGNMENT

2023 WORKSHOPS



New Orleans, LA
September 15, 2023

Reducing Stigma in Clinical Settings

Mitchell Handrich
Nurse Practitioner
Absolute Care

Real Life Stories

- **Sam**: 28 yo AA cis gender gay male.
- Employment: Hairdresser
- I have heard what my customers say about HIV.
- **Cindy**: 38 yo AA cis gen. het. female
- Employment: Waitress. Status Disclosed to: Mother only
- Long hx Start/stop meds, resistance. Hx of Stopping meds due to moving in with family, VL 32000, +STD
- Had supportive BF but was murdered, has new BF who is currently incarcerated. (I sneak her in the side door and draw labs in the exam room)

Real Life Stories Continued



- **Joshua and Zachary**: both 31yo AA cis gay male couple
- One disclosed to mother. “it was a really bad situation”
- Both refuse to come to the clinic, one has resistance, buries his meds in the bottom of a box. Sometimes just too tired to dig through the box to get the meds at night. “I wish I could move far away where no one would know me” “I see commercials on TV for HIV meds, I wonder if those are only there because I have HIV” Suffers from extreme anxiety. (Home visits with both)
- **Matthew**: 33yo AA cis bi male
- Has never told anyone his status, met while he was incarcerated, won’t come into clinic, fear of seeing someone he knows, uses pharmacies where Asians work, told me he was putting himself in dangerous situations and didn’t care if something bad happened to him because of the stress of living with HIV (side of street visits with him)

Real Life Stories Continued



- **Sheryl**: 32yo AA cis het female
- Her sister is only one she has told, thinks her dad died of HIV, thinks her mother has HIV. Has 2 young boys. Wont come to clinic (home visits, side of road visits)
- **Robert**: 46yo AA cis het male
- Local musician, never told anyone, refuses to come to clinic, when having to go to the hospital or ED he will seek out hospitals where primarily white people work. Suffers from anxiety attacks, had experience of someone at a hospital disclosing his status. (home visits with him.)

STIGMA!!!!



- Perceived (Anticipated) Stigma
- Internalized (self stigma) Stigma
- Public Stigma
- Lack of Education
- Fear due to ignorance
- Feeling it is a gay disease
- Lack of Education around U=U and PrEP and how to obtain

INTRA-JURISDICTIONAL

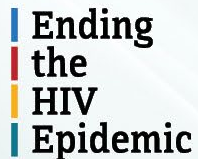
**EHE ↔ FTC
ALIGNMENT**

2023 WORKSHOPS

INTRA-JURISDICTIONAL

EHE ↔ FTC ALIGNMENT

2023 WORKSHOPS



New Orleans, LA
September 15, 2023

Prevention Policy and Implementation

Dr. Paula Seal

Associate Professor of Medicine
LSU School of Medicine – New Orleans
UMNCO Infectious Disease, HIV Outpatient
Program

Challenges to the implementation of prevention policy

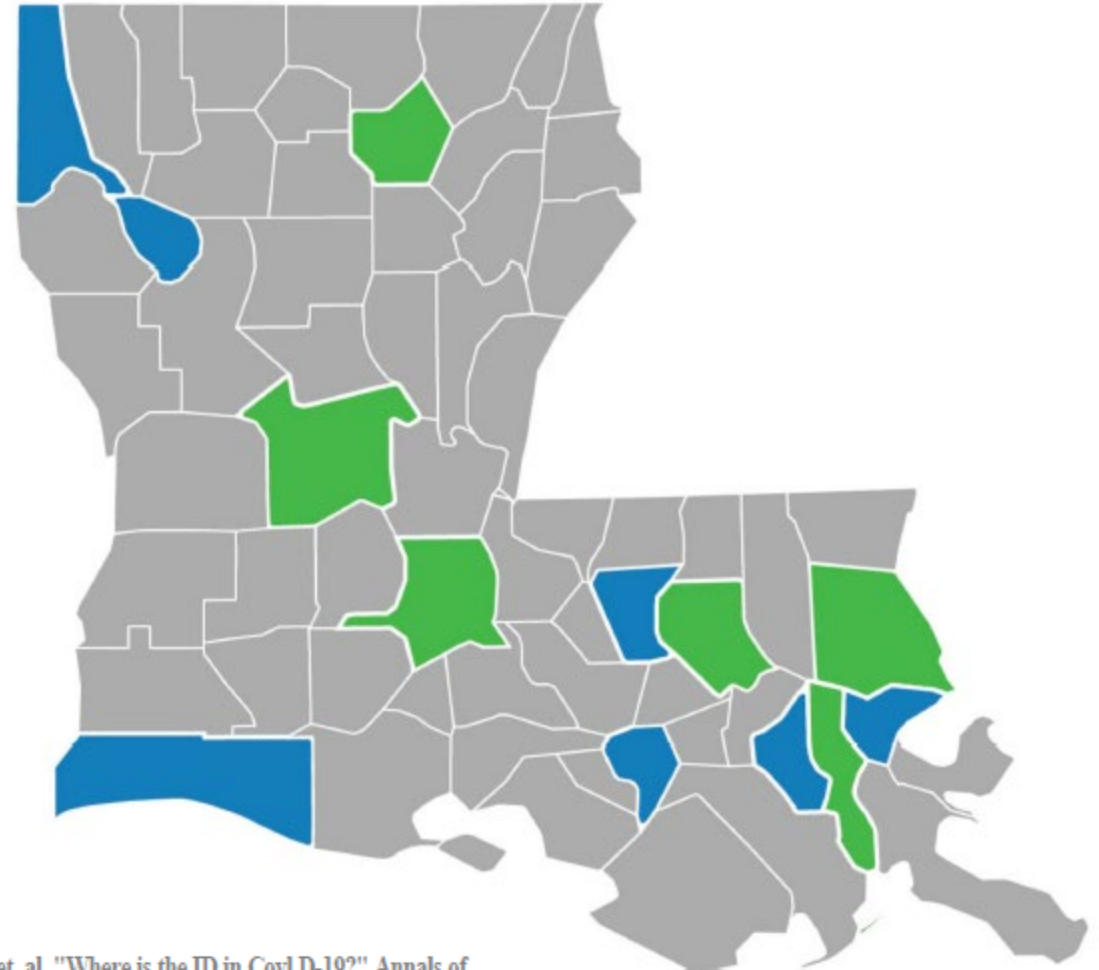


- Medication Access
 - Cost of medication
 - Successes include coverage by Medicaid and most insurance
 - Prior Authorizations
 - Texas Lawsuit against access
- Options in PrEP
 - Clinic administration for Injectable PrEP
 - Prior authorizations
- Lab monitoring

Challenges to the implementation of Prevention Policy Cont.



- Provider Access
 - Urban vs. Rural
 - TelePrEP
 - Bounce to Zero TelePrEP navigator
 - Patient awareness of PrEP candidacy



•Above National Average Density (7.76 per 100,000 US Population)

•Below National Average Density (7.76 per 100,000 US Population)

•No ID Physician

Opportunities to link patients to PrEP



- Provider Education on Prevention and Sexual history Taking
 - AETC-->Integrated HIV curriculum within 1st three years of LSU Medical School
 - AETC grant for School of Dentistry Residents
- LA Commission on HIV and Hepatitis C Education, Prevention and Treatment
- Advocacy
 - Queer Transgender Youth Coalition Steering Committee
 - FQHC and Schools of Medicine

Opportunities to link patients to PrEP, cont

- Expansion of the type of medical clinic that offers PrEP services to include:
 - Sexual health clinics
 - Women's Health
 - Primary care
- PrEP provider packet/toolkit with broad distribution.
- Capture those patients seeking HIV testing and link persons testing HIV negative to PrEP.
 - Partnering with AETC.

INTRA-JURISDICTIONAL

**EHE ↔ FTC
ALIGNMENT**

2023 WORKSHOPS



New Orleans, LA
September 15, 2023

Treatment Policy and Implementation

Dr. Paula Seal

Associate Professor of Medicine
LSU School of Medicine – New Orleans
UMNCO Infectious Disease, HIV Outpatient
Program

Challenges in the implementation of treatment policy in relation to linkage-to-care and adherence



- In 2019, 77% of newly diagnosed patients had linkage-to-care at 30 days and 52% at 7 days.
- Challenges continue to include:
- Access to providers for immediate ART
 - Provider Line expansion
- Work force development
- Medication access
 - 90-day refills with Medicaid

Opportunities or needs in improving linkage and adherence rates



- Continued Progress with:
- Centralized Linkage Coordinator
- Improved access to re-entry for out-of-care patients
- Rapid start navigators for immediate ART within 72 hrs.
- Provider education on rapid start and immediate ART-> established with the SCAETC.
- Bounce to Zero campaign

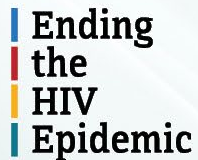
Continued needs for improved linkage and retention policy

- The lack of expanded clinic hours and low-barrier walk -in services.
- Provider education on cultural competency-> SCAETC working on this directly.
- Medication access (mail-order or in-person) with consistent access to medication.
 - Continued access to ART without interruption-> Ongoing annual pharmacy staff and board trainings.

INTRA-JURISDICTIONAL

**EHE ↔ FTC
ALIGNMENT**

2023 WORKSHOPS



New Orleans, LA
September 15, 2023

State and County Policy Alignment

Dr. Daniel Murdock
EHE Manager, Ryan White Services and Resources
New Orleans Department of Health

Guiding Plans



Louisiana Integrated Plan

Louisiana EHE Plan: Get Loud
Louisiana

New Orleans
EHE Plan

New Orleans Fast Track Strategy

Louisiana Integrated Plan



- Goals and objectives are aligned with 5 priority areas:
 - Community building with PLWH and allies
 - Prevention education and stigma
 - Access to care and supportive services
 - Smaller cities and rural communities
 - Data driven policy and advocacy

Community Building with PLWH & Allies

| Objective/Strategy | Integrated Plan* | NOLA EHE | FTC |
|--|------------------|----------|-----|
| Establish a coordinated effort to measure and reduce HIV-related stigma | ✓ | ✓ | ✓ |
| Establish a network of people living with HIV to lead social support and advocacy efforts | ✓ | ✓ | ✓ |
| Mobilize allies to support advocacy and stigma reduction strategies | ✓ | ✓ | ✓ |
| Recruit local ambassadors to record testimonial videos and promote a social marketing campaign | | ✓ | ✓ |

*Based on Get Loud Louisiana Plan



Prevention Education & Stigma

| Objective/Strategy | Integrated Plan | NOLA EHE | FTC |
|--|-----------------|----------|-----|
| Increase the number of people who are screened for PrEP | ✓ | ✓ | |
| Increase the number of people who know their HIV status | ✓ | ✓ | ✓ |
| Reduce the number of new infections | ✓ | ✓ | ✓ |
| Expand community-based outreach | ✓ | ✓ | ✓ |
| Increase number of adolescents who have access to comprehensive sex education and prevention tools | ✓ | | |
| Ensure SSPs are operational | ✓ | ✓ | |
| Increase diversity of HIV-related healthcare workforce and leadership | ✓ | ✓ | ✓ |



Access to Care & Supportive Services

| Objective/Strategy | Integrated Plan | NOLA EHE | FTC |
|---|-----------------|----------|-----|
| Ensure PLWH are adequately assessed for psychosocial and supportive services | ✓ | ✓ | ✓ |
| Increase number of locations and providers of HIV-competent primary care, dental, and supportive services | ✓ | ✓ | ✓ |
| Support people living with HIV in understanding health systems and advocating for their own health | ✓ | ✓ | ✓ |
| At least 90% of PLWH retained in care and 90% of PLWH in care virally suppressed | ✓ | ✓ | ✓ |
| Improve access to HIV-related medical care and supportive services for undocumented populations | ✓ | ✓ | ✓ |
| Create system for Centralized Linkage to Care and supportive services for PLWH | | ✓ | ✓ |



Smaller Cities & Rural Communities

| Objective/Strategy | Integrated Plan | NOLA EHE | FTC |
|---|-----------------|----------|-----|
| Leverage strategic partnerships with organizations and individuals working directly with key populations to raise awareness on HIV, STIs, and Hepatitis C | ✓ | ✓ | ✓ |
| Develop alternative methods of healthcare and testing delivery to improve access in rural areas | ✓ | | |

Data-Driven Policy & Advocacy

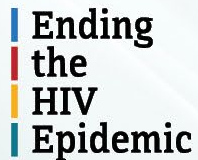


| Objective/Strategy | Integrated Plan | NOLA EHE | FTC |
|---|-----------------|----------|-----|
| Improve data sharing and utilization across systems to improve linkage to care and treatment outcomes | ✓ | ✓ | ✓ |
| Increase collaborative agreements with institutional stakeholders to reduce stigma, discrimination, and criminalization of affected communities | ✓ | ✓ | ✓ |
| Sustained coordination and partnership to achieve an end to the epidemics | ✓ | ✓ | ✓ |

INTRA-JURISDICTIONAL

**EHE ↔ FTC
ALIGNMENT**

2023 WORKSHOPS



New Orleans, LA
September 15, 2023

Community Access to HIV Services

Rebecca Moses

Centralized Linkage Coordinator, Ryan White Services and Resources
New Orleans Department of Health

Barriers to HIV Care

- Lack of affordable housing
- Medical mistrust
- HIV criminalization laws
- HIV stigma
- Lack of proactive funding
- Reactionary policies and funding streams
- Pushback from insurance companies
- Lack of community knowledge of services
- Institutional racism



Centralized Linkage

Centralized Linkage Program was incepted to:

- Increase access to care
- Be a resources for people to get linked to HIV care and services regardless of where they are diagnosed
- Re-engage out of care individuals
- Increase knowledge on HIV and social services and build relationships to increase referral options
- Coordinate care and services to avoid clients being in crisis mode



Updates/Results

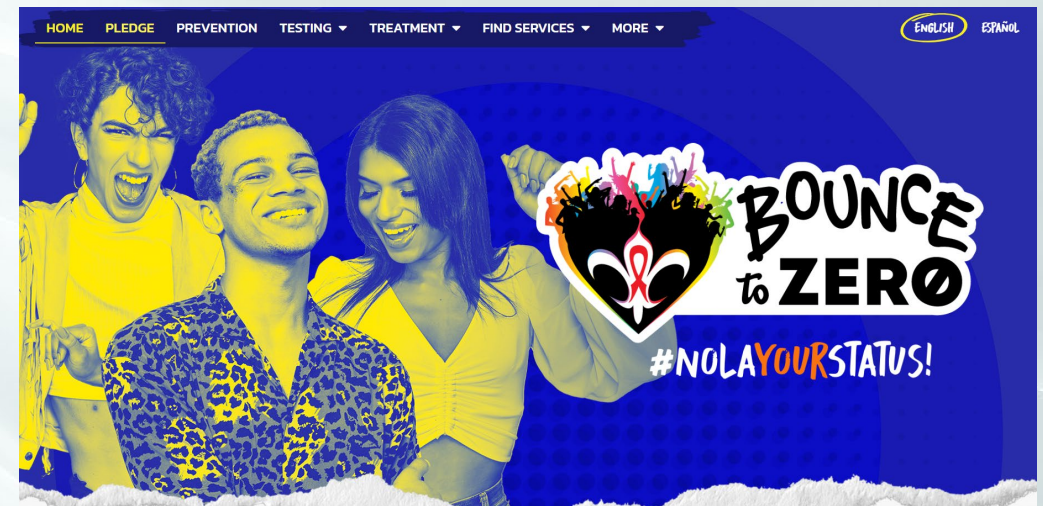


- Videos produced to promote Centralized Linkage line
- 135 contacts with the centralized linkage system including calls, texts, BT2 website, and in-person referrals between December 2022 until August 31, 2023.
- Provided referrals to 82 PWH and 53 referrals to PrEP resources
- Jail linkage: Coordinating with Orleans Justice Center to ensure continuity of care and access to medications upon release. Currently has a case load of 20 pre-release and 4 post release. 5 returning citizens linked to care
- Expanded list of partners
- Expanding to St. Bernard Parish and Jefferson Parish jails!
- Building an emergency housing program

Bounce to Zero



- Bounce to Zero is a community informed website (www.bouncetozero.com) that has HIV treatment and prevention resources to improve access to care
- Contents on the website:
 - Search tool for treatment and prevention resources by zip code/location
 - PrEP/PEP information and resources
 - Free at home testing kits and
 - U=U information
 - Testimonials
 - Event submission form to be a depository of HIV related activities in the metro area
- Website is in English and Spanish
- Help us end HIV stigma sign the pledge!



Follow Us:



Centralized Linkage Contact Info



Becky Moses,
Centralized Linkage Coordinator
Cellphone: 504-884-3307
Office: 504-658-2820
Email: Rebecca.moses@nola.gov

Centralized Linkage Summit!!
Friday, October 27th
Time and location TBD

Our Centralized Linkage system connects you to HIV services, from diagnosis to treatment and beyond. Call or text our **Centralized Linkage** at **(504) 884-3307** to link up with care.

BOUNCE to ZERO

INTRA-JURISDICTIONAL

**EHE ↔ FTC
ALIGNMENT**

2023 WORKSHOPS

Addressing Criminalization as a Barrier to Ending HIV



Moderator:

Steffani Bangel

Orleans Community Engagement Supervisor
Louisiana Department of Health

Panelists

- **Dietz** – Coordinator, Louisiana Coalition on Criminalization and Health
- **S. Mandisa Moore-O’Neal** – Executive Director, The Center for HIV Law and Policy

Scaling Up PrEP Access and Utilization



Moderator:
Morris Singletary
Executive Director
PoZitive2poSitive Initiative

Panelists

- **Dr. Frederick McCall** – Provider Network Coordinator, Louisiana Department of Health
- **Jan Mandani** – TelePrEP Coordinator, Louisiana Department of Health
- **Ryanne Clarke** – Chief Clinical Officer, Priority Health Care

INTRA-JURISDICTIONAL

**EHE ↔ FTC
ALIGNMENT**

2023 WORKSHOPS

Optimizing Social Determinants to Achieve U=U



Moderator:

Dr. Natasha Dyer Eberly
Director, Ryan White Services
Southeast Louisiana AHEC

Panelists

- **Dr. Mark Alain Déry** – Chief Innovation Officer and Physician, Access Health Louisiana
- **Rev. Deacon Ben Nobles** – St. Anna's Episcopal Church, Episcopal Diocese of Louisiana
- **Darlene Hargrove** – Grants Administrator, City of New Orleans

Implementing HIV Status Neutrality in Practice



Moderator:

Dr. Mark Alain Déry

Chief Innovation Officer and Physician
Access Health Louisiana

Panelists

- **Cynthia Washington** – Clinical Nurse, St. Thomas Community Health Center
- **Dr. Tina Simpson** – Professor and Chief Clinical Diversity Officer, Tulane University School of Medicine
- **Reginald Vicks** – Chief Operations Officer, Crescent Care

INTRA-JURISDICTIONAL

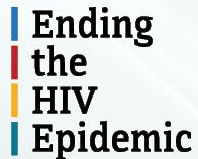
**EHE ↔ FTC
ALIGNMENT**

2023 WORKSHOPS

INTRA-JURISDICTIONAL

**EHE ↔ FTC
ALIGNMENT**

2023 WORKSHOPS



New Orleans, LA
September 15, 2023

Identified Challenges and
Opportunities to
EHE in Orleans Parish

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

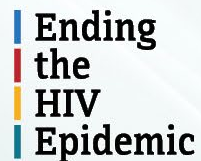


- Funding – how to get funding for wrap around services to implement status neutrality
- Status neutrality is not limited to HIV – it should focus on equitable whole person quality of care and quality of life irrespective of serostatus
- Capacity building for providers on linkage to care for ALL

INTRA-JURISDICTIONAL

**EHE ↔ FTC
ALIGNMENT**

2023 WORKSHOPS



New Orleans, LA
September 15, 2023

Actionable EHE and FTC
Implementation Steps
in Orleans Parrish

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

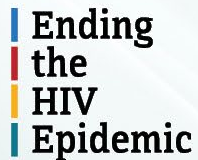
FTC Advantage

- **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**

INTRA-JURISDICTIONAL

EHE ↔ FTC ALIGNMENT

2023 WORKSHOPS



New Orleans, LA
September 15, 2023

Closing Remarks

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

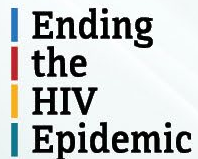
- **TOGETHER**, we can achieve a future in which:
 - New HIV infections are **EXCEEDINGLY RARE** and AIDS-related deaths are a thing of the past
 - People living with and affected by HIV are **VALUED** and not subjected to inequality
- Lags in our global, national, municipal HIV responses reflect underlying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

INTRA-JURISDICTIONAL

EHE ↔ FTC
ALIGNMENT

2023 WORKSHOPS



New Orleans, LA
September 15, 2023

Tatania Riley
Business Owner and Community Member