

INTRA-JURISDICTIONAL

**EHE ↔ FTC
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2023 WORKSHOPS



San Antonio, TX
December 13, 2023

WELCOME



Thank You

- Mexican American Unity Council and Bexar Health Collaborative
- San Antonio Metro Health District and the End Stigma End HIV Alliance
- Special thanks to
 - Barbara Jardine
 - Dr. Barbara Taylor
 - Frank Rosas
 - Alfred Chavira
 - Chellie Fernandez
- All our presenters and attendees

Housekeeping

- Bathrooms
 - Located just outside the rooms through the double doors to the right of the exit
 - Code for bathroom:

1208

Housekeeping Cont.

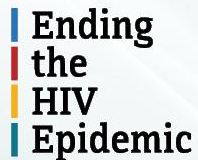


- This meeting is being recorded and will be available after the workshop
- We will be taking a group picture at the end of the workshop, but if you need to leave early, just let us know
- Please be respectful and be ready to take notes!

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December 13, 2023

**Welcome and Setting
the Stage**

Dashiell Sears

Regional Director, North America
Fast-Track Cities Institute



Setting the Stage....

- San Antonio and Bexar County signed on January 12, 2017. Bexar 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...



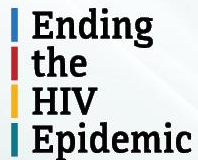
The purpose of this workshop is to:

- 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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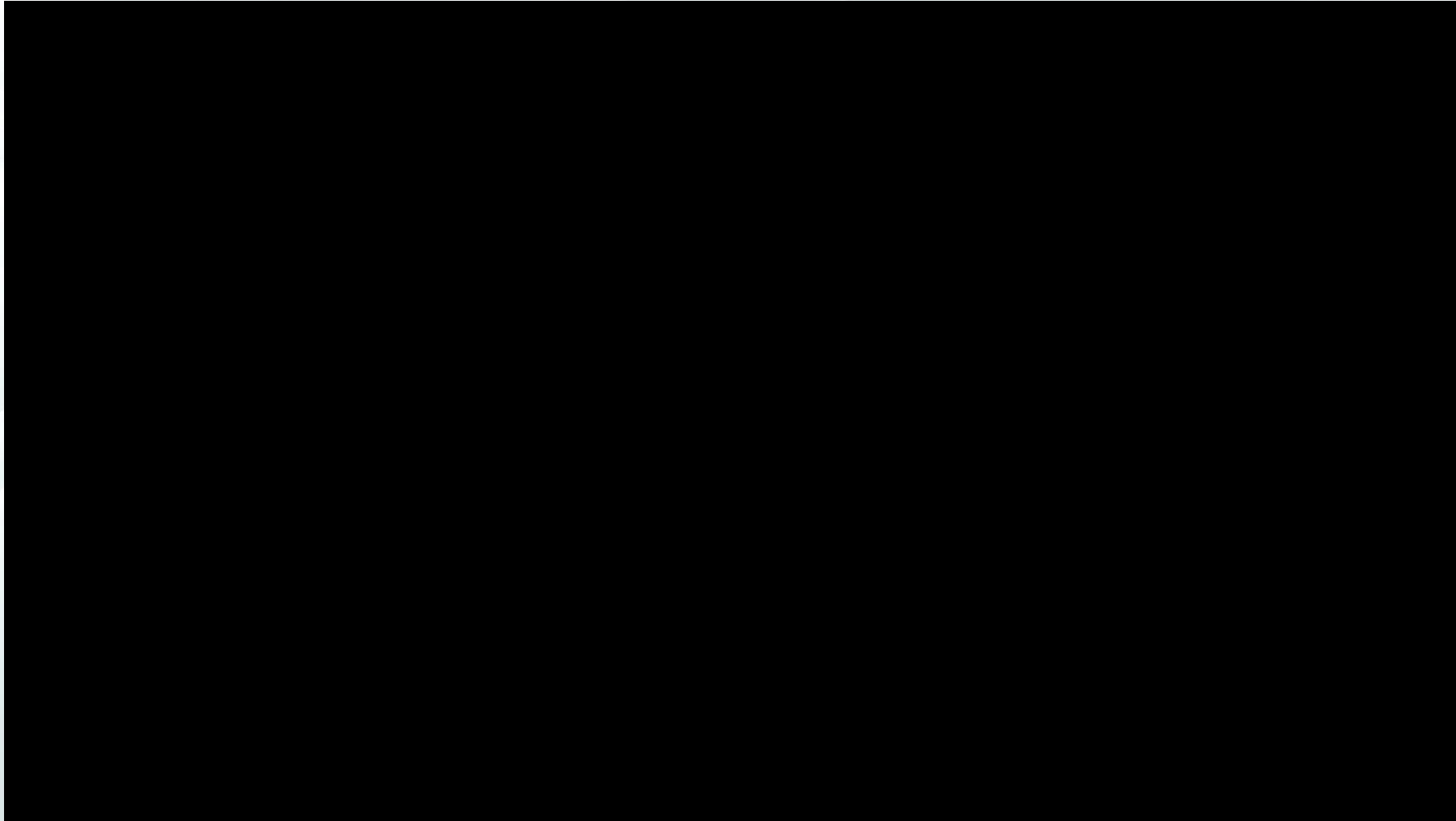


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Welcome Remarks

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

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Wifi

- MAUC

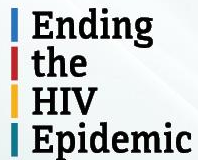
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- Significant **PROGRESS HAS BEEN MADE** in San Antonio and Bexar County
- Yet, much work remains to ensure **EQUITABLE ACCESS** to:
 - HIV prevention/treatment, **PERSON-CENTERED CARE**, social support
 - Within context of environment enabled to respect 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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**County Judge Remarks
Remarks**

**Judge Peter Sakai
Bexar County**

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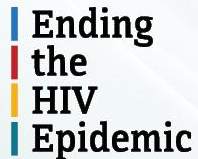
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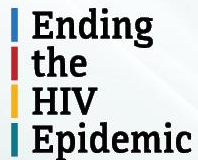
**Welcome from HHS
Region 6**

CDR Rodrigo Chavez
National Ending the HIV Epidemic Coordination
Lead
Office of Infectious Disease and HIV/AIDS Policy

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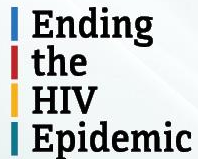
**Welcome on Behalf of
Bexar County EHE**

Dr. Anita K. Kurian
Deputy Director, Communicable Disease
Division
San Antonio Metropolitan Health

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**Welcome on Behalf
of Community**

Carlos Carmona

Founder, LatinX+
Member, End Stigma. End HIV. Alliance

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**Welcome on Behalf of
ViiV Healthcare**

Ramon Gardenhire
Director, Government Relations
ViiV Healthcare US

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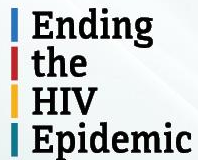
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Increasing Engagement with Testing and Rapid START

Lucy Young
Outreach Coordinator
San Antonio AIDS Foundation

Strategy



Increasing Engagement during HIV/STI Testing and Outreach Events

Fight Stigma

Break Down Barriers

Increase Equity

SAAF works to fight HIV Stigma by providing information about the importance of testing during events and educational presentations.

Increase HIV Testing access in communities that are disproportionately affected by HIV, and are less likely to get tested.

Host equity-focused clinics at locations where priority populations gather

Outreach Statistics

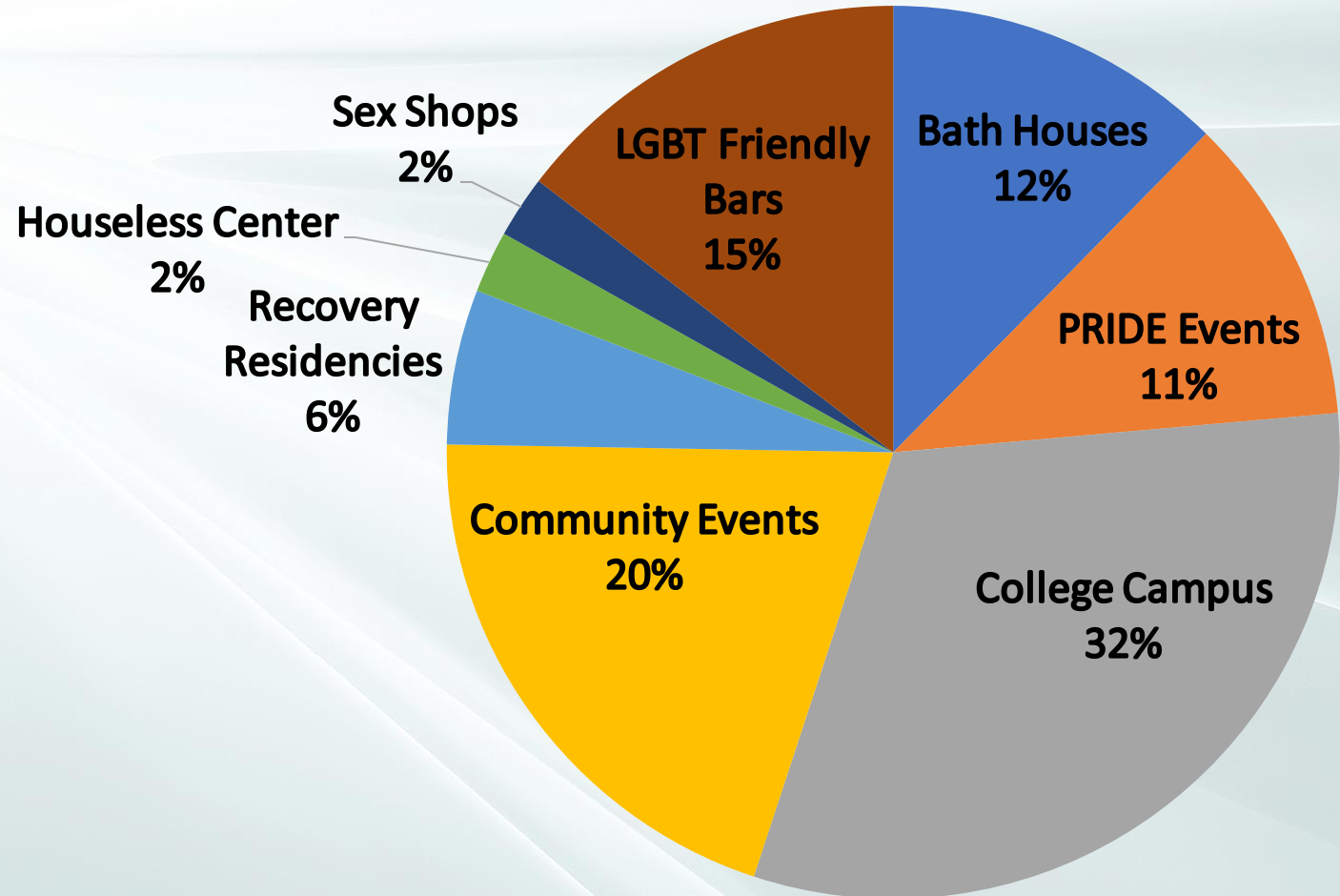


	2023 Jan-Jun	2020-2022 Jan-June Avg	Change
Testing Events Outside SAAF	58	10	+480%
HIV Tests at Outreach Events	308	109	+183%
MSM Tests at Outreach Events	69	45	+53%
Outreach Events (non-testing)	36	24	+50%



While people are sometimes hesitant to seek out care on their own, when we bring the resources into the community while working with trusted outreach advocates, they are more likely to utilize them.

Communities Reached: January-June 2023



Early Intervention Services



• Linkage to Care:

- Engaging PLWH into medical care early increases retention, improves health outcomes, and decreases health care costs.
- All clients who test positive for HIV through preliminary testing are linked to medical care at SAAF, along with other services such as:
 - Mental Health Counseling
 - Pharmacy Services
 - Housing
 - Hot Meal Program



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Increasing Access to Biomedical Prevention

Alberto Barragan

Director of Prevention Programs
Alamo Area Resource Center

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Corazón  San Antonio

Eliminating Disparities in HIV Health Outcomes

Christina (Tina) Rodriguez

Corazon Ministries operates a Homeless Day Center and Resource HUB housing our Health and Wellness department that provides basic first-aid and testing for HIV, Hepatitis C and Syphilis. On-site we also offer Harm Reduction services that includes Outreach and Syringe Exchange.



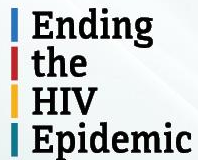
To end HIV epidemic, we must address health disparities...

- ❖ HIV impacts marginalized groups, such as Black/African-American and Latinx communities, women, people who use drugs (PWUD/PWID), men who have sex with men (MSM), and other sexual and gender minorities.
 - ❖ Over 65% of our clients are Black or Indigenous People of Color and Over 15% identify as LGBTQ.
 - ❖ Current living situation (housed, unhoused)/ Social Determinants
- ❖ 39% of individuals without shelter have a disabling condition either (Chronic, Mental, Physical, Developmental)
 - ❖ According to 2023 point in time count, around 50% of homeless population are LatinX
 - ❖ Substance use (1/10 new cases of HIV attribute to PWID)
 - ❖ At least 80% of the clients that receive our services are uninsured.
 - ❖ Lack of basic needs in addition to transportation and cell phones
 - ❖ Contaminated drugs leading to wounds
 - ❖ Identification barriers
 - ❖ Communication barriers – language

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**Reducing Stigma in
Clinical Settings**

Greg Casillas
Long Term Survivor and
Community Advocate

What is HIV Stigma?

HIV Stigma: Negative attitudes and beliefs about people with HIV. It is the prejudice that comes with labeling an individual as part of a group that is believed to be socially unacceptable.

- Stigma can be external or internal.
- Stigmatizing behaviors can take on many forms, for example:
 - discrimination (i.e., refusing to take a person living with HIV as a patient)
 - stigmatizing language (saying "HIV infection" instead of "HIV transmission," or calling patients "non-compliant" vs. "non-adherent.")

Drivers and Facilitators of HIV Stigma in Health Care Settings



The task force identified several stigma drivers, facilitators, and practices to target for intervention, including:

- knowledge deficits
- fear and discomfort
- medical education
- normative systems
- workplace culture

Stigma-Free Health Care Guidelines



- Created by and for people living with HIV, the guidelines describe anti-stigma interventions that aim to change behavior and institutional norms on **three** levels:



1. Individual Level



2. Workplace-Culture Level



3. Structural Level



1. Individual Level

- People living with HIV carry with them stigmatizing messages from the media, their faiths, and their communities.
- Any interaction with any individual in a health care setting that reinforces this stigma can make it less likely that they will return for regular testing or remain engaged in care.

"At some clinics and doctors' offices, the receptionist can be very rude... I always speak up but there are a lot of clients who cannot do this...the receptionist is usually the first person they come in touch with, and if they don't feel respected, they may just walk away and we will lose them."

—HIV educator/person living with HIV



2. Workplace-Culture Level



- Every person makes a difference in transforming the culture of a health-care setting
- A stigma-free workplace begins at the top
- Create a shame- and judgment-free zone
- Keep one another accountable
- Names and pronouns matter
- Empower patients to become partners in their own care



3. Structural Level

Procedural and institutional interventions are required for anti-stigma practices to become enduring norms.

1. **Formalize Anti-Stigma Trainings** that cover people-first language, safe-space guidance, harm reduction, evidence-based safety protocols, and the public-health ramifications of HIV stigma.
2. **Prioritize Peer Support and Warm Hand-offs** through the use of patient navigators to guide people living with HIV through the process and ensure that any referrals made outside the organization are to healthcare providers with anti-stigma practices in place.
3. **Create Processes that Encourage Single-Capture Histories** (EMRs) to capture gender and sexual history on the first visit eliminates the need to re-traumatize patients every time they walk in the door.
4. **Rethink the Rules** to re-examine procedures and regulations that might make people less likely to seek or remain engaged in care.
5. **Promote Trauma-Informed Care** for patient navigators to guide people living with HIV through the process and ensure that any referrals made outside the organization are to healthcare providers with anti-stigma practices in place.
6. **Build In Accountability** Tracking measurable data and conducting regular evaluations allows organizations to gauge what is and isn't working.

In the Community



- **Know the signs of internalized stigma.** Depressions, isolation, withdraw, missed engagements increased substance use, personal hygiene and appearance can all be indicators of someone struggling with internalized stigma.
- **Know what to do when you witness HIV stigma.** The first step to stopping HIV is talking openly about it and addressing stigma head on. It is important to speak up and take action when you witness others behaving in ways that are stigmatizing. Remember “safety first”.
- **Learn which words have negative meanings.** For people at risk for or living with HIV, words are an important part of the way they view themselves. Be intentional when you choose your words and mindful of how they can affect those around you.
- **U=U** but be careful.
- **Partner with community-based organizations.** Share your story, dispel the myths of HIV, educate those outside of your social group.
- **Avoid the “why don’t you just...”**

Next Steps



1. Participate and engage in your local organizations that provide outreach, education, testing, prevention and care to those living with HIV in your community.
2. Invite community members to participate in talking about HIV.
3. Encourage ways to reduce HIV stigma and discrimination. Increased individual-level counseling, engaging families and households in HIV and key population stigma- and discrimination-reduction activities. Implement services and programs for people living with HIV and members of key populations in order to protect their health and well-being.



Thank You!

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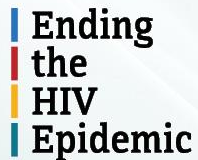
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Prevention Policy and Implementation

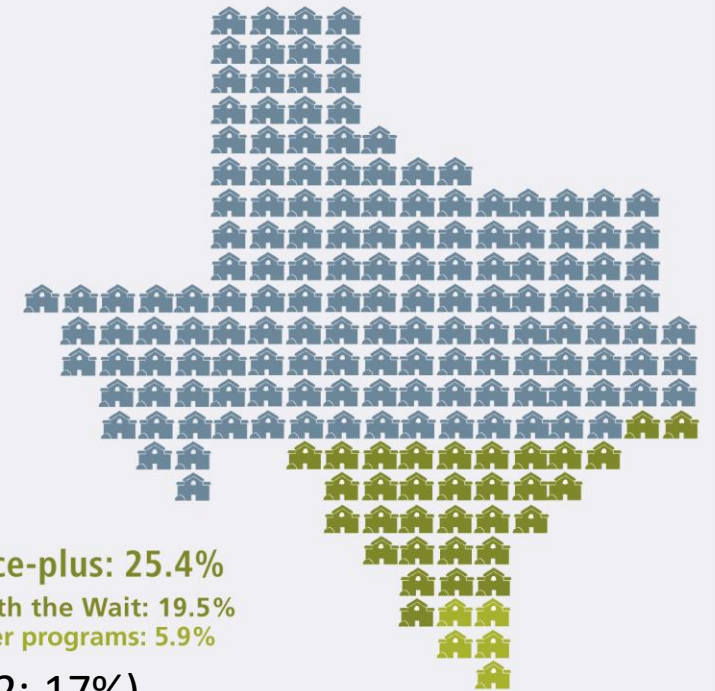
Cherise Rohr-Allegrini, PhD, MPH
Chief Executive Officer
San Antonio AIDS Foundation

Prevent New HIV Infections

- Increase HIV awareness
- Increase knowledge of HIV Status
- Increase access to PrEP, PEP, SSP
- Increase capacity of public health workforce

Sex Education in Texas School Districts

Abstinence-only: 74.6% (2020: 58%)



Abstinence-plus: 25.4%

Worth the Wait: 19.5%

Other programs: 5.9%

(2022: 17%)

Challenges

- **Increase HIV awareness – Sex Ed, HIV/STI Ed in Texas**

- 2020: 88% of Texas voters, including 86% of Republicans, agree that “It’s important for students to learn about consent, including respecting the boundaries set by other people about their bodies.”¹
- 2021: House Bill 1525
 - Shift from opt-out to opt-in requirement
- Challenges reaching other communities not part of the CDC defined target populations

- **Increase knowledge of HIV Status**

- Stigma & Fear about testing
- Lack of knowledge of where/how to get tested
- Among youth: assumption of parental consent
- Funding focus on CDC defined target populations



1. <https://www.texasisready.org/sexed>

Challenges

- **Increase access to PrEP**
 - Cost of labs
 - Lack of Insurance
 - Stigma
 - Lack of knowledge about PrEP by health care providers and community
 - HMO referrals
- **Increase access to Syringe Services Programs**
 - Political resistance²
 - Lack of funds
- **Increase capacity of public health workforce**
 - Funds, funds, funds
 - Funds?



2. <https://sanantonioreport.org/needle-exchange-program-harm-reduction-san-antonio/>

Opportunities to Implement Prevention Policies

- **Increase HIV awareness**
 - “You’re the Cure” HIV/STI ed in 3 ISDs, colleges and universities and more
 - Community Outreach



- **Increase knowledge of HIV Status**
 - Testing Events throughout city
 - Education to combat Stigma & Fear
 - Community Events in diverse locations: flea markets, health fairs, variety of clubs/bars and other gathering spots

Opportunities to Implement Prevention Policies

- **Increase access to PrEP**

- Patient Assistance Programs
- Training of PrEP Navigators
- Education & Outreach
- Increase Insurance Access
- Long Acting Injectables



- **Increase Access to Syringe Services Programs**

- Elton John AIDS Foundation Support
- Collaborations between ASOs and Harm Reduction Programs

- **Increase capacity of public health workforce**

- Diversify Funding
- Increase cross-training



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Treatment Policy and Implementation

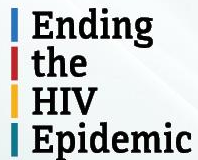
Jesse Carter

Planning Group Manager, HIV/STI Prevention
and Care Unit
Texas State Department of Health and Human
Services

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State and County Policy Alignment

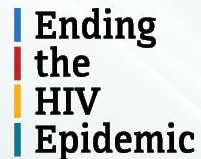
Sophia Sepulveda

Community Engagement and Advocacy
Manager
Equality Texas

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County and State
Policy Alignment for
HIV elimination

Sofia Sepulveda
Community Engagement & Advocacy
Manager – Equality Texas

State of Texas Policy for HIV County Partnership

- There is No Partnership
- Texas Counties, community advocates and organizations work together to create a path to EHE through FTC
- Texas state website explicitly states that without Ryan White Federal Grants they would not be able to provide adequate funds to EHE
- Texas has 5 million uninsured people and has not expanded Medicaid
- Texas Governor has not spoken against the Judge that ruled against PrEP to be provided as an infringement of religious freedom
- Texas has one of the highest rates of HIV in the US

How Texas is part of the Barriers to EHE

- Has Not expanded Medicaid
- Does not provide a clear path of EHE
- It washes its hands from taking responsibility to be part of EHE
- It does not provide comprehensive Sex Ed in schools
- It continues to allow religious extremists to dictate laws that affects the community as a whole – ie the PrEP judge, or the 141 anti lgbtqia legislation that happened this year
- We continue to have HIV advocacy days at the Capitol to ensure medication is accessible through ADAP – like Cavenuva

What we must do

- County and state policy alignment is crucial for the successful elimination of HIV in Texas and across the US
- Collaboration allows for centralized coordination, enhanced resources, and consistent messaging.
- Continue to advocate for increased funding at both county and state levels.
- Develop culturally sensitive outreach strategies to address community resistance/stigma
- Engage community leaders and organizations in the policy development process.
- Advocate for Medicaid expansion as well as a comprehensive Sex Ed curriculum in school

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Community Access to HIV Services

Leah Meraz

Senior Director, Ryan White Programs
University Health

Tanya Khalfan

Director
University Health



Community Access to HIV Holistic Services

Presented By:

Leah Meraz, MPA and Tanya Khalfan Mendez, MPH

Parts of the Ryan White HIV/AIDS Program



Ryan White HIV/AIDS Program

Part A

- ◆ Part A Formula
- ◆ MAI (Minority AIDS Initiative)
- ◆ Part A Supplemental



Blue = Parts of Ryan White HIV/AIDS Program operated by University Health

Part B

- ◆ Part B State Services
- ◆ Part B State Rebate
- ◆ Drug Assistance program
- ◆ HOPWA
- ◆ MAI (Minority AIDS Initiative)



Part C

Early Intervention Services
Capacity Building



Part D

- ◆ Part D



Part F



- ◆ The Special Projects of National Significance (SPNS)

Ending the HIV Epidemic Initiative

◆ HOPWA – Housing Opportunities for People living with HIV/AIDS

◆ MAI – funds distributed according to a formula based on the distribution of populations disproportionately impacted by HIV/AIDS

Challenges for Treatment Services



- Administrative
 - Eligibility and intake services
 - No centralization
 - No standardization
 - More providers needed outside downtown area
- Client-level *
 - Unaware of services
 - Transportation
 - Less wait times to get an appointment

* Preliminary results from needs assessment survey (n=433)

Care Coordination Team and Services



Creating an individualized care plan with the consumer to eliminate any barriers that are preventing them from care.

- Transportation
 - Monthly Via bus pass
- Gift cards
 - \$25 HEB gift card **must meet eligibility requirements**
- Referrals
 - Support Groups
 - ❖ Fam210
 - ❖ WISE
 - ❖ SAAF Youth Group
 - Housing
 - ❖ Operation BRAVE
 - ❖ AARC
- Scheduling appointments
 - Testing
 - Transportation
 - Support groups
 - Appointment reminders
- Resources –
 - Medical insurance
 - support groups
 - Financial assistance
 - ❖ Medication assistance
 - ❖ Clothing
 - ❖ Food
 - ❖ Utilities

Assistance provided for Clients

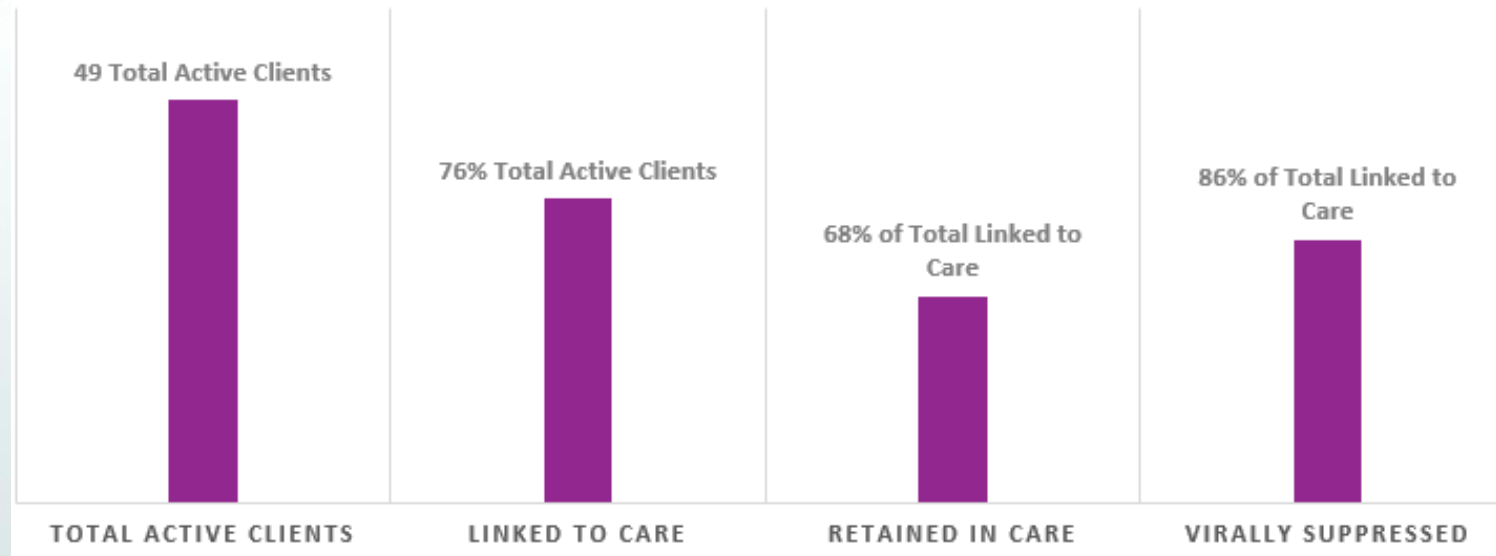


- The Nurse Care Coordination team works together with the agencies in a collaborative effort by ensuring the client retains care by providing the following:
 - Appointment reminders
 - Attending appointments with the consumer for support
 - Transportation
 - Intakes – entering required data into the shared database to assist the ASO with their intake process. (i.e., Proof of Positivity, labs, I.D., proof on residency, SAMISS, Immunizations)
 - Collaborations with social workers, case managers, and providers for the continuum of care
 - Patient Story

Results



NAVIGATION ACTIVE CLIENTS - LINKAGE TO CARE PERCENTAGES



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Addressing Criminalization as a Barrier to Ending HIV



Moderator:

Alfred Chavira

Senior Management Coordinator
San Antonio Metropolitan Health District

Panelists

- Sophia Sepulveda – Community Engagement and Advocacy Manager, Equality Texas
- Frank Rosas – Community Member, End Stigma End HIV Alliance
- Douglas Cathey – Medical Case Manager, Alamo Area Resource Center

Scaling Up PrEP Access and Utilization



Moderator:
Aurelio Alcocer
Disease Intervention Specialist III
San Antonio Metro Health District

Panelists

- Alberto Barragan – Director of Prevention Programs, Alamo Area Resource Center
- Yvonne Venegas – Clinical Administrator, Texas health Action/Kind Clinic
- Arnold Benavidez – PrEP Navigator, San Antonio AIDS Foundation

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Optimizing Social Determinants to Achieve U=U



Moderator:

Barbara Jardine

Ending the HIV Epidemic Program Coordinator
San Antonio Metropolitan Health District

Panelists

- Jesse Carter – Planning Group Manger, Texas State Department of Health and Human Services
- Jake Ledesma – Director, Care Coordination, Alamo Area Resource Center
- Miriam Gutierrez – Disease Intervention Specialist II, City of San Antonio Metropolitan Health District

Implementing HIV Status Neutrality in Practice



Moderator:
Jose Contreras
HIV Prevention Director
BEAT AIDS Coalition and Trust

Panelists

- Michele Durham – Executive Director, BEAT AIDS Coalition and Trust

Status Neutrality in Practice

Panel Discussion

FTC Workshop 2023

Status Neutral

- A whole person approach to HIV prevention and care that emphasizes high-quality care to engage and retain people in services regardless of if the services are for HIV treatment or prevention.
- A status neutral approach continually addresses the healthcare and social service needs of all people affected by HIV so that they can achieve and maintain optimal health and well-being.



Trauma Inform Approaches (TIA)



“Trauma in a person, decontextualized over time, looks like personality. Trauma in a family, decontextualized over time, looks like family traits. Trauma in people, decontextualized over time, looks like culture”.

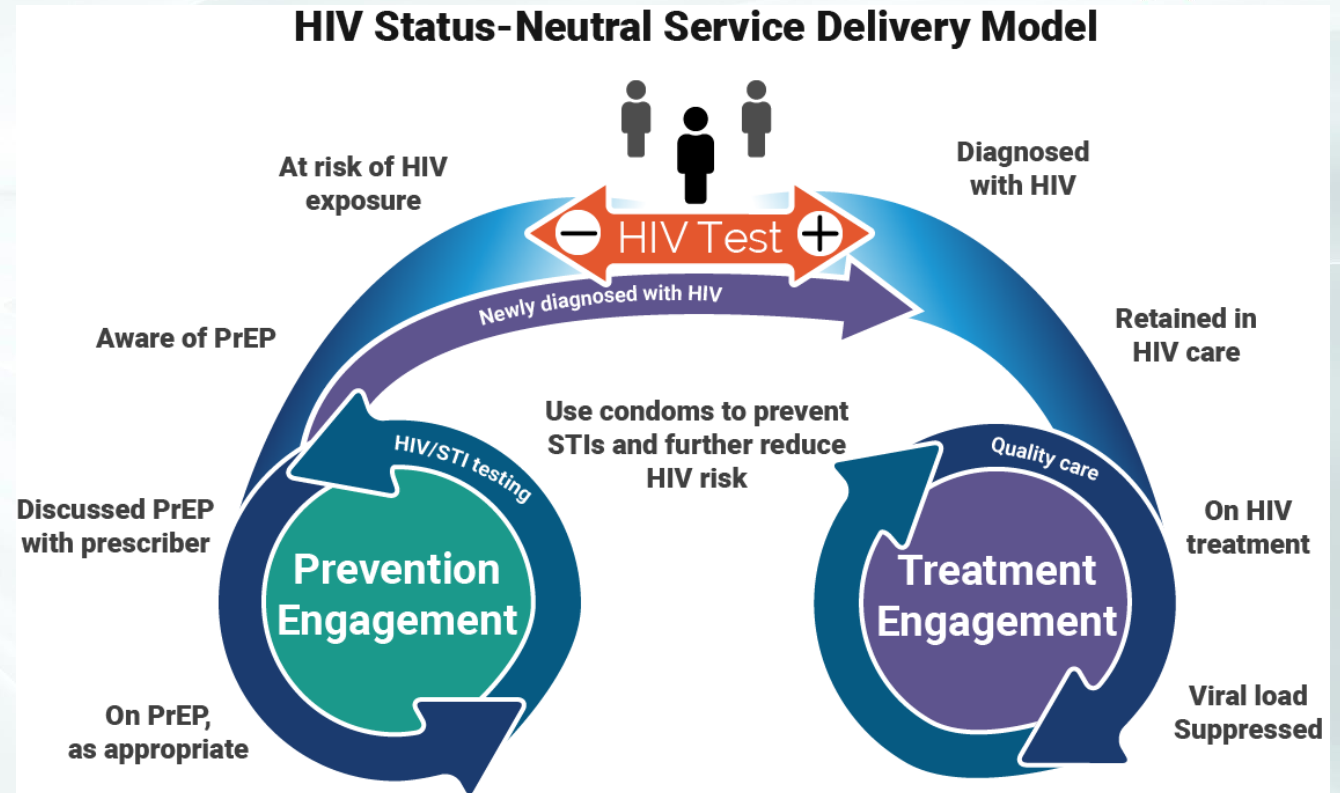
-RESMAA MENAKEM

Quote from Book: *My grandmother’s Hand: Racialized Trauma and the Mending of Our Bodies and Hearts*

Reference: <https://www.decodingcreativity.com/how-trauma-shows-up/>

Status-Neutral Approach Guidance

- NHAS: Incorporate a status-neutral approach to HIV testing, offering linkage to prevention services for people who test negative and immediate linkage to HIV care and treatment for those who test positive.
- Integrated Plan Guidance: Implement innovative program models that integrate HIV prevention and care with other services and other service organizations as a means to address comorbid conditions and to promote a status neutral approach to care.



ELEMENTS OF A STATUS NEUTRAL PROGRAM



- Whole person/person centered
- Culturally affirming
- Inclusive
- Stigma-free
- Trauma-informed*
 - Traumally-informed approaches greatly overlap with status neutrality.
- Addresses social determinants of health

History

- **2014 PrEP Education Began**
- **2016 Community Clinic**
- **2017 Clusters, Fast Track Cities, ESEHA**
- **2018 BEAT AIDS Clinics**
- **2020 BEAT AIDS PrEP Clinic**

Grants with other partners

- Lifetime Recovery
- Corazon Ministries
- Chrysalis Ministries
- Westcare
- Crosspoint



Build Capacity with Organization & Partners

- WE SPEAK UP FOR THE VOICESLESS
- Queendom
- Monster Moms
- Birdseye Community Organizing

- Hudson St. Wellness Center
- T Smith Company



Progress Made in San Antonio

- Trainings
- HRT
- Navigation and Case Management
- Referral Network



Challenges

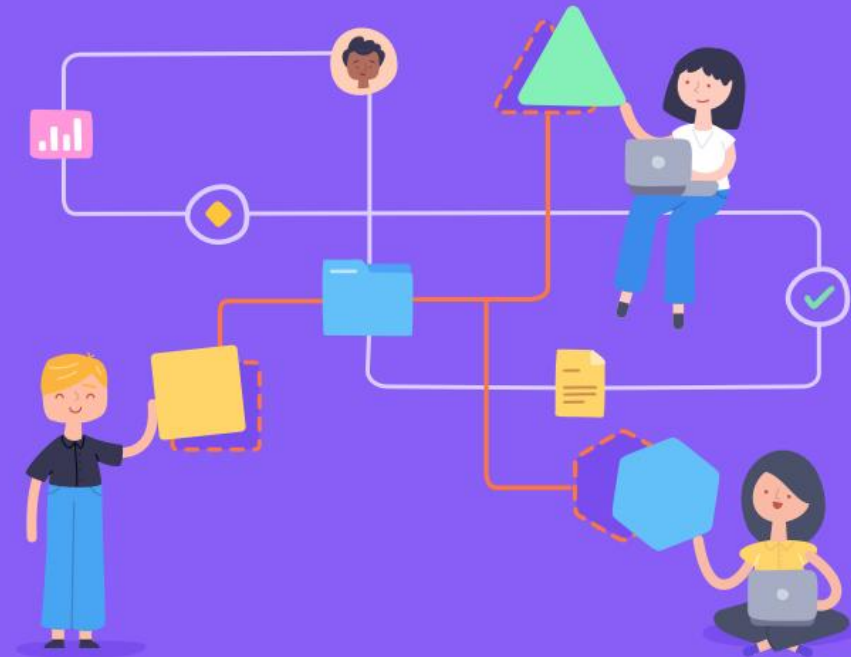
- Continuity
- Confidentiality
 - Data to Care
- Stigma
- Less specialization
- Cost



Best Practices

- Rapid Start
 - PrEP
 - ART
- Patient Navigation
 - Insurance
 - PAP
- Testing Integrated with PrEP

- FTC + EHE and other coalitions
- Surveys + Needs assessments of clients
- Creating Safe/Brave Spaces



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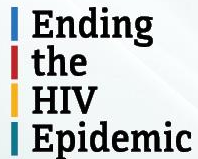
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San Antonio, TX
December 13, 2023

**Identified Challenges and
Opportunities to
EHE in San Antonio/Bexar
County**

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

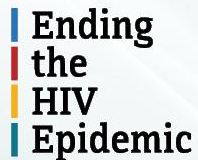


- Funding – how to get funding for wrap around services to implement status neutrality
- Status neutrality is not limited to HIV – it should focus on equitable whole person quality of care and quality of life irrespective of serostatus
- Capacity building for providers on linkage to care for ALL

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**Actionable EHE and FTC
Implementation Steps
in San Antonio/Bexar 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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Closing Remarks

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

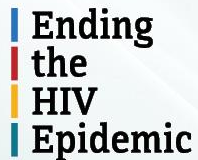
- **TOGETHER**, we can achieve a future in which:
 - New HIV infections are **EXCEEDINGLY RARE** and AIDS-related deaths are a thing of the past
 - People living with and affected by HIV are **VALUED** and not subjected to inequality
- Lags in our global, national, municipal HIV responses reflect underlying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