Community Engagement to End the HIV Epidemic

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Atlanta, GA
Objectives

• Discuss the importance of creating strategic plans to impact the trajectory of the HIV epidemic.

• Identify strategies for involving key stakeholders who should participate in building your local plan.

• Identify strategies for setting key objectives for your plan.
There is Good News About the State of HIV Medicine in 2017!

OUR Time is NOW!
HIV Is Not a Death Sentence!

People with HIV can live a healthy, near-normal lifespan with HIV when they are

• Diagnosed early
• Started on antiretroviral therapy (ART) right away
• Able to access care and meds continuously to suppress the virus to undetectable levels

• No one should progress to AIDS in 2017!
HIV Infection Is Preventable!

- PLWHIV whose virus is **continuously** suppressed on effective ART do not transmit
  - Treatment Is Prevention!
  - Undetectable = Untransmittable (U=U)

**U=U**
Undetectable Equals Untransmittable
HIV Infection Is Preventable!

• Preexposure prophlaxis (PrEP) with Truvada™ decreases HIV acquisition by over 95% in those who take it daily, as prescribed.

• ART for pregnant women and newborns reduces the chance of HIV transmission to < 1%

• Safe injecting equipment eliminates transmission of HIV, hepatitis B and C and other infections in those who inject drugs
Now We Have Goals!

“AIDS-Free Generation”
“Zero New Infections”
“End AIDS”
Why Do We Need A Strategy?
Unfortunately, many are not benefitting optimally from these advances.

We know what works. Why isn’t it working?
“A goal without a plan is just a wish.”
— Antoine de Saint-Exupéry
“If you don't know where you are going, you'll end up someplace else.”
— Yogi Berra
Why Do We Need A Strategy?

• A strategy forces us to name and commit to
  – Goals
  – Concrete objectives required to reach them
  – Actions needed to achieve the objectives
  – Accountability for the work

• Requires us to measure our progress toward goals and objectives
  – Identify data sources
  – Define metrics
  – Assign targets and timelines
  – Evaluate and revise periodically
Where to begin?

1. Reduce new HIV infections
2. Increase **access to care** and improve health outcomes for people living with HIV
3. Reduce HIV-related disparities and health inequities
4. Achieve a more coordinated response to the epidemic

NATIONAL HIV/AIDS STRATEGY for the **UNITED STATES:**

UPDATED TO 2020

JULY 2015
Why Do We Need Local Strategies?

• Local plans adapt the care continuum and local goals to local epidemiology, which differs from region to region, and among populations.

• Local strategies give each jurisdiction a means to assess its own data, set benchmarks, and identify highest impact interventions.
Key Steps in Planning a Strategy

• Steal as much as you can from others!
• Identify key stakeholders
  – PLWHIV should be a priority
• Convene stakeholders in one room (+/- electronic technology) to find common ground
• Find political will where you can
  – Health departments
  – Elected officials: city/county/state
Key Steps in Planning a Strategy

• Define your baseline
  – Know your local epidemiology
  – Know your local care continuum
  – Listen to stakeholders, especially PLHIV

• Identify goals

• Identify objectives, metrics

• Identify actions required to attain objectives

• Identify accountability, timelines, priorities
How to Involve Key Stakeholders

• Identify key decision makers who control and receive funds
  – Local health department leaders
  – Ryan White recipient and grantees
  – CDC prevention fund recipients and grantees
  – SAMHSA grantees
  – HOPWA recipient and grantees
  – Substance use and mental health programs
  – Private health systems and VA
  – Non-HIV community leaders (education, faith, etc.)

• Establish “warm” one on one contact initially; power breakfasts work!
How to Involve Key Stakeholders

• Identify and reach out to PLWHIV and populations at highest risk for HIV
  – Persons receiving services from Ryan White clinics, private health systems, VA, community health centers and FQHCs
  – Persons receiving services through community organizations funded for testing and prevention
  – Persons receiving housing services
  – Persons receiving substance use and mental health services

• Involve key leaders in Task Force & committees
• Organize listening sessions for broader input
How to Involve Key Stakeholders

• Identify and reach out to care and service providers
  – Physicians and advanced practice providers
  – Pharmacists
  – Mental health professionals
  – Clinic managers
  – Case managers and counselors
  – Navigators, including peers
  – Housing providers
How to Set Key Objectives

• Look at your data and qualitative input
  – Where are your biggest problems?

• Engage stakeholders
  – Where do you want to be? By when?

• Make objectives as Specific, Measurable, Attainable, Realistic, and Timely (SMART) as possible

• Set objectives that have broad support by the team
Remember...

• A strategy should be a living document
  – Implement it
  – Monitor it
  – Evaluate it
  – Don’t be afraid to revise it

• “In preparing for battle I have always found that plans are useless, but planning is indispensable.”
  — Dwight D. Eisenhower

• Remember that your goal is not to write documents – it is to End the Epidemic!
Case Study:
The Fulton County Strategy to End AIDS
Phase III Progress Report
Building the Strategy to End AIDS in Fulton County
Progress and Priorities

Fulton County Task Force On HIV / AIDS

#EndAIDSFulton
@HIVTaskForceFC

OUR Time Is NOW
Fulton County Task Force on HIV/AIDS

- **Created** December, 2014 by Fulton County Board of Commissioners

- **Mission:** End AIDS in Fulton County
  - Create and implement a *Strategy to End AIDS in Fulton Co.*

- **Leadership:** PLWHIV. Local and national HIV experts

- **Participation:**
  - 14 commissioner appointed members
  - 25 non-appointed contributors
  - Unlimited committee members
  - *Ex officio* members from Fulton County and GA DPH
Methodology

• Principles
  – Seek broad input with robust community engagement
  – Prioritize involvement of PLWHIV
  – Make decisions by consensus
  – Make evidence-based decisions

• Consult others already doing the work
  – New York “End the Epidemic” Task Force
  – San Francisco “Getting to Zero”
Community Engagement

• Community Listening Sessions (1.5-2 hrs)
  – Broad geographic input
  – Input from key populations
  – Food if possible; convenient hours and venue

• Make sure to listen!

• Agenda
  – Very brief intro and epidemiology (10 min)
  – Two questions:
    • How can we prevent HIV?
    • How can we help PLWHIV get in care and stay in care?
Stakeholder Engagement

- Intensive topic-driven Face-to-Face meetings
  - Generally 3 hours
  - Brief presentations: frame the issue
  - Discussion of barriers: extensive notes using large flip chart pages taped to walls
  - Actions
  - Priorities
Committee Work

• Frequent topic driven phone calls
  – Focus on a specific objective
  – Identify specific questions to answer (ie.g. What are the best data sources and metrics for measuring PrEP uptake?)
  – Engage content experts who can address questions
3 Phases of the Strategy to End AIDS

- **Phase I:** Broad Objectives, 12/1/15
- **Phase II:** Action plan to achieve objectives, 6/27/16
- **Phase III:** Prioritization and transition to permanent advisory committee, July 31 2017

Involved Over 120 Task Force Participants!
Our Vision

• Fulton County will be a community without new HIV infections or AIDS-related deaths, where all PLWHIV will be virologically suppressed while
  – Receiving uninterrupted care and treatment,
  – Free from stigma and discrimination, and
  – Grounded in the recognition that access to healthcare is a human right.

• Persons without HIV will be educated, empowered, and able to access tools to prevent HIV transmission.
10 Key Priorities

- Stigma Kills. Don’t Tolerate It.
- Make Care and Services Client-Centered
- Make it Easy to Get into Care Fast and Stay in Care to Remain Healthy.
- Everyone Should Be Tested for HIV.
- HIV Is Preventable. So Prevent It.
- No More Babies Born with HIV.
- Education is HIV Prevention.
- Housing is HIV Prevention and Treatment.
- Mental Health & Substance Use Services are Care, Too.
- Create Policies that Promote Health.
Stigma Kills. Don’t Tolerate It.

Eliminate stigma associated with HIV, sexual orientation, gender identity and expression, race/ethnicity, gender, class, and mental health and substance use disorders

• healthcare settings
• faith communities
• educational institutions
• government institutions
• media coverage
• all policies and laws
POLICY: Reform HIV criminalization laws to align with current HIV science and advance best public health practices for HIV prevention and care.

- Include Intercultural Awareness plans in all Fulton County contracts
- Institute Intercultural Awareness programs in clinics and services for people with and at risk for HIV
- Adopt policies and procedures supporting the Meaningful Involvement of PLWHIV across all HIV services
Testing And Prevention
Testing

• Objective: ↑ % of PLWHIV who know status to 90%
• Objective: ↓ % of persons with AIDS at diagnosis to < 10%
• Opt-out testing: implement and scale-up
  – **POLICY:** BOC to require opt-out testing in all county contracts
  – Need data systems for M&E / accountability in contracts
• Make targeted testing truly targeted
  – < 4% of testing was targeted to key populations
Routine Opt-Out Testing Progress

- Operative in Grady ED with scale-up across Grady Health System (funding: HIPP, Gilead FOCUS, Grady)
- Fulton Board of Health identified opt-out testing as a 2017 priority
- Georgia AETC is training Southside and Mercy Care (both FQHCs) personnel on HIV testing and counseling
- Opt out testing language in Fulton jail medical services contract
  - No evaluation so far on implementation
  - No HIPP contract yet for 2017 testing at Fulton jails (6,640 conducted in 2016)
Prevention

• Objective: ↓ number of new HIV diagnoses by 25% (to about 525 by 2020)
  – Reduce disparities by at least 15%

• Actions
  – Access to treatment for PLWHIV (see care and treatment)
  – Ensure access to PrEP (and PEP) for those at high risk
  – Comprehensive care for pregnant women living with HIV
  – **POLICY:** Clarify legitimacy of SSP and expand access
Ensure Access to PrEP/PEP
Priorities 2017-8

• Ensure access to PrEP for eligible persons at high risk of HIV infection.
  – Ensure funding of Fulton PrEP Clinic & mobile unit
  – Create multiple access points for PrEP

• Increase community and provider awareness, knowledge, training about PrEP/PEP

• Create and implement data monitoring systems
# Early Successes in Prevention

<table>
<thead>
<tr>
<th>PrEP Clinic</th>
<th>Date Opened</th>
<th>Number Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton BOH</td>
<td>2/2016</td>
<td>2016 -340 2017 -55</td>
</tr>
<tr>
<td>Absolute Care</td>
<td>Began 2012; Clinic guidelines 2014</td>
<td>450 (6/2017), 250-300 active</td>
</tr>
</tbody>
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**POLICY**

Nov 2016, Syringe Service Bill

SSPs are legitimate medical intervention to prevent HIV, HCV and HBV
Care and Treatment
### Care and Treatment: Key Objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th>2015</th>
<th>Challenge</th>
</tr>
</thead>
<tbody>
<tr>
<td>↑ Newly diagnosed LTC to 85% in <strong>3 days</strong></td>
<td>73% in 30 days</td>
<td>- Lack central referral center</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Lessons from RE pilots</td>
</tr>
<tr>
<td>↑ Retention to 90%*</td>
<td>49%</td>
<td>- Social Determinants</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Complex Systems</td>
</tr>
<tr>
<td>↑ Viral suppression to 80% of diagnosed</td>
<td>48%</td>
<td>- ADAP lapses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Transportation</td>
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* As part of retention we also strive to re-engage those out of care within 3 days.
Actions Along The Care Continuum

- Better data systems to allow evaluation of Rapid Entry
- Intensive linkage services for vulnerable populations
- Retention and Reengagement Task Force
- Allocate additional Ryan White Part A funding
  - Rapid Entry $$; expanded clinic hours in new RFP
- Make clinics more welcoming
  - Implement & evaluate *intercultural awareness* plans
- Create an ADAP/HICP Working Group
## Progress: Rapid Entry in Fulton County Clinics

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Date Opened</th>
<th>Number Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulton BOH*</td>
<td>4/2016</td>
<td>102 (newly diagnosed)</td>
</tr>
<tr>
<td>Fulton/HEALing Ctr, Neighborhood Union*</td>
<td>3/2017</td>
<td>10</td>
</tr>
<tr>
<td>AIDS Healthcare Foundation – Midtown*</td>
<td>12/2016</td>
<td>19 by 6/2017</td>
</tr>
<tr>
<td>AIDS Healthcare Foundation – Lithonia*</td>
<td>10/2016</td>
<td>49 by 6/2017</td>
</tr>
<tr>
<td>Positive Impact Health Centers*</td>
<td>11/2016</td>
<td>121 by 5/2017</td>
</tr>
</tbody>
</table>

* Received supplementary Ryan White Part A funding for Rapid Entry
Cross Cutting: Social Determinants

- Housing Objective: <5% of PLWHIV will be unstably housed
  - Action: All 2017 housing contracts now have “Housing First” requirements, now working on enforcement plans

- Education Objective: Evidence based sexual health curriculum in Fulton County and City of Atlanta Public Schools
  - Seat on Atlanta Public Schools curriculum advisory comm.
  - Performed intensive evaluation of proposed curriculum
  - New curriculum approved in Atlanta Public Schools!
Policy Objectives
Fewer Uninsured People with HIV

We MUST
Expand Medicaid to
Expand Access to Care
POLICY: Clarify the legality of syringe exchange for the legitimate medical purpose of preventing HIV, HBV and HCV, and other blood-borne infections
POLICY: Reform HIV criminalization laws to align with current HIV science and advance best public health practices for HIV prevention and care.
Cross Cutting Issues: Health Department Key Priorities 2017-8

• Address issues that impede optimal functioning of Fulton’s health department
  – Improve hiring and contracting practices that impede timely & effective use of funds
    • HIPP Director position “interim” for 10 months
    • Continued HIPP contract delays
  – Ensure ongoing transparency in use of federal, state, county funds
  – Strengthen ongoing communications with community, CBOs, and HIV care providers
Passing the Torch

From the Fulton County Task Force on HIV/AIDS to
The Fulton County HIV Prevention, Care and Policy
Advisory Committee
YOUR Time Is NOW!

• Continue to put the community and PLWHIV first by regular listening sessions and involving them at every level of the work.
• Continue to monitor implementation of the Strategy and update it as needed.
• Give the BOC advice. They want to End AIDS. Help them know how to do it.
• Be vocal advocates for Fulton BOH and DPH and also ensure transparency and accountability.
• This is a work in progress. Don’t join the committee if you don’t want to work. It will take a lot more work to End AIDS! But we can and we must.
Acknowledgements

All 120 Task Force contributors, especially...

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- Chairman John Eaves and Vice-Chair Joan Garner
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- Emory CFAR: Publication Costs

• People who helped us from around the country, especially NY and SF
Questions?

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