



Community Engagement to End the HIV Epidemic

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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 prophylaxis (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

Structure



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



ZERO Stigma And Discrimination Priorities 2017-8

- **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

PrEP Clinic	Date Opened	Number Served
Fulton BOH	2/2016	2016 -340 2017 -55
Absolute Care	Began 2012; Clinic guidelines 2014	450 (6/2017), 250-300 active
A	<u>POLICY</u> Nov 2016, Syringe Service Bill SSPs are legitimate medical intervention to prevent HIV, HCV and HBV	
E		
P		
S		



Care and Treatment

Care and Treatment: Key Objectives

Objective	2015	Challenge
↑ Newly diagnosed LTC to 85% in 3 days	73% in 30 days	<ul style="list-style-type: none">- Lack central referral center- Lessons from RE pilots
↑ Retention to 90%*	49%	<ul style="list-style-type: none">- Social Determinants- Complex Systems
↑ Viral suppression to 80% of diagnosed	48%	<ul style="list-style-type: none">- ADAP lapses- Transportation

* 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

Clinic	Date Opened	Number Served
Fulton BOH*	4/2016	102 (newly diagnosed)
Fulton/HEALing Ctr, Neighborhood Union*	3/2017	10
AIDS Healthcare Foundation – Midtown*	12/2016	19 by 6/2017
AIDS Healthcare Foundation – Lithonia*	10/2016	49 by 6/2017
Grady IDP	5/2016	230 by 9/2016
Positive Impact Health Centers*	11/2016	121 by 5/2017

* 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

Syringe Services Programs Save Lives!

POLICY: Clarify the legality of syringe exchange for the **legitimate medical purpose** of preventing HIV, HBV and HCV, and other blood-borne infections

Reform HIV Criminalization Laws

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.

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Questions?

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