



# **“Ending the Epidemic: A Community Based Approach to Zero New HIV Infections.”**

**Andrea Stubbs, MPA  
Department of Infectious Disease  
Mgr., HIV Community Programs  
Director, Ending the HIV Epidemic Memphis**

# St. Jude Children's Research Hospital HIV Clinical Program

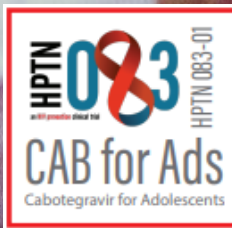
- In 1987, St. Jude founder, Danny Thomas, declared AIDS a catastrophic illness.
- Developed a broad, multidisciplinary pediatric program called the Pediatric AIDS Clinical Trials Unit (PACTU).
- Designated a "Center of Excellence" by the Robert Wood Johnson Foundation
- In 1993, received an endowment for the Arthur Ashe Chair in Pediatric AIDS Research
- Provide excellent care to perinatally-infected infants and children
- Excellent youth-focused HIV program for ages 13 to 21
- Committed to the cause of HIV education and prevention in the community



Department of Infectious  
Diseases



# HIV Funded Clinical Research Studies





# Welcome to MEMPHIS

...a vibrant city that's home to some of the world's most melodious music, tastiest food, authentic culture and you-can't-find-it-anywhere-else fun.

[Explore Our City!](#) »

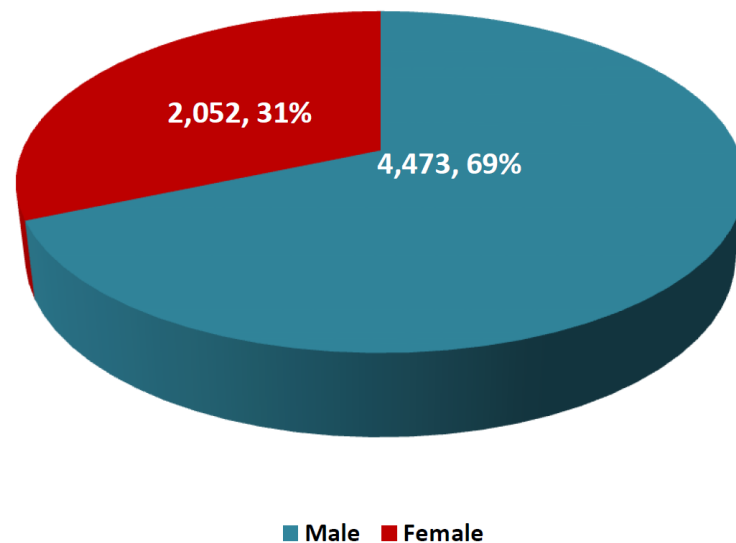


- Tennessee's 2<sup>nd</sup> Largest City (pop. 652,236)
- 63.9% African American
- Median income - \$\$38,230
- Delicious Tap Water
- Elvis Country
- Best BBQ *ANYWHERE!!*

# HIV/AIDS Epidemiology Profile 2015

- **Memphis/Shelby County** has a low number of new infections, but an **HIV incidence rate** equal to or **higher than** major **urban areas** (**Ranked 8<sup>th</sup>** in MSAs).<sup>1</sup>
- There were approximately **7,426 PLWHA** in Memphis Shelby County.
- The majority of these were among **African Americans (87%)** and **males (69%)**.
- **Incidence** rates in **15-19 yr. olds** and **20-24 yr. olds** were **three times higher** in Memphis.
- **25%** of **new diagnoses** were among **heterosexuals**, **35%** attributed to **MSM transmission** and **40%** had **no reported/identified risk**
- Memphis Shelby County has the **highest Chlamydia, Gonorrhea and P&S Syphilis rates** among all MSAs in the nation.<sup>2</sup>

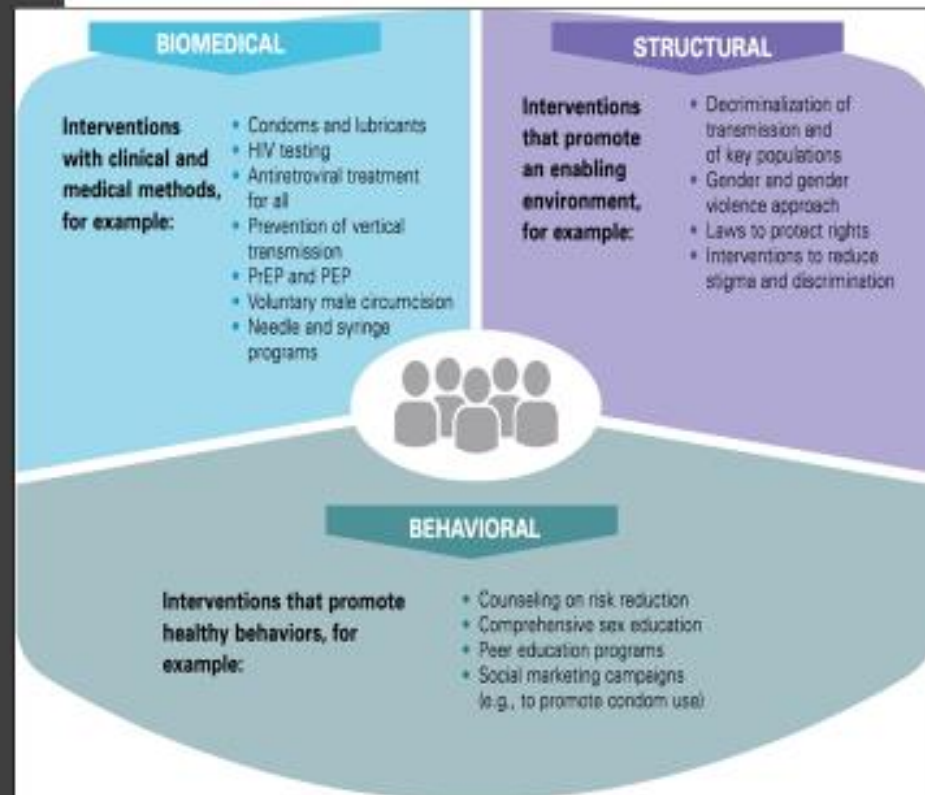
*69% of all PLWHA in the TGA are male, 31% are female.*



Sources: 1. EHARS: 2015 Memphis Transitional Grant Area, estimates subject to change.

2. Centers for Disease Control and Prevention; <http://www.cdc.gov/std/stats12/Surv2012.pdf>

# The Impact of Using Combination Prevention Methods



Source: Adapted from the International HIV/AIDS Alliance. An advocacy brief for community-led organisations: Advancing combination HIV prevention; 2016. Available from: <http://www.aidsalliance.org/>



# Who is Leading the Ending the HIV Epidemic Implementation Plan Development in Memphis?



# A Model For Success

## *Bridging Community and Clinic Relationships*

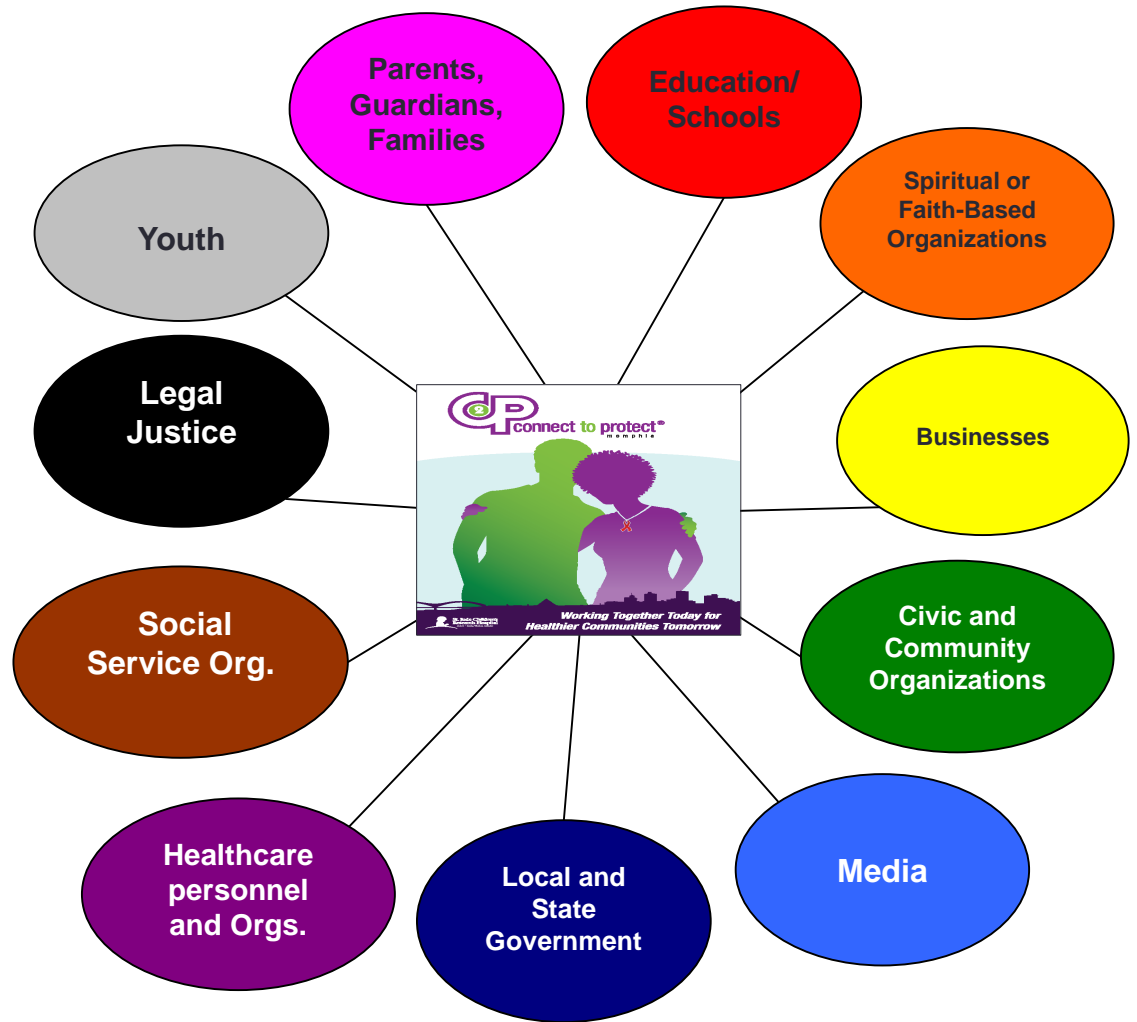


- **Launched October 2008** - approx. 25 consistent members representing AIDS service organizations, local government, faith-based & social service organizations.
- **Target Geo Area:**
  - Memphis
- **Target Population:**
  - Youth & young adults aged 13-24 years
- **Vision:**
  - Reduce new HIV infections in Memphis' most vulnerable youth



# Who is Leading the Ending the HIV Epidemic Plan Development?

- Implementation Plan w/cogent SMART goals
- Garner Content Experts
  - Clinicians
  - Faith-based leaders
  - Special Populations
- Leverage Resources
  - In-Kind
  - Intellectual
  - Tangible



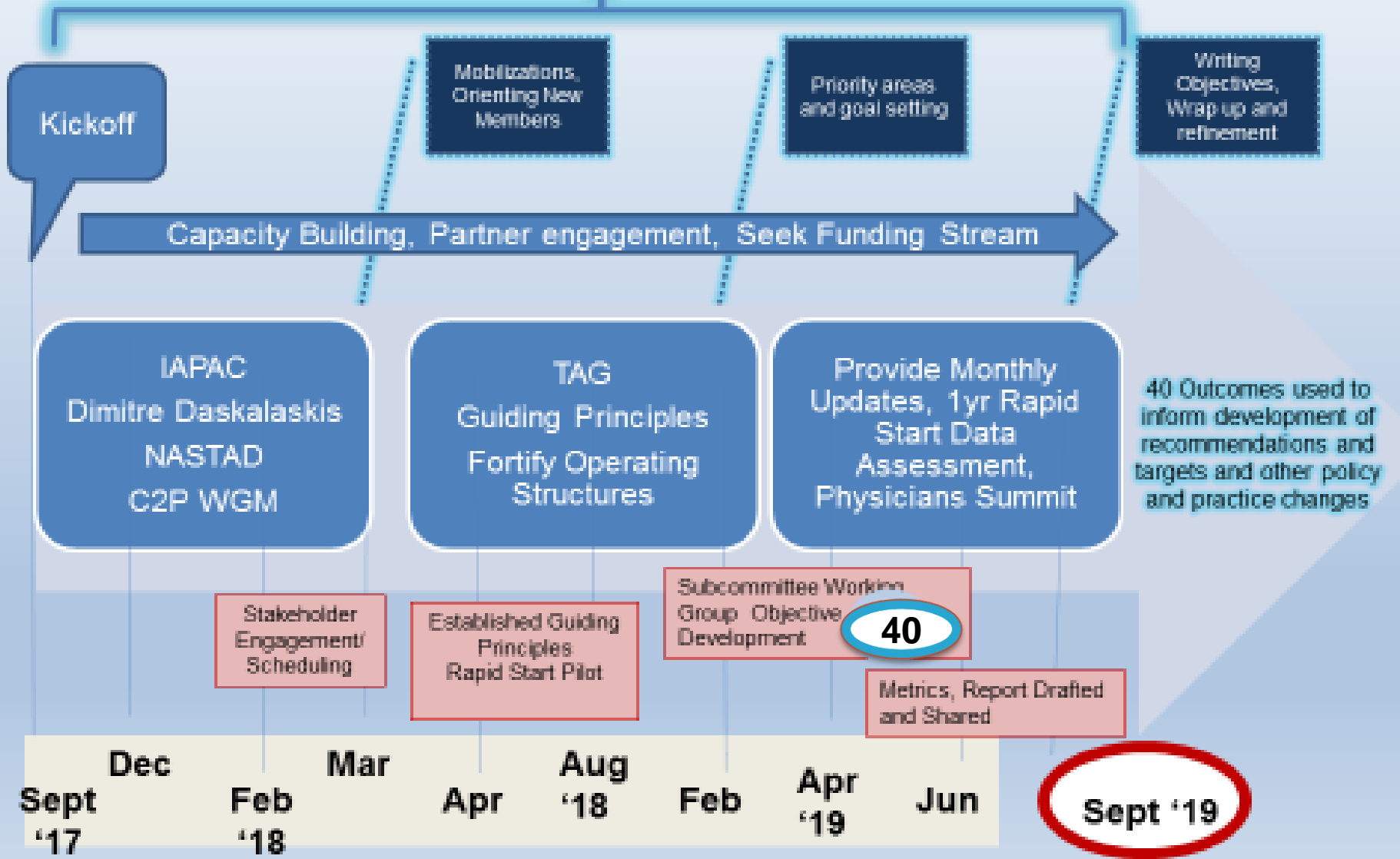


## Snap Shot of Ending the HIV Epidemic Memphis Progress-to-Date

---

# Timeline for EtE Memphis

Ongoing: TA and assistance from IAPAC, TAG other Jurisdiction learning/sharing







## Memphis Ambitions (2017-2018)



### Garner Partnerships

- Ending AIDS as a public health threat by 2030
- Increase utilization of combination HIV prevention services
- Set 90/90/90 Target
- Reduce impact of stigma & discrimination
- Address Social and Structural Barriers

### EtE Memphis Goals

By 2024, **Memphis** will:

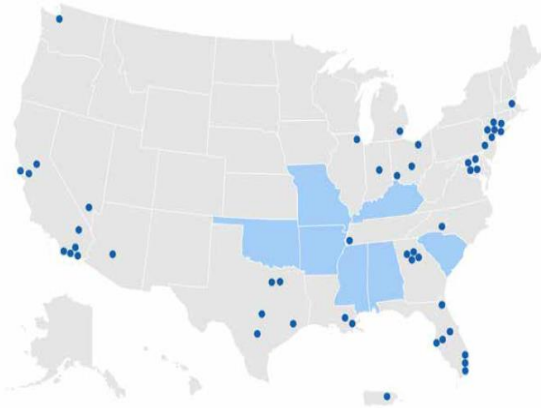
- Reduce new HIV diagnoses by **50%**
- **Increase access** to care and **improve outcomes** for **PLWH**
- Reduce HIV-related disparities and health inequities
- Achieve a more coordinated TGA response to the HIV epidemic
- Guarantee **90%** of all residents with HIV will know their HIV status and be linked to a 1<sup>st</sup> medical appointment within one month of diagnosis
- **90%** of residents living with HIV will be in sustained treatment
- Ensure that **90%** of those engaged in care will achieve sustained viral suppression

### EtE Memphis Guiding Principles

- Access to Treatment & Care – Achieving Viral Suppression
- Prevention
- Policy
- Data Driven Solutions & Research



# Next Steps and Support Mechanisms



**Geographical Selection:**

Data on burden of HIV in the US shows areas where HIV transmission occurs more frequently. More than 50% of new HIV diagnoses\* occurred in only 48 counties, Washington, D.C., and San Juan, Puerto Rico. In addition, 7 states have a substantial rural burden – with over 75 cases and 10% or more of their diagnoses in rural areas.

# Getting to Zero New Infections

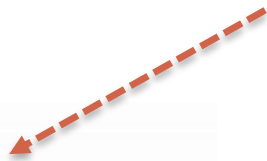
---

Funded Partnerships



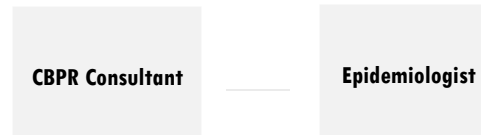
# National Center for HIV-AIDS, Viral Hepatitis, STD, and TB Prevention Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States

CDC-RFA-PS19-1906





**Andrea Stubbs**  
Ending the HIV Epidemic Plan Director



# ENDING THE HIV EPIDEMIC MEMPHIS

# ORGANIZATION CHART

# How Will We Accomplish This?

- ✓ **Strategy 1**: Engage with existing local prevention and care integrated planning bodies.
- ✓ **Strategy 2**: Prepare epidemiologic profile
- ✓ **Strategy 3**: Prepare a situational analysis
- ✓ **Strategy 4**: Engage with local Community Partners
- ✓ **Strategy 5**: Engage with local HIV service provider partners
- ✓ **Strategy 6**: Reach concurrence on EHE plan with local planning groups
- ✓ **Strategy 7**: Prepare a final/revised Ending the HIV Epidemic Plan





# Strategies to Reach Outcomes

## Strategy 4: Engage with Local Community Partners



Partnership with Faith Community

- transfer of knowledge
- sharing decision making power
- lead agency/fiduciary
- co PI model



## Strategy 5: Engage with local HIV Service Providers

### THE PHYSICIANS ROUNDTABLE



Nov.  
13th

6:30PM

CAPITAL  
GRILLE

COLLABORATING PARTNERS:



REGISTER TODAY!

[WWW.SEAETC.COM/EVENT/?ER\\_ID=36855](http://WWW.SEAETC.COM/EVENT/?ER_ID=36855)

6065 POPLAR AVE.  
MEMPHIS, TN 38119

# What will success look like for Memphis?

- Strategic engagement of key stakeholders, power brokers and community gatekeepers to help foster a shared responsibility in decreasing our community viral load
- A clear and aggressive plan for coordinated service delivery
- A clear pathway that leads to phase II -Plan Implementation

Ending  
the  
HIV  
Epidemic

# Next Steps

## Build

Build our Team  
Codify our  
Recommendations



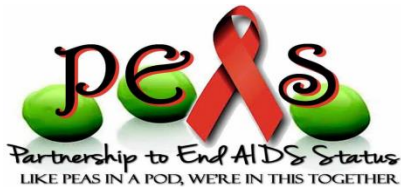
## Host

Host *Listening Session* with  
Federal Stakeholders –  
November 13th

# Acknowledgements



- Providers
- AIDS Service Organizations
- Faith Based Organizations
- Local High Schools, Universities
- Local Health Department
- Funded Testing Agencies
- Clinic & Research Team





Well thank you,  
thank you very much!

---