

Strategic Implementation Activities for Accelerating Ending the HIV Epidemic Efforts

Webinar 3: Leveraging Partnerships and Funding to Support EHE and the Syndemics

August 3, 2023

Agenda

- **Welcome**

- Maria E. Alvarez, MPA, Capacity Building and Technical Assistance Lead
Program Development and Implementation Branch (PDIB), Division of HIV Prevention (DHP)

- **Overview**

- **Presentations**

- Tennessee Department of Health: Lauren Thomas, HIV Prevention Initiatives Manager
- Louisiana Department of Health: Jacquelyn Naomi Bickham, Prevention Program Manager
- Washington State Department of Health: Emalie Huriaux, Program Manager - Integrated Infectious Disease, Hepatitis C, and Drug User Health

- **Q&A**

- **Wrap Up**

NASTAD EHE Activities

- **Direct technical assistance**
- **Highlighting EHE successes**
 - EHE Spotlight Series
- **Peer-to-peer learning**
 - TelePrEP LC + E-learning series
 - Housing LC
 - Partner Services LC
 - Monthly EHE Office Hours
- **Communications**
 - EHE Newsletter
 - EHE Microsite
 - EHE Listserv
- **TA Webinars and Resources**
 - Community engagement
 - Self-testing
 - PrEP access and TelePrEP
 - HIV Workforce
 - Status neutral
 - Social determinants of health
- **Partnerships and Collaborations**
 - JSI Research & Training Institute, Inc. (JSI)
 - Association of State Health Officials (ASTHO)
 - National Association of County and City Health Officials (NACCHO)
 - Southern AIDS Coalition (SAC)
 - National Coalition of STD Directors (NCSD)
 - Council of State and Territorial Epidemiologists (CSTE)
 - The University of Washington/Fred Hutch Center for AIDS Research

NASTAD EHE Microsite:

<https://www.nastad.org/ehe>

EHE: End HIV 901

Syndemic Approach for

Memphis, Shelby County



Lauren Thomas, HIV Prevention Initiatives Manager
TN Department of Health

OUTLINE

- EHE background Memphis, Shelby County
- Projects and Programs funded
- Best practices for community partnerships to address syndemics

EHE in Memphis, Shelby County



Federal Initiative to End the HIV Epidemic

GOAL:

75%
reduction
in new HIV
infections
in 5 years
and at least
90%
reduction
in 10 years.



Diagnose all people with HIV as early as possible after infection.

Treat the infection rapidly and effectively to achieve sustained viral suppression.



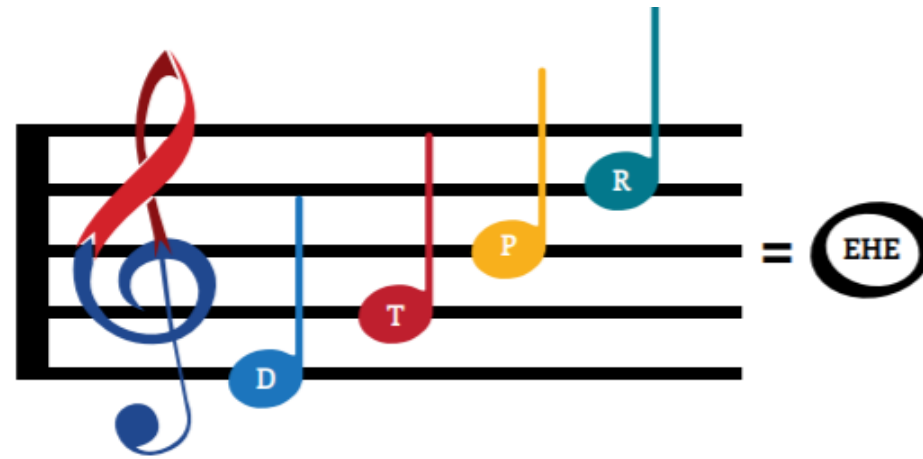
Prevent people at risk for HIV using potent and proven prevention interventions, including PrEP, a medication that can prevent HIV infections.

Respond rapidly to detect and respond to growing HIV clusters and prevent new HIV infections.



HIV Workforce will establish local teams committed to the success of the Initiative in each jurisdiction.

End HIV 901 Plan



PILLAR ONE:
Diagnose

PILLAR TWO:
Treat

PILLAR THREE:
Prevent

PILLAR FOUR:
Respond

Ending the Syndemic in Tennessee

GOALS

Vision: End the HIV, sexually transmitted infection, substance use disorder, and viral hepatitis syndemic so all individuals and all communities can achieve their full potential for health and well-being

- **Screen:** Identify people in need of syndemic services
- **Prevent:** increase access to syndemic prevention services
- **Treat:** Increase engagement in syndemic treatment services
- **Respond:** Reduce social and structural barriers to health



ACTIVITIES

- **Engaged community voices** through 80 regional meetings
- **Funded 5 pilot projects** to deliver integrated services
- **Conducted a statewide needs assessment survey**

NEXT STEPS

- **Publish the ETS Plan**
- **Publish the Consumer Syndemic Needs assessment Report**
- **Begin Implementation of ETS strategies**



Scan the
QR Code to
learn more!

TDH EHE Funded Agencies

- TDH funded nine CBOs, United Way of Greater Nashville, and St. Jude in Memphis, Shelby County
 - Friends for All
 - OUTMemphis
 - PEAS
 - A Betor Way
 - Hope House
 - Memphis Area Prevention Coalition
 - Planned Parenthood of TN and North MS
 - UT Health Science Center
 - Lebonheur

EHE Funded Activities

- Testing
- PrEP/PEP Navigation
- Syringe Service Programs (SSPs)
- High Impact Prevention Programs (HIPPs)
- Condom Distribution
- Capacity Building
- Social Media Campaigns

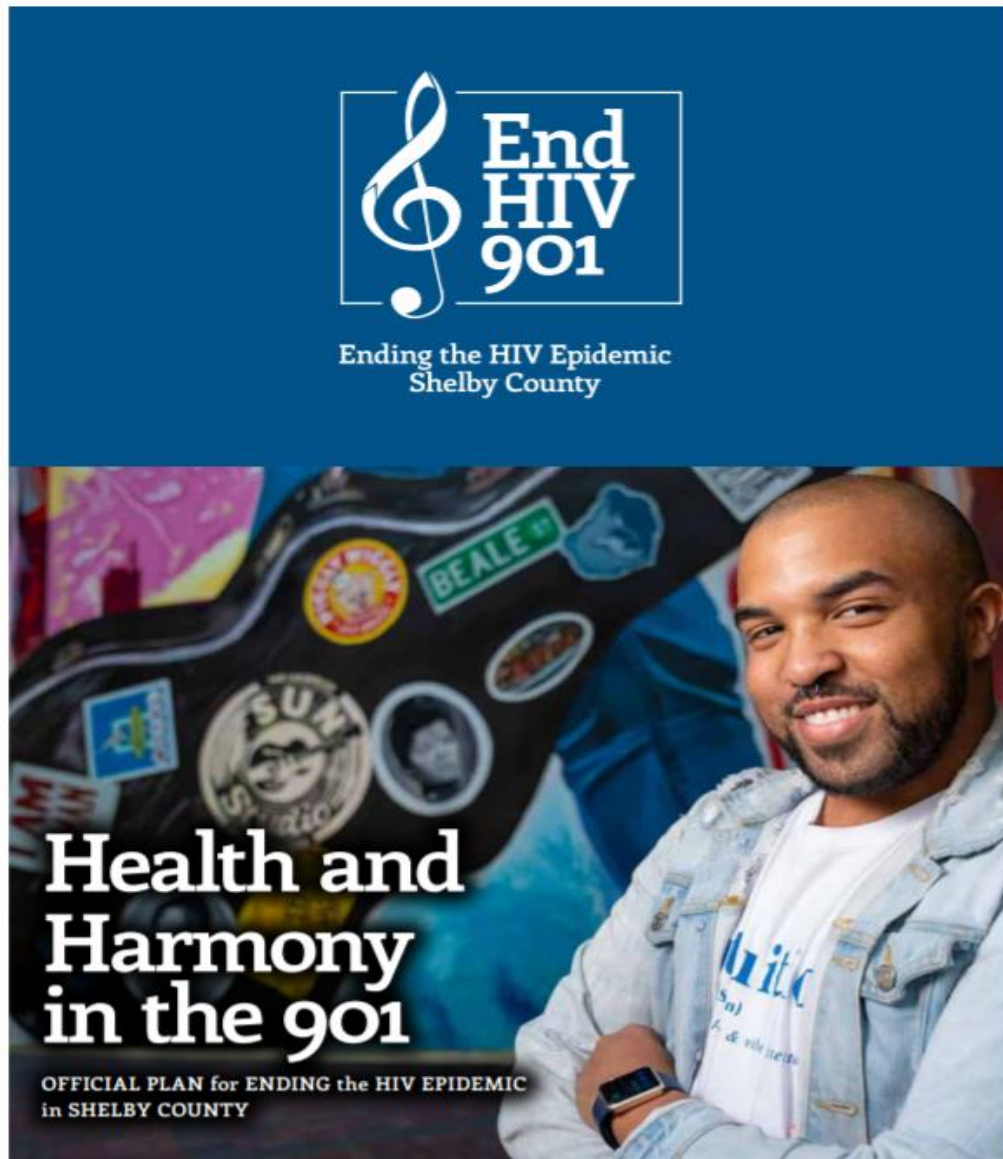
EHE Funded Syndemic Activities

- Syringe Service Programs (SSPs)
 - HIV/HCV Testing
 - PrEP Navigation
- High Impact Prevention Programs (HIPPs)
 - ART Therapy included HIV Testing and PrEP Navigation
 - Loving Her included HIV/HCV testing
- Innovative Interventions
 - Addressing SDOH (OUTLAST) assistance to PrEP eligible clients

EHE Community Partnerships

- Community Planning Groups
- End HIV 901 CAB
- Core Team
- Community Events
- Conferences and Capacity building

Memphis End HIV 901 Plan



EndHIV901.org



@EndHIV901



**Louisiana Department of Health, OPH,
STD/HIV/Hepatitis Program (SHHP)**

*Strategic Implementation Activities for
Accelerating Ending the HIV Epidemic Efforts
in East Baton Rouge*

NASTAD EHE Webinar

August 3, 2023

Jacquelyn Naomi Bickham, MPA
Prevention Program Manager

Presentation Outline:

EHE Prevention Funding Streams

Syndemic Approaches &

Partnerships in East Baton Rouge

Prevention Funding Streams

CDC: PS18-1802-Prevention

CDC: PS20-2010-Components A & C-EHE

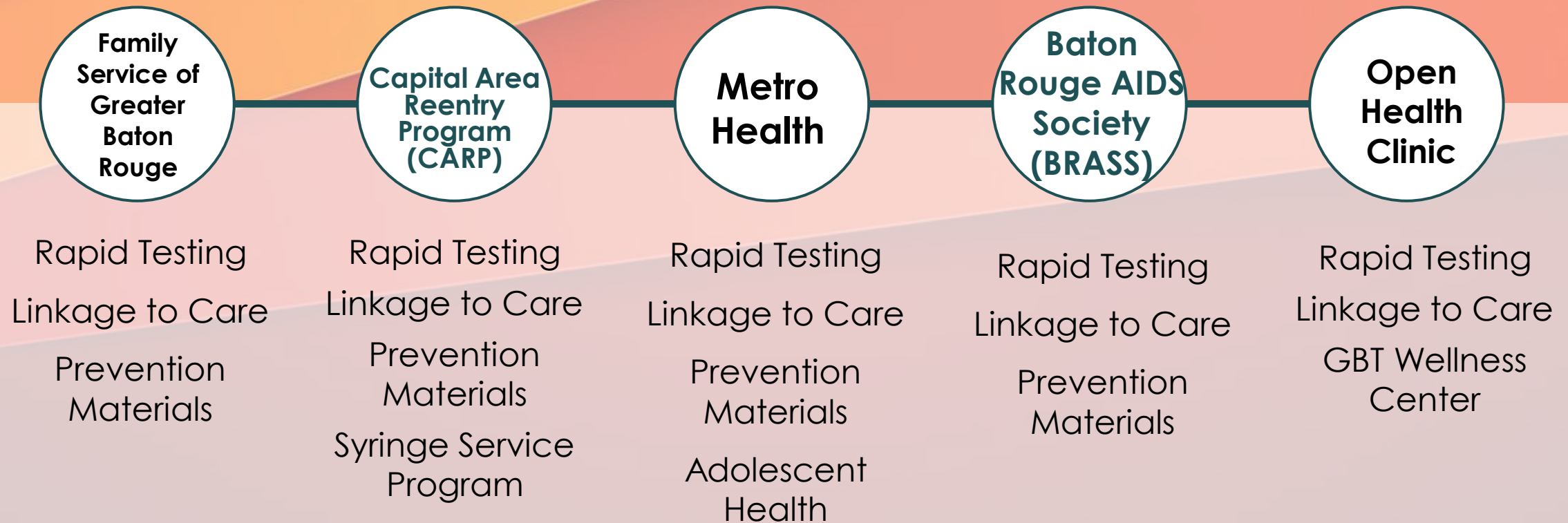
**CDC: PS21-2103-LA Integrated Viral Hepatitis Surveillance
and Prevention:**

SAMSHA: Harm Reduction

(Collaboration with Office of Behavior Health)

Baton Rouge Community Based Organization Partners

SHHP's funded partners conduct rapid HIV, Hepatitis C, and syphilis testing and harm reduction counseling. Integrative testing is done with a 1:1:1 ratio of offering all three tests at the same time with same-day results. All partners offer both rapid testing and linkage to care/treatment services and some have additional programs.



Community Health Workers (CHWs)

CHWs meet the most impacted and marginalized communities where they are and bring awareness to the importance of one's health in collective efforts for Ending the HIV Epidemic. CHWs are housed at the East Baton Rouge Parish Health Unit

Strategy 1: Testing and Linkage

- Rapid HIV, Hepatitis C, and syphilis testing
- Harm reduction counseling
- Linkage to care through brick and mortar community partner sites that can provide confirmatory testing as well as primary care services and treatment.

Strategy 2: Provide ACTIVE resource referrals and navigation assistance

- Assist with needed resources such as applying for Medicaid and SNAP benefits, making referrals for utility/rental assistance through organizations such as: Baton Rouge Office of Social Services and Baton Rouge Housing Authority.
- Accompany individuals to appointments for any type of service such as Office of Motor Vehicles, Social Security Administration
- Directly assist with various needs e.g. creating a resume due to technology access barriers, completing the weekly claim application for financial assistance through the Louisiana Workforce Commission (this includes going to the location to learn about if the community member's application was received), assisting community members with filling out and explaining paperwork process at check-in.

Strategy 3: Prevention and harm reduction materials distribution

- Utilize a boots-on-the-ground approach to complete outreach in vulnerable communities and engage with priority populations (Gay/ Bisexual Men, Latino/a, Housing Insecure, People Who Inject Drugs, etc.) to educate about preventative methods. PrEP (Pre-Exposure Prophylaxis)
- Condom Utilization (Condom packs called safer sex kits: four condoms and two tubes of lubrication)--This includes demonstration of how to use



Syringe Service Programs: Capital Area Re-Entry Program (CARP) Be Safe

- ▶ **CARP is an AIDS Service Organization located in East Baton Rouge**
- ▶ **The Be Safe program is a syringe service program (SSP) housed within CARP's offices**
 - ▶ **SSPs offer services not only for overdose reversal and prevention but also HIV/HCV/STI prevention and treatment linkage**
 - ▶ **Be Safe offers both on-site and mobile SSP services**
 - ▶ **Mondays and Fridays 5-9 PM and Tuesdays, Wednesdays, and Thursdays 10-5 PM**
 - ▶ **Program participants (called "guests") can access sterile syringes, safer injection equipment, naloxone, wound care and hygiene kits, condoms, and other harm reduction materials for free**
 - ▶ **Guests can also access HIV, HCV, and STI (syphilis) testing on-site and via mobile unit (in partnership with Southern University's School of Nursing)**
 - ▶ **Via Be Safe, guests can be linked to PrEP and HIV, HCV, and STI treatment, as well as other medical and social services**
- ▶ **Year to date, Be Safe has:**
 - ▶ **Had 4,351 guest visits**
 - ▶ **Distributed 202,450 sterile syringes, 2,909 safer injection kits, 1,002 doses of naloxone, 756 fentanyl test strips**
 - ▶ **Performed 202 HIV, 202 HCV, and 218 syphilis tests**
 - ▶ **Referred 32 people with HCV to treatment**
 - ▶ **Reported 566 overdose reversals**





Thank you!

Questions???

FOR ADDITIONAL INFORMATION

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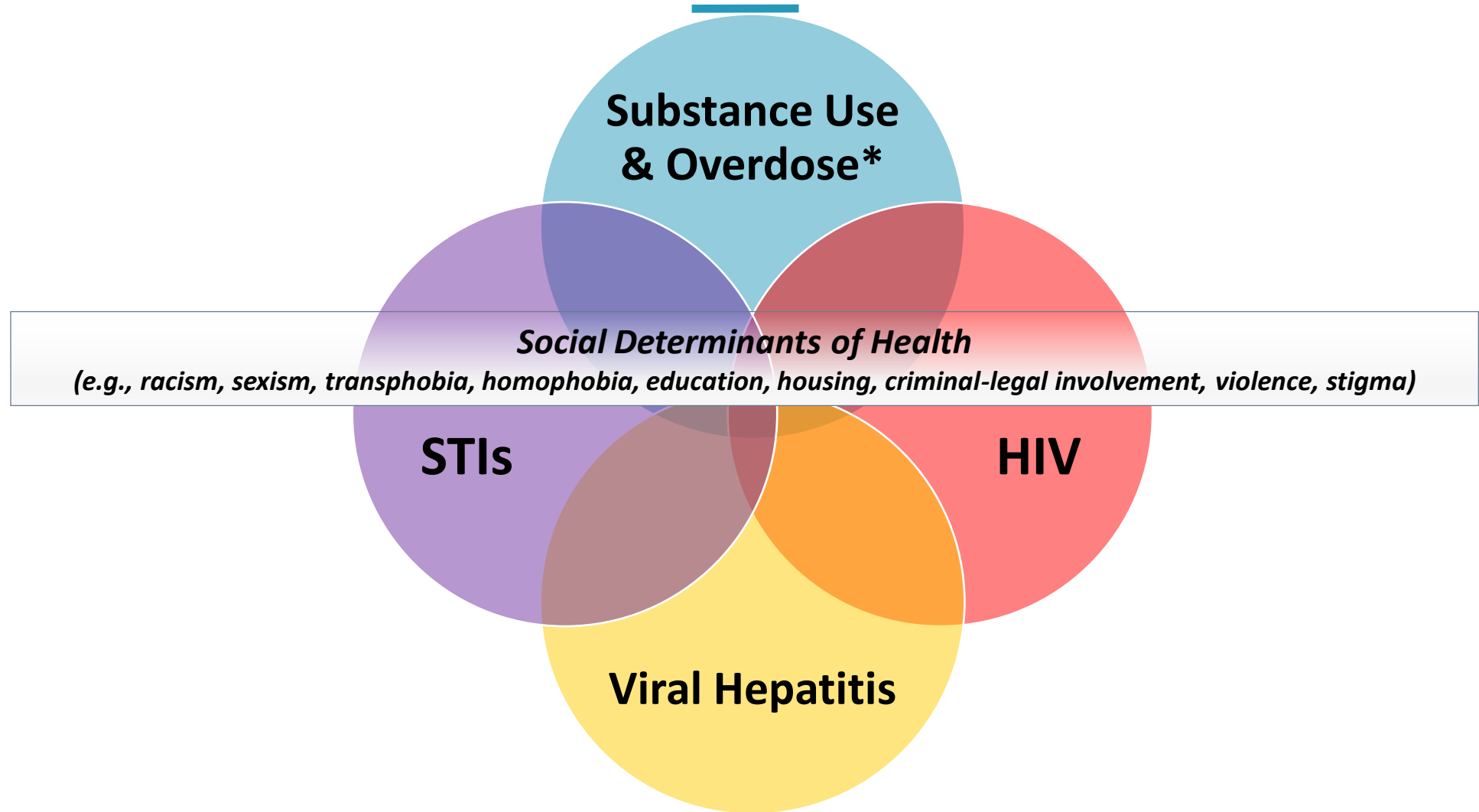
Syringe Service Programs
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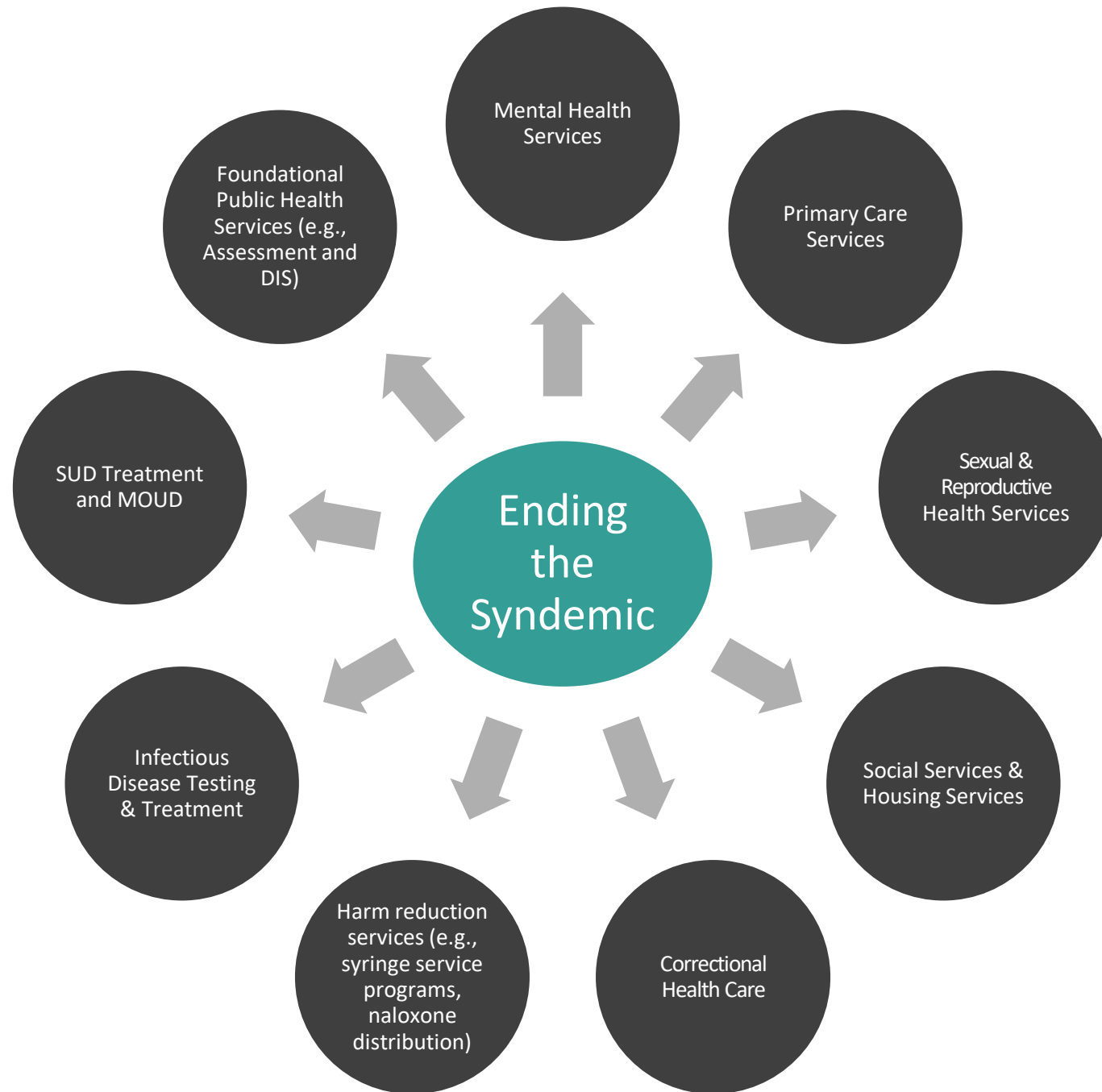


SYNDEMIC EFFORTS

Office of Infectious Disease

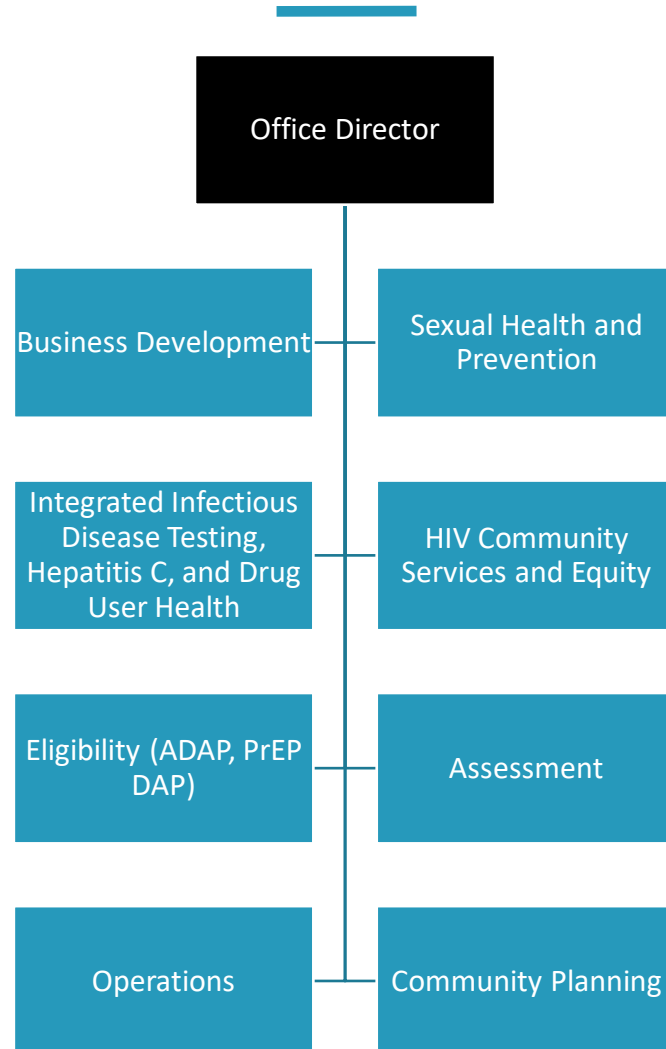
Overlapping Epidemics





Office of Infectious Disease Org Chart

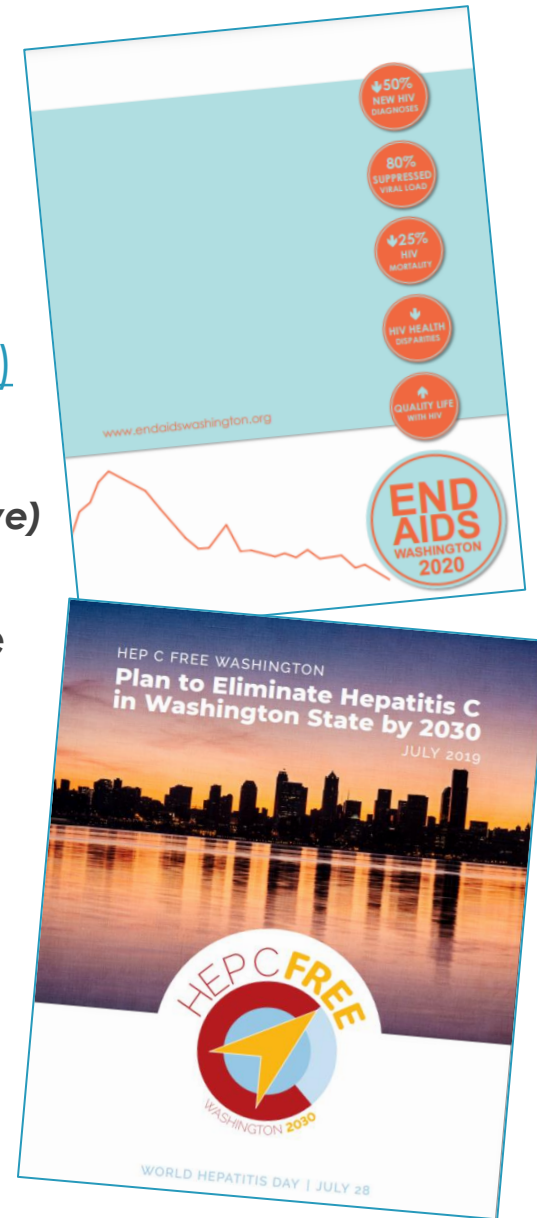
Will be reviewing if there is a need for reorganization to support syndemic approach.



Recent state of planning & integration within OID

Separate plans

- [End AIDS WA](#) (plan through 2020)
- [Integrated HIV Prevention & Care Plan \(2017-2021\)](#)
- [King County's Ending the HIV Epidemic Plan](#)
- [Hep C Free WA](#) (*not DOH's plan – collective impact initiative)
- DOH also facilitated the [STI & HBV Legislative Advisory Group](#) mandated by the state legislature to develop recommendations addressing:
 - *Elimination of congenital syphilis*
 - *Reduction of STIs*
 - *Elimination of hepatitis B*
 - *Improved access to PEP and PrEP*



Recent state of planning & integration within OID (con't)

Some braided funding initiatives

- Leveraging HIV prevention and care funding to support integrated HIV/STI disease intervention services, and some HIV prevention funding to support limited integrated infectious disease testing and linkage services.

We will be reviewing how we allocate our funding and planning for approaches more grounded in improving health equity, reducing disparities, and using integrated (or syndemic) funding approaches where possible.

HIV Planning Steering Group

- 21-member, formal, standing, advisory committee that integrated HIV prevention and care and provided input into priorities and concurrence related to the Integrated HIV Prevention & Care Plan.
- *Disbanded in December 2021.*

Moving from Epidemic Planning to Syndemic Planning

Creating a Syndemic Planning Body

What is the difference?

Epidemic Planning	Syndemic Planning
Epidemic – focus on one health condition	Syndemic focus – two or more epidemics working together which make a disease or health crisis worse
Focus on ending the HIV epidemic by diagnosis, treatment, prevention and responding to potential HIV outbreaks	Broader than the “Ending the HIV Epidemic” Initiative
	Includes HIV but also expanded to include STIs and viral hepatitis



WASHINGTON SYNDEMIC PLANNING GROUP

Webpage www.doh.wa.gov/syndemic-planning-group

Starleen Maharaj-Lewis, Syndemic Planning Group Coordinator, syndemic@doh.wa.gov

Background

- The Washington Syndemic Planning Group (WSPG) replaced Washington's HIV Planning Steering Group (HPSG).
- To convene the new planning group, OID partnered with Health Management Associates to engage in multiple community conversations that informed our approach for the new planning group :
 - DOH staff
 - Past HPSG members
 - General public connected to HIV, viral hepatitis, and STIs in Washington

Community-centered Planning in OID

- We received over 60 applications to the new Planning Group.
- Scoring the applications:
 - Additional points were given to individuals with lived experience; individuals who identify as Black, Indigenous/Native American/Alaska Native, Hispanic/Latino/Latina/Latine/Latinx, People of Color; and people representing significant communities of interest.
- The newly formed Washington Syndemic Planning Group formally convened in Summer 2022

Mission, Framework, Approach

Group mission: To advise the Office of Infectious Disease (OID) in the creation of wholistic plans to improve the health of people living with HIV, viral hepatitis, and STIs.

Group framework: The group will use an anti-racist and anti-oppression framework to reduce health inequities and disparities experienced by people living with any of the mentioned conditions. This will allow the group to address and dismantle oppressive systems and practices.

Group approach: The group will use a syndemic approach to coordinate statewide prevention and care.

Membership will consist of **no less than fifteen (15)** and no more than **twenty-two (22) members**, in addition to a Government co-chair. Membership selection is based on the review of applications.

Member Roles & Responsibilities

- Work actively to reduce new HIV, viral hepatitis, and STI infections
- Commit to and foster a culture of health equity and racial justice
- Provide specific recommendations to DOH and other agencies to improve services
- Help make sure DOH's applications for federal funding reflect the group's recommendations
- Ensure community input to guide the planning process
- Develop policies and procedures as necessary
- Elect a Provider Co-Chair and Community Co-Chair on an annual basis

Current Members

- Amy Hernandez
- Ann Mumford
- Beth Crutsinger-Perry*
- Bjarke Mitchell
- Brigette Young*
- Courteney Wettemann
- Delena Meyer
- Howard Russell*
- James Sammuels*
- James Tillett*
- JJ Baker*
- Jsani Henry
- Kimberly L. DeCuire
- Kurt Ragin
- Lara West
- Lisa Al-Hakim
- Monte Levine*
- Omero Perez*
- Reina Davis
- Stephen Zeller
- Walter McKenzie
- Yob Benami*

*Indicates member of Steering Committee

TIMELINE 2022-2023

Washington Syndemic Planning Group Accomplishments

To learn more about the WASHINGTON SYNDEMIC PLANNING GROUP (WSPG), visit us at:
<https://doh.wa.gov/you-and-your-family/illness-and-disease-z/hiv/syndemic-planning-group>



Working in Partnership with OID

Innovation
Committees
What are the
problems to
solve?
These are the
approaches:

Syndemic Alignment

- Linkage, engagement, postvention
- Testing, clinical and social services

Public Affairs

- Outreach and engagement
- Communications

Equity and Inclusion

- Amplifying underrepresented communities
- Intersectionality of experiences

Data Collection and Evaluation

- Requisites to succeed
- Performance Indicators

Compensation Planning

- OID will provide a stipend to individuals who have lived experience or who are low income to support their participation in the WSPG, provided they are not employed by a government entity, otherwise compensated for their attendance at meetings, or employed by a DOH contractor.
- Individuals may also be eligible for reasonable allowances for child and adult care reimbursement, lodging, and travel expenses, in addition to stipend amounts.

Planning Group Member Compensation

To be eligible for the stipend, WSPG members must meet at least one of the following criteria:

- Have “lived experience,” meaning direct personal current or past experience in the subject matter being addressed by the WSPG **and/or**
- Have an income not more than 400 percent of the federal poverty level, adjusted for family size (for 2022, 400 percent of federal poverty level is \$54,360 per year for a single person household).

The policy is in accordance with [Second Substitute Senate Bill 5793](#) and [Washington State Office of Equity guidelines](#).

Community Planning Guide

Must adhere to [DOH Community Engagement Guide](#) best practices.

For community planning to conform to best practice, it should be situated on the *Involve* to *Empower* section of the Community Participation Continuum (p. 4)

Note: CDC, King County ASTHO & NASTAD utilize some version of the same continuum and principles

	Inform	Consult	Involve	Collaborate	Empower
	<ul style="list-style-type: none"> • Led by state • State holds power 	<ul style="list-style-type: none"> • Led by state • State holds power 	<ul style="list-style-type: none"> • Led by state • State holds power 	<ul style="list-style-type: none"> • Co-led • Power is shared 	<ul style="list-style-type: none"> • Led by community • Community holds power
Purpose	Provide information	Get and incorporate feedback	Ensure needs and interests are considered	Partner and share decision-making power	Support and follow the community's lead
	One-way communication	One-way communication	Two-way communication	Two-way communication	Two-way communication
	Address immediate needs or issues	Inform the development of state programs	Advance solutions to complex problems	Advance solutions to complex problems	Problems and solutions are defined by the community
Methods	<ul style="list-style-type: none"> • Town halls • Community meetings • Media • Social media • Materials • Web 	<ul style="list-style-type: none"> • Focus groups • Interviews • Surveys • Stakeholder groups 	<ul style="list-style-type: none"> • Audience & user testing • Advisory groups • Steering committees • Community conversations 	<ul style="list-style-type: none"> • Collective impact • Coalition building • Partnership building 	<ul style="list-style-type: none"> • Community immersion • Community mobilization
Promise	We will keep you informed about this project	We will listen to you and incorporate your feedback into our project	We will ensure your concerns and needs are reflected in our project	We will work with you in planning all aspects of this project	We will implement the project you come up with
When to use	There is no alternative because of urgency, regulatory reasons, or legal boundaries	You want to improve an existing service or program but the options of change are limited	You need community perspective and buy-in to successfully implement the project	Community members have a strong desire to participate and you have the time to develop a partnership	Community members want to own the project and you are committed to a long-term relationship

The Goal = working toward community-driven engagement

Adapted from the CDC's Community Engagement Continuum (1997) and King County Community Engagement Continuum (2011).

Key Principles of Community Planning (p. 6)

- Do your research about the community
- Do your research about yourself
- Allow community members to self-identify
- Prioritize unheard perspectives
- Value others' time
- Avoid tokenism
- Recognize strengths and assets
- Be proactive
- Ensure communication is ongoing
- Be transparent
- Meet people where they are

Syndemic Community Planning Growing Edge

- New planning body is very different from previous one and is very focused on elevating the voices of people with lived and living experience across the syndemic.
- Requires greater flexibility in order to collaborate in different and more meaningful ways.

Moving from Epidemic-Focused Funding to Syndemic Funding

HIV Community Services RFA (Integrated HIV Care & Prevention Services) 2016-2017 (THEN)	1. Ryan White Part B RFA 2. Syndemic RFA 2023-2024 (NOW)
<ul style="list-style-type: none"> • Ryan White Part B HRSA-defined services • Community-based HIV testing and linkage to care • Prevention Activities for Persons at High Risk for HIV (PrEP focused outcomes, but includes PrEP navigation, condom distribution, and outreach/engagement) <p>*Operational support for syringe service programs provided, but outside of RFA process</p>	<p>Ryan White Part B RFA</p> <ul style="list-style-type: none"> • HRSA-defined services <p>Syndemic RFA:</p> <ul style="list-style-type: none"> • Community-based integrated infectious disease testing and linkage to services in high-impact settings • Syndemic service navigation • Syringe service programs: <i>Level 1, Support for operations; Level 2, Harm reduction service navigation; Level 3, Clinical Services</i> • Mail-order services: Naloxone; Condoms • Innovative syndemic community engagement and community-driven capacity building projects

Syndemic Funding Growing Edge

- Data systems need to be syndemic:
 - How do we modify what we have or is there something new we need to build?
 - EvaluationWeb does not work as a truly syndemic community-based testing data system.
 - Need to minimize data systems for providers.

Syndemic Funding Growing Edge

- We will need to focus heavily on implementation:
 - Have not made funding decisions yet but have reviewed applications. Despite RFA packet specifically elevating syndemic approaches, many potential partners are still HIV focused and focused on providing status quo services.
 - Will need to provide robust CBA/TA/training.
 - Will need to ensure that new contracts are written well and accompanied by consistent evaluation and monitoring.

Some Additional Challenges

- Federal funding is not syndemically oriented
 - Attempting to braid Ryan White Part B funding with CDC funding is very difficult.
 - Condition-specific CDC funding has unique requirements, and while it can often be used syndemically, there is very little non-HIV prevention funding that can be brought to the table.
 - SAMHSA funding often comes with recommendations to address infectious disease or requirements to refer people to infectious disease services, but not requirements to embed HIV/HCV/STI testing in substance use treatment programs, for example.
 - Medicaid resources difficult to apply in non-traditional health care settings, like syringe service programs and outreach-based services.

Some Additional Challenges

- Robust and complex partnerships across the system of care are required and can often be time consuming and difficult to establish (e.g., need to embed some of this work in substance use treatment systems to adequately address the syndemic as it impacts people who use drugs).

Questions?

Contact

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Integrated Infectious Disease Testing, Hepatitis C & Drug User Health

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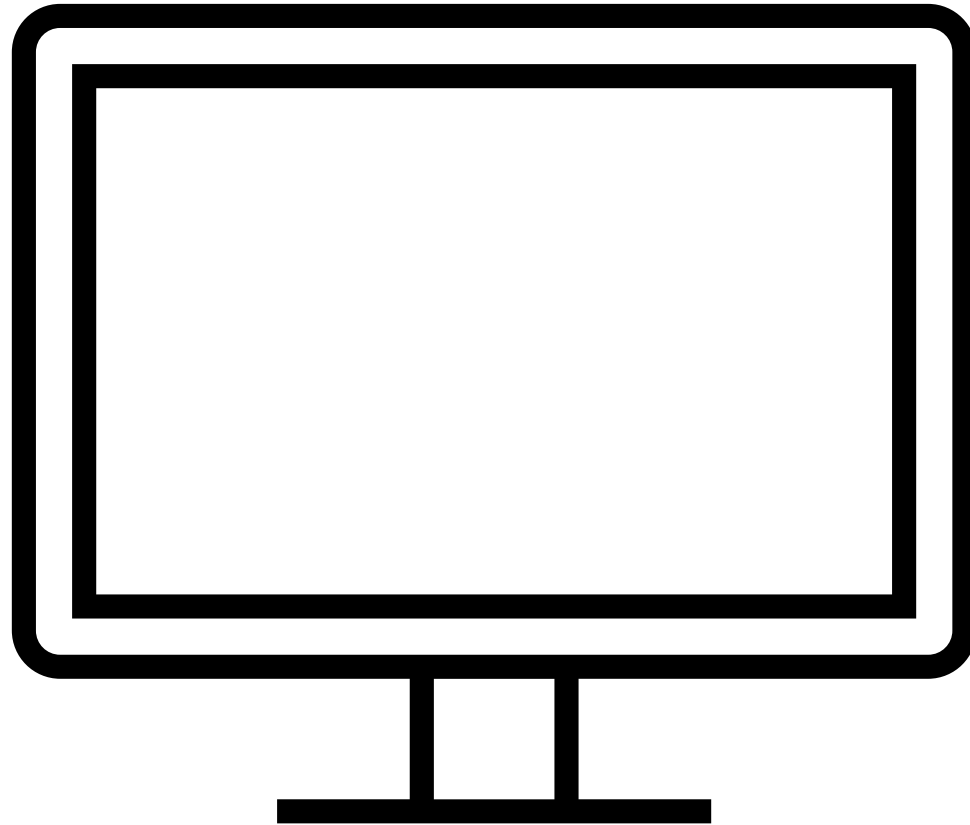
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Questions?

Webinar 4:
Thursday,
September 21
1:00-2:00 PM ET/
10:00-11:00 AM PT



Contact

Request technical assistance (TA):

- www.cdc.gov/hiv/programresources/capacitybuilding/
- www.nastad.org/technical-assistance

NASTAD's EHE TA

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