Employing Status-Neutral Approaches to End the HIV Epidemic

Webinar 3: Addressing Social Determinants of Health through a Status-Neutral Lens
February 8, 2022 | 2:00 – 3:30 PM
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.
### Social Determinants of Health

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
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</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Hunger Access to healthy options</td>
<td>Social integration</td>
<td>Health coverage</td>
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<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td></td>
<td>Support systems</td>
<td>Provider availability</td>
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<tr>
<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
<td></td>
<td>Community engagement</td>
<td>Provider linguistic and cultural competency</td>
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<tr>
<td>Debt</td>
<td>Parks</td>
<td>Vocational training</td>
<td></td>
<td>Discrimination</td>
<td>Quality of care</td>
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<td>Medical bills</td>
<td>Playgrounds</td>
<td>Higher education</td>
<td></td>
<td>Stress</td>
<td></td>
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<tr>
<td>Support</td>
<td>Walkability</td>
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<td>Zip code / geography</td>
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**Health Outcomes**
- Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Source: Henry J. Kaiser Family Foundation
Introduction
  - Erica K. Dunbar, MPH
    Branch Deputy for Program, Health Department and CBO Initiatives, CDC

Chicago Department of Public Health
  - Dave Kern
    Deputy Commissioner, Syndemic Infectious Disease Bureau

DC Health
  - AveMaria Smith, M.Ed.
    Interim Deputy Chief, Care and Treatment Division

South Carolina Department of Health and Environmental Control
  - William Tanyi, DHSc, MPH, MBBS
    EHE Prevention Program Coordinator
  - Pamela Davis, MPH
    HIV/Viral Hepatitis Counseling, Testing, and Linkage Program Manager

Q&A

Wrap Up
DC HEALTH

Status Neutral Programming

NASTAD 2022
STATUS NEUTRAL IN DC/EMA

OVERVIEW

• EMA Overview
• Background
• Status Neutral Programs
• Lessons Learned
Geographic Distribution of the Number of Living in the DC EMA, by County, 2020, N=39,730

Number of HIV Cases
- 1-311
- 312-1,927
- 1,928-5,595
- 5,596-8,667
- 8,668-17,830
REGIONAL EIS: BACKGROUND

BIRTH OF STATUS NEUTRAL, REGIONAL EFFORT

➢ Ongoing Regional/DMV Health Department Collaboration
  ▪ Parts A & B Funding Overlap
  ▪ Maximize Funding/Coordinated Response across EMA
  ▪ DC EMA Recipient to lead status neutral effort
  ▪ RW Part A funding for Infrastructure
  ▪ EIS: combination of services, not a standalone category
REGIONAL EIS: BACKGROUND

BIRTH OF STATUS NEUTRAL, REGIONAL EFFORT

➢ Regional EIS Task Force
  ▪ Representatives from 3 Health Depts: Ryan White & HIV Prevention Programs. ~11 People
  ▪ Current landscape of funding & unmet needs
  ▪ Program Design & Development Activities

➢ Planning Body (COHAAH) Presentation
  ▪ Stakeholder Buy-in; Approval for Funding Re-programming
REGIONAL EIS: PROGRAM DEVELOPMENT

CORE ELEMENTS

➢ No Wrong Door
➢ Biomedical Component: Rapid ART, PREP/PEP
➢ Intentional & innovative outreach specific to Focus Population
➢ Individualized whole person wellness approach
➢ Trauma informed approach
➢ Culturally responsive & flexible
REGIONAL EIS: PROGRAM DEVELOPMENT

CORE ELEMENTS

- Improve engagement & retention in care & durable viral load suppression (HIV+)
- Comprehensive harm and risk reduction
- Engagement w/non-traditional/RW providers
- Community awareness, U=U, Marketing
- Use of Technology
HI-V PROGRAM

Status Neutral Philosophy:

Prioritizes the engagement of both people living with HIV and persons with risk behavior for HIV through a status-neutral approach. Focuses on activities that meet the needs of focus populations overall, rather than dividing services into either HIV prevention or HIV care.
HI-V PROGRAM

Focus Populations:
- Gay, bisexual, same gender loving, MSM (all races & ethnicities)
- Black/African American women & men
- Latino men and women
- People who use drugs
- Youth aged 13 to 24 years
- Transgender women and men
HI-V PROGRAM

The “Hi-V” (*high-five*) pillars promote equity, eliminate barriers, and improve whole-person health for clients:

- “Find’em”
- “Teach’em”
- “Test’em”
- “Link’em”
- “Keep’em”
HI-V SUCCESS

REGIONAL EIS

- 21 Funded Programs
  - 5 in Virginia
  - 3 in Maryland
  - 13 in Washington, DC (8 DC/MD)

- 6 New Partnerships (3 RW Naïve)

- Sample Focus Populations: LGBTQ Ballroom; AA male/female Returning Citizens; Transgender Youth 18-29

- Increased VLS – at least 3% across the EMA

- 95% of HIV negative clients linked to a preventive service

- 88% of HIV negative clients linked to a support service
EHE STATUS NEUTRAL

SECOND PHASE OF STATUS NEUTRAL

Ending the HIV epidemic programs

Two Grants (CDC and HRSA), One Purpose

Integrated health approach – blending funding streams to create status neutral programming using both CDC and HRSA EHE funding to create new and innovative programs
EHE STATUS NEUTRAL

ENDING THE HIV EPIDEMIC PROGRAMS

• The integrated health approach will:
  - Address the barriers to care engagement by reducing chronic conditions and stress factors that reduce treatment effectiveness.
  - Build trust with newly diagnosed individuals will result in timely and lasting engagement of partners to persons with HIV and reduced new infections.

• Blended funding (CDC/HRSA EHE funds), most are 60% CDC, 40% HRSA
STATUS NEUTRAL

ENDING THE HIV EPIDEMIC PROGRAMS

• Wellness Initiative
  • Integrated health and wellness – Dr. Ron Simmons Wellness Program
• Data to Action
• PrEP in Housing
• Care Coordination
  • Integration of clinical care coordinators into private provider care systems
EHE STATUS NEUTRAL

THIRD PHASE OF STATUS NEUTRAL

Home Grown Innovation

- What are we going to do with our Part B Grant?

- Focus on what we need: Movement along the Care Continuum
STATUS NEUTRAL

RYAN WHITE PART B PROGRAM

GOAL: 90% Know Their Status
- Socioeconomic Status
- Mental Health, Substance Abuse/Use, Domestic Violence, and Trauma
- Risk Factors and Barriers to Care

GOAL: 90% In Treatment
- Case Management and Insurance Navigation
- Primary and Specialty Care
- Coordination and Management of Care

GOAL: 90% In Treatment Virally Suppressed
- Health Literacy
- Peer Support/Navigation
- Linkage to Housing and Support Services
- Mental Health, Substance Abuse/Use, Risk Reduction Counseling
- Coordination and Management of Care
- Health and Wellness Promotion
- Adherence Support
- Treatment Assistance
- Pre-Exposure Prophylaxis (PrEP)
- Drug Therapy
- Antiretroviral Therapy (ART)
- Treatment Assistance
- Adherence Support
- Health and Wellness Promotion

District of Columbia HIV Prevention and Care Continuum – May 2016
STATUS NEUTRAL

RYAN WHITE PART B PROGRAM

- Funding Mix
  - RW Part B Base
  - Local
  - Rebates

- More internal burden
  - Funding source linked to activity

- PrEP-DAP
  - Provision for PrEP where needed
STATUS NEUTRAL PROGRAMS

LESSONS LEARNED

➢ Innovation requires flexibility
➢ Status Neutral Approach = Paradigm Shift (staff, providers)
➢ Program Kick-Off Meeting CRITICAL to clarify program expectations
➢ Established Providers required significant TA determining focus populations
➢ Data – how to incorporate Non-traditional Outcomes, qualitative measures & fit into RW/grantor framework
➢ Create a learning community – provider & consumer engagement
➢ Evaluation – how to measure impact/success, develop with programming
Employing Status-Neutral Approaches to End the HIV Epidemic in South Carolina

William N. Tanyi, DHSc, MPH, MBBS.
EHE Prevention Program Coordinator
Communicable Disease Prevention and Control
Overview of Current DHEC Status-Neutral Programs

- HIV Home Testing Program
- HIV Mobile Testing Program
- HIV Testing in Healthcare Facilities

In negotiations
- HIV Testing in Walgreens Pharmacy
- Real-Time Data Health Exchange (Emergency Departments [ED] and Detention Centers)

- All HIV testing is done on an opt-out basis
SC Testing Strategies

- Routine/Opt-out/Universal Screening
- Geospatial mapping
- HIV incidence and prevalence surveillance data
- HIV education and awareness
- Integrated Testing/Services
- HIV Self-Testing
- Mobile Testing
- Retail Pharmacy
## SC HIV Testing Sites

<table>
<thead>
<tr>
<th>Service Site</th>
<th>Number of Locations</th>
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<tbody>
<tr>
<td>Local Health Departments</td>
<td>51-(Some temporarily closed due to clinic shortage)</td>
</tr>
<tr>
<td>Community Based Organization (CBOs)</td>
<td>9-locations</td>
</tr>
<tr>
<td>3- Federally Qualified Health Centers (FQHCs)</td>
<td>41-locations</td>
</tr>
<tr>
<td>Greenville Memorial Hospital Emergency Department</td>
<td>5-Satellite locations</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>10-Behavioral Health Centers</td>
</tr>
<tr>
<td></td>
<td>4-Recovery Centers</td>
</tr>
<tr>
<td></td>
<td>1-Medication Assistance Treatment/Individual Treatment Program</td>
</tr>
<tr>
<td>Retail Pharmacy - Walgreens</td>
<td>10-locations</td>
</tr>
</tbody>
</table>
Mobile Prevention Services

- HIV/HCV Testing
- GC/CT Self Testing
- Syphilis
- Comprehensive Pre-exposure Prophylaxis (PrEP) services
- Substance Abuse Services
  - Harm reduction education material and supplies
- Wound care
- Vaccines (Hep A, Hep B, Coronavirus Disease 19 [COVID])
- Syringe Disposals
- Telehealth
- Referral/Linkage To Care services
Comprehensive Testing Numbers: January 2021 - December 2021

Comprehensive Testing Numbers: January to December 2021

- Non-Healthcare Settings (CBOs): 7,541
- DHEC Clinics: 11,602
- Clinical Funded Sites: 27,201
- All Sites: 46,344

18% more than 2020

15% more than 2020

Legend:
- Blue: Number of HIV Tests
- Orange: Number of Identified Positive Individuals
How Programs Address Social Determinants of Health

- Programs are free or on a sliding fee scale
- Decrease community HIV, HIV co-morbidities and syndemics
- Improve the quality of life of People with HIV (PWH) and offer Partner Services to their partners
- Address stigma and discrimination
- Offer housing, transportation, substance use risk reduction, and mental health assessment for disadvantaged populations
- Increase Tele-health programs
- Increase Discharge Planning in Detention Centers to include prisons
- Meet clients where they are
Current Success

- Successful messaging through Facebook (i.e., Taboo Tuesday), webinars, observances, digital and print media
- Increased uptake in services (i.e., PrEP)
- Rapid detection and response to clusters
- Rapid linkage to care, retention in care and viral suppression
- Increased number of people with knowledge of HIV status
- Increased knowledge of HIV through expanded opt-out HIV testing modalities
Challenges Encountered

• Missed opportunities for HIV testing and diagnosis
  • Pre-testing Awareness
  • Individuals not aware of HIV status
• Retention in HIV care and STIs are surging in SC
• PrEP Uptake: eligibility, referral, initiation
• South Carolina Laws: Syringe Services Program (SSPs), bi-directional data sharing
• Lack of Medicaid expansion in South Carolina
• Housing Opportunity for Persons with AIDS (HOPWA): Qualifications, eligibility, and administration
  • Housing cost exceeds fair market rent
• Racism, stigma and discrimination
• COVID-19
  • Agency Turnover
  • Clinic Closures
Lessons Learned/Advice/Tips/Best Practices to Share with Other HDs

• Strong subrecipient communication and relationship
• Interdepartmental collaboration within the Health Department
• 340B implementation in Prison Settings
• An agent of change
Contact Us

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