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

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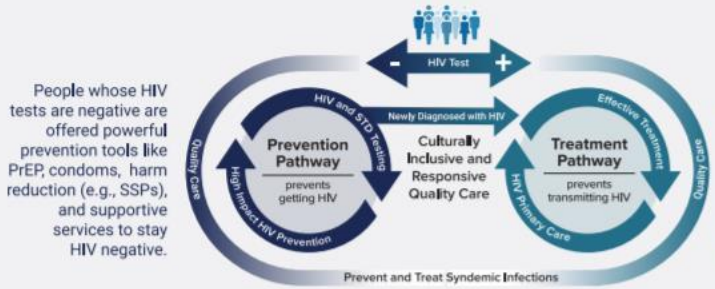
Status-Neutral Approach Guidance

- 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.

BOX 5
STATUS-NEUTRAL APPROACH TO HIV SERVICES

Adoption of a status-neutral approach to HIV services—in which HIV testing serves as an entry point to services regardless of positive or negative result—can improve testing as well as prevention and care outcomes.

Status-Neutral HIV Prevention and Care



Follow CDC guidelines to test people for HIV. Regardless of HIV status, quality care is the foundation of HIV prevention and effective treatment. Both pathways provide people with the tools they need to stay healthy and stop HIV.

Figure 7. CDC's HIV status-neutral approach to HIV services

People who receive a negative HIV test result are offered powerful tools that prevent HIV, which may include pre-exposure prophylaxis (PrEP) and information about access to condoms and sexual health and harm reduction services. The prevention pathway emphasizes a consistent return to HIV testing and facilitates seamless entry to treatment for people who later receive a positive test result.

People who receive a positive HIV test result should be quickly engaged in HIV primary care and prescribed effective treatment to help them achieve and maintain an undetectable viral load and to tend to their other non-HIV-related health care. An undetectable viral load essentially eliminates the risk of sexual HIV transmission and enables people with HIV to live long, healthy lives.

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Social Determinants of Health

Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	
Medical bills	Playgrounds	Higher education		Stress	Quality of care
Support	Walkability				
	Zip code / geography				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Source: Henry J. Kaiser Family Foundation

KFF
HENRY J. KAISER FAMILY FOUNDATION

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Agenda

- 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

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CHICAGO DEPARTMENT OF PUBLIC HEALTH

HIV Services Portfolio

A Status-neutral System to End the Epidemic

February 2022

Dave Kern (he/him)
Deputy Commissioner
Syndemic Infectious Disease Bureau

Background – HIV Services Portfolio

- **Definition:** The collection of all HIV services that work together to reduce new HIV infections and increase the quality of life for those living with and vulnerable to HIV.

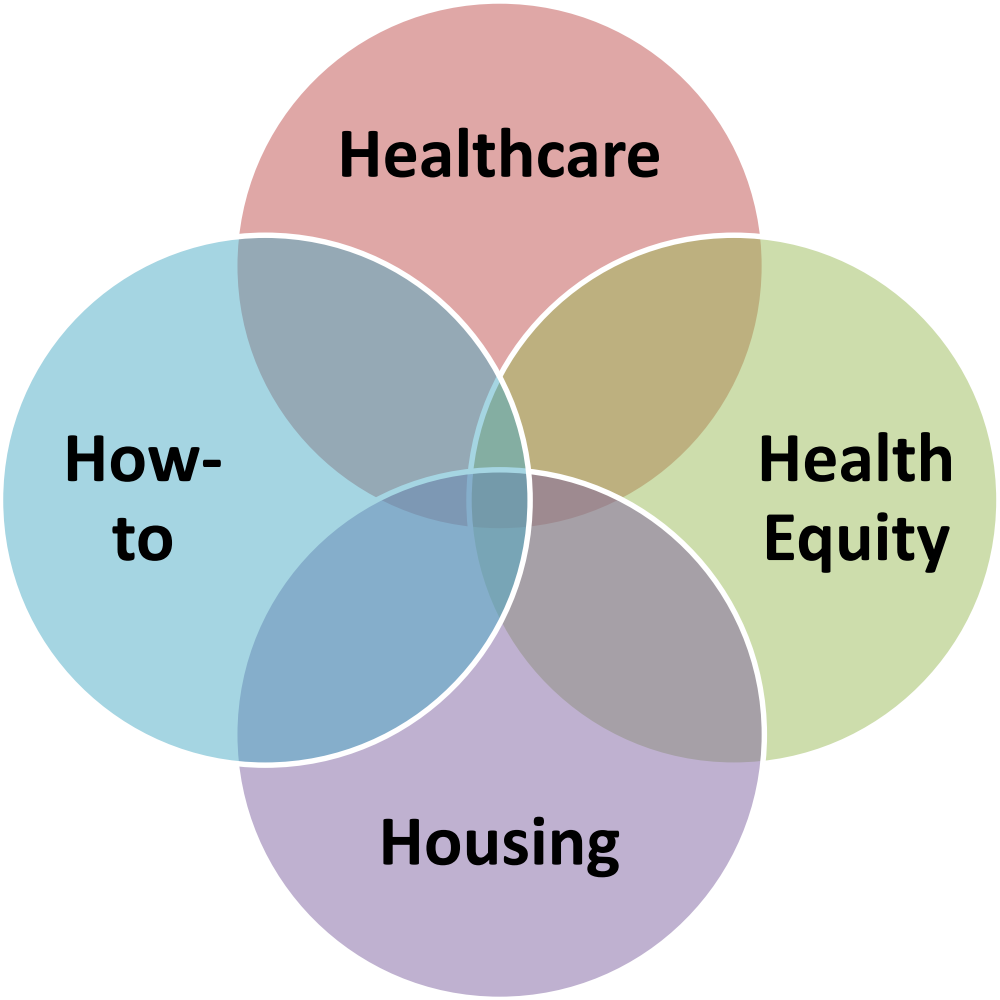
- **Purpose:** To accelerate progress toward getting to functional zero HIV infections by 2030.

- **Outcomes:**
  - Increase the number of PLWH who are virally suppressed.
  - Increase the number of persons vulnerable to HIV who use PrEP.

Background – HIV Services Portfolio

- Funding is integrated across all CDPH HIV/STI fund sources.
- Wherever possible, services are provided in a status-neutral way.
- Syndemic infectious diseases are integrated, where appropriate and feasible.
- The Portfolio aligns with priorities set forth in the Illinois Getting to Zero plan, the National HIV/AIDS Strategy, EHE, and Federal funder priorities and requirements.

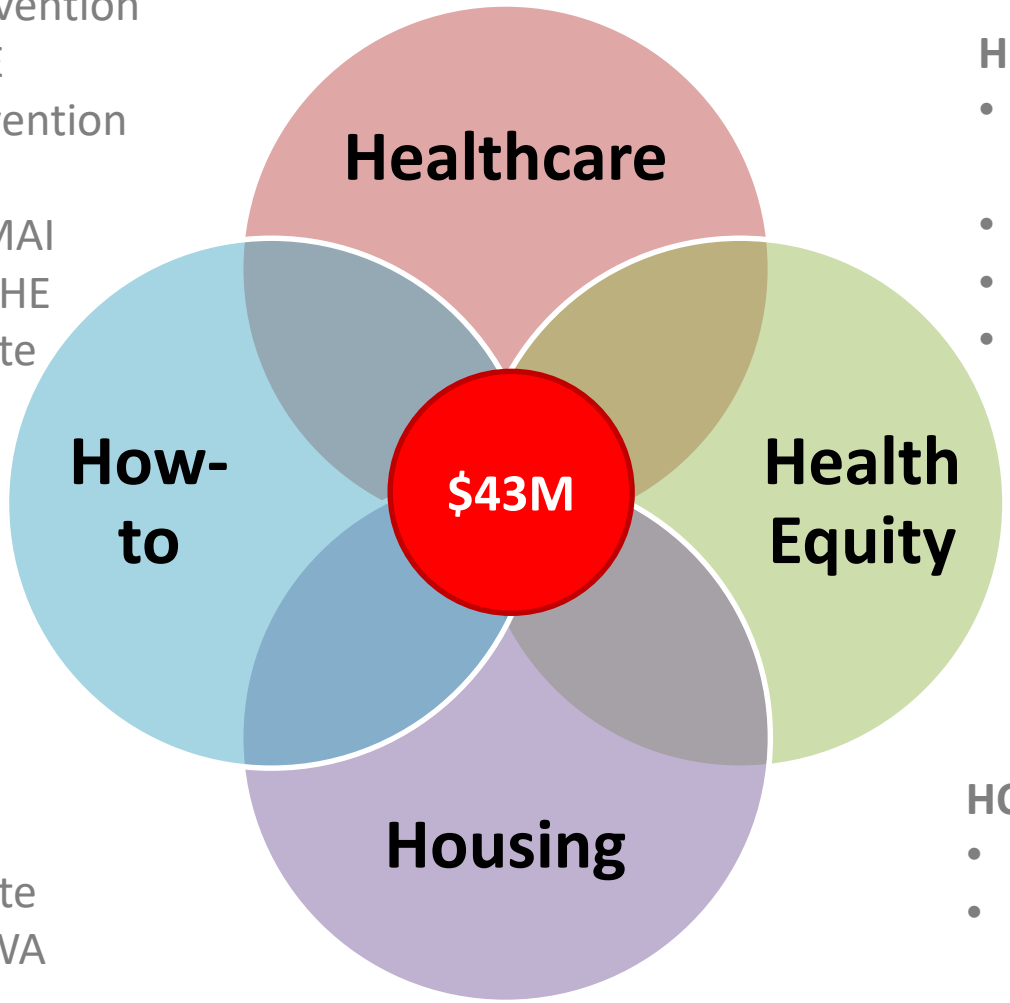
Background – HIV Services Portfolio



HIV Services Portfolio w/ Fund Sources

HEALTHCARE
- CDC HIV Prevention
- CDC HIV EHE
- CDC STI Prevention
- HRSA – RWA
- HRSA – RWMAI
- HRSA – RWEHE
- City Corporate

HEALTH EQUITY
- CDC HIV Prevention
- CDCHIV EHE
- City Corporate
- Blue Cross/Shield



HOW-TO
- CDC HIV Prevention
- CDC STI Prevention
- HRSA – RWA
- City Corporate
- HUD – HOPWA

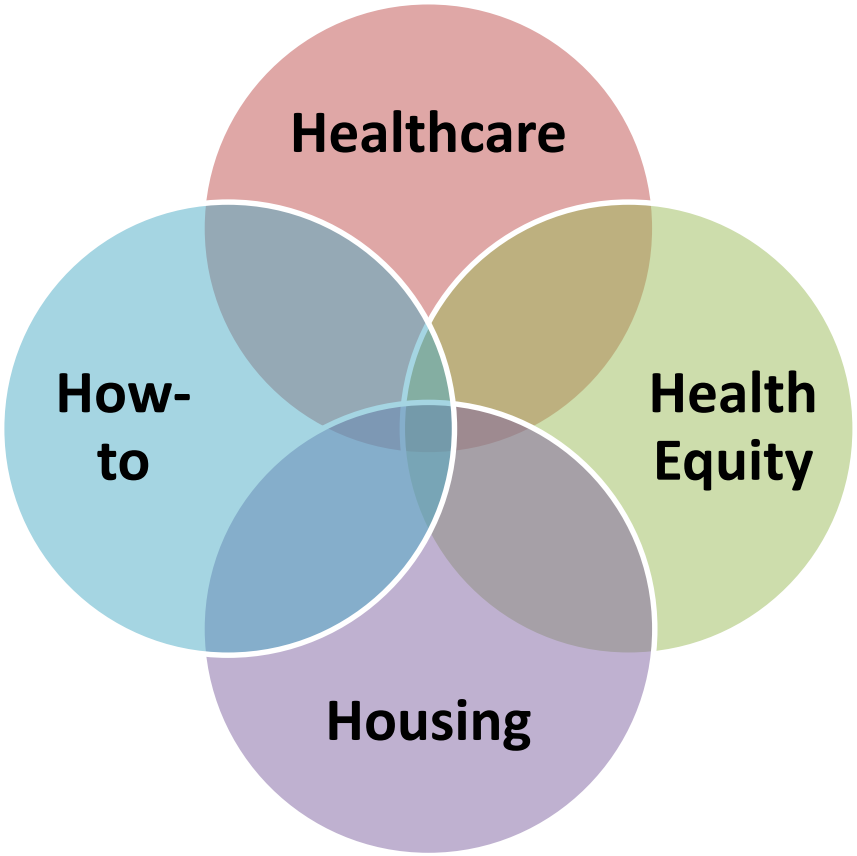
HOUSING
- HUD – HOPWA
- City Corporate

EHE: Ending the HIV Epidemic; HRSA – RWA: Health Resources and Services Administration Ryan White Part A; MAI – Minority AIDS Initiative; HUD – HOPWA: Department of Housing and Urban Development Housing Opportunities for Persons with AIDS

Examples of Status-neutral Programs

How-to – Resource Coordination

HIV Resource Coordination Hub →



How-to – Resource Coordination

- **Purpose:** Expand the number of individuals who are linked to and use HIV services in the Chicago EMA → no wrong door.

- **Description:** Funds create a comprehensive resource center that provides information about and direct linkage to HIV services and facilitation of emergency financial assistance for people living with and vulnerable to HIV.

- **Notable outcomes (02.14.2020-02.14.2021):**
  - Fielded >1,400 calls.
  - Served 981 unique clients.
  - Connected 324 people living with and vulnerable to HIV to emergency financial assistance, totaling >$605,000, for rent, utilities, food, transportation, and more.

The HUB
Your Health Resource

How-to – Resource Coordination

- **Funded Projects:** 1

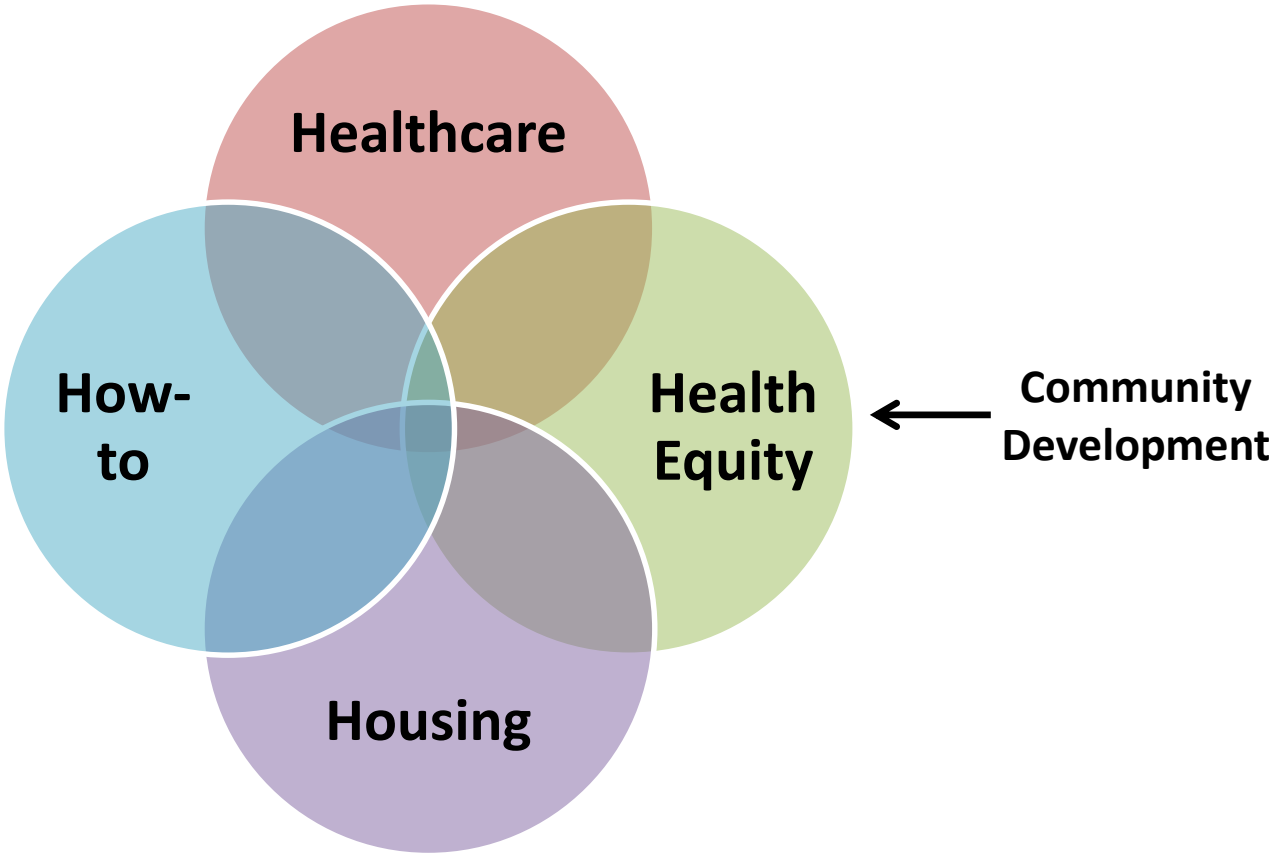
- **Funding Amount: $1,900,000**
  - CDC HIV Prevention: $250,000
    - Provide comprehensive HIV-related prevention services for persons living with and vulnerable to HIV.

  - Ryan White Part A: $400,000
    - Referral for Healthcare – Direct clients to services, in-person or through telephone, written, or other type of communication.

  - HOPWA: $1,000,000
    - $500,000→ Housing Information Services – Provides assistance in securing housing.
    - $500,000→ Housing Support Services – Provides services that helps clients manage HIV.

  - City Corporate: $250,000

Health Equity – Community Development



Health Equity – Community Development

- **Purpose:** To address the intersections of HIV and social determinants of health, e.g., employment, housing, social exclusion/isolation.

- **Description:** Funds support work with priority communities to develop structural-level interventions to reduce disparities in viral suppression and PrEP use. Priority communities include cisgender Black and Latino/x gay, bisexual, and other men who have sex with men; transgender Black and Latina/x women; and cisgender Black heterosexual women.

- **Notable outcomes (02.14.2020-02.14.2021):**
  - Each funded project convened and activated members of priority communities to gather guidance and to create solutions to address priority issues/concerns that create barriers to HIV treatment and PrEP.
  - Issues/concerns included employment, wealth generation, education/awareness, and safety.

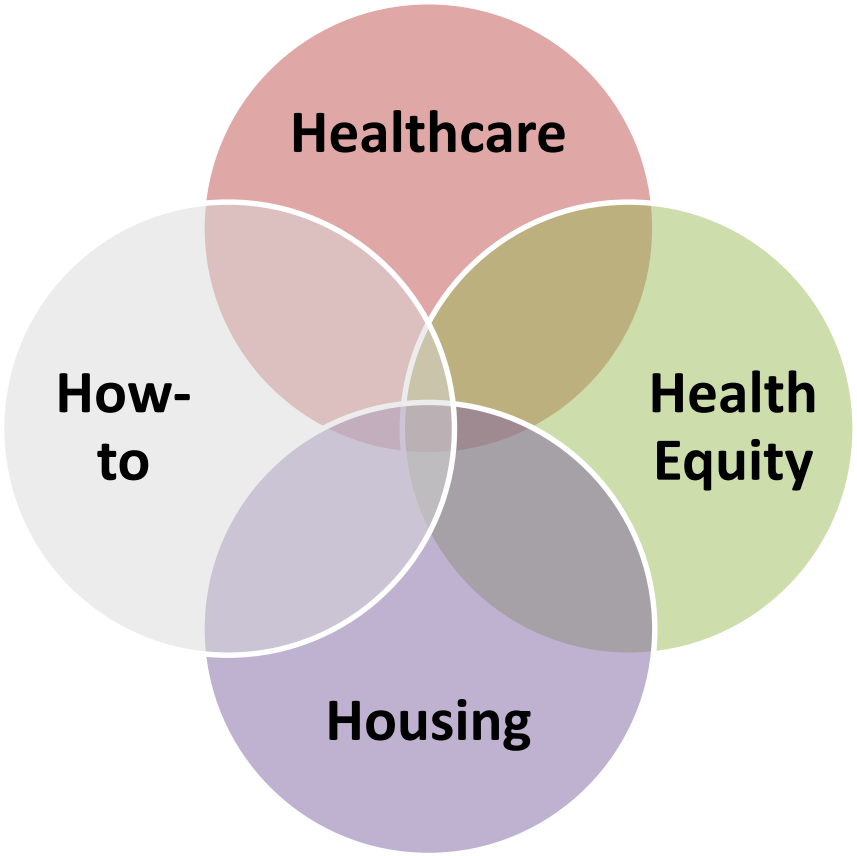
The HUB
Your Health Resource

Health Equity – Community Development

- **Funded Projects:** 4

- **Funding Amount: $1,200,000**
  - CDC HIV Prevention: $1,200,000
    - Provide comprehensive HIV-related prevention services for persons living with and vulnerable to HIV.
    - Conduct community-level HIV prevention activities (community mobilization).

Housing – Vulnerable



Housing – Vulnerable

- **Purpose:** To provide housing for HIV-negative PrEP users as a complement to HOPWA-funded programming for PLWH.

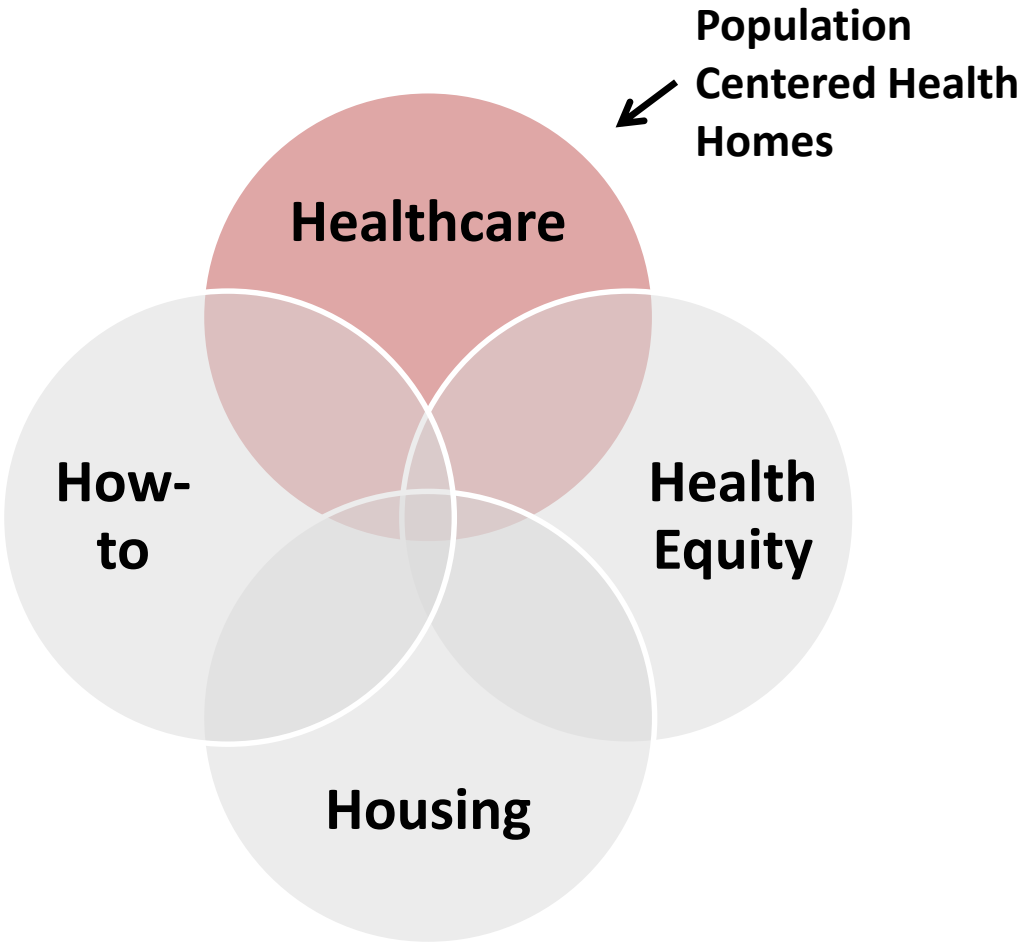
- **Description:**
  - Funds support transitional housing for persons vulnerable to HIV to support successful PrEP use.

- **Funded Projects:** 1

- **Funding Amount: $750,000**
  - City Corporate: $750,000

- **Notable Outcomes 12.2019-12.2021:**
  - Program has housed 31 individuals.
    - 79% Black, 21% Latino/x
  - 67% of discharged clients exited to permanent housing.
  - 100% clients remained HIV-negative.

Healthcare – Population Centered Health Homes



Healthcare – Population Centered Health Homes

- **Purpose:** Population Centered Health Homes (PCHH) provide comprehensive, coordinated services to persons living with and vulnerable to HIV to promote successful use of ARV for treatment and PrEP.

- **Description:** PCHH were designed to provide the right services to the right people in the right way.

Healthcare – Population Centered Health Homes

- **Description (continued):**
  - Funds are organized into 4 categories of service:
    - HIV Screening and Linkage
      - Funding source: RWHAP Part A
    - Services for People Living with HIV
      - Funding source: RWHAP Part A
    - Services for Persons Vulnerable to HIV
      - Funding source: CDC HIV Prevention, CDC STD Prevention, Corporate
    - Additional Support Services
      - Provided through referral to other CDPH-funded programs

➢ People served have access to the same services, regardless of status.

Healthcare – Population Centered Health Homes

- **Funded Projects:** 12

- **Funding Amount:** $12,939,025
  - Ryan White Part A/MAI: $10,007,025
  - Ryan White EHE: $1,082,000
  - CDC HIV Prevention: $800,000
  - CDC STD Prevention: $250,000
  - Corporate: $800,000

- **Notable Outcomes 09.2019-02.2021 (provisional):**
  - 78,718 people screened for HIV
  - 747 cases were diagnosed, 654 of which were new diagnoses
  - 15,845 PLWH served
  - 6,556 prescribed PrEP

Then and Now

Previous Model	Status-neutral Model
Separates services for persons living with and vulnerable to HIV	Integrates services for persons living with and vulnerable to HIV, wherever possible
Funds highly targeted stand-alone services	Funds comprehensive, targeted “bundles” of services, wherever possible
Services funded through single fund sources	Services funded through braided fund sources, wherever possible
Heavy focus on behavioral and biomedical outcomes	Heavy focus on biomedical outcomes
Limited engagement of healthcare system	Significant engagement of healthcare system

A Few Lessons Learned

- Our status neutral model is inherently focused on HIV treatment and PrEP and has a preference for comprehensive, integrated programs. In some cases, this makes it difficult for smaller, non-clinical organizations, most of which do not provide medical and behavioral healthcare, to successfully compete for direct funding.

- Partnerships worked well (e.g., large FQHC + small CBO).

- There is not enough funding to cover all needed services, particularly for persons vulnerable to HIV, e.g., housing and behavioral health.

- A small amount of local funding goes a long way.

A Few Lessons Learned

- Understanding the limits/flexibility of fund sources is critical (e.g., RW service categories).
- Contracting across multiple fund sources is difficult, but possible.
- Building community consensus is critical (and helps cover tough decisions).
- Status neutral programming at the client-level works, though it requires new service delivery models and time for partners to acclimate (and, in some cases, breaking up with some beloved programs).

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DC | HEALTH

Status Neutral Programming

NASTAD 2022

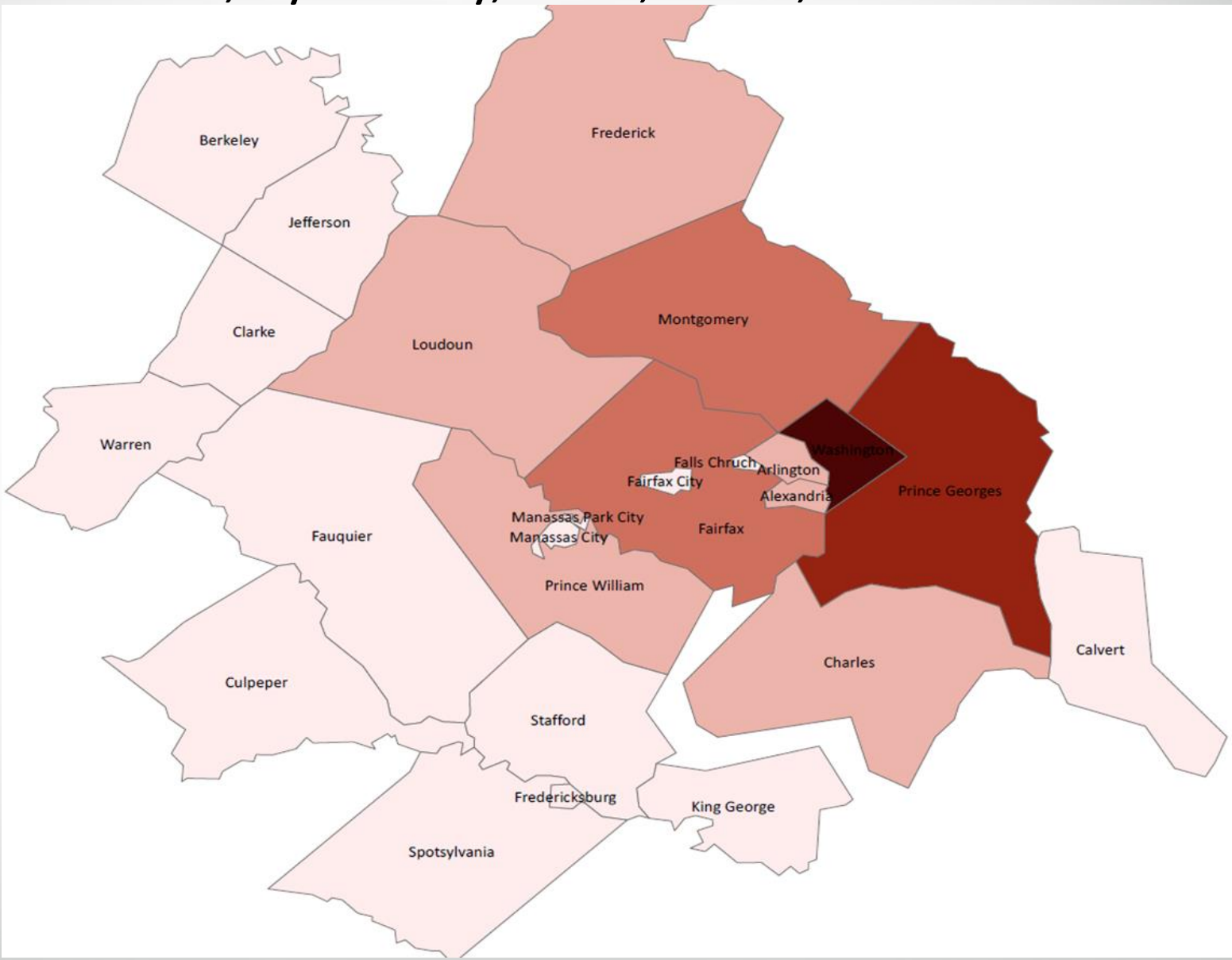
GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

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 (COHAH) 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

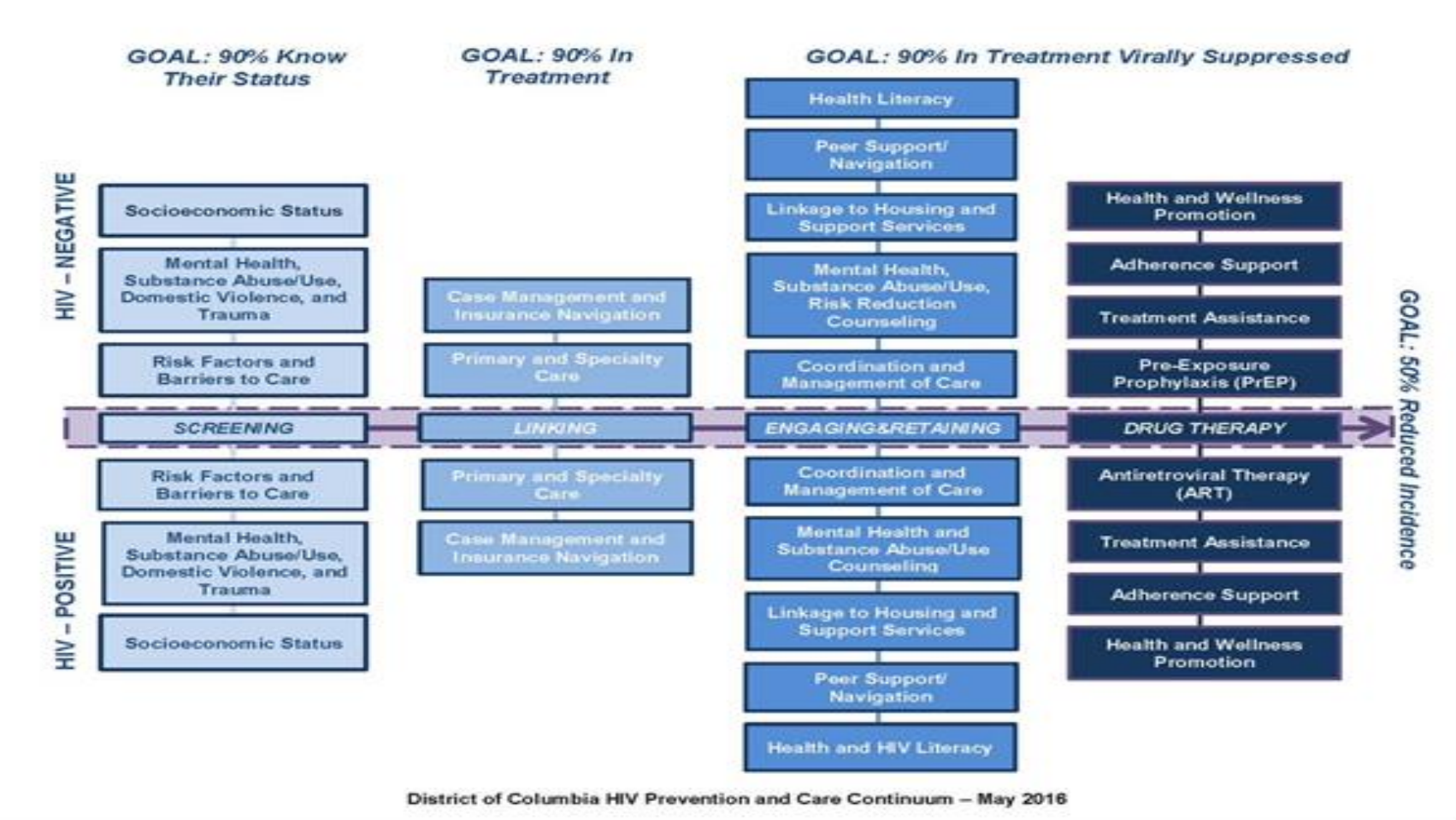
THIRD PHASE OF STATUS NEUTRAL

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



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

DC | HEALTH

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Employing Status-Neutral Approaches to End the HIV Epidemic in South Carolina

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EHE Prevention Program Coordinator

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dhec

Healthy People. Healthy Communities.











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

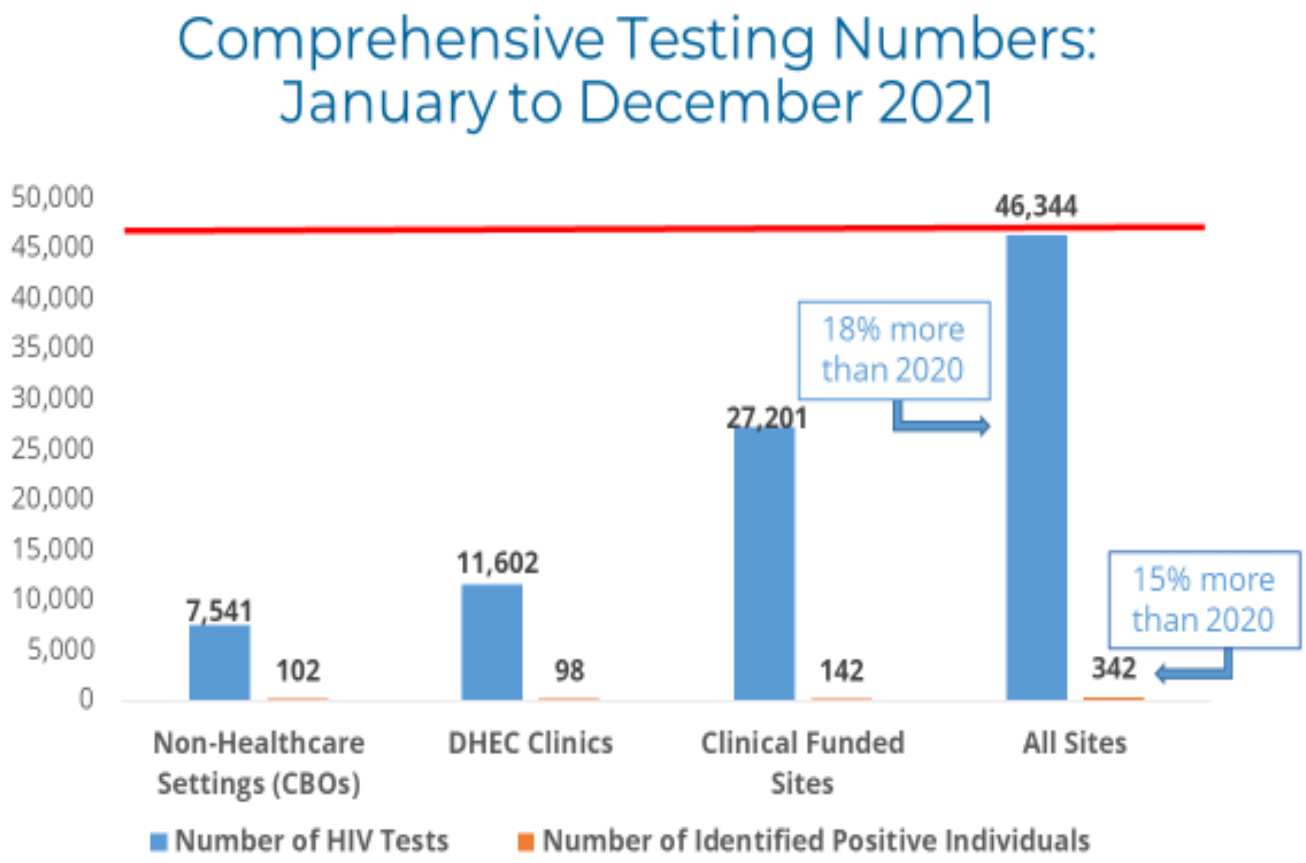
SC HIV Testing Sites

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

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



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

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Contact Us

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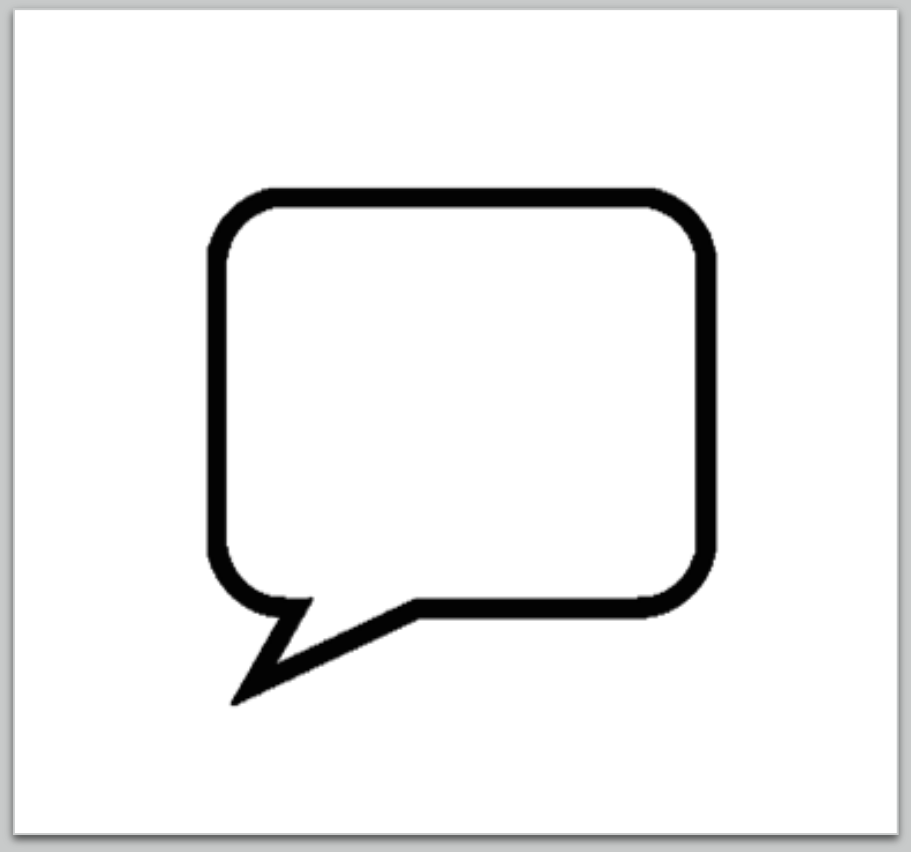
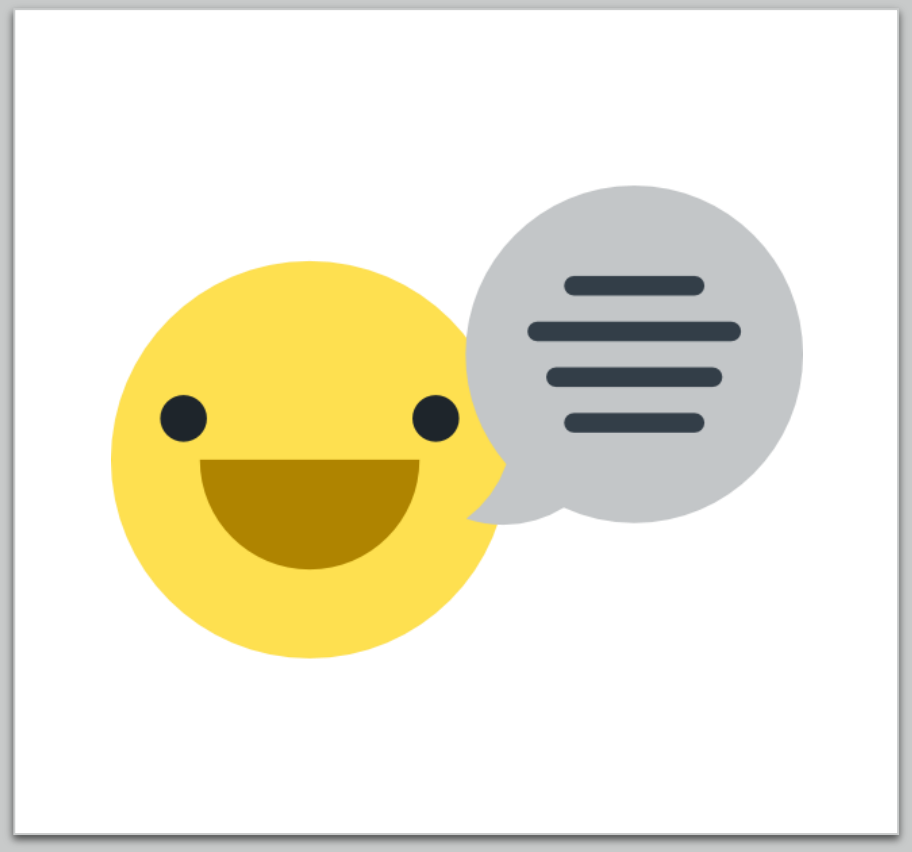
Q&A/Discussion





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