



SOCIAL DETERMINANTS OF HEALTH SERIES

Community Development Highlights

AUGUST 2022



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LOS ANGELES, CALIFORNIA

LA County Department of Public Health, Division of HIV and STD Programs



The HIV.E Staff from The Wellness Center and AMAAD Institute.

Q Tell me a little bit about who you are and your work.

A We are the Los Angeles County Department of Public Health, Division of HIV and STD Programs (LA County). Through our Ending the HIV Epidemic Initiative (EHE), we developed our [EHE Plan for Los Angeles County](#), which we use as a guide in implementing strategies that will catalyze our efforts to reach the national goal of reducing HIV by 90% by 2030.

Q What is the (abbreviated) history of your health department (HD) and HIV programming?

A The Los Angeles County Department of Public Health, Division of HIV and STD Programs has planned, implemented, and evaluated HIV prevention and treatment programming for decades in collaboration with long-standing and new partners including medical clinics and community-based organizations in both the public and private sector. We have over 60 contracted providers implementing medical and supportive services programs funded through the Ryan White Program, the Centers for Disease Control and Prevention (CDC), and additional funding streams. Similar to jurisdictions across the U.S., LA County launched the local Ending the HIV Epidemic Initiative in 2020 in the midst of the COVID-19 pandemic and social justice movement.

Q How does your HD define community development?

A For LA County, our community development work under EHE is centered on empowering and mobilizing our community to address and dismantle health and racial inequities at the heart of HIV and related syndemics to improve outcomes across the entire HIV care continuum.

Q What is the community development focused initiative or support? What are the goals and expected outcomes?

A There are three community engagement initiatives that are part of our EHE efforts that we would like to highlight: (1) the development and launch of our EHE Steering Committee, (2) the launch of the EHE Community Engagement Program, and (3) the launch of the EHE Outreach and Education Unit.

The broad goals that drive our community engagement work (as well as the three initiatives mentioned above) include: (1) uplifting new voices of persons affected by and/or living with HIV, (2) developing meaningful partnerships with non-traditional HIV partners (i.e., cross-sector collaboration with housing, substance use, mental health, and domestic violence service provider partners, among others), and (3) increasing education and awareness among the broader Los Angeles County community most impacted by HIV on this epidemic and its related disparities.

How does it support the community at large or specific communities?

Our EHE Plan, including community engagement efforts, focuses on strategies that support our five priority populations identified based on our epidemiologic profile and a recent County-wide situational analysis: Black and Latinx men who have sex with men, people of trans experience, women of color, and people with substance use disorder or who inject drugs. Direct engagement with the communities most affected by HIV is imperative to our work.

“By working alongside the EHE Steering Committee as well as other community-based organizations CBOs I have had the privilege of getting to meet those within the neighborhood of South Los Angeles on a highly personal level. This has allowed me to get to know the needs of several minority groups such as people of color, transgender people, others within the LGBTQIA+ community, those facing housing insecurity, and many more. Because of this, I have been able to get first-hand advice on ways I can do more both in my professional and personal life to help break down roadblocks and bridge barriers to healthcare and general support to those who need it most.”



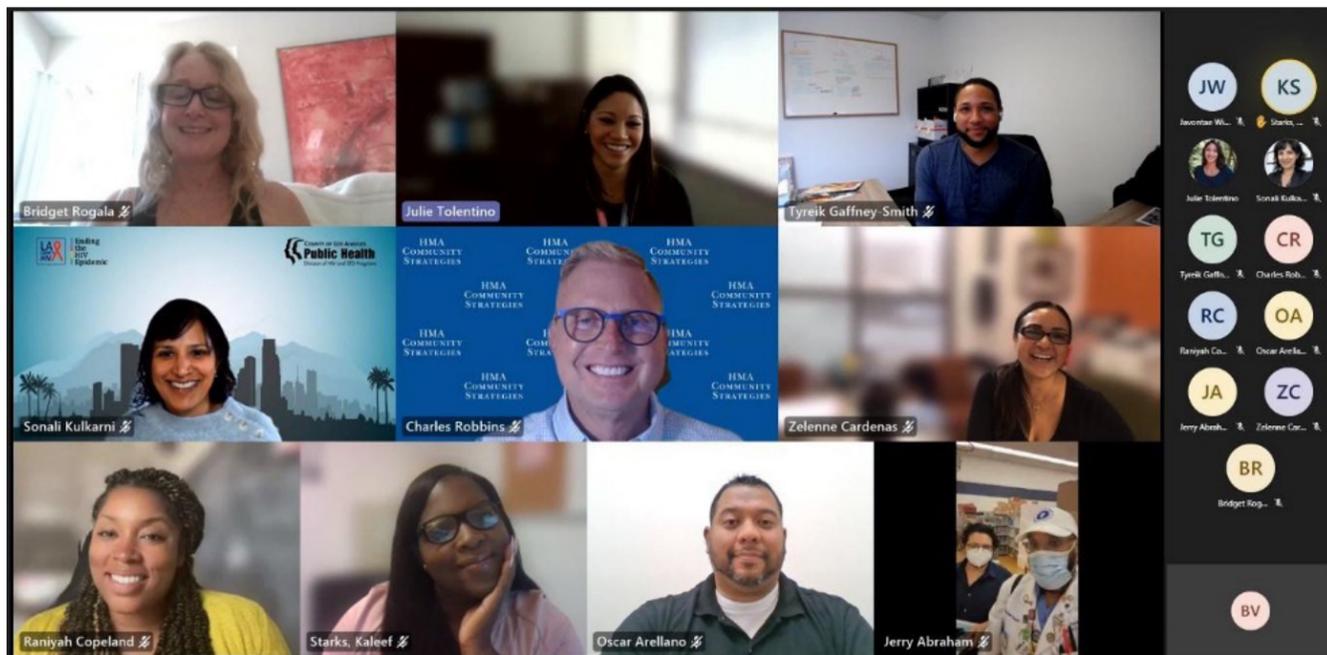
– Jerry Abraham, MD, MPH, CMQ,
LA County EHE Steering Committee
Member

Have you been able to engage new and nontraditional partners in this work? If so, how?

- 1. EHE Steering Committee:** We were able to recruit 17 Committee Members from new and nontraditional partners across multiple sectors to engage in our EHE work.
- 2. EHE Community Engagement Program:** We were able to contract with two new partners, The Wellness Center and Arming Minorities Against Addiction and Disease (AMAAD) Institute, who are embedded in the Los Angeles County community and serve our EHE Priority Populations. The program was designed to reach new voices in the community by recruiting them to participate in the community mobilization program.
- 3. EHE Outreach and Education Unit:** This unit is focused on increasing education and awareness about EHE and HIV-related issues and is developing new partnerships with externals partners including community-based organizations, universities and colleges, among others. The Unit is also strengthening partnerships within the County system to identify opportunities for collaboration.

Engaging with the community also bolsters the relationship between the most vulnerable members of our target populations.

EHE Steering Committee



Q What inspired and informed your work to include community development?

A We understand the importance of uplifting the voices of those living with and affected by HIV. EHE has provided the opportunity to be more intentional with the development and launch of new, innovative programs for and led by communities most impacted.

We invited representatives from our [EHE Steering Committee](#) to weigh in on the importance of community development and engagement from their perspective.

“Community engagement is required in our efforts to end the HIV epidemic for several reasons. First, engaging transgender and other gender-diverse communities in EHE efforts demonstrate ongoing efforts to address systemic barriers to accessing care which often results in poor health outcomes. Direct engagement with the communities most affected by policy changes and healthcare systems changes helps to challenge the narrative that trans and non-binary communities are, ‘hard to reach,’ and often reveals that services are extremely difficult to access for people affected by HIV. Engaging with the community also bolsters the relationship between the most vulnerable members of our target populations, earning a foundation of trust that is bolstered with mutual respect and a sense of responsibility among community members. By joining forces with communities that are already intimately aware of their needs and challenges, we can address the root issues that affect the daily lives of trans people living with and affected by HIV.”



– Matthew Gray Brush, MPH, LA County EHE Steering Committee Member

Q Why is community development important to Ending the HIV Epidemic (EHE)?

A Some of the most impactful interventions are those that are community-informed and community-led. It is important to gather input directly from the community as we develop and implement our various projects and important that communities have a say in the decision-making process. To make the process fruitful, developing a community understanding of the scope and complexity of the epidemic along with providing guidance on potential solutions is crucial. Our community development projects have allowed for the creation of spaces where community members can openly express their ideas and proposed solutions in a structured format, allowing us to foster community-driven solutions to end the HIV epidemic.

“Community engagement is an imperative element in Ending the HIV Epidemic because, as it no longer holds a very high news presence, many people have begun to devalue the fact that this is still a very prevalent problem, especially among Black and Brown men who have sex with men. Over 1.2 million people within the U.S. are currently living with HIV, with more cases appearing each day. It is important that medical professionals and community groups are raising awareness that this epidemic is still very much alive and provide the necessary tools to prevent HIV transmission and acquisition. By having honest and open conversations with those around us we will be able to share important facts about HIV, provide resources, and make those currently living with HIV feel heard and less alone.”

– Jerry Abraham, MD, MPH, CMQ, LA County EHE Steering Committee Member

Q Have you had any successes or lessons learned from it that you would like to share?

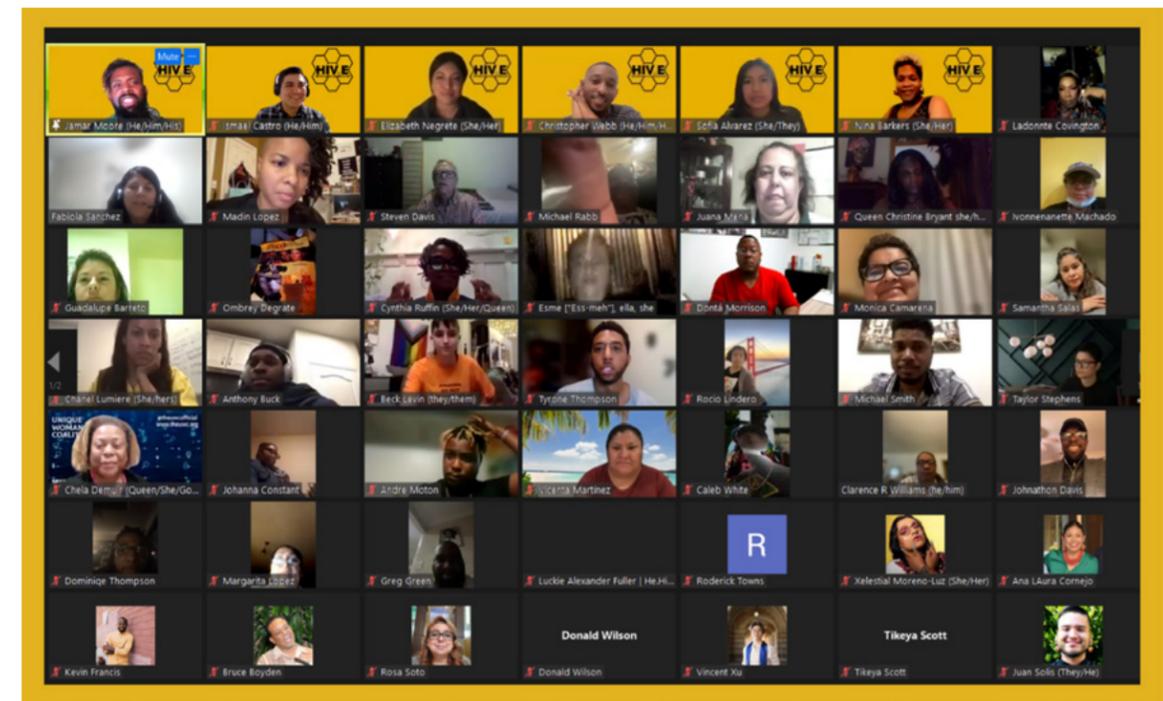
A Notable success thus far:

1. EHE Steering Committee: We opened applications in August 2020, received and reviewed over 90 applicants, and selected 17 Committee Members who represented a diverse group of stakeholders with expertise integral to our EHE efforts. Each member was tasked with not only advising our EHE strategies and monitoring progress but also with serving as catalysts for change by being action-oriented EHE projects of their choice targeted to their networks and/or communities.

A HIV.E Community Engagement Event in South Los Angeles.



The HIV.E (EHE Community Engagement Program Cohorts leading EHE projects of their choice in Los Angeles County communities)



“I was inspired to participate in the EHE Steering Committee because the position allowed me to talk through new ideas and potential solutions to community issues and needs. Group conversations with members from diverse backgrounds and approaches to this work have revealed connections between the challenges we face and highlighted potential overlapping solutions. The COVID-19 pandemic has also facilitated long-overdue challenges about accessing the complex American healthcare system, insurance access and inequality, scientific literacy, and misinformation, and how efforts to address HIV at every level of prevention and treatment can inform and guide our solutions to address other forms of viral or chronic illness. Finally, joining the EHE Steering Committee offered an opportunity to further understand and pass on the rich history of activism, mutual aid, and collaborative community efforts throughout LA County that have and continue to support people living with and affected by HIV.”

– Matthew Gray Brush, MPH, LA County EHE Steering Committee Member

2. EHE Community Engagement Program: Through CDC 20-2010 EHE funding, we were able to develop a program and solicitation, and contract with an organization (The Wellness Center and Arming Minorities Against Addiction and Disease (AMAAD) Institute) to lead ten teams across the County to engage in community-selected and community-led projects of their choice. The program is called the HIV.E (HIV Education and Empowerment), follows the Community Based Participatory Research Framework (CBPR), and encourages the community teams to each work towards the implementation of a structural, institutional, or environmental change. We are eager to see the project outcomes the teams are able to achieve.
3. EHE Outreach and Education Unit: Through both CDC 20-2010 and HRSA 078 EHE funding, we were able to develop a team focused solely on outreach and education related to HIV and EHE efforts. Current projects include: website and social media revamps, student outreach to foster career pathways in the HIV sector, developing and maintaining new partnerships, and increasing knowledge and awareness in the broader community on EHE via presentations and outreach events.

FOR MORE INFORMATION

Our EHE website is www.LACounty.HIV where you can find the EHE Steering Committee Members' biographical sketches, and also sign up for the EHE listserv.

For questions or more information, please email EHEInitiative@ph.lacounty.gov

ARLINGTON, TEXAS

CAN (Community AIDS Network) Community Health

CAN has chosen to highlight our very own Nurse Practitioner, Nadia Winston, and HIV Program Manager, Anayensi Almaraz. Nadia and Anayensi have brought their passion, skill, and innovation to CAN since the inception of the CAN Arlington clinic and onward. Highlighting their work history and position at CAN speaks accolades to the lives they have touched and to their ability best serve the community.

Q Tell me a little bit about who you are and your work.

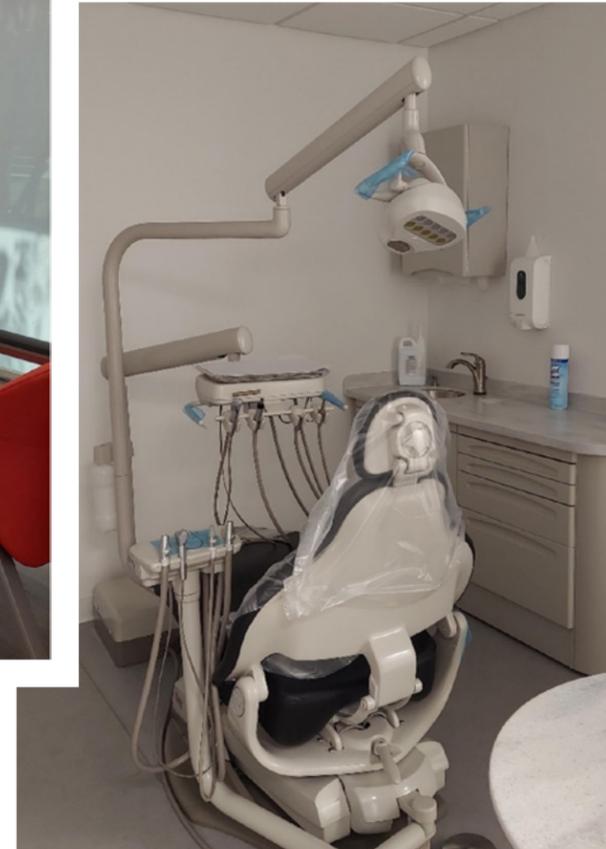
A *Anayensi Almaraz:* I joined CAN Community Health in January of 2020 as a Program Specialist providing PrEP (pre-exposure prophylaxis) navigation, testing, and education throughout our rural communities. In August of 2021, I became the Program Manager for CAN Arlington, Texas. I oversee our Early Intervention Services (EIS) and HIV Prevention efforts. Before working for CAN, I had the opportunity to work on HIV prevention in Chennai, India, through the International Alliance for the Prevention of AIDS. Upon returning home, I knew I had to help continue the efforts to end HIV. Unfortunately, through this opportunity, I learned that HIV cases in the United States continued to increase despite the various advancements in prevention, testing, and treatment. So, I asked myself, why is this occurring? And though there may be many answers to this question, the one I always seem to come across is accessibility. Accessibility to care, labs, to medication. At CAN Community Health, we acknowledge that there are still accessibility issues and do everything we can to eliminate them for patients. That is why I am proud to work with CAN.



Nadia Winston: I joined CAN Community Health in October 2020 as a clinical lead Nurse Practitioner at the Arlington, Texas location. My role as a Nurse Practitioner at CAN includes providing quality, comprehensive HIV and Primary Care health services to people living with HIV, as well as providing treatment for a variety of sexually transmitted infections, Hepatitis C, and prevention services such as PrEP (pre-exposure prophylaxis) and nPEP (non-occupation Post Exposure Prophylaxis). With every patient interaction, my primary goal as a healthcare provider is to provide a holistic and equitable healthcare experience tailored to match each of my patient's individual needs. In addition to working at CAN, I conduct research on HIV and Aging issues, with a special focus on women living with HIV, an understudied population in HIV literature. Through my very own HIV research, my aim is to alter the trajectory of HIV disease, improve their overall quality of life, and empower the HIV community to take control of their health.

Q What is the (abbreviated) history of your agency and HIV program?

A *Anayensi A:* CAN is a private, not-for-profit organization with a mission to inspire and contribute to the health and well-being of those affected by HIV, Hepatitis C, and other sexually transmitted diseases by providing the best care through outreach, integrated clinical practice, advocacy, education, and research. A brief history of CAN begins in 1991, CAN, originally Comprehensive Care Clinic, established itself as a corporate entity. By 1992, renamed Community AIDS Network, CAN opened in Sarasota, founded by Susan Terry and Dr. Jeffrey Stall. CAN grew from a small team of providers in the early 1990s to the early 2000's by robustly expanding medical services and community partnerships, with the main priority of creating accessibility. CAN championed the 'On the GO' program and utilized mobile medical units to provide health services to rural areas, and additionally offered mentor services to patients living with HIV. CAN's network reach expanded as continual progress was made to enhance areas of high HIV concentration with medical and support services. From 2014 – 2022, CAN has increased the reach of health care services across a multitude of states and territories and has also created expansion within biomedical interventions for HIV services. CAN Community Health continues to be a beacon of health innovation, currently serving over 20,000 patients and operating over 34 clinics in 7 states.



Nadia W: CAN Community Health opened its doors in Arlington, TX, in October of 2020 after receiving Ryan White funding in November of 2019. Though CAN is newer to the Tarrant County area, CAN has provided care to those impacted by HIV since 1991 out of Southwest Florida. CAN originally started with just a single small clinic and a staff of less than a dozen. During a time of uncertainty and stigma, these individuals took it upon themselves to help those impacted by HIV. The Arlington, TX clinic is currently 1 of 36 CAN clinics nationwide. CAN has adopted a holistic approach to ending the epidemic of HIV. HIV care starts from diagnosis and leads to achieving and maintaining viral suppression. At CAN, this model also consists of an interdisciplinary model of prevention

education team (EIS), case management, medical staff, and even behavioral health. The goal is to treat the whole person and generate solutions to structural determinants of health variables. At CAN, everyone works diligently to support people living with HIV as they transcend through each step to maintain viral suppression. Within this holistic approach to HIV Continuum of Care, CAN has implemented the Rapid Start Modality, which is a direct reflection of the Ending the Epidemic initiative by the Centers for Disease Control (CDC). At CAN, we “Diagnose, Treat, Prevent, and Respond” accordingly. We have learned that long-term support for retention in medical care is supported by case management in conjunction with the medical team. This also can prevent the transmission of HIV to any new partners. Rapid linkage to care for HIV treatment services can dramatically increase the lifespan of people living with HIV and ultimately reduce deaths from the disease.

Q How does your agency define community development?

A *Anayensi A:* Community Development is the intentional effort to partner with agencies to bring resources and awareness to the community. Community Development is bringing agencies together for a common cause: improving the health outcomes of the people they serve.

Q What is the community development-focused initiative or support your agency has accomplished or is working to do in the future? What are the goals and expected outcomes?

A *Anayensi A:* CAN began offering mobile unit testing back in November of 2019 in Arizona. At this time, it was still a new concept but intended to bring services to areas where HIV testing and treatment are not accessible. The mobile unit was taken into rural areas where HIV providers were 2+ hours away or where the communities were so small that people were afraid they would be tested and the community would find out. CAN was able to partner with agencies throughout Arizona to determine the best places to provide services. Without the help of local organizations, the services CAN provided would not have reached as many individuals as it did. Now CAN operates five mobile units across the nation, including here in Tarrant County, where we will be visiting the surrounding counties, including Erath, Hood, Johnson, Somervell, Wise, Palo Pinto, and Parker.

Nadia W: Through our partnership with the Tarrant County HIV Administrative Agency, we have been able to shed light on the urgent need for rapid start of HIV treatment services in the county. Additionally, through this vigorous collaboration, they have been able to target populations in rural communities surrounding the county using telehealth services and the mobile testing unit to mobile efforts to prevent and treat HIV/AIDS.

The goals and expected outcomes of this collaboration are to decrease HIV disparities within the Tarrant County jurisdiction and surrounding counties, lessen barriers to access to HIV health care, eliminate costs, increase access to PrEP regimens for HIV prevention, as well as increase the number of local health care providers with HIV expertise to serve the populations targeted.

Q What inspired and informed your work to include community development?

Anayensi A: While in college, I learned that few individuals knew the facts about HIV. There are a lot of misconceptions and stigma around HIV in the general community. I think it is fair to attribute a certain level of stigma to a lack of awareness on the topic. So how do we bring attention to these communities? We go out to talk to everyone. Regardless of their risk for HIV, we provide everyone with primary education around HIV to reduce the stigma surrounding it. How do we reach the community? By partnering with agencies who have strong relationships with these communities and bringing resources and services to them.

Nadia W: Looking reflectively through my magnifying glass of time, I can clearly see what experiences have inspired and informed my work to devote my life to service in community development. As I reflect, I see that my passion for work in community development has developed through a multitude of academic, volunteer, professional, and even personal experiences. These experiences have strengthened my conviction that through public health, nursing, and research, I can create a meaningful impact in the lives of others. More specifically, what has led me to sharpen my focus on community development within the HIV arena, were my experiences as a public health graduate student at Meharry Medical College and Robert Wood Johnson Health Policy Scholar. As a student, I was given the opportunity to volunteer at Nashville Metro Health Department. While there,



I served my time as a peer educator to teens in the North Nashville community and prepared and taught teens about various sexually transmitted infections, HIV prevention, and teen pregnancy. As I delved more into knowledge about HIV prevention, this experience then led me to start volunteer work at Nashville CARES, an HIV/AIDS support and outreach organization. As a volunteer there, I was able to become a certified HIV tester and counselor, which further opened my eyes to the stigma related to HIV infection. I became so compelled by my experiences that I incorporated my knowledge about HIV prevention within my graduate health studies and developed an HIV/AIDS testing and prevention project entitled, "Can I get a QUICKIE." Project "Can I get a QUICKIE" was a student-run HIV rapid testing assessment based in a non-clinical setting. It is an effort to provide rapid HIV/AIDS testing, prevention education, and risk assessment to the North Nashville community. The name of the project was inspired by a popular R&B song at that time and was related to the use of OraQuick swabs for HIV testing. My focus on HIV community development grew even more in nursing. Shortly afterward, I broadened my knowledge regarding HIV by learning about the global health challenges associated with HIV. This led me to pursue additional training at Vanderbilt University and take additional coursework in global health.



HIV/AIDS is not just a major U.S. public health issue, but also a global health epidemic.

Q Why do you feel community development is important to Ending the HIV Epidemic (EHE)?

Anayensi A: I believe that together we can make a lot more change than alone. It will take much more than one person or one agency to end the epidemic. Much of the discussion around EHE describes a need to increase the seats at the table. The Ending the HIV Epidemic is a "society-wide" effort to reduce new HIV infections. America will not be able to achieve this new goal using only the current resources. Further funding isn't enough; we need new partners who can help us serve the hardest to reach priority populations.

Nadia W: Without a doubt, the most pressing infectious disease today is HIV/AIDS. HIV/AIDS is not just a major U.S. public health issue, but also a global health epidemic. Therefore, focusing on community development is an essential component to Ending the HIV Epidemic (EHE) in America. We need more efforts and policies in places that address EHE, and these efforts should be aimed at improving the physical, social, and economic environment of HIV. As we know, all these factors can lead to the acquisition of HIV if not improved upon. We also continue to eliminate barriers for testing, prevention, and treatment and help mobilize more efforts in rural and underserved communities to help achieve equitable access, retention, and engagement for patients struggling with HIV viral suppression.



Q How does it support the community at large or specific communities?

A *Anayensi A:* In Tarrant County, the partnership between CAN and the Tarrant County Health Department allows for a focus on the community at large. CAN operates within local and rural counties to provide services to traditional and non-traditional communities. Tarrant County had the fourth-highest number of residents in the state living with HIV (6,209), and the third-highest number of AIDS cases (130). Of those living with HIV, about 60-70% of those individuals get linked to care, resulting in 20-30% never receiving care outside of diagnoses or unknown diagnoses. With the use of CAN initiatives and interventions such as HIV Rapid Start, Mobile Testing Unit services, PrEP services, and free HIV/STI testing. CAN will continually support the community at large with targeted initiatives focusing on creating more accessibility and affordable services for those at risk. One of the most recent initiatives at CAN is hopeful to launch soon as we continue to build a brand behind representation within communities of color. Predominantly, communities of color have seen large barriers when it comes to access to care and further creating complications down the line. CAN will continue to push the narrative behind supporting the community at large and how best we can create projects that better serve each community member.



Q How does it fit into the goals of EHE?

A *Nadia W:* The Ending the HIV Epidemic seeks to reduce new HIV infections by 90% by 2030. It works to implement innovative, community-driven solutions to leverage scientific advances in HIV prevention, diagnosis, treatment, and outbreak response. Mobile units address all four aspects of the initiative. HIV prevention outreach via mobile units allows easy use of multimedia interventions, integrated STD screening, and the delivery of discreet individual-level interventions for risk reduction. Second, early intervention services via mobile units bring HIV testing and linkage directly to where priority populations live, work, and play. Third, CAN's mobile units are equipped with telehealth capability, allowing clients to receive ongoing treatment without traveling to a distant clinic. And lastly, mobile units allow EHE-funded providers to move critical services into new places to respond to recent outbreaks quickly.

FOR MORE INFORMATION

For more information about our mission, services, and programs, please visit cancommunityhealth.org or visit your local clinic!

FORT WORTH, TEXAS

JPS Health Network Healing Wings Clinic

Q Tell me a little bit about who you are and your work.

A I am Eve Asuelime, the Practice Manager of JPS Healing Wings Clinic in Fort Worth, Texas. I moved back to the DFW area after graduating from The Pennsylvania State University, where I received a Bachelor of Science degree, and Widener University, where I received my Master of Business Administration-Health Care Management degree.

I am Nigerian-American. My parents moved to the United States back in the 1970s from Nigeria. My mother has been a nurse for over 30 years, and my father is a pastor and has worked in the pharmaceutical industry. I've always been exposed to service. Seeing my parents give back to the community they serve and the impact they made on other lives helped guide me to work in an area of service.

Q What is the (abbreviated) history of your agency and HIV program?

A JPS Health Network has provided health care in Tarrant County for over 110 years and has offered care to people living with HIV since the early 1980's. JPS is the county safety-net health system, primarily serving socioeconomically disadvantaged people with multiple barriers to healthcare. It's an alt's-bed acute care hospital, home to the county's only Level I Trauma Center, only Psychiatric Emergency Center, and largest Sexual Assault Nurse Examiner (SANE) program. JPS delivers outpatient services in 14 medical homes and operates specialty care clinics across Tarrant County.

JPS Healing Wings Clinic has been a sub-recipient of Ryan White funds for over 20 years and is the largest provider of medical services for people living with HIV in Tarrant County, serving over 2,100 unique clients a year. Healing Wings offers full wrap-around services, which includes primary care, women's health services, Pre-Exposure Prophylaxis (PrEP) services, HIV maintenance, Street Medicine for people experiencing homelessness, and free rapid HIV testing. We partner with community agencies to connect clients with additional resources, such as housing and food banks.

Q How does your agency define community development?

A Community development is creating resources and relationships with the people in the community to achieve a common or shared goal. The key is really being amongst the community you serve and making sure we are bringing people to the table to ensure the community's voice is heard.



Eve Asuelime, Practice Manager of JPS Healing Wings Clinic at JPS Health Network, Fort Worth
Photo by Brian Maschino / JPS Health Network

Q What is the community development-focused initiative or support your agency has accomplished or is working to do in the future? What are the goals and expected outcomes?

A Two major community development-focused initiatives we are working on is our Rapid Start program and Reengaging People Lost to HIV Care. We want to ensure that 90 percent of patients who are newly diagnosed with HIV in our clinic elect to participate in Rapid Start and successfully access ART medications within three calendar days of receiving their diagnosis. We are also working with the JPS Emergency Department to implement a Rapid Start process in the ED. We are utilizing text messaging as a re-engagement strategy to bring lost patients back to care.

Q What inspired and informed your work to include community development?

A Our patients are the reason why we are here. Knowing that Ending the HIV Epidemic is an attainable goal and the impact it will bring to many lives is what keeps me inspired. Collaborating with community partners about HIV Prevention, participating in weekend community health fairs to reach the community to hopefully change the stigma around HIV, and encourage a unified effort to bring change to the community. Hopefully, very soon, the same patients will be the reason why we no longer have the job we have because the HIV Epidemic will indeed end.

Q Why do you feel community development is important to Ending the HIV Epidemic (EHE)?

A Community development is important to Ending the HIV Epidemic (EHE) because you will need the community to carry out the initiatives and go to places where others cannot.



FOR MORE INFORMATION

For more information about JPS Health Network and the JPS Healing Wings Clinic, visit the [JPS website](#), [Facebook page](#), or [Twitter page](#).

Ending the HIV Epidemic is an attainable goal and the impact it will bring to many lives is what keeps me inspired.

FORT WORTH, TEXAS

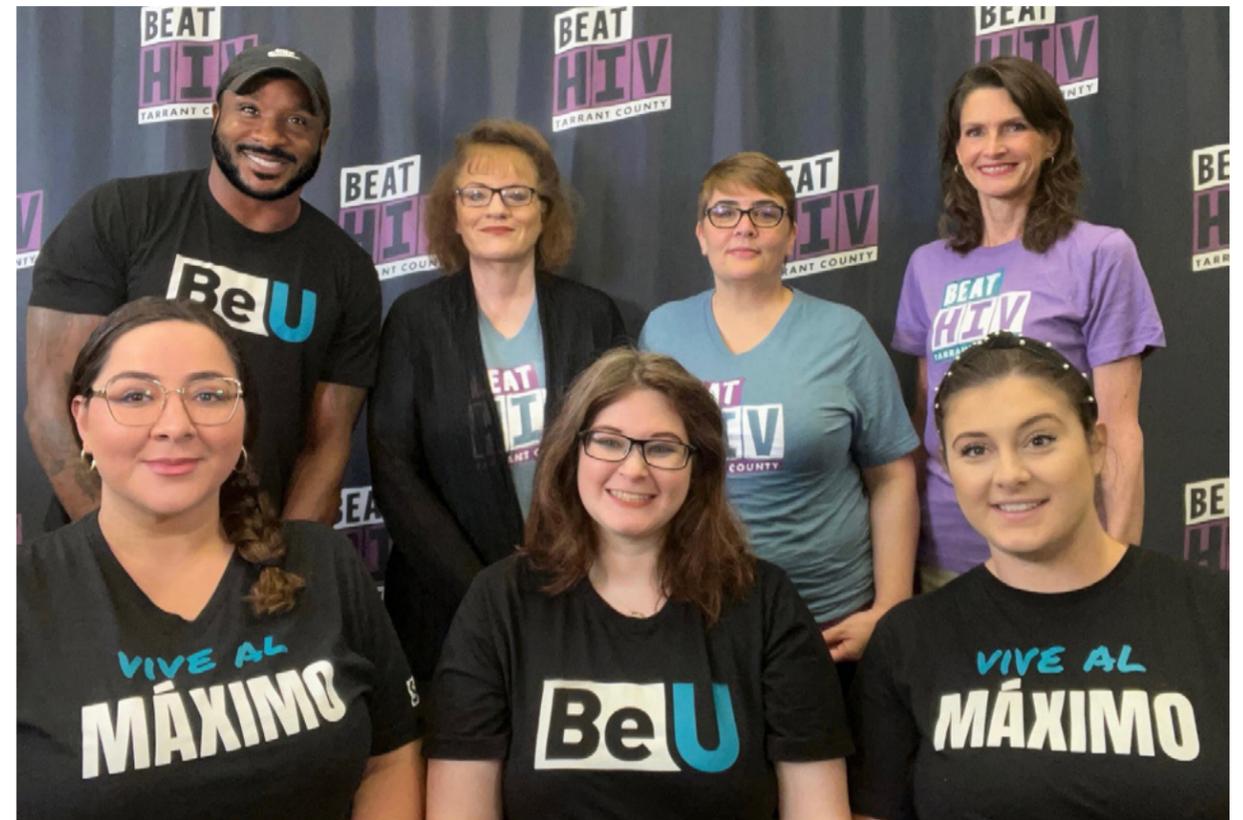
Tarrant County HIV Administrative Agency (TC AA)

Q Tell me a little bit about who you are and your work.

A The Tarrant County HIV Administrative Agency (TC AA) serves an eight-county area that consists of Hood, Johnson, Parker, Wise, Erath, Somerville, Palo Pinto, and Tarrant Counties. The TC AA manages funding for HIV service delivery, including Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, D, Health Resources Services Administration (HRSA) Ending the HIV Epidemic, Housing Opportunities for People with HIV/AIDS (HOPWA), and Texas State Services funding. The TC AA does not deliver direct services but instead utilizes a network model and contracts with seven sub-recipients to provide direct services to eligible individuals.

The TC AA is currently a staff of nine and consists of the following:

- Lisa Muttiah, Grants Manager
- S. Renée Thomas, Grants and Data Coordinator
- Kaitlin López, Grant Coordinator, Quality and AA Planning
- Rebecca Seymore, Financial Analyst
- Dulce Lozano, Assistant Financial Analyst
- Brandon Bright, Community Engagement Specialist
- Kaitlyn Malec, Assistant Quality and Planning Coordinator
- Corey Watts, Office Manager (Not Pictured)
- Rasheeda Bell, Data Analyst (Not pictured)



Tarrant County HIV Administrative Agency staff:
Top left: Brandon Bright, Community Engagement Specialist; Lisa Muttiah, Grants Manager; Rebecca Seymore, Financial Analyst; S. Renée Thomas, Grants, and Data Coordinator.
Bottom left: Dulce Lozano, Assistant Financial Analyst; Kaitlyn Malec, Assistant Quality and Planning Coordinator; Kaitlin López, Grant Coordinator Quality and AA Planning.

Q What is the (abbreviated) history of your department and HIV programming?

A The Tarrant County HIV Administrative Agency (TC AA) is currently in its 31st year of overseeing Ryan White Program Part (RWHAP) funds for HIV/AIDS services. Tarrant County is the recipient of all RWHAP Part funds, including RWHAP Part B through the Texas Department of State Health Services (TX DSHS), and began receiving RWHAP Part A funds in 1996 and RWHAP Part C funds in 1991.

In 2020, which is the most current surveillance data available from the Texas Department of State Health Services (TX DSHS), 7,014 people with HIV resided in the Health Service Delivery Area (HSDA): 29% White; 24% Hispanic, and 41% Black. In 2020, 325 new HIV cases. 72% of people newly diagnosed with HIV were men who have sex with men (MSM); 19% were heterosexual, 5% were persons who inject drugs (IDU), and 4% were MSM/IDU.

Q How does your agency define community development?

A For the TC AA, community development begins with a community-centered approach. Ideas for ways to incorporate and create a community-centered approach include integrating voices of people living with HIV, community engagement, reflective representation, networking, and disruptive innovation are just a few. Specifically, finding new ways to engage with the community is how TC AA is defining successful community development. Engagement that includes such activities and outputs as implementing PLCares, which is a mobile treatment adherence app, designing a new website with new and relevant messaging, creating a resource and service online locator, expanding social media, recording and posting educational and informational Tea with Beat HIV vlogs, hosting an annual HIV symposium, and producing educational materials, i.e., Thriving Guide and Roadmaps to care, that were all created by people living with HIV for people living with HIV.

There was a growing need to engage with new partners and think outside the box for solutions.

Q What inspired and informed your work to include community development?

A The TC AA had to be solutions-driven; there was no room to continue doing the same thing and expecting different results. There was a growing need to engage with new partners and think outside the box for solutions. The TC AA began using social media and other creative public awareness tools to start dialogues. Areas of opportunity within the community that called for creative solutions were a lack of participation from the faith-based community, a need for expanded conversations about sexual health and wellness, identifying innovative ways to reach young Black and Latino MSM, and finding new approaches to engage Black Women Living with HIV. Some of the solutions for these opportunities were inspired during trainings from Training Consumers in Quality and Building Leaders of Color. All of them were positively impacted by bringing new voices of people living with HIV to the table.

Q What is the community development-focused initiative or support? What are the goals and expected outcomes?

A Health Improvement Team (HIT HIV) is the TC AA community-developed, focused initiative. HIT HIV is the quality consumer advisory board (CAB) with 15 active members whose goal and purpose are to train people living with HIV about quality management, give a seat at the table to Communities of Color, and, more importantly, give individuals a voice in their own healthcare. In 2020 and 2021, new members joining HIT HIV included Youth, Individuals of Trans Experience, Black MSM, and Black Female participants. HIT HIV developed a Continuum of Care Roadmap Series to address disparities in care and provide resources and tools to improve health outcomes and patient satisfaction. The first path in the Care Continuum Road Map is (8) eight steps from diagnosis to the first medical appointment aimed to reach clients who are newly diagnosed or those re-engaging in care. The second path in the Care Continuum, from the first medical appointment to an Undetectable status, as well as a third roadmap titled Living Positively, and a Thriving Guide with local Ryan White, Prevention, and Ending the HIV Epidemic Resources. All the roadmaps in the series are developed by people with HIV for people with HIV. The roadmaps are sent to locations where individuals are diagnosed with HIV, Ryan White-funded agencies, and HIV points of entry in the area. The roadmaps are in English and Spanish and feature a QR code (quick response code) so people with HIV who prefer to receive the information virtually can access the same content online from any device. In addition, steps were taken to increase patient knowledge of undetectable = untransmittable (U=U) within these resources and through social media campaigns.



Community Development-focused goals for year three of the Ending the HIV Epidemic program include:

1. Project HHOME - Supports the design, implementation, and evaluation of interventions that coordinate HIV care and treatment, housing, and employment/education
2. Planning for collaboration with faith-based institutions
3. Expanding social media for public awareness
4. Survey the broader community
5. Use feedback gained from graphically illustrated listening sessions to address system-level concerns and social determinants of health

How does it support the community at large or specific communities?

The TC AA knew one way to support the community at large was to begin Rapid Start, and it was important to determine where Rapid Start could have the biggest impact. The Tarrant County John Peter Smith Hospital Emergency Department (JPS ED) has the highest HIV diagnosis rate in Tarrant County, so it was determined that JPS ED would be that location. In August 2021, Grand Rounds were held with the JPS ED staff to discuss the benefits of Rapid Start. Eighty residents and attending physicians were in attendance, and the overwhelming consensus was, “why aren’t we doing this.” The TC AA’s engagement with JPS ED starts HIV care earlier, brings non-traditional partners into relationships, lends to sustainability as well as personalized interventions for subpopulations of focus, and tailors services to the needs of specific subpopulations.

How does it fit into the goal of your EHE plan?

Rapid Start expands stakeholders, builds public awareness, and creates new and innovative solutions, which are all key parts of the Tarrant County EHE plan.

Q Why is community development important to Ending the HIV Epidemic (EHE)?

A We can’t do it alone! No one can end HIV without people who are living with HIV and people who are affected by HIV at the forefront informing the way. It is critical to create partnerships where they are not typically found faith-based, financial institutions, workforce development, community businesses, universities, housing agencies, mental health and substance abuse organizations, and many other agencies that address social determinants of health.

TC AA believes it is essential to develop a community advisory board that represents the local epidemic and that will engage in uplifting the voices of people living with HIV to End the HIV Epidemic. Talking to the community, actively listening, and hearing the community input creates actual changes, tangible work products, and needed policy and procedural changes.



Q Have you been able to engage new and nontraditional partners in this work? If so, how?

A Yes, the JSP ED is a new, nontraditional partner and the PLCares Mobile app is also nontraditional partner. TC AA offers feedback to the ACTION Project, which is from Texas Christian University (TCU) College of Science and Engineering Institute of Behavioral Research, for coordination around linkage to care for the NIH-funded Addressing Risk Through Community Treatment for Infectious Disease and Opioid Use Disorder Now Among Justice-Involved Populations (ACTION). The TC AA engaged new and nontraditional partners by cultivating relationships, educating about the shared impacts, and asking for participation.



Q Have you had any successes or lessons learned from it that you would like to share?

A A major success for the TC AA has been the ability to sustain/grow the HIT HIV CAB in the virtual setting due to COVID and to participate in the development of quality collateral pieces that are now found in every Ryan White-funded agency in the jurisdiction.

A new success, and a continued best practice, is developing and launching a social media campaign and website that feature local faces of people living with HIV. It creates a space for people with HIV to get the latest information in a format that is comfortable and safe. Having such an outlet that can provide targeted resources to help reduce stigma, reduce barriers to care, address social isolation, inform regarding availability and changes to services, and to make HIV education more accessible is a win/win in all aspects.

The greatest success is the ability to leverage all the funding— which is also what makes TC AA unique. TC AA is Recipient Health EHE, RW Parts A, C, and D; we receive RW Part B through the Texas Department of State Health Services, Texas State Services Funding, HOPWA, and COVID-19 Cares A, C, & D.

Building a new relationship with the JPS ED for the implementation of Rapid Start helped us learn that physician-to-physician communication is critical when starting a new initiative involving medical providers. Having grand rounds with ED staff was a very successful means of getting early buy-in. Having a physician champion with the support of a team to oversee planning and implementation.



FOR MORE INFORMATION

To learn more about TC AA and the work, see the website: beathivtc.org and follow on social media:

Instagram: [@tarrantcountyhiv](https://www.instagram.com/tarrantcountyhiv)

Twitter: [@TC_HIV_AA](https://twitter.com/TC_HIV_AA)

Facebook: [@TarrantCountyHIV](https://www.facebook.com/TarrantCountyHIV)

YouTube: [@BeatHIVTarrantCounty](https://www.youtube.com/BeatHIVTarrantCounty)

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