

Reframing the Focus: Communities Ending the HIV Epidemic

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Learning Objectives



By the end of this presentation, participants will be able to:

- 1. Describe the purpose of the Ending the HIV Epidemic initiative and its components.
- 2. Apply public health concepts to develop new and innovative solutions to HIV prevention and care.
- 3. Examine current policies, programs, and practices to identify opportunities for cross-sector collaboration.

Poll Question #1



How familiar are you with Essex County's Ending the HIV Epidemic (EHE) plan?

What is EHE?



Announced by the Trump Administration in 2019, this national 10 year initiative aims to reduce new HIV infections by 75% in 5 years and to less than 3,000 new infections per year by 2030.

- Funding focused in 48 counties, Washington, DC, San Juan (PR), and seven states with a high burden of HIV in rural areas (mostly southern states).
 - ▶ NJ's high burden counties are Essex and Hudson Counties.
- Implement effective and innovative strategies, interventions, approaches, and services to reduce new HIV infections in the United States.

GOAL: 75% reduction IN NEW HIV INFECTIONS BY 2025 AND AT LEAST 90% reduction BY 2030.

The Players



- The CDC Support the development and implementation of comprehensive HIV programs.
- HRSA Through the Ryan White HIV/AIDS Program and Health Center Program, supports increased HIV testing and expanding access to PrEP.
 - Ryan White HIV/AIDS Program
 - Essex County, Newark EMA
 - Hudson County, Jersey City TGA
 - HRSA Health Center Program
 - City of Newark
 - ▶ Newark Community Health Centers, Inc.
 - Rutgers, the State University of New Jersey
 - ► Zufall Health Center, Inc.
- Other collaborators: National Institutes of Health (NIH) Centers for AIDS Research (CFARs), the Indian Health Service (IHS), and the Substance Abuse and Mental Health Services Association (SAMHSA).

The Four Pillars



- Pillar 1: <u>Diagnose</u> all people with HIV as early as possible. (CDC)
- Pillar 2: <u>Treat</u> people with HIV rapidly and effectively to reach sustained viral suppression. (HRSA)
- Pillar 3: <u>Prevent</u> new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs/SAPs). (CDC & HRSA)
- Pillar 4: <u>Respond</u> quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them. (CDC)



EHE – Ryan White HIV/AIDS Programs



- Use initiative resources in conjunction with RWHAP Parts A and B systems of HIV care and treatment.
- An opportunity to have a broader approach to addressing HIV than what is authorized in RWHAP legislation.
- ▶ Not limited to RWHAP services or NEMA priority setting.
- Only requirement is that the client has a documented HIV diagnosis.

NEMA EHE Goals



- Increase viral load suppression (VLS) to 90% (for Ryan White clients not virally suppressed as of 2019)
 - ▶ Increase linkage to care and VLS for newly diagnosed clients to 90%.
 - ▶ Increase VLS to 90% for "hard to serve" clients new to the Ryan White program.

Baseline Data 12/31/2019	Cohort Total (n=597)	Essex County (n=402)
Black/African-American	69.8% (417)	81.3% (327)
Hispanic/Latinx	23.6% (141)	15.9% (64)
Male	63.7% (380)	60.9% (245)
Age 45 - 64	53.8% (321)	55.2% (222)
Heterosexual Contact	49.6% (296)	55.5% (223)

- Maintain VLS for low income people living with HIV (PLWH) through a supportive housing program.
- Develop comprehensive data sharing and data care system infrastructure.
- Respond to cluster detection activities.

EHE Activities



FY2021:



- Provided funding to support:
 - 6 EMA providers for Medical Case Management;
 - ▶ 4 EMA providers for (Non-Medical) Case Management;
 - 3 EMA providers for Outreach Services/Community Health Workers;
 - ▶ 2 EMA providers for EHE Housing Program.
- Identified opportunities to expand Rapid ARV Initiation
- Achieved VLS for 64% of cohort clients as of 04/30/2021.

EHE – Primary Care HIV Prevention



- Outreach engage new and existing patients in HIV prevention services, identifying those at risk for HIV using validated screening tools.
- HIV Testing Increase the number of new and existing patients tested for HIV.
 - PrEP Prescriptions Provide HIV prevention education and prescribe and support the use of clinically indicted PrEP for HIV negative persons.
 - Linkage to Treatment Link those who test positive for HIV to HIV treatment.
- Partnerships Establish new and/or enhance existing partnerships to support identification of at risk individuals, testing, linkage to treatment, and other activities.

Whole-of-Society Initiative

Ending The HIV Epidemic

An approach that incorporates public agencies, businesses and organizations, communities, and the entire public as a whole.



Health in All Policies



"An approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergy and avoids harmful health impacts. It aims to improve population health and health equity. It also improves the accountability of policy-makers for health impacts at all levels of policy-making, and emphasizes the consequences of public policies on health systems, and on determinants of health and well-being."



(Source: Health in All Policies: Framework for Country Action, 2015)

What is "disruptive innovation?"



Innovations that make products and services more accessible and affordable, thereby making them available to a larger population.

What does this mean for PLWH and other communities affected by HIV?



Essex County Profile



- 9,630 PLWHA in Essex County as of 12/31/2019
 - Approximately 70% of the EMA's total HIV population
 - Essex County represents 25% of NJ's HIV epidemic (9,630/38,069), but only 9% of NJ's total population
 - ▶ 92% of PLWH in Essex County are racial/ethnic minorities
 - ▶ 62% of PLWH in Essex County are male; 38% of PLWH are female
 - Leading transmission categories:
 - Heterosexual Contact 29% among men, 68% among females
 - ▶ Men who Have Sex with Men 25%
 - ▶ Injection Drug Use 17%
 - ▶ In 2019, there were 197 newly diagnosed PLWH in Essex County
 - Newark is the epicenter with 41% of EMA's PLWH



Now, Let's Focus...



- > Pillar 1: <u>Diagnose</u> all people with HIV as early as possible.
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- How do we ensure people living with HIV have equitable access to HIV treatment?
- 2. What can the Essex County community as a whole do to lessen the health disparities faced by its residents?
- 3. How can we build long-term working relationships with non-Ryan White providers and other nontraditional partners?
- 4. What role does the NEMA Planning Council play in EHE planning?

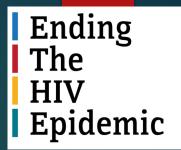


Poll Question #2



After attending this presentation, how informed do you feel about Essex County's Ending the HIV Epidemic (EHE) plan?

Stay Connected



- Community Engagement Activities
- Newark EMA HIV Services Planning Council & Subcommittees
- New Jersey HIV Planning Group (NJHPG) & Subcommittees
- Other regional committees, planning groups, and collaboratives
- Ad Hoc EHE Committees
- Share YOUR experiences and ideas
- And most importantly...

encourage your clients and peers to get involved!



THANK YOU!

Read the full plan at:

www.nemaplanningcouncil.org/ending-the-hiv-epidemic

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